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The GH-Method

Viscoelastic Medicine theory (VMT #391): Relationships of food intake in grams and visceral fat ratio, waist-to-hip ratio, body mass index using viscoplastic energy model of GH-Method: math-physical medicine (No. 993)

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Abstract

A cross-sectional study was conducted over one year in Western Maharashtra, India, involving 215 healthy adults, with 73% males and 27% females. Among these data samples, 42% of males had a waist-to-hip ratio (WHR) >0.9, and 56% of females had a WHR >0.8. A strong correlation was found between visceral fat area (VFA) and waist-to-hip ratio (WHR), with coefficients of 93.6% in males and 92.0% in females.

Furthermore, the author has been tracking his body weight (BW) daily since 2010, starting at 183 lbs (83 kg) and reducing to 168 lbs (76 kg) by 2023, and his waistline (WL) quarterly from 2013, beginning at 43 inches (109 cm) and reducing to 34 inches (86 cm) by 2023. Starting on August 11, 2023, he also initiated daily tracking of his visceral fat ratio (VFR), which averaged 16% in 2013, aligning with his average waist-to-hip ratio (WHR) of 0.86. He then used this combined dataset to retrospectively estimate his VFR for the years 2013 to 2022.

In this particular study, the space-domain viscoplastic medicine energy theory (SD-VMT) was used to analyze the dynamic relationships between food intake portion (in grams) and three biomarkers: VFR, WHR, and BMI.

In summary, the findings over the past 11 years indicate the following SD-VMT energies: - VFR: 41% (R = 62%); - WHR: 28% (R = 63%); - BMI: 31% (R = 91%); Total SD-VMT energy = 247.

VFR was most influenced by food portion size measured in grams. WHR and BMI had similar responses to food intake.

The time/zone energy distributions were: - 2013-2018: 25%; - 2019-2023: 75%.

The increased influential energy in the recent period of 2019-2023 was due to reduced food portions (20-23 grams) compared to higher food intake (30-40 grams) in the earlier period of 2013-2018. Reduced food intake has a more profound impact on these three biomarkers.

Key Insights:
Visceral Fat (VF) is the underlying culprit for cardiovascular diseases, type 2 diabetes, non-alcoholic fatty liver disease (NAFLD), liver cancer, colorectal cancer, breast cancer, etc. Food portion sizes significantly impact VFR, WHR, and BMI, with visceral fat being the most affected, presenting a challenge to manage. Additionally, reduced food intake has a more profound influence on these biomarkers.

Keywords: Viscoelastic; Viscoplastic; Diabetes; Glucose; Sleep; Lifestyle; Dementia; Visceral Fat;

Abbreviations: VFA: Visceral Fat Area; WHR: Waist-to-Hip Ratio; WL: Waistline; VFR: Visceral Fat Ratio; CKD: Chronic Kidney Disease CGM: continuous glucose monitoring; T2D: type 2 diabetes; PPG: postprandial plasma glucose; FPG: fasting plasma glucose; SD-VMT: Space-Domain Viscoelastic Medicine Energy Theory; FFT: Fast Fourier Transform

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1. INTRODUCTION

A cross-sectional study was conducted over one year in Western Maharashtra, India, involving 215 healthy adults, with 73% males and 27% females. Among these data samples, 42% of males had a waist-to-hip ratio (WHR) >0.9, and 56% of females had a WHR >0.8. A strong correlation was found between visceral fat area (VFA) and waist-to-hip ratio (WHR), with coefficients of 93.6% in males and 92.0% in females.

Furthermore, the author has been tracking his body weight (BW) daily since 2010, starting at 183 lbs (83 kg) and reducing to 168 lbs (76 kg) by 2023, and his waistline (WL) quarterly from 2013, beginning at 43 inches (109 cm) and reducing to 34 inches (86 cm) by 2023. Starting on August 11, 2023, he also initiated daily tracking of his visceral fat ratio (VFR), which averaged 16% in 2013, aligning with his average waist-to-hip ratio (WHR) of 0.86. He then used this combined dataset to estimate his VFR for the years 2013 to 2022 retrospectively.

In this particular study, the space-domain viscoplastic medicine energy theory (SD-VMT) was used to analyze the dynamic relationships between food intake portion (in grams) and three biomarkers: VFR, WHR, and BMI.

1.1 Biomedical Information:

The following sections contain excerpts and concise information drawn from multiple medical articles, which have been meticulously reviewed by the author of this paper. The author has adopted this approach as an alternative to including a conventional reference list at the end of this document, to optimize his valuable research time. It is essential to clarify that these sections do not constitute part of the author's original contribution but have been included to aid the author in his future reviews and offer valuable insights to other readers with an interest in these subjects.

