1st ANNUAL DIETARY LIPOSUCTION CONFERENCE WITH AMIN 21K

15th April 2016
16:00 pm - 21:00 pm
The Oberoi Dubai Hotel
HALL C
Overview

Dietary Liposuction refers to the unique feature of the treatment being able to remove and eliminate localized fat adiposities from the body, without any surgical intervention. The latest findings in the medical research programs, which also includes multiple clinical studies performed around the world, in particular those on establishing connection between amino acids/protein integrations and their indications in various chronical diseases, such as obesity, may initiate significant changes in conventional methods currently used in the treatments of mentioned diseases, which are now reaching epidemic levels in the United Arab Emirates and around the world.

Using amino acids supplements for weight loss can be the best thing you've ever given to your body

Conference is designed with the aim to open and discuss publicly the question “Does amino acids/protein integration help in weight loss?” in order to provide information about new, scientific, nutritional concept to the UAE society. Conference is intended to doctors, nutritionists and other healthcare professionals who are interested to know and share valuable information about the benefits that this new concept may bring to the patients, improve their well beings and encourage the change in their lifestyle.

Venue

15th April 2016
16:00 – 21:00 pm

The Oberoi
DUBAI, UAE

Ballroom: HALL C

Address:
The Oberoi Centre - Al A’amal Street
Business Bay, Dubai, UAE
Panel of Speakers

Dr Juma Bilal Fairouz

Former Director of the Department of Disease Prevention, MOH, Dubai, UAE and Chairman of Al Buhairah Medical Group. After graduation at Kasr Al-Eini Hospital of Cairo University, he returned to Dubai in 1973 and worked at the Kuwait Hospital. He was Deputy Director of the Therapeutic Medicine Department at the MOH. He studied Masters programme in Community medicine at Glasgow University (UK) and was appointed as Medical Attache at the UAE Embassy in London for over 15 years. He has set forth an effective strategy for the control of contagious diseases in UAE. Dr Bilal is a member of many local and international committees. For the year 2003-2004 he received Sheikh Hamdan Award for honoring individuals working in the field of medicine and health.

Prof. Mario Marchetti, PhD

Adjunct Professor at the Faculty of Pharmacy, University of Tor Vergata, Rome and Adjunct Professor at the University of 'La Sapienza', Rome - Master's Degree in "Obesity, Bariatric and Metabolic Surgery" Subject: "The Protein treatments and Ketogenesis". Since 2004 he is member of the Scientific Committee of the Italian Society of Natural Medicine (SIMN) and currently Director of the Department of Ageing Society Pharmacology. Prof. Mario is Founder of Italfarmacia, Rome, Italy. He was Speaker at the International Conference of Pediatric and Gastroenterology Nutritionists - popular science lesson: "How to lose weight fast and effectively". He holds honor of Knight of the Italian Republic.

Prof. Suad Trebinjac, MD, Msc, PhD

Director of the Dubai Physiotherapy and Rehabilitation Centre & Associate Professor in Dubai Medical College for Girls. He is member of American Academy of Physical Medicine & Rehabilitation (AAPM&R) and the first and only officially trained Prolotherapist in Middle East (training in the University of Wisconsin-USA) His area of expertise includes: acute and chronic musculoskeletal disorders including neck and back pain, joints, muscles, tendons, ligaments disorders, pain management and rehabilitation of sports injuries and neurological disorders including Stroke, Brain injuries, Spinal cord injuries etc. In 2008 he received Sheikh Hamdan award for an outstanding clinical department in UAE.

Dr Suhad Al Shuwabkha

Head of the Nutrition Department and Member of Pediatric Diabetes Clinic & Bariatric Surgery Clinic in Al Garhoud private hospital Dubai. She worked in most famous private Hospital in Amman “Jordan Hospital” till 2008 as a specialist dietitian for bariatric patients, post-surgery. She moved to live in UAE the place that she were born and start working in RAK private hospital in Ras Al Khaima till 2010. She joined the VLCC international weight Management group as Slimming and wellbeing Dietitian. Dr Suhad holds Bachelor's degree in Food Science and Technology from Muta University, Jordan.

