

# Lipolysis News

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## **Comment: Lipolysis – Is mammon the only motivation?**

Comment by Dr. Franz Hasengschwandtner on recent developments in the field of injection lipolysis

Our Network and I as a whole have noted with concern the recent developments in the field of injection lipolysis which in my view represent dangers that could ultimately lead to the reckless destruction of an entire therapy. The latest example of this has been provided by a number of physicians and firms in the USA. They have already caused tremendous damage, and to judge by recent developments, there is still no sign of them coming back to their senses. The many years of cautious and scientifically substantiated work that has gone into building our Network is being wrongfully brought into disrepute by these activities and doctors who work seriously and responsibly, including our numerous US members, are being made to suffer as a result.

After the Lipodissolve Center – or whatever other label it operated under – had to close down, and with it its use as a source of cash, people have now turned to other money-spinning measures, without any regard for the safety of the doctors or patients. As it has been possible for us to see, unprofessional treatment with faulty or dangerous treatment protocols and the use of injection materials whose quality and composition must be regarded as questionable, to say the least, have resulted in many patients being persuaded to undergo treatment with false promises, e.g. weight reduction, treatment of overweight etc., with the inevitable disappointment in the results.

Additionally, we have become aware of many complications outside of the Network, which are indicative of improper treatment. The reactions by government bodies are in considerable part due to these sometimes criminal excesses.

The latest development is the arbitrary change to the treatment substances. Also in this case, the main driving force is, I believe, the greed for profit, whereby these changes can lead to even more serious complications. Protocols are being unnecessarily changed, substances added or important compositions altered, only to bring products onto the market. Above all, this development involves changing the proportions of phosphatidylcholine (PC) and deoxycholic acid (DC) or leaving out the phosphatidylcholine altogether.

Without wishing to preempt the necessary scientific debate, this whole development, which is taking place without any adequate scientific foundation, can only be viewed as worrying.

Our university cooperation partners have already done some scientific work in this regard. This has revealed that DC by itself is a substance that attacks all cells, not just fat cells, and without the addition of phosphatidylcholine sets off much more extreme reactions than when in combination, causing veritable cell explosions. In combination with PC, on the other hand, the fat-dissolving reaction proceeds slowly, and because of the more sustained effect ultimately produces incomparably better results. I am therefore firmly convinced that without PC, the natural metabolisation of the destroyed fat cells cannot take place.

These facts will soon be substantiated by Network-supported scientific studies. A great deal of foot work has already been done in this direction. But independently of all of the foregoing, we are able to state unequivocally here and now: The PCDC composition used by our Network corresponds to the product Lipostabil N®, which is licensed for use as a drug in Germany. Without in any way seeking or wishing to prevent research into improvements, we reject any changes in the composition for the two following reasons: As for all pharmaceutical products on the market, the licensing of Lipostabil required extensive documentation, in particular with regard to the toxicity of the substances in the combination used and the metabolisation of them. If this combination is changed, the documentation is worthless and the risk for both patients and doctors grows exponentially.

However, a correct combination by itself is not sufficient to guarantee treatment safety. The product must be made by very good compound pharmacies working to the highest quality standards. The producers certified by the Network today already meet these very high standards. When applied in accordance with the treatment protocol developed by the NETWORK, the PCDC combination used by us produces very good treatment results. A change in the composition should only be considered if it is shown to produce even better results, but that has so far not been the case. Unless there are studies available to back such an improvement, the Network will not change its protocols.

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