Visceral Fat Ratio

The normal healthy range for visceral fat levels can vary depending on factors such as age, gender, and overall body composition. However, a general guideline is that a visceral fat level of 1-12 on a scale of 1-59 (measured by a CT or MRI scan) is considered within a healthy range for adults. It is important to note that these ranges can differ between individuals, so it is advisable to consult with a healthcare professional for personalized recommendations based on your specific health and fitness goals.

A visceral fat rate of 20% is considered high and can be an indicator of increased health risks. Visceral fat, also known as belly fat, is located deep within the abdominal cavity and is associated with a higher risk of developing heart disease, type 2 diabetes, certain cancers and other health issues. It is generally recommended to maintain a lower level of visceral fat for optimal health.

The normal healthy range of visceral fat for a 70-year-old male can vary, but generally, a visceral fat area (VFA) of less than 100 cm^2 is considered healthy. VFA is commonly measured using imaging techniques such as CT scans or MRI scans. However, it is essential to keep in mind that individual health circumstances and body composition can influence what may be considered a healthy range for visceral fat.

Pathophysiologically, what diseases are related to high visceral fat?

High levels of visceral fat have been linked to an increased risk of several diseases and health conditions, including:

1. **Cardiovascular Disease:** Excess visceral fat has been associated with an elevated risk of developing heart disease, including atherosclerosis, heart attacks, and stroke.

2. **Type 2 Diabetes:** Studies have shown a strong correlation between high visceral fat levels and insulin resistance, a key factor in the development of type 2 diabetes.

3. **Metabolic Syndrome:** Visceral fat accumulation is a central component of metabolic syndrome, a cluster of conditions that includes high blood pressure, high blood sugar, abnormal cholesterol levels, and increased waist circumference, leading to an increased risk of heart disease, stroke, and diabetes.

4. **Certain Cancers:** Research has indicated that high levels of visceral fat are linked to an increased risk of developing certain types of

cancers, including colorectal cancer and breast cancer.

5. Liver Disease: Visceral fat is associated with non-alcoholic fatty liver disease (NAFLD), a condition characterized by an accumulation of fat in the liver, which can lead to inflammation and liver damage. Furthermore, non-alcoholic fatty liver disease (NAFLD) can potentially lead to the development of liver cancer. Over time, long-standing NAFLD can progress to more severe liver conditions, such as non-alcoholic steatohepatitis (NASH), which is characterized by inflammation and liver cell damage. In some cases, NASH can further progress to liver fibrosis, cirrhosis, and eventually, hepatocellular carcinoma (HCC), which is the most common type of primary liver cancer.

The exact mechanisms by which NAFLD progresses to liver cancer are complex and still being studied, but it is well-established that individuals with advanced NAFLD, particularly those with NASH and cirrhosis, have an increased risk of developing liver cancer. Therefore, it is important for individuals with NAFLD, especially those with advanced stages of the disease, to undergo regular monitoring and receive appropriate medical care to mitigate the risk of liver cancer and other serious complications.

6. Sleep Apnea: Excessive visceral fat has been correlated with an increased likelihood of developing sleep apnea; a sleep disorder marked by disrupted breathing patterns during sleep.

7. Overall Mortality: High levels of visceral fat have been linked to a higher risk of premature death from various causes, making it a significant risk factor for overall mortality.

It is important to note that the relationship between visceral fat and these conditions is complex and can be influenced by genetic, lifestyle, and environmental factors. This underscores the significance of maintaining a healthy body composition and lifestyle for minimizing the risk of these diseases associated with excessive visceral fat.

Other Information Regarding Visceral Fat:

Visceral fat, often referred to as "deep" fat, is stored within the abdominal cavity and surrounds important internal organs like the liver, pancreas, and intestines. A healthy visceral fat ratio is crucial for overall health.

The visceral fat ratio is usually measured as part of the body fat percentage, but specific healthy ranges can vary based on the method of measurement. Generally, a lower visceral fat level is better for health. Here are some general guidelines:

•Using Bioelectrical Impedance Analysis (BIA): Many modern body composition scales use this method. They often rate visceral fat on a scale from 1 to 59. A rating of 1-12 is considered healthy, 13-59 indicates an unhealthy level.

•Using CT or MRI Scans: These are more accurate but also more expensive and less commonly used. Doctors may give a specific range in square centimeters or inches, but there's no widely agreed-upon "healthy" range in the general population.

•General Guidelines: As there's no standard universal measurement for a healthy visceral fat level, it's often recommended to maintain a healthy overall body fat percentage and waist circumference. For men, a waist circumference below 40 inches and for women, below 35 inches is often recommended.