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APPLICATION OF THE AMINO ACID TREATMENT FOR THE LOCALIZED ADIPOSETIES

Manie Marchetti PhD, Pharm.D, University prof. at the faculty of Pharmacy at the University "Tor Vergata" in Rome, Massimiliano Marchetti, MD, Pharm.D, Silvia Barrucco, MD, Doctor of Human Nutrition

Premise

When we refer to localized fat we mean those fat deposits that are accumulated characteristically on women's hips (trochanteric area) and on men's abdomen.

In these areas the metabolism of the adipose tissue is influenced by the sex hormones that contribute to lipolysis which is why the accumulation of fat under the influence of the estrogens in the trochanteric area of women is not very sensitive to lipolysis induced by a normal low calorie diet.

It is known that localized fat on the hips of women is mobilized physiologically during the period of lactation. Therefore has been reinforced the theory that these adipocytes are the natural deposit of fatty acids to be preserved also in periods of starvation in order to ensure the necessary supply to breast milk in case of pregnancy and subsequent lactation.

Since 1997 it has been shown that insulin and estrogens activate adipogenesis while GH inhibits it.

Thereupon it follows that a dietary treatment which reduces circulating insulin and increases GH might attack the localized fat.

Already in 1971 Blackburn had shown in the severe obese patients that a normoprotein treatment with the administration of 1.2 / 1.5 g amino acids / kg of ideal body weight / per day allowed fat loss and maintenance of lean body mass. Moreover, this type of clearly defined ketogenic diet does not reduce changes in metabolism in normal subjects, the brain can utilize the ketone bodies for 80% of its energy requirements and patients do not feel pangs of hunger because their eagerness is inhibited by the action of β-hydroxybutyric acid at the hypothalamic level.

Materials and Methods

On this base a chemical experiment at the Service of Clinical Nutrition was performed: 725 patients who suffered from an excess of localized adiposity were treated at the hospital department of Clinical Nourishment "G. Moscati" in Avellino.

The following exclusion criteria were applied:
- Cardiac Insufficiency
- Kidney failure
- Type I - diabetes
- Pregnancy and lactation
- Liver Insufficiency
- Previous ischmi
- Psychiatric maladies
- Medical treatment with diuretics under 24 aged

All patients were subjected to:
- General clinical examination
- Anthropometric evaluation
- Bio-impedance measuring
- Fat measuring by Durnin
- Haemo chemical tests
- Hormonal tests
- Electrolytic balance
- Electrocardiogram

The patients were treated with a normoprotein diet 1.5 g of proteins for each kg of ideal weight; 50% was consumed in a soluble protein supplement having the following features:
- The amino-acid content according to the percentage rates by Meister explained in Biochemistry of Amino Acid
- The ratio between Lysine and Tryptophan is equal to 3
- The preparation done without acid hydrolysis

The remaining 50% of the proteins was administered in the form of protein rich food (meat, fish) with scarce glucose content. To this protein food were added 500 gr of vegetables with a low glucose content. All patients were given an interaction with vitamins, minerals and above all, potassium. The patients followed the diet for a period of 14 days and afterwards they were checked.

Results

No variation was found in the haemal tests; in the electrolytic balance and in the electrocardiogram: The hormonal tests revealed:

<table>
<thead>
<tr>
<th>Hormonal test results</th>
<th>TO</th>
<th>T18</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH</td>
<td>7.5</td>
<td>25.2</td>
</tr>
<tr>
<td>Somatomedin C</td>
<td>348</td>
<td>23.5</td>
</tr>
<tr>
<td>Insulin</td>
<td>310</td>
<td>9.69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anthropometric examination results</th>
<th>TO</th>
<th>T18</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.B.H.</td>
<td>46.9</td>
<td>48.4</td>
</tr>
<tr>
<td>Ratio hip to the superior thigh</td>
<td>1.62</td>
<td>1.76</td>
</tr>
<tr>
<td>Fat weight loss on average</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>Superior thigh circumference</td>
<td>35 cm</td>
<td></td>
</tr>
<tr>
<td>Medium thigh circumference</td>
<td>22 cm</td>
<td></td>
</tr>
<tr>
<td>Inferior thigh circumference</td>
<td>17 cm</td>
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</table>

