A High-Protein Regimen and Auriculomedicine for the Treatment of Obesity: A Clinical Observation - Part 1

Also see Part 2

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ABSTRACT

Background Obesity is considered to be a complex, multifactorial disease. The prevalence of overweight among American adults increased by 5% between 1987 and 1993. Patients are more willing to accept alternative medicine solutions to this clinical challenge; especially, the use of auriculomedicine in combination with a natural high-protein regimen which is drug-free.

Method I treated 21 patients for obesity who were either self-referred or referred by their primary physician. Many of the patients admitted to failing popular diets and never reaching their weight goal. The patients were evaluated to eliminate organic causes. Each patient underwent a history and physical examination. A high-protein diet was prescribed in combination with auriculomedicine.

Results All patients reached their weight goals losing an average of 12 Ibs. per month. There were no untoward reactions. Acceptability of the treatment was high. Patients reported that auriculomedicine helped significantly to prevent "bingeing."

Conclusion A high-protein animal regimen in combination with auriculomedicine was used successfully to lower weight in patients who had previously failed popular diets. The regimen was well-tolerated and a statistically significant decrease in triglyc-erides was observed.

KEY WORDS

Obesity, High-Protein Regimen. Cholesterol. HDL, LDL, Auriculomedicine

BACKGROUND

Obesity is a common clinical challenge at all ages. It is considered to be a complex, multifactorial disease

involving genetics, physiological, psychological, and environmental factors, and is influenced by cultural messages: "Does It Matter What You Weigh?" (I), and "The New Truth About Fat" (2). Nevertheless. obesity is linked to many comorbidities such as coronary artery disease, stroke, hypertension, diabetes mellitus, gout, dys-lipidemias, cholecystitis, and gallstones.

Obesity may even influence some neoplastic processes. Experts agree that overweight and obesity pose a significant public health problem in the United States as the prevalence of overweight among American adults increased by 5% between 1987 and 1993, and continues to rise (3).

This paper describes a practical and safe approach to clinical obesity when the etiology is dietary error in the management of caloric intake. The treatment protocol incorporates an almost exclusive animal-protein regimen and the use of auricu-lomedicne. It is safe and easily prescribed by the busy physician. I have employed this high-protein combination with few failures over many years. The auricu-lomedicine appears to prevent bingeing, but does not produce a weight loss in itself.

GOAL

Each patient decided how much weight to lose on an individual basis.

METHOD

Subjects

I enrolled 21 patients with clinical obesity ranging from mild to severe. Each patient underwent a history and physical examination. All patients had thyroid and lipid panels, EKG, fasting blood glucose, creatinine, BUN, and urine studies. All the studies were normal except several patients had elevated cholesterols. In cases of slightly elevated cholesterol, the risk of a short-term, high-protein meat diet was considered less troublesome than a lifetime of being overweight.

Auriculomedicine

Auriculomedicine suppresses the desire to binge. The therapy starts after the first week of the regimen. The auriculomedicine is very simple, consisting of three or four points (4): Appetite Control Point, Shenmen, and Point Zero. Tranquilizer Point may be added or substituted for Point Zero or Shenmen.The treatment should have a duration of 15 minutes. I have found in some instances a mild suppression of the appetite with therapy over 15-20 minutes.This should be avoided. One wants the patient to indulge in eating meat to prompt weight loss. Seirin blue-topped needles were employed: No. 3 (0.20) x 30mm J-type with tube.

Statistical Analysis

Both the pre-treatment and post-treatment samples of the five groups (weight, cholesterol level, HDL

level, LDL level, and triglyceride level) were tested for normality using the Kolmogorov-Smirnov test with a Lilliefors significance correction. Based upon these results, differences between pre-treatment and post-treatment means of the five groups were compared using a two-tailed paired-differences t-test.

Statistical Results

Based upon the results of the Kolmogorov-Smirnov normality test, both the pre-treatment and post-treatment samples of all Five groups were consistent with a normal distribution with p-values greater than 0.050, with the exception of the HDL-before group which was within rounding distance of 0.05 (Table 1).

Hence, the assumption was made that the pre-treatment and post-treatment samples of all five groups were from a normal distribution.

Given this assumption of normality, the differences between pre-treatment and post-treatment means of the five groups were then compared using a two-tailed paired-differences t-test. Based upon these results, the differences of both weight and triglyceride level were statistically significant with p-values less than 0.050 (Table 2a and Table 2b). The differences ofcholesterol level, HDL level, and LDL level were far from being statistically significant as each difference had a p-value greater than 0.500. In conclusion, both weight and triglyc-eride level decreased due to treatment.

RESULTS

Twenty-one patients successfully completed aclinical program incorporating a high-protein regimen and aui'iculomedi-cine. Each patient reached their desired weight goal. The average weight loss was 2.7 Ibs per week (Table 3 and Figure1).There were no clinical complications and compliance was excellent throughout the course.

Auriculomedicine was voluntary. It was the unanimous opinion of the group that the auriculomedicine greatly decreased an urge to binge.Those patients who did not wish auriculomedicine, and opted to try one session for the experience, requested continuation throughout their program. In fact, all patients eventually received auriculomedicine. There was an unexpected significant decrease in triglycerides (Figure 2).

DISCUSSION

This paper is not a research endeavor nor was it designed as such. Instead, I am reporting on a very efficient clinical treatment for simple obesity that combines a high-protein diet and auriculomedicine. Very rarely is obesity the result of a disease. Overeating is probably the major cause of overweight and obesity in the United States, where over half the adults have 20% excess of body fat over ideal weight. There are many popular "crash" diets that produce a rapid water loss but not a sustained weight loss.

The high-protein versus low-protein diet controversy is more an issue of fear and confusion than fact.

From the above data, it appears that the high-protein meat regimen does not produce an acute elevation oflipids; in fact, there is a significant drop in the triglycerides. Unfortunately, out of the 21 patients treated, only 6 subjects were compliant regarding lipid testing.

A high-protein and low-carbohydrate regimen apparently causes the body to burn its stored body fat to meet energy needs throughout the day. Large amounts of meat must be digested and this in turn requires energy. The energy required to digest large amounts of protein in the presence of a minimal amount of simple carbohydrates may lend itself to the rapid metabolism of adipose tissue.

Auriculomedicine and the choice of the Appetite Control Point, Shenmen, Point Zero, and the Tranquility Point attenuate cravings for carbohydrates. It is also well-known that a high-protein diet suppresses insulin peaks and false hunger pains. The role of auriculomedicine, as reported by the patients, allowed them to comfortably avoid the need to return to their previous dietary carbohydrate errors. A few patients tried it both ways and were very emphatic about the usefulness of the ear therapy. It was noticed that sessions over 20 minutes seemed to suppress the appetite for a few days.

CONCLUSION

In conclusion, this paper demonstrates a practical high-protein diet that is very successful for the treatment of obesity caused by poor carbohydrate management. When coupled with auriculomedicine, a very subjective but definite increase in the quality of the program is reported by the patient. Many "crash" diets produce a rapid weight loss in the first week but gradually fall off. The high-protein regimen and auriculomedicine yielded a sustained weight loss.

A paucity of data does not allow any further extrapolation of the data, except for the significant fall in triglycerides. An effort to obtain more patients and data points would be of significant interest.

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