•Age and Gender Factors: The healthy range can vary based on age and gender. It's important to consult with a healthcare professional for personalized advice.

Remember, reducing visceral fat through a healthy diet, regular physical activity, and maintaining a healthy weight can significantly improve overall health. It's always best to consult with a healthcare provider for personalized advice.

A healthy range for visceral fat ratio varies based on various factors such as age, gender, and overall health. Typically, a visceral fat rating of:

•1 to 12 is considered healthy.

•13 to 59 is high and may increase health risks.

•Above 59 is considered very high and indicates a much higher risk of health issues.

However, it's important to note that these numbers can vary based on the method of measurement and the specific criteria used by different health organizations or devices. It's always best to consult with a healthcare professional for personalized advice and assessment.

The relationship between body weight and visceral fat ratio is a key aspect of understanding overall health and obesity-related risks. Visceral fat, also known as intra-abdominal fat, is the fat that surrounds internal organs. Unlike subcutaneous fat, which is located under the skin, visceral fat is more closely linked to various health issues.

• Body Weight and Fat Distribution: While body weight gives an overall indication of health status, it doesn't differentiate between muscle, bone, water, and fat content. Two people with the same body weight might have vastly different visceral fat ratios.

• Health Risks of High Visceral Fat: High levels of visceral fat are associated with increased risks of several health conditions, including type 2 diabetes, heart disease, and certain cancers. This is because visceral fat releases pro-inflammatory substances that can affect body metabolism and insulin sensitivity.

• Measurement Techniques: Visceral fat can be measured through imaging techniques like CT scans or MRIs. Simpler methods like waist circumference and waist-to-hip ratio can also indicate visceral fat levels.

• Impact of Diet and Exercise: A healthy diet and regular exercise can help reduce visceral fat. Even without a significant change in body weight, reducing visceral fat can greatly improve health outcomes.

• Genetic and Lifestyle Factors: Genetic predisposition can affect where the body stores fat. Lifestyle factors, including diet, physical activity, and stress levels, also play a crucial role in determining visceral fat accumulation.

In summary, while body weight is an important health indicator, the ratio of visceral fat provides a more detailed understanding of the health risks associated with obesity. Reducing visceral fat through lifestyle changes can significantly improve health, even without drastic changes in body weight.

The numerical relationship between waistline and visceral fat ratio is not straightforward, as it involves various factors and can differ significantly from person to person. However, some general principles can be outlined:

• Waist Circumference as an Indicator: A larger waist circumference often indicates a higher amount of visceral fat, as visceral fat accumulates around the abdominal area.

• Body Composition Factors: The relationship also depends on overall body composition, including muscle mass and subcutaneous fat (fat under the skin). Two individuals with the same waist circumference may have different visceral fat ratios due to these factors.

• Gender and Age Differences: Men typically have a higher propensity to accumulate visceral fat compared to women. Age also plays a role, with the tendency to gain visceral fat increasing as one gets older.

• Health Guidelines: Health organizations often provide guidelines for waist circumference that are linked to health risks associated with visceral fat. For example, a waist circumference above 40 inches (102 cm) for men and 35 inches (88 cm) for women is often considered a risk factor for cardiovascular diseases and type 2 diabetes.

• Individual Variability: It's important to note that individual genetic, lifestyle, and health factors can significantly influence this relationship.

For precise assessment and personalized advice, it's recommended to consult with healthcare professionals who can measure visceral fat using specific medical imaging techniques and provide guidance based on individual health profiles.

The visceral fat ratio, often measured as a part of body composition analysis, is a crucial indicator of health. Different numerical ranges for the visceral fat ratio indicate varying health statuses:

• Healthy Range: A visceral fat level of 1-12 is generally considered healthy. This range indicates a lower risk of health issues related to visceral fat.

• Elevated Risk Range: Levels from 13 to 59 signify an elevated risk. While not immediate cause for alarm, it's a sign to watch dietary habits and increase physical activity.

• High-Risk Range: A visceral fat level of 60 and above is considered high risk. This range significantly increases the likelihood of health problems such as heart disease, diabetes, and metabolic syndrome.

It's important to note that these ranges can vary slightly depending on the measurement method and the individual's overall health profile. Regular monitoring and consultation with a healthcare provider are recommended for a comprehensive understanding of one's health status.

A healthy range of food grams and calories per meal:

The calorie content per gram of food varies significantly based on the type of food. Here's a general guide:

• Fats: Approximately 9 calories per gram.

• Proteins: About 4 calories per gram.

• Carbohydrates: Roughly 4 calories per gram.