CONCLUSIONS

The protein diet turned out to be a helpful treatment for the reduction of fat excess in the localized adiposities of the female body. Therefore we can conclude by showing the special effects of this diet:
- It does not alter the bio-chemical parameters
- It does not produce loss of lean mass
- It reduces the pangs of hunger by the action of Ketonic bodies
- It brings about the loss of the localized adiposity due to the increase of the hematic concentration of GH and to the reduction of the insulin concentration.

BIBLIOGRAPHY

Clark RG, Growth hormone secretagogues stimulate the hypothalamic-pituitary-adrenal axis and are diabetogenic in the Zucker diabetic fatty rat. Endocrinology 138 (10), 4316–4323 (1997)
French SA, Sex differences among participants in a weight-control program. Addict Behav 19 (2), 147-158 (1994)
Janicik D Android-type obesity and gynoid-obtype obesity (Schwarz Rudolph Med Prav, 1996 Dec 3)
Kaplan PM Hormones and obesity. (Baillieres Clin Endocrinol Metab, 1994 Jul)
Laurens TJ Growth hormone secretion ad synthesis are depressed in obesity-susceptible compared with obesity-resistant rats. Metabolism, 1997 Feb)
York & Sensitivity to dietary obesity linked to a locus on chromosome 15 in a CAST/Ei x C57Bl/6J F2 intercross, (Mamm Genome, 1996 Jan)

Bakkum GJ: [look for pertaining articles]...

Benefits of weight loss in the treatment of obesity
Blackham GL et al [pertaining articles]...

More on the obesity problem.
N Engl J Med. 1998 Jun 4, 338(23); 1702
Blackham GL et al. [pertaining articles]...

Pharmacological treatment of obesity.

Functional foods in the prevention and treatment of disease: significance of the Dietary Approaches to Stop Hypertension Study.
Il trattamento aminoacidico delle adiposità localizzate

Mario Marchetti PhD, Prof.della facoltà di Farmacia all’Università "Tor Vergata" a Roma,
Massimiliano Marchetti, Medico Chirurgo, Farmacista,
Silvia Barrucco, Medico Chirurgo, Nutrizionista

PREMESSA

Per adiposità localizzate intendiamo quegli accumuli di grasso che si depositano caratteristicamente nelle donne sui fianchi (zona trocanterica) e nell’uomo sull’addome. In queste zone il metabolismo il tessuto adiposo è influenzato dagli ormoni sessuali che favoriscono la liposintesi per cui sotto l’influenza degli estrogeni nella donna l’accumulo di grasso nella zona trocanterica risulta poco sensibile alla lipolisi indotta da una normale dieta ipocalorica.

Si è visto che i grassi localizzati sui fianchi delle donne vengono mobilizzati fisiologicamente durante il periodo della lattazione. Si è così rafforzata l’ipotesi che quegli adipociti siano il naturale deposito di acidi grassi da conservare anche nel periodo di carestia per assicurare in caso di gravidanza e successiva lattazione il necessario apporto al latte materno.

Già dal 1997 si è dimostrato che l’insulina e gli estrogeni attivano l’adipogenesi mentre il Gh la inibisce. Perciò è conseguente che un trattamento dietetico che riduca l’insulina circolante ed aumenti il GH potrebbe agire sulla lipolisi.

Blackburn già nel 1971 aveva dimostrato che nei grandi obesi un trattamento normoproteico con l’amministrazione di 1,2 /1,5 g di aminoacidi /kg di peso corporeo ideale /die consentiva una perdita di grasso ed il mantenimento della massa magra. Inoltre questo tipo di dieta che è chiaramente chetogenica non induce alterazioni metaboliche nei soggetti normali, il cervello è in grado di sfruttare i corpi chetoni per l’80% del suo fabbisogno energetico e il paziente non soffre la fame perché il suo appetito viene inibito dall’azione dell’acido β-idrossibutirrico a livello ipotalamico.

