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Contribution of CDT (Carbon Dioxide Therapy) in Diabesity and Diabetes complications

What is CDT (Carbon Dioxide Therapy)?

The carbon dioxide therapy is called Carbomedtherapy for diseases, and Carboxytherapy for aesthetics.

The CDT consists of transcutaneous injections of carbon dioxide. This technic was first practiced, in 1932, by Dr Barrieu, at Royat-Chamalières, France. Initially the indications were purely vascular especially for Raynaud's syndrome, arteriopathy of the lower limbs, leg ulcers, and of course, in the care of the diabetic foot.

It saw its development intensify when Italian aesthetic doctors discovered its benefits.

In type 2 diabetic patient, obese and presenting complications such as Neuropathy and Arteriopathy, the contribution of CDT is certain.

In the context of ***Diabesity***, we use CDT to treat skin looseness, stretch marks and fat.

All of this is combined with a low carb diet which also helps rebalance the HbA1c.

- The diet includes taking all vegetables except potatoes, as well as protein in the absence of kidney disease.

- Starting with moderate physical activity: walking with a gradual increase in the number of steps until reaching 10,000 steps / day.

- Swimming, when possible, at least twice a week.

- We use the Power Plate device on site and under supervision for a period of 30 minutes and twice a week, patient seated at first after a 30-minute of Ilipo session.

The control is done by measuring, to eliminate the stress of the weight scale.

- Rehydration by liquids allowed in large quantities to remove toxins.

- In addition, vitamin supplementation (Vit D3, Vit C, and multivitamin complex such as Alvityl)

Treatment of type 2 diabetes : Gradual withdrawal of insulin and replacement with oral treatment, if necessary, provided there is no contraindication. The control is with HbA1c.

Once the goal is reached, stabilization and gradual resumption of diet while maintaining regular physical activity.

Treatment of complications of diabetes

- Normalization of HbA1c often improves kidney function

- Treatment of Diabetic Neuropathy: Stopping antidepressant treatment for analgesia is imperative.
https://www.sciforschenonline.org/journals/endocrinology/IJEMD169.php

- Treatment of PAD (Obliterating Arteriopathy of the Lower Limbs) Improvement in microcirculation checked with repetitive scan examinations by PeriCam
https://www.sciforschenonline.org/journals/endocrinology/IJEMD165.php

In conclusion, some pictures to show our results



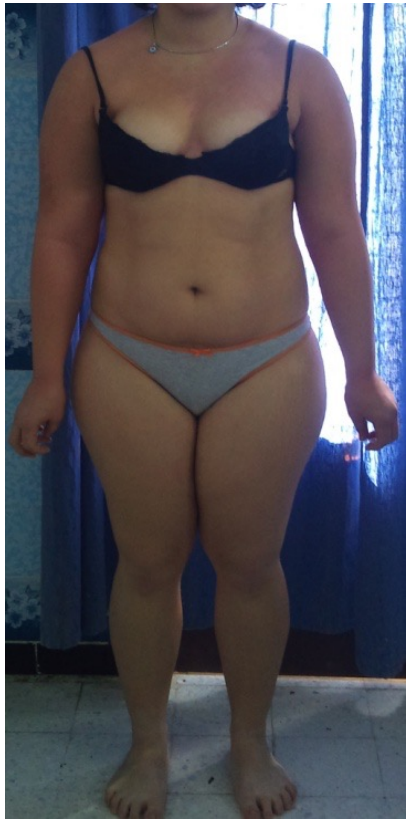




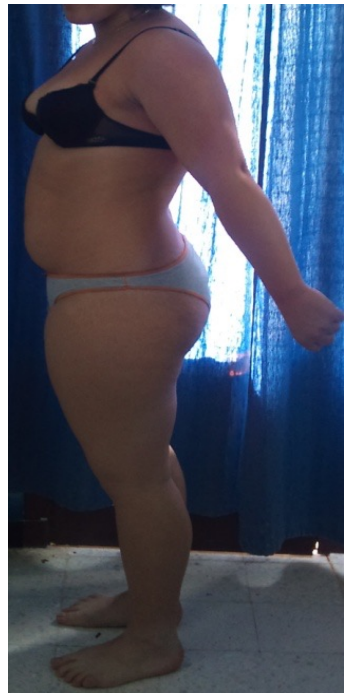
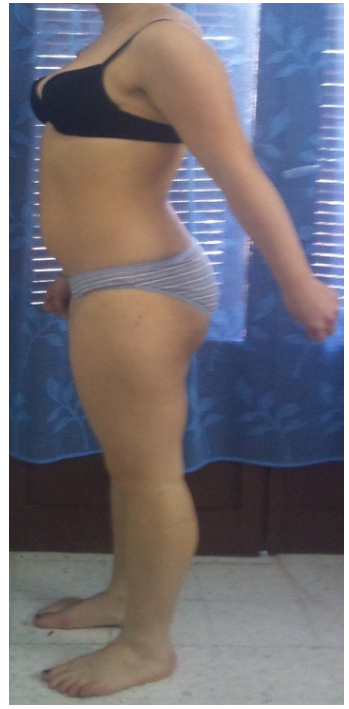