• Alcohol: Around 7 calories per gram.

These are average values, and actual calorie content can vary based on specific food types and preparations.

The healthy range of calories per meal varies depending on individual factors like age, sex, weight, height, and level of physical activity. However, a general guideline for adults is:

• Breakfast: 300 to 500 calories.

• Lunch: 500 to 700 calories.

• Dinner: 500 to 700 calories.

For a balanced diet, these meals should include a mix of vegetables, fruits, whole grains, lean protein, and healthy fats. It's also important to adjust these ranges based on personal health goals, such as weight loss or muscle gain.

The amount of food appropriate for a meal, such as 50 grams, depends on various factors, including the type of food, your nutritional needs, and your overall diet plan. For instance, 50 grams might be reasonable for certain types of food like nuts or cheese, which are nutrient-dense, but it would be quite small for others like vegetables or salad.

Typically, meals are balanced with a mix of proteins, carbohydrates, and fats, and the portion sizes are adjusted based on an individual's caloric and nutritional needs. For an average adult, a meal would usually be larger than 50 grams in total.

If you're considering a diet plan or specific portion sizes, it's best to consult with a dietitian or a healthcare professional to ensure it meets your nutritional requirements and health goals.

The author's diet, consisting of 1,300 calories daily divided into three meals, results in approximately 433 calories per meal. Utilizing a measure of 10 calories per gram of ingredient, this translates to 43.3 grams per meal in the author's study. Over an 11-year period from 2013 to 2023, the author's average food portion was 80%, leading to an adjusted average of 34.64 grams per meal (calculated as 43.3 x 0.8). Concurrently, the author's average daily steps, recorded over the same period, is 14.63 thousand. This establishes a ratio of averaged food portion to averaged exercise at 2.36, calculated as 34.64 grams per meal divided by 14.63 thousand steps.

1.2 MPM Background:

To learn more about his developed GH-Method: math-physical medicine (MPM) methodology, readers can read the following three papers selected from his published 760+ papers.

The first paper, No. 386 (Reference 1) describes his MPM methodology in a general conceptual format. The second paper, No. 387 (Reference 2) outlines the history of his personalized diabetes research, various application tools, and the differences between the biochemical medicine (BCM) approach versus the MPM approach. The third paper, No. 397 (Reference 3) depicts a general flow diagram containing ~10 key MPM research methods and different tools.

The author's diabetes history:

The author has been a severe T2D patient since 1995. He weighed 220 lb. (100 kg) at that time. By 2010, he still weighed 198 lb. with an average daily glucose of 250 mg/dL

(HbA1C at 10%). During that year, his triglycerides reached 1161 (high risk for CVD and stroke) and his albumin-creatinine ratio (ACR) at 116 (high risk for chronic kidney disease). He also suffered from five cardiac episodes within a decade. In 2010, three independent physicians warned him regarding the need for kidney dialysis treatment and the future high risk of dying from his severe diabetic complications.

In 2010, he decided to self-study endocrinology with an emphasis on diabetes and food nutrition. He spent the entire year of 2014 developing a metabolism index (MI) mathematical model. During 2015 and 2016, he developed four mathematical prediction models related to diabetes conditions: weight, PPG, fasting plasma glucose (FPG), and HbA1C (A1C). Through using his developed mathematical metabolism index (MI) model and the other four glucose prediction tools, by the end of 2016, his weight was reduced from 220 lbs. (100 kg) to 176 lbs. (89 kg), waistline from 44 inches (112 cm) to 33 inches (84 cm), average finger-piercing glucose from 250 mg/dL to 120 mg/dL, and A1C from 10% to ~6.5%. One of his major accomplishments is that he has not taken any diabetes-related medications since 12/8/2015.

In 2017, he achieved excellent results on all fronts, especially his glucose control. However, during the pre-COVID period, including both 2018 and 2019, he travelled to ~50 international cities to attend 65+ medical conferences and made ~120 oral presentations. This hectic schedule inflicted damage to his diabetes control caused by stress, dining out frequently, post-meal exercise disruption, and jet lag, along with the overall negative metabolic impact from the irregular life patterns; therefore, his glucose control was somewhat affected during the two-year travelling period of 2018-2019.

He started his COVID-19 self-quarantined life on 1/19/2020. By 10/16/2022, his weight was further reduced to ~164 lbs. (BMI 24.22) and his A1C was at 6.0% without any medication intervention or insulin injection. In fact, with the special COVID-19 quarantine lifestyle since early 2020, not only has he written and published ~500 new research articles in various medical and engineering journals, but he has also achieved his best health conditions for the past 27 years. These achievements have resulted from his non-travelling, low-stress, and regular daily life routines. Of course, his in-depth knowledge of chronic diseases, sufficient practical lifestyle management experiences, and his own developed high-tech tools have also contributed to his excellent health improvements.

