

Relationships of Parkinson's Disease Risks and Four Lifestyle Details, Food Portion, Food Quality, Walking Steps, Sleep Score Using Viscoplastic Energy Model of GH-Method: Math-Physical Medicine (No. 970, VMT #369, 11/24-25/2023)

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Abstract

The majority of mortality diseases stem from metabolic disorders, such as obesity, diabetes, hypertension, and dyslipidemia. Metabolism is significantly influenced by lifestyle factors like diet, water intake, exercise, sleep, stress, and daily routines. Diet encompasses both portion control and food quality maintenance. **Food quality and sleep scores are detailed in the attached figure.** The author's primary exercise is walking, measured by his daily step count.

Over 12 years (2013-2023), the author's food portion decreased from 125% in 2013 to 49% in 2023 (with 100% defined as his "normal" food portion before 2010). His food quality score has been reduced from 90% in 2013 to 50% in 2023, and his sleep scores has also been reduced from 96% in 2013 to 47% in 2023. However, his walking steps was increased from 7.5k (116%) in 2013 to 18.5k (60%) in 2018 and then decreased back to 12.7k (86%) in 2023 due to aging caused discomfort.

This particular study explores his annual Parkinson's diseases (PD) risks associated with these four lifestyle changes.

In summary, traditional statistical analysis reveals strong correlations (58% to 96%) between the author's CVD risk and lifestyle details.

- **PD vs. Food portion: 96%**
- **PD vs. Food quality: 90%**
- **PD vs. Steps: 58%**
- **PD vs. Sleep: 90%**

Additionally, the author employs the space-domain viscoplastic energy (SD-VMT) method, uncovering following energy associations:

- **Energy from Food P: 30%**
- **Energy from Food Q: 21%**
- **Energy from Steps: 26%**
- **Energy from Sleep: 23%**

Both food portion (30%) and exercise (26%) emerge as two strongest influential factors of his risks of having Parkinson's diseases (PD).

Key Message

The author's lifestyle details are linked to his PD risks. Food portion contributes the most energy (30%), followed by 26% from walking steps, sleep contributing 23%, and food quality contributing 21%. **Notably, the author has not received any diagnosis indicating signs of dementia, including both Alzheimer's Disease (AD) and Parkinson's Disease (PD). Consequently, without direct observations for comparison, the findings of this research offer valuable insights into the author's health maintenance from a preventive medicine standpoint.**

	Sleep	Stress	Food & Meal
Avoid process food			Yes No
Limit carbohydrate			Yes No
No fatty food, desert, & snack			Yes No
Avoid sugar & sweet			Yes No
Limit salt intake			Yes No
Eat white meat, not red meat			Yes No
No egg yolk, internal organ			Yes No
Eat fish, not shellfish			Yes No
Take protein or dairy food			Yes No
Eat lots of vegetable & fiber			Yes No
Eat fruit between meals			Yes No
Drink water, not beverage			Yes No
No alcohol drinking & smoking			Yes No
No junk food at all			Yes No
No eating after 8pm			Yes No
Take vitamin & supplement			Yes No
Maintain a regular meal pattern			Yes No
Chew & eat slowly			Yes No
Brush, floss & protect teeth			Yes No

Annoying issues before or during sleep	1	2	3	4	5	
Sleep hours	>8	7-8	6-7	5-6	4-5	<4
Wake-up times (e.g. urine)	0	1	2	3	≥4	
Degree of freshness & restfulness	1	2	3	4	5	
Degree of wake-up headache	1	2	3	4	5	
Degree of dreams	1	2	3	4	5	
Degree of environmental comfort	1	2	3	4	5	
Degree of physical sickness	1	2	3	4	5	
Degree of Sleep Pattern Disturbance	1	2	3	4	5	
Itchy skin	1	2	3	4	5	
Numbness feeling of hands or feet	1	2	3	4	5	
Hungry feeling during sleep	1	2	3	4	5	
Sleepy feeling in the morning	1	2	3	4	5	
Leg cramp during sleep	1	2	3	4	5	
Cold feeling of legs and feet	1	2	3	4	5	
Snoring during sleep	1	2	3	4	5	

1. Introduction

The majority of mortality diseases stem from metabolic disorders, such as obesity, diabetes, hypertension, and dyslipidemia. Metabolism is significantly influenced by lifestyle factors like diet, water intake, exercise, sleep, stress, and daily routines. Diet encompasses both portion control and food quality maintenance. **Food quality and sleep scores are detailed in the attached figure.** The author's primary exercise is walking, measured by his daily step count.

