

# Reduce localised fat and cellulite with a holistic approach

Radiance introduces mesotherapy - a proven treatment for localised fat, cellulite and skin rejuvenation



## Introduction

In today's image-conscious society and ageing population, looking good for one's age, and one's body shape and health have become such important aspects of life. More and more people try to stay younger-looking using a variety of surgical and non-surgical treatments for the face and body. In addition, every month seems to bring a new treatment or product to the market aimed at satisfying that growing demand.

In terms of health, weight management and body shape some people exercise daily or weekly to keep fit and many of us have tried going on a diet of some description at some point in our life to "lose a few pounds".

Obesity as we know has become a big issue now in the UK, fuelled by unhealthy diets, rushed lifestyle and general lack of exercise. Some people, however, do take time to exercise and try to stay on a healthy balanced diet but despite this they still have a problem with stubborn areas of localised fat or, especially in ladies, have the dreaded problem of cellulite.

## Cellulite and localised fat

It is estimated that 90 per cent of women suffer from cellulite to varying degrees, particularly on the hips, thighs and bottom, where fluid containing proteins and waste builds up in and around fatty tissue and solidifies, resulting in the lumpy 'orange peel' effect.

In women, fat cells on the lower half of the body can store fat around six times more readily than those on the upper half. They also release them around six times less easily so this can make weight loss from the lower half terribly difficult, if not almost impossible.



Cellulite is mainly caused by a problem with the drainage capacity of the tissues and the lymphatic system. This failure to remove excess fluid from tissues causes oedema and constriction of the blood vessels, which is further deteriorated by enlargement, and solidification of the fat cells and their fatty content. In time this leads to fibrosis of the tissues with the well-known uneven, 'orange peel' skin.

To address the issue of localised fat, cellulite or indeed both, it is crucial to understand that a holistic approach should be adapted. A healthy diet and exercise should always be part of the solution, which should not rely on one treatment alone.

Where diet and exercise do not help, mesotherapy is perhaps a treatment of choice.

## Mesotherapy – the solution?

Mesotherapy is originally a French technique developed by Dr Michel Pistor in the 1950s. It consists of a series of injections of homeopathic products into the skin locally where the problem needs to be addressed. The injections are, however, never deep and mainly intra-dermal.

The treatment of mesotherapy has sometimes been unfortunately confused with the treatment of phosphatidyl choline - PPC (e.g. Lipostabil). It is very important to distinguish between the two, as they are not the same treatments.



Image left: before mesotherapy

Image right: after mesotherapy

### Mesotherapy Case Study

The photographs shown are from a lady - Mrs G - who had a localised fat and cellulite problem in the abdominal region and the waist area.

After the initial assessment it was established that Mrs G had developed this problem only in the last two years, mainly due to lack of exercise. Her daily diet was discussed, which was actually fairly healthy and her BMI was 21. The problem area was measured and the level of cellulite assessed prior to the treatment course.

The mesotherapy products used are from Laboratorios Simildiet in Spain and have been successfully used for many years on the Continent by a number of well-established mesotherapy practitioners. For added reassurance, the injectable products are a homeopathic injectable solution (therefore there are no side-effects from the products themselves) and they also have FDA approval in the USA.

Mrs G underwent six sessions of mesotherapy, one each week for six weeks. She did not alter her diet nor did she attend a gym more regularly to lose weight (and the treatment course straddled the Christmas festive season). In addition, she was not given any oral supplements or meal replacements to encourage weight loss.

After the treatment course there was a significant loss in size measurements. Mrs G had lost up to 5.5cm in circumference in the waist area and the degree of palpable cellulite was dramatically reduced.

For the post-treatment photograph Mrs G wore the same pair of trousers that she wore for the before photograph. The pictures clearly demonstrate a good result, which Mrs G was happy with. The results could have been further enhanced, with the addition of exercise or further treatments.



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