On 5/5/2018, he applied a continuous glucose monitoring (CGM) sensor device on his upper arm and checked his glucose measurements every 5 minutes for a total of 288 times each day. Furthermore, he extracted the 5-minute intervals from every 15-minute interval for a total of 96 glucose data each day stored in his computer software.

Through the author's medical research work of over 40,000 hours and reading over 4,000 published medical papers online in the past 13 years, he discovered and became convinced that good life habits of not smoking, moderate or no alcohol intake, avoiding illicit drugs; along with eating the right food with well-balanced nutrition, persistent exercise, having a sufficient and good quality of sleep, reducing all kinds of unnecessary stress, maintaining a regular daily life routine contribute to the risk reduction of having many diseases, including CVD, stroke, kidney problems, micro blood vessels issues, peripheral nervous system problems, and even cancers and dementia. In addition, a long-term healthy lifestyle can even "repair" some damaged internal organs, with different required time lengths depending on the particular organ's cell lifespan. For example, he has "self-repaired" about 35% of his damaged pancreatic beta cells during the past 10 years.

Energy theory:

The human body and organs have around 37 trillion live cells which are composed of different organic cells that require energy infusion from glucose carried by red blood cells; and energy consumption from labour-work or exercise. When the residual energy (resulting from the plastic glucose scenario) is stored inside our bodies, it will cause different degrees of damage or influence to many of our internal organs.

According to physics, energies associated with the glucose waves are proportional to the square of the glucose amplitude. The residual energies from elevated glucose circulate inside the body via blood vessels which then impact all of the internal organs to cause different degrees of damage or influence, e.g. diabetic complications. Elevated glucose (hyperglycemia) causes damage to the structural integrity of blood vessels. When it combines with both hypertension (rupture of arteries) and hyperlipidemia (blockage of arteries), CVD or Stroke happens. Similarly, many other deadly diseases could result from these excessive energies which would finally shorten our lifespan. For an example, the combination of hyperglycemia and hypertension would cause micro-blood vessel leakage in kidney systems which is one of the major causes of CKD.

The author then applied Fast Fourier Transform (FFT) operations to convert the input wave from a time domain into a frequency domain. The y-axis amplitude values in the frequency domain indicate the proportional energy levels associated with each different frequency component of input occurrence. Both output symptom value (i.e. strain amplitude in the time domain) and output symptom fluctuation rate (i.e. the strain rate and strain frequency) influence the energy level (i.e. the Y-amplitude in the frequency domain).

Currently, many people live a sedentary lifestyle and lack sufficient exercise to burn off the energy influx which causes them to become overweight or obese. Being overweight and having obesity leads to a variety of chronic diseases, particularly diabetes. In addition, many types of processed food add unnecessary ingredients and harmful chemicals that are toxic to the bodies, which lead to the development of many other deadly diseases, such as cancers. For example, ~85% of worldwide diabetes patients are overweight, and ~75% of patients with cardiac illnesses or surgeries have diabetes conditions.

In engineering analysis, when the load is applied to the structure, it bends or twists, i.e., deforms; however, when the load is removed, it will either be restored to its original shape (i.e., elastic case) or remain in a deformed shape (i.e., plastic case). In a biomedical system, the glucose level will increase after eating carbohydrates or sugar from food; therefore, carbohydrates and sugar function as the energy supply. After having labour work or exercise, the glucose level will decrease. As a result, the exercise burns off the energy, which is similar to load removal in the engineering case. In the biomedical case, both processes of energy influx and energy dissipation take some time which is not as simple and quick as the structural load removal in the engineering case. Therefore, the age difference and 3 input behaviours are "dynamic" in nature, i.e., time-dependent. This time-dependent nature leads to a "viscoelastic or viscoplastic" situation. For the author's case, it is "viscoplastic" since most of his biomarkers have continuously improved during the past 13-year time window.

Time-dependent output strain and stress of (viscous input*output rate):

Hooke's law of linear elasticity is expressed as:

Strain (ε: epsilon) = Stress (σ: sigma) / Young's modulus (E)

For biomedical glucose application, his developed linear elastic glucose theory (LEGT) is expressed as:

PPG (strain) = carbs/sugar (stress) * GH.p-Modulus (a positive number) + post-meal walking k-steps * GH.w-Modulus (a negative number)

where GH.p-Modulus is the reciprocal of Young's modulus E.

