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Recovery of hunger (IH) and diabetes regression after energy intake suspension up to loss of 20% body weight

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Background: Obesity, diabetes, asthma, autism, birth defects, dyslexia, attention deficit-hyperactivity disorder, schizophrenia have increased in children in the last half century. These increases may depend on the widespread, well known error in energy balance: the unremitting addition of fat at any meal for an error in the formation of the will (decision) to eat. The decision arises as conditioned before energy exhaustion of the energy available from previous meals. After meal suspension for up to 48 hours, all healthy people develop hunger sensations (Initial hunger, IH) that are not conditioned.

Objective: Diabetic people are different in this: they do not develop any hunger sensation after meal cessation.

Methods: We have reported the achievement of 76.6 ± 3.7 mg/dL BG and hunger sensations before daily meals in healthy children and adults after training the recognition of Initial Hunger (IH) to recover from functional disorders of the bowel, to recover body weight decrease and recover insulin sensitivity. Healthy subjects recognized IH from conditioned sensations by subjective comparison with the hunger that they initially experienced after meal suspension for less than 48 hours. Thereafter, subjects adapted energy intake to let arise IH three times a day (Initial Hunger Meal Pattern, IHMP). Preprandial BG measurements by autoanalyzer checked the recognition in the hospital lab before breakfast in 64 trained people that we compared with 72 controls. IHMP is a healthy, safe, normal, freely chosen homeostatic way of Nutrition that is found in a third of recruited children and adults at baseline, before any training. We tried to implement this training in two obese, diabetic adults out of two consecutive recruitments. The two subjects consumed meals devoid of fats and carbohydrates (VLD) for 6 to 12 months.

Results: We found a loss of BG decline to 76.6 ± 3.7 mg/dL and loss of any hunger sensation after eating cessation in two diabetic subjects (out of two) who showed a BMI of 39 and 33 at recruitment. Both subjects lost 20% of their body weight and 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 inveterate conditioned intake (when previous energy intake has not been fully exhausted before meals), excessive fattening, 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 by a painless loss of 20% body weight (No fats, no carbohydrates) and may be maintained by implementing IHMP at reappearance of hunger sensations. This means accurate energy intake planning instead of hunger endurance.

Biography

Mario Ciampolini directed the Gastroenterology Research Unit, a third level referral center in the department of Pediatrics of the University of Florence (Meyer hospital) for 40 years. He worked at the Cornell University for a joined research with the University of Florence on energy expenditure in children.

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