Over 12 years (2013-2023), the author's food portion decreased from 125% in 2013 to 49% in 2023 (100% is defined as his "normal" food portion prior 2010). His food quality score has been reduced from 90% in 2013 to 50% in 2023, and his sleep scores has also been reduced from 96% in 2013 to 47% in 2023. However, his walking steps was decreased from 7.5k (116%) in 2013 to 18.5k (60%) in 2018 and then increased back to 12.7k (86%) in 2023 due to aging caused discomfort.

This particular study explores his annual Parkinson's diseases (PD) risks associated with these four lifestyle changes.

2. 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, with the intention of optimizing 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.

3. Pathophysiological Explanations of Relationships Between Oat kibdon's Diseases Versus Food Portion, Diet Quality, Exercise, and Sleep

Pathophysiological explanations shed light on the complex relationships between Parkinson's disease and key lifestyle factors, including food portion, diet quality, exercise, and sleep:

1. Food Portion: While there isn't a direct link between food portion and Parkinson's disease, maintaining a healthy weight through controlled portions may have indirect benefits. Obesity is associated with systemic inflammation, which could potentially contribute to neurodegenerative processes.

2. Diet Quality: A nutrient-rich diet, high in antioxidants and anti-inflammatory compounds, may have protective effects

against Parkinson's disease. Certain nutrients found in fruits, vegetables, and whole grains may help combat oxidative stress and inflammation in the brain.

3. Exercise: Regular physical activity has been associated with a reduced risk of Parkinson's disease. Exercise promotes the release of neurotrophic factors, supports the function of dopamine-producing neurons, and may have neuroprotective effects, slowing down the progression of the disease.

4. Sleep: Disrupted sleep patterns or inadequate sleep may exacerbate symptoms of Parkinson's disease. Sleep disturbances can affect motor symptoms and contribute to overall fatigue, impacting the quality of life for individuals with Parkinson's.

In summary, while the relationship between Parkinson's disease and lifestyle factors is complex, adopting a healthy lifestyle with controlled food portions, a nutrient-rich diet, regular exercise, and sufficient sleep may contribute to overall well-being and potentially play a role in the management or prevention of Parkinson's disease. However, it's essential to consult with healthcare professionals for personalized advice and treatment.

4. Which Foods Contain Antioxidants and Anti-Inflammatory Compounds?

Foods rich in antioxidants and anti-inflammatory compounds can help combat oxidative stress and inflammation. Here are some examples:

4.1 Fruits

- Berries (blueberries, strawberries, raspberries)
- Citrus fruits (oranges, grapefruits)
- Cherries
- Apples
- Grapes

4.2 Vegetables

- Leafy greens (spinach, kale, Swiss chard)
- Broccoli
- Brussels sprouts
- Bell peppers
- Tomatoes

4.3 Nuts and Seeds

- Almonds
- Walnuts
- Chia seeds
- Flaxseeds

4.4 Herbs and Spices

- Turmeric
- Ginger
- Garlic
- Cinnamon
- Rosemary

4.5 Fatty Fish

- Salmon
- Mackerel

- Sardines
- Trout

4.6 Green Tea

- Contains polyphenols with antioxidant and anti-inflammatory properties.

4.7 Dark Chocolate

- In moderation, dark chocolate with a high cocoa content provides antioxidants.

4.8 Olive Oil

- Extra virgin olive oil contains polyphenols and has anti-inflammatory effects.

4.9 Whole Grains

- Quinoa
- Brown rice
- Oats

4.10 Legumes

- Lentils
- Chickpeas
- Black beans

Incorporating a variety of these foods into your diet can contribute to a well-rounded intake of antioxidants and anti-inflammatory compounds. It's essential to focus on a balanced and diverse diet to provide your body with a range of nutrients.

5. 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 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.

6. The Author's Diabetes History

The author was 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 to develop 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 no longer takes 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 traveled 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 traveling 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-traveling, 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 checks 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 over 40,000 hours and read 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-length 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.

7. 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 labor- 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 glucoses are circulating 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's leakage in kidney systems which is one of the major cause 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) are influencing 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. deform; 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, the carbohydrates and sugar function as the energy supply.

After having labor 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 behaviors 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 are continuously improved during the past 13-year time window.*

8. 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 reciprocal of Young’s modulus E.

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

Stress

= **viscosity factor (η : eta) * strain rate (d ϵ /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 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 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)*.

9. Results

Figure 1 shows data table, Time- domain curves and SD-VMT energies.