However, in viscoelasticity or viscoplasticity theory, the stress is expressed as:

Stress = viscosity factor (η: eta) * strain rate (dε/dt)

where strain is expressed as Greek epsilon or ε.

In this article, in order to construct an "ellipse-like" diagram in a stress-strain space domain (e.g., "hysteresis loop") covering both the positive side and negative side of space, he has modified the definition of strain as follows:

Strain = (body weight at a certain specific time instant)

He also calculates his strain rate using the following formula:

Strain rate = (body weight at next time instant) - (body weight at present time instant)

The risk probability % of developing into CVD, CKD, Cancer is calculated based on his developed metabolism index model (MI) in 2014. His MI value is calculated using inputs of 4 chronic conditions, i.e. weight, glucose, blood pressure, and lipids; and 6 lifestyle details, i.e. diet, drinking water, exercise, sleep, stress, and daily routines. These 10 metabolism categories further contain ~500 elements with millions of input data collected and processed since 2010. For individual deadly disease risk probability %, his mathematical model contains certain specific weighting factors for simulating certain risk percentages associated with different deadly diseases, such as metabolic disorder-induced CVD, stroke, kidney failure, cancers, dementia; artery damage in heart and brain, micro-vessel damage in kidney, and immunity-related infectious diseases, such as COVID death.

Some of the explored deadly diseases and longevity characteristics using the viscoplastic medicine theory (VMT) include stress relaxation, creep, hysteresis loop, and material stiffness, damping effect based on time-dependent stress and strain which are different from his previous research findings using linear elastic glucose theory (LEGT) and nonlinear plastic glucose theory (NPGT).

2. RESULTS

Figure 1 shows three biomarkers, including visceral fat ratio. Figure 2 shows data table and SD-VMT energy diagram..

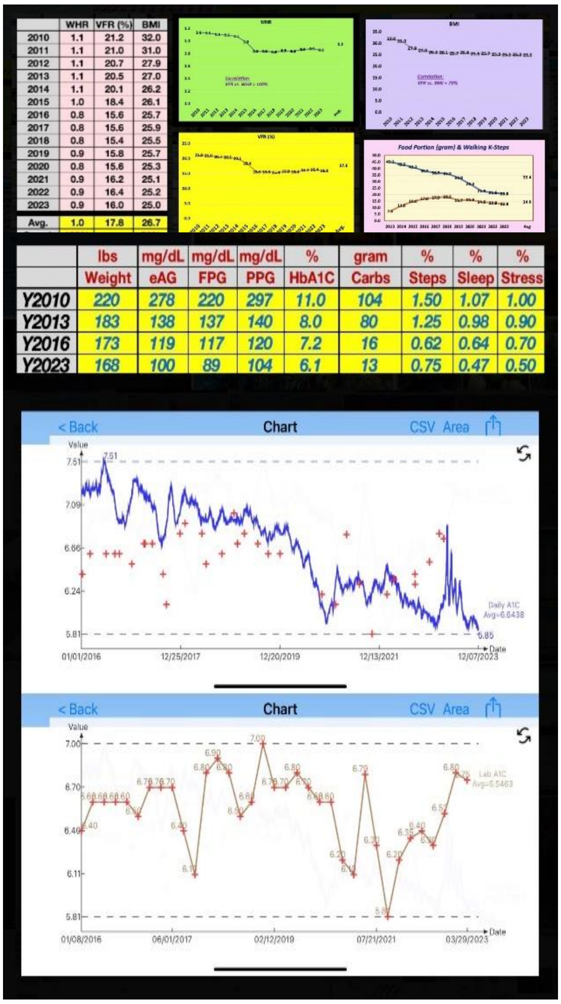
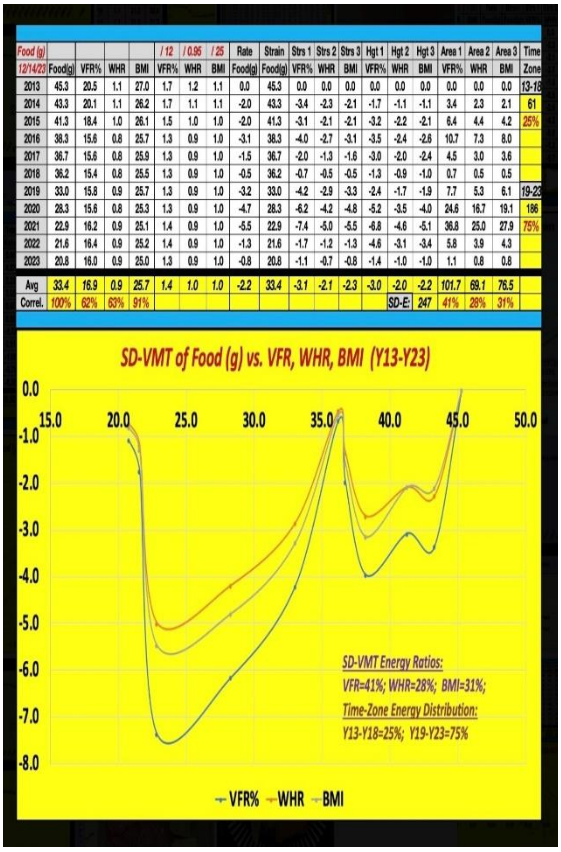


