

A Plea to Mothers

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To my daughters in law

In our lab hypothesis, diabetic people respond poorly with insulin and do not develop any hunger sensation or the associated low blood glucose (BG) after meal suspension. Not only have diabetes, but also obesity, asthma, autism, birth defects, dyslexia, attention deficit-hyperactivity disorder, schizophrenia increased in children in the last half century [1,2]. These increases may depend on the widespread, well known error in energy balance: the unremitting addition of fat at any meal. In most (60%) but not all people, the decision to have a meal arises as conditioned before energy exhaustion of the energy available from previous meals [3]. After meal suspension for few hours (up to 48 hours), all healthy people develop hunger sensations (Initial hunger, IH) that are not conditioned (spontaneous) and correspond to the complete exhaustion of the previous meals [3-6]. With these objectives in mind, we studied children and adults with functional bowel disorders as well as with overweight. All subjects were clinically healthy. These healthy children and adults suspended intake for few hours until development of Initial Hunger (IH) [3]. Thereafter, these healthy subjects distinguished IH from conditioned sensations by mental comparison with the hunger that they had initially experienced after meal suspension. Before breakfast BG measurements by auto analyzer in the hospital lab checked the IH recognition by 64 trained people in comparison with 72 controls [3]. Both adults and children achieved about 76.6 ± 3.7 mg/dL BG and IH hunger sensations three times a day (Initial Hunger Meal Pattern, IHMP). The meal followed IH arousals and energy intake was proportionated to the presumed next expenditure. E.G., the dinner amount was sometimes or regularly null if the resting metabolic rate presumably decreased during the night. Sleep, activity cessation, over-insulation by blankets, bedroom overheating converge in a large metabolic and intestinal slowdown [7-9] with possible microbiome expansion [10], including the expansion of one of 5%-10% of intestinal bacteria spp that are immunogenic [11,12] and inflame more the body tissues than the intestinal mucosa [13-19]. These slowdowns suggested the suppression of any dinner, even if hungry! [10].

Results

IHMP is a healthy, safe, normal, homeostatic way of Nutrition that prevents diabetes/fattening. On the basis of pre-prandial BG, IHMP is freely chosen and maintained by a third of recruited children and adults at baseline, before any training [3-6]. We tried to implement this training in two obese (BMI of 39 and 33), diabetic adults out of two consecutive recruitments. In the two diabetic subjects, we found an absence of BG decline to 76.6 ± 3.7 mg/dL and an absence of any hunger sensation after eating suspension. The two subjects consumed meals that provided 20 grams of animal protein and up to one kg of not-starchy vegetable (NSV) for 6 to 12 months. Both subjects lost 13.4% and 20% of their body weight and, at last, recovered 76.6 ± 3.7 mg/dL of BG and hunger sensations before two – three meals a day, i.e., went off diabetes.

Conclusion

Diabetes develops for an inveterate intake that is conditioned, when previous energy intake has not been fully exhausted before meals. The conditioned intake brings about excessive fattening, (with presumed excessive post-absorption emission of fatty acids from fatty tissues), permanent loss of BG decline to 76.6 ± 3.7 mg/dL and permanent loss of physiological signals of hunger. A healthy, non-diabetic life may be recovered without hunger-pain by exclusion of fats and carbohydrates and coverage of protein requirement with animal food to decrease body weight of 13.4% up to 20%. The body weight remained stable by implementing IHMP at reappearance of hunger sensations. Subjects rigorously planned intake instead of enduring hunger!

Comment

This solution of diabetes imply the enlargement of the population minority that at recruitment presents a pre-prandial Mean BG of 76.6 ± 3.7 mg/dL, that is more than easy at birth [3]. In the frustrated Western Countries would be a cultural change that only part of societies would be able to sustain. Help by the American Society for Nutrition, National Institute of Health and other National Authorities might gradually introduce to mothers the novel cultural expectations toward the Hellenic/Tuscan paradigms for the human healthy body. Mothers can!



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