



## Science and Medical Consensus

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### List of Terms and Abbreviations

BG: Blood Glucose, an index of energy availability in blood for the whole body; IH: Initial Hunger consists of gastric pangs or mind or physical weakness: *Inedia* is the Italian word for this weakness. In sedentary adults and in children, IH corresponds to 76.6 3.7 mg/dL BG. In infancy corresponds to demand before sight of food; IHMP: Initial Hunger Meal Pattern; Energy intake is adjusted to three arousals of IH per day.

MBG: The mean of 21 BG measurements before the three main daily meals reported by a week diary. MBG measures the compliance with IHMP, MBG shows changes after training and it is negatively correlated to insulin sensitivity. Below 81.8 mg/dL (Low MBG) MBG indicates a healthy meal pattern in sedentary people. Over 81.8 mg/dL, High MBG is associated with fattening/insulin resistance.

I am still wondering on receiving about 20 invitations per day to submit a paper for publication. Up to the year 2006, I submitted and resubmitted manuscripts and most were rejected. At that time and now I worked to demonstrate the causal sequence: fattening and insulin resistance/slowdown of absorption and progression of nutrients/pathologic modification of microbiome, with expansion of all components including few immunogenic bacteria species / increased (either acute or chronic) immune stimulation/Overall Subclinical Inflammation.

I listed hundreds and hundreds different solutions for infant's chronic diarrhea in scientific Journals.

Such number of different solutions for the same problem is scientific? Medicine involves interpretation of the causes (pathogenesis) and solution of the disease (therapy). To become operative, both pathogeneses and therapies require consensus from patients and from medical establishment. Suspect of difficulty in application by the patient is sufficient to dismiss solution c) and to prefer solution a) [1]. Solution a) is simple to perform as compared to solution c) [2]. Yet, solution c) considers chronic diarrhea as a signal on intake habits. Their maintenance predisposes to development of diabetes as well as of vascular and malignant risks. Solution c) implies that child's habits, if maintained, tend to develop the poor health that we have mentioned from conditioned intake to overall subclinical inflammation. Exit from this development is possible even without medical support. Yet the exit requires learning, i. e. attention and time for learning. Not all patients are able to begin an enterprise that only after beginning reveals that is easy to perform. Consensus is useful to overcome the difficult beginning. Demonstrations do not create consensus. The choice based on consensus grows progressively with the number of approvals. Plagiarism and repeated publications of the same treatment increase the consensus. Advertising increases consensus in proportion to the money invested in consensus promotion. Consensus around a treatment is similar to the consensus around any commodity in the market. On the other hand, medical intervention is occasionally required to recover a "restitution ad integrum" since the old Egyptian times. Flu is a transient illness that requires elimination. In the future age we might establish a best behavior facing a flu and treat the deviations instead of the consequent illness. The behavior in front of infection might be standardized and used as early as possible. Positive energy balance must be considered as a universal problem and

requires to be systematically contrasted. No commitment against high BG, insulin resistance and diabetes might be contrasted and possibly eliminated.

### Conclusion

The abundant documentation around each treatment may be used to choose the intervention to recover health. This selection is not scientific even though article describing interventions may be accurately scientific. The selection of the best solution may change in time and region of application: it is medical, requires more consensus than demonstrations.

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### Conflict of Interests

No conflicts of interest.

### Bibliography

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