Figure 1: Three biomarkers, including visceral fat ratio



Food (g)					/ 12	/ 0.95	/ 25	Rate	Strain	Strs 1	Strs 2	Strs 3	Hgt 1	Hgt 2	Hgt 3	Area 1	Area 2	Area 3	Time
12/14/23	Food(g)	VFR%	WHR	BMI	VFR%	WHR	BMI	Food(g)	Food(g)	VFR%	WHR	BMI	VFR%	WHR	BMI	VFR%	WHR	BMI	Zone
2013	45.3	20.5	1.1	27.0	1.7	1.2	1.1	0.0	45.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13-18
2014	43.3	20.1	1.1	26.2	1.7	1.1	1.1	-2.0	43.3	-3.4	-2.3	-2.1	-1.7	-1.1	-1.1	3.4	2.3	2.1	61
2015	41.3	18.4	1.0	26.1	1.5	1.0	1.0	-2.0	41.3	-3.1	-2.1	-2.1	-3.2	-2.2	-2.1	6.4	4.4	4.2	25%
2016	38.3	15.6	0.8	25.7	1.3	0.9	1.0	-3.1	38.3	-4.0	-2.7	-3.1	-3.5	-2.4	-2.6	10.7	7.3	8.0	
2017	36.7	15.6	0.8	25.9	1.3	0.9	1.0	-1.5	36.7	-2.0	-1.3	-1.6	-3.0	-2.0	-2.4	4.5	3.0	3.6	
2018	36.2	15.4	0.8	25.5	1.3	0.9	1.0	-0.5	36.2	-0.7	-0.5	-0.5	-1.3	-0.9	-1.0	0.7	0.5	0.5	
2019	33.0	15.8	0.9	25.7	1.3	0.9	1.0	-3.2	33.0	-4.2	-2.9	-3.3	-2.4	-1.7	-1.9	7.7	5.3	6.1	19-23
2020	28.3	15.6	0.8	25.3	1.3	0.9	1.0	-4.7	28.3	-6.2	-4.2	-4.8	-5.2	-3.5	-4.0	24.6	16.7	19.1	186
2021	22.9	16.2	0.9	25.1	1.4	0.9	1.0	-5.5	22.9	-7.4	-5.0	-5.5	-6.8	-4.6	-5.1	36.8	25.0	27.9	75%
2022	21.6	16.4	0.9	25.2	1.4	0.9	1.0	-1.3	21.6	-1.7	-1.2	-1.3	-4.6	-3.1	-3.4	5.8	3.9	4.3	
2023	20.8	16.0	0.9	25.0	1.3	0.9	1.0	-0.8	20.8	-1.1	-0.7	-0.8	-1.4	-1.0	-1.0	1.1	0.8	0.8	
Avg	33.4	16.9	0.9	25.7	1.4	1.0	1.0	-2.2	33.4	-3.1	-2.1	-2.3	-3.0	-2.0	-2.2	101.7	69.1	76.5	
Correl.	100%	62%	63%	91%										SD-E:	247	41%	28%	31%	

Figure 2: Data table and SD-VMT energy diagram.

3. CONCLUSION

In summary, the findings over the past 11 years indicate the following SD-VMT energies: - VFR: 41% (R = 62%); - WHR: 28% (R = 63%); - BMI: 31% (R = 91%); -Total SD-VMT energy = 247.

VFR was most influenced by food portion size measured in grams. WHR and BMI had similar responses to food intake.

The time/zone energy distributions were: - 2013-2018: 25%; - 2019-2023: 75%

The increased influential energy in the recent period of 2019-2023 was due to reduced food portions (20-23 grams) compared to higher food intake (30-40 grams) in the earlier period of 2013-2018. Reduced food intake has a more profound impact on these three biomarkers.

Key Insights:

Visceral Fat (VF) is the underlying culprit for cardiovascular diseases, type 2 diabetes, non-alcoholic fatty liver disease (NAFLD), liver cancer, colorectal cancer, breast cancer, etc. Food portion sizes significantly impact VFR, WHR, and BMI, with visceral fat being the most affected, presenting a challenge to manage. Additionally, reduced food intake has a more profound influence on these biomarkers.