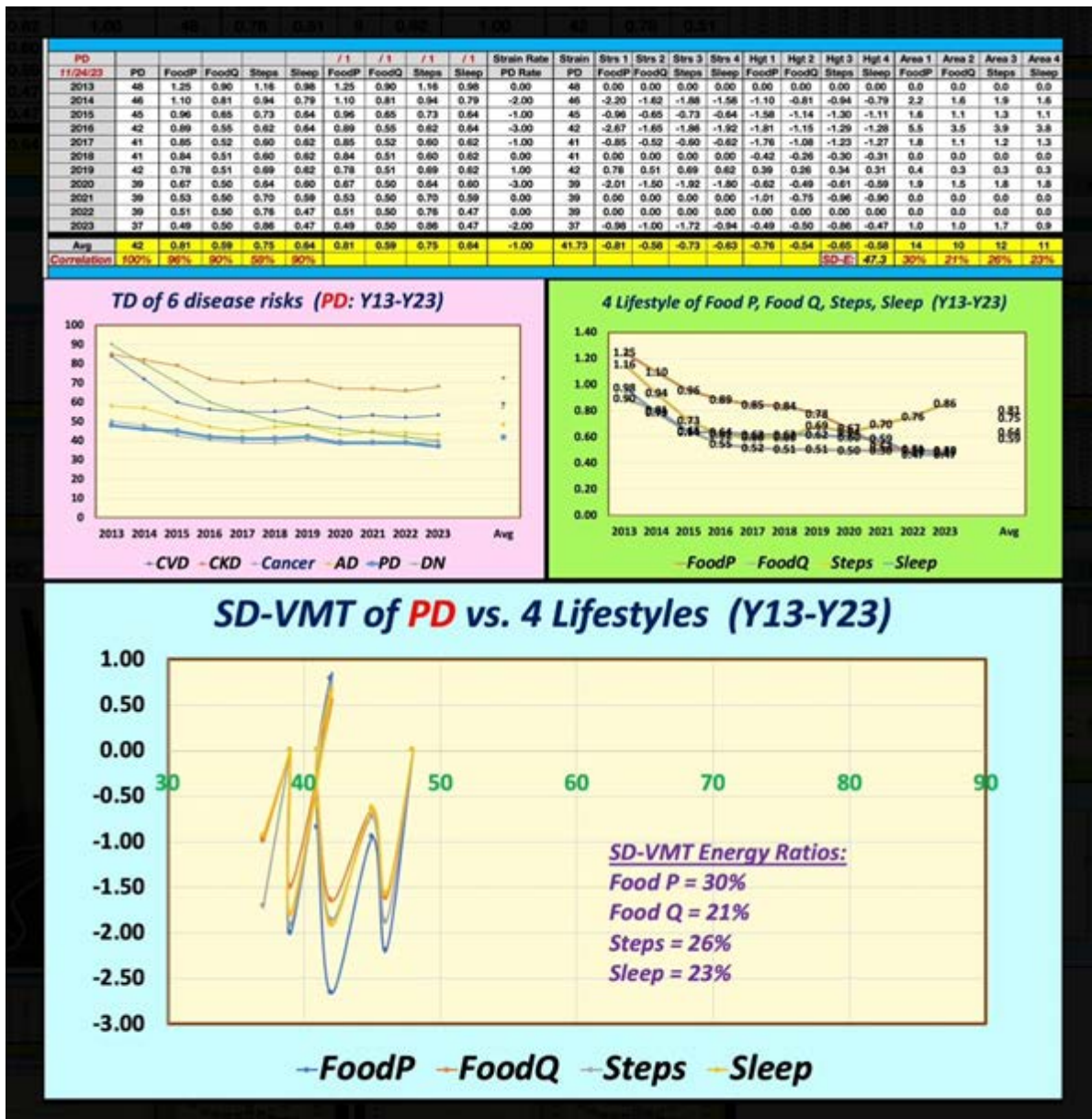


Figure 1: Data table, Time-domain curves and SD-VMT energies

10. Conclusions

In summary, traditional statistical analysis reveals strong correlations (58% to 96%) between the author's CVD risk and lifestyle details.

- PD vs. Food portion: 96%
- PD vs. Food quality: 90%
- PD vs. Steps: 58%
- PD vs. Sleep: 90%

Additionally, the author employs the space-domain viscoplastic energy (SD-VMT) method, uncovering following energy associations:

- Energy from Food P: 30%
- Energy from Food Q: 21%
- Energy from Steps: 26%

- Energy from Sleep: 23%

Both food portion (30%) and exercise (26%) emerge as two strongest influential factors of his risks of having Parkinson's diseases (PD).

11. Key Message

The author's lifestyle details are linked to his PD risks. Food portion contributes the most energy (30%), followed by 26% from walking steps, sleep contributing 23%, and food quality contributing 21%. *Notably, the author has not received any diagnosis indicating signs of dementia, including both Alzheimer's Disease (AD) and Parkinson's Disease (PD). Consequently, without direct observations for comparison, the findings of this research offer valuable insights into the author's health maintenance from a preventive medicine standpoint.*

References

For editing purposes, majority of the references in this paper, which are self-references, have been removed for 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, and their use is educational

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