MATERIALI E METODI

Materiali e metodi

Per avere la conferma clinica di quanto fin qui esposto, sono state arruolate circa 600 pazienti con adiposità localizzate da trattare con un preciso protocollo della durata di due settimane.

Nella scelta delle pazienti si sono escluse quelle affette da:
- Insufficienza renale
- Diabete di 1° tipo
- Malattie pschiatriche
- Insufficienza cardiaca
- Progressi ictus
- Gravidanza, allattamento, età sotto i 14 anni

A tutte le pazienti è stato eseguito:

- Un esame clinico generale
- Una impedenziometria
- Una plicometria secondo Durin
- Esami ematochimici
- Esami ormonali
- Elettrocardiogramma.

Il protocollo cui sono state sottoposte prevedeva la somministrazione di proteine al dosaggio di 1,2 mg/Kg di peso corporeo ideale/die suddiviso in tre pasti:

1° colazione, pranzo e cena.

La soppressione di ogni fonte di glucidi e di grassi. L’ingestione, ai due pasti principali di almeno 300 g di verdure verdi bollite o crude, condite con limone, aceto, sale e spezie.

Le proteine venivano somministrate per il 50% con carne o pesce, mentre l’altro 50% era costituito da un integratore a base di proteine del siero di latte con aggiunta di alcuni amminoacidi per far sì che la costellazione degli amminoacidi essenziali rispecchiasse il più fedelmente possibile quella che hanno nel latte materno. Questa è stata ritenuta la condizione essenziale per avere una stimolazione dell’increzione da parte dell’organismo, dell’ormone della crescita (GH) con conseguente stimolazione dell’anabolismo proteico e protezione della massa muscolare.

Nell’integratore utilizzato è stata prevista anche un congrua quantità di Potassio. Necessario in questo tipo di dieta.

Si è raccomandato a tutte le pazienti di bere almeno 2 litri di acqua al giorno e di fare del moto, senza affaticamento, ma senza saltare neanche un giorno.

Di tutte le pazienti reclutate hanno portato a termine la sperimentazione e tutti gli esami connessi alla conclusione 521.
Risultati:

Non sono state rilevate variazioni significative né dell’elettrocardiogramma, né degli esami ematochimici, salvo un generale controllo della glicemia tendente ad un avvicinamento alla norma in quei soggetti che erano ai limiti superiori o leggermente fuori.

Negli esami ormonali, due risultati significativi:

- Il GH è passato dal valore iniziale di 7,5 al valore finale di 25
- L’insulina dal valore iniziale di 24 al valore finale di 8.

Mediamente si è avuto un calo ponderale di Kg 4,5

I rilievi antropometrici hanno evidenziato:

<table>
<thead>
<tr>
<th></th>
<th>da 25,2</th>
<th>a 23,9</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.M.I.</td>
<td>36,1</td>
<td>31,7</td>
</tr>
<tr>
<td>F.M.</td>
<td>65,9</td>
<td>68,3</td>
</tr>
<tr>
<td>F.F.M.</td>
<td>46,9</td>
<td>48,4</td>
</tr>
<tr>
<td>T.B.W.</td>
<td></td>
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</tbody>
</table>

CONCLUSIONI

Il trattamento aminoacidico chetogenico effettuato mediante somministrazione di proteine metà carne o pesce e metà con apposito integratore alimentare proteico, eliminando ogni apporto glucidico e lipidico, si è dimostrato perfettamente tollerato, non alterando i parametri ematochimici, non fa soffrire la fame per l’azione dei corpi chetonicici, non dà sonnolenza né astenia, rivelandosi al contrario modestamente stimolante ed infine, ma non ultimo per importanza, fa perdere massa grassa preservando la massa magra.