4. REFERENCES

For editing purposes, the majority of the references in this paper, which are self-references, have been removed from this article. Only references from other authors' published sources remain. The bibliography of the author's original self-references can be viewed at www.eclairemd.com.

Readers may use this article as long as the work is properly cited, their use is educational and not for profit, and the author's original work is not altered.

For reading more of the author's published VGT or FD analysis results on medical applications, please locate them through platforms for scientific research publications, such as ResearchGate, Google Scholar, etc.

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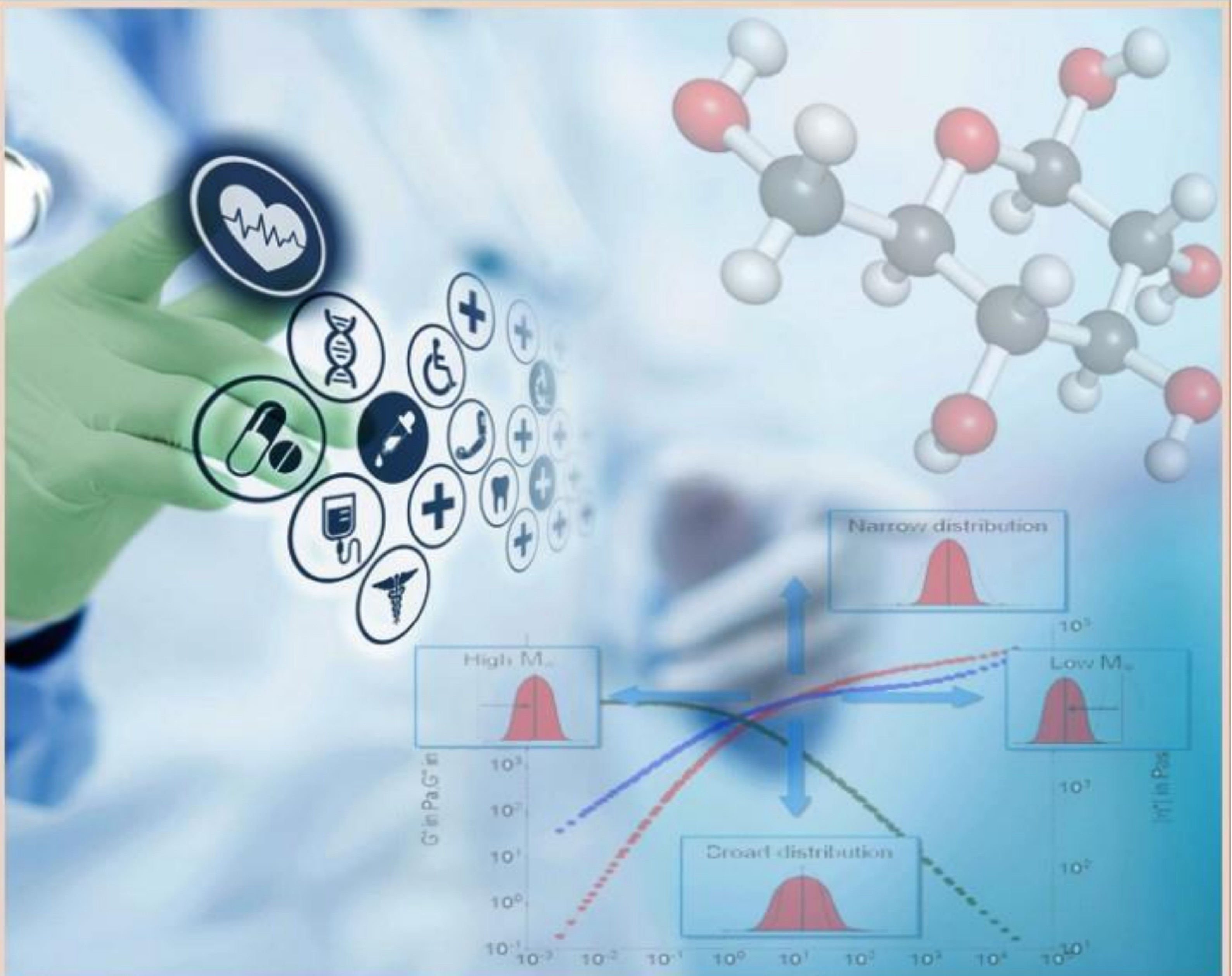
The GH-Method

Viscoelastic and Viscoplastic Glucose Theory Application in Medicine

Gerald C. Hsu



https://theghmethod.com

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