Male:
- 26 years old
- Diabetic Type 2
- Insulin dependent
- Obese

Results:
- HbA1c went down from 11% to 6%
- Lost 25 kgs in 3 months
- Insulin free

Still stable weight after 4 years





Female:
- 19 years old
- Diabetic Type 2
- Insulin dependent
- Obese

Results:
- HbA1c went down from 9,3% to 5%
- Lost 17 kgs in 3 months
- Insulin free

Still stable weight after 4 years








Female:
- 54 years old, menopause
- Diabetic Type 2
- Insulin dependent
- Obese

Results:
- HbA1c went down from 8,5% to 5%
- Lost 15 kgs in 3 months
- Insulin free

Still stable weight after 4 years








Male:
- 37 years old
- Diabetic Type 2
- Insulin dependent
- Obese (135 kgs)

Reason for consultation
Sterile after 2 years of 2 marriage

Results:
- HbA1c went down from 9% to 5%
- Lost 50 kgs in 9 months
- Insulin free

Still stable weight after 5 years, stable diabetes, and had a child.



SAGGING SKIN



female:
- 28 years old
- Twin pregnancy



Results:
See pictures:
- First visit
- 2nd visit
- and last, after 6 months of skin treatment



STRETCH MARKS





POWER PLATE



CDT EVOLUTION



ILIPO

The CDT technique is very easy to practice, innocuity, efficacity.

Thank you for your interest.

Any questions, please email to: drboudjenah@yahoo.fr

References:

- Martini RK, Sherman RA. Maggot debridement therapy. J Bras Med. 2003;85:82-5
- Bexfield A, Nigam Y, Thomas S, Ratycliffe NA. Detection and partial characterization of two antibacterial factors from the excretions/secretions of the medicinal maggot Lucilia sericata and their activity against methicillin-resistant Staphylococcus aureus (MRSA) Microbes Infect. 2004 ;6 :1297-30
- Marcondes CB. !st ed. Florianopolis Editora da UFSC ; 2006. Use of maggot therapy for treating diabetic foot ulcer colonized by mutlidrug resistant bacteria in Brazil.
- McInnes W,RuzehajI N, Wright N, Cowin AJ, Fitridge R. Venous laceration contaminated by multi resistant organisms; Larval therapy & debridement. J Wound Care 2013;22(suppl 10):s27-30
- Diabetic Foot Conference abstracts (2017). [Ref.]
- Boudjenah N (2016) Diabetes and its Complications. Georgia World Congress Center, Atlanta, USA.
- Boudjenah N (2016) Introduction of Carbomedtherapy Endocrine Practice. Jacksonville 22: 16.
- Boudjenah A (2013) Diabetic feet: contribution of Carbomedtherapy. Diab Metab 39: A99. [Ref.]
- Boudjenah N (2020) Diabetic Foot in Algeria. Int J Endocrinol Metab Disord 6. [Ref.]
https://www.sciforschenonline.org/journals/endocrinology/IJEMD165.php
-Boudjenah N (2016) Introduction of Carbomedtherapy. Endocrine Practice. Pro Quest 22.
-Advocacy for Carbomedtherapy in the treatment of Neuropathy
https://www.sciforschenonline.org/journals/endocrinology/IJEMD169.php
- Boudjenah N (2021) Diabetic Foot in Algeria – Gangrene of the Extremities during COVID 19
https://maplespub.com/article/Diabetic-Foot-in-Algeria-Gangrene-of-the-Extremities-during-Covid-19
- Boudjenah N (2021) Diabetic Foot in Algeria – The Debvridement of Wounds – our Attitude
https://biomedgrid.com/pdf/AJBSR.MS.ID.001910.pdf
- Boudjenah N (2021) Diabetic Foot in Algeria - Illustration II
https://www.imedpub.com/articles/diabetic-foot-in-algeria--illustration-no-ii.pdf