

Physiology versus Pharmacology

According to Feinman and Einstein I consider Science as a truth or a collection of (visual) images developing in space and time that are connected by symbols, generally words. About the same object, people show a cross-sectional variability in their mental reproductions and even the same person shows a longitudinal variability. These mental developments allow prediction of the next events, e.g. what we shall find around the corner. The variability is high in the correspondence of the predicted events versus the actual events. The coincidence degree represents the value of a given "truth" and the reliability of a person. Many physicians may assert a prognosis from the current state of an ill patient, from personal experience and science. I presume to know the development of diabetes: this development goes on for years with the help of physicians. The patient requires more and more insulin to allocate energy in increasing fatty stores. Insulin is given sometimes directly by injections or indirectly by drugs stimulating production. A project for a never ending body weight increase! Why am I blaming this strategy [1-4]? Why Medical Sciences show big cross-sectional differences in the pathogenesis and treatment that we do not see in the physicists' rules? The physicists have areas of uncertainty that are far beyond the surface! I have an explanation that might even become a truth if many scientists would agree. Physicians have to share the products of research with patients: they have to encourage patients to start a novel path with some risks. The researcher remains usually far from the conflicts of interest, but the treatment has to be acceptable and understandable: joint pain must be treated by local changes in activity, posture, work load, rest, heat etc. and not by control of energy intake [5-11]. There are billions of people who pretend to impose their lack of awareness and fight against novelties and treatments they do not understand. Patients want unchanged customs and want to consume the staple food, even if there is no more need [12-18]. Drugs have to be found to overcome the second principle of Thermodynamics with unremitting failures. Exploitation of physiology adaptations are the healthiest solution [13,17]. In this direction, only physical activity is largely exploited but this sole intervention is insufficient to stop general fattening [12]. Although difficult, intake adaptations are most effective to achieve an even energy balance [6-12]. Drugs are mysterious, magic, constitute the simplest solution and are sustained by investigations on huge numbers of subjects. In contrast to Prigogine (research does not deceive) the wishful, unaware thinking of billions rejects the least appealing solution as false or insufficiently proved.

References

1. Ciampolini M (2015) Conditioned Intake and Fattening/Diabetes. *Open Journal of Preventive Medicine* 5(12): 468-478.
2. Ciampolini M (2015) Conditioned intake: is it safe? *Nutr & Energy Balance* 1: 100101.
3. Ciampolini M, Borselli L (2016) Food Offer, Chronic Diarrhea and Preparedness to Alimentary Diabetes from the Second Year of Life Onwards. *Journal of Food Research* 5(1).

Opinion

Volume 3 Issue 3 - 2015

Mario Ciampolini*

Department of Paediatrics, Università di Firenze, Italy

***Corresponding author:** Mario Ciampolini, Preventive Gastroenterology Unit, Department of Paediatrics, Università di Firenze, Florence, Italy, Email: mlciampolini@fastwebnet.it

Received: December 22, 2015 | **Published:** December 28, 2015

4. Ciampolini M (2014) New Findings on Energy Balance and Established Wisdom. *International Journal of Nutrition and Food Sciences* 3(4): 300-306.
5. Scrivani SJ, Keith DA, Kaban LB (2008) Temporomandibular Disorders. *N Engl J Med* 359(25): 2693-2705.
6. Ciampolini M, Vicarelli D, Seminara S (1990) Normal energy intake range in children with chronic non-specific diarrhea. Association of relapses with the higher level. *J Pediatr Gastroenter Nutr* 11(3): 342-350.
7. Ciampolini M, Vicarelli D, Bini S (1991) Choices at weaning, main factor in ingestive behavior. *Nutrition* 7(1): 51-54.
8. Ciampolini M, Becherucci P, Vicarelli D, Seminara S, Bini S, et al. (1991) Decrease in serum IgE associated with limited restriction in energy intake to treat toddler's diarrhea. *Physiol Behav* 49(1): 155-160.
9. Ciampolini M, Bini S, Giommi A, Vicarelli D, Giannellini V (1994) Same growth and different energy intake in chronic non-specific diarrhea children in a four-year period. *Intern J Obesity* 18: 17-23.
10. Ciampolini M, Borselli L, Giannellini V (2000) Attention to metabolic hunger and its effects on Helicobacter pylori infection. *Physiol Behav* 70(3-4): 287-296.
11. Ciampolini M (2006) Infants do request food at the hunger glycemic level, but adults don't any more. 14th SSIB (Society for the Study of Ingestive Behavior) annual meeting 46: 345.
12. Ciampolini M, Brenna JT, Giannellini V, Bini S (2013) Interruption of scheduled, automatic feeding and reduction of excess energy intake in toddlers. *Intern J Gen Med* 6: 39-47.
13. Ogden CL, Carroll MD, Kit BK, Flegal KM (2012) Prevalence of obesity and trends in body mass index among US children and adolescents, 1999 - 2010. *JAMA* 307(5): 483-490.
14. Ciampolini M, Bianchi R (2006) Training to estimate blood glucose and to form associations with initial hunger. *Nutr Metab (Lond)*: 3: 42.
15. Ciampolini M, Lovell-Smith D, Sifone M (2010) Sustained self-regulation of energy intake. Loss of weight in overweight subjects. Maintenance of weight in normal-weight subjects. *Nutr Metab (Lond)* 7: 1-4.

16. Ciampolini M, Lovell-Smith D, Bianchi R, de Pont B, Sifone M, et al. (2010) Sustained self-regulation of energy intake. Initial hunger improves insulin sensitivity. *J Nutr Metab* 7.
17. Ciampolini M, Sifone M (2011) Differences in maintenance of mean Blood glucose (BG) and their association with response to "Recognizing Hunger". *I J Gen Med* 4: 403-412.
18. Ciampolini M, Lovell Smith D (2014) *Recognising Hunger: Self-Regulation of Food Intake and Energy Balance. A Handbook*. Lambert Academic Publishing, Germany.