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util, edema, dialysis, and serum Na+ levels) replace losses during the previous day (vomitus, diarrhea, urine) plus 500 ml Limit as needed -700 ml Input Water produced by meabolism in 24 hr (provided catabolism/mass loss are not occurring) Water to allow for fluid gain Water in usual diet in 24 hr Additional...

While a listing of efficacy and safety information is provided in the form of Cochrane databases in this chapter (see Table 18-3), but the listing is somewhat limited. The Healthy Eating Pattern is the template for the DASH eating pattern, with inclusion of 10 to 15 servings of nuts, seeds, and legumes daily, limited alcohol intake, and emphasis on fruits and vegetables, especially dark green leafy vegetables. The health benefits of this pattern have been extensively studied in the Dietary Approaches to Stop Hypertension (DASH) trial, which reported that the DASH diet significantly reduced the risk of stroke, heart disease, kidney disease, and obesity compared to other diets. The Mediterranean diet, which emphasizes a high intake of fruits, vegetables, and olive oil, is another diet with strong evidence of health benefits, including a reduced risk of heart disease and improved cognitive function. The Paleolithic diet, which focuses on whole, unprocessed foods, is also gaining popularity, but its long-term health benefits are still under investigation. The Ketogenic diet, which is high in fat and low in carbohydrates, is used primarily for the treatment of epilepsy and has also been shown to have potential benefits for weight loss and metabolic health. However, it is important to note that the health benefits of any diet are dependent on individual factors such as genetics, lifestyle, and overall health status. It is always best to consult with a healthcare professional before starting any new diet or making significant changes to your eating habits.

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Abstract of a scientific paper discussing the role of the gut microbiome in the pathogenesis of obesity and its associated metabolic disorders. The paper reviews the current understanding of the gut microbiome's composition and function, and how it interacts with the host's metabolism and immune system. It also discusses the potential for probiotics and prebiotics to modulate the gut microbiome and improve metabolic health. The authors conclude that the gut microbiome is a key player in the pathogenesis of obesity and its associated metabolic disorders, and that targeting the microbiome may be a promising strategy for the prevention and treatment of these conditions.

**Introduction**

The gut microbiome, a complex community of microorganisms residing in the gastrointestinal tract, has emerged as a key player in the pathogenesis of obesity and its associated metabolic disorders. The composition and function of the gut microbiome are highly variable and are influenced by a variety of factors, including diet, lifestyle, and genetics. The gut microbiome is thought to play a role in the regulation of energy balance, metabolism, and immune function, and its dysregulation has been implicated in the pathogenesis of obesity, type 2 diabetes, and other metabolic disorders.

**Methods**

The authors conducted a systematic review of the literature on the role of the gut microbiome in the pathogenesis of obesity and its associated metabolic disorders. They searched for relevant studies in the following databases: PubMed, Embase, and Cochrane. The search terms used were "gut microbiome", "obesity", "metabolic disorders", "probiotics", and "prebiotics". The search was limited to English-language articles published between 2000 and 2015.

**Results**

The authors identified 100 relevant studies. The most common findings were that the gut microbiome of obese individuals is characterized by a higher abundance of Firmicutes and a lower abundance of Bacteroidetes compared to lean individuals. This altered composition is thought to contribute to the increased energy harvest from food and the subsequent weight gain. Additionally, the authors found that the gut microbiome of obese individuals is associated with increased inflammation and insulin resistance, which are key features of the metabolic syndrome.

**Conclusion**

The gut microbiome is a key player in the pathogenesis of obesity and its associated metabolic disorders. The composition and function of the gut microbiome are highly variable and are influenced by a variety of factors, including diet, lifestyle, and genetics. The gut microbiome is thought to play a role in the regulation of energy balance, metabolism, and immune function, and its dysregulation has been implicated in the pathogenesis of obesity, type 2 diabetes, and other metabolic disorders. Targeting the microbiome with probiotics and prebiotics may be a promising strategy for the prevention and treatment of these conditions.













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**Background:** The purpose of this study was to determine if a low-carbohydrate diet (LCD) is more effective than a low-fat diet (LFD) for weight loss and improvement of metabolic parameters in obese individuals. The study was a randomized controlled trial. The LCD group consumed a diet with 40% of calories from fat, 30% from carbohydrates, and 30% from protein. The LFD group consumed a diet with 40% of calories from fat, 55% from carbohydrates, and 5% from protein. Both groups consumed 1,800 kcal per day. The study lasted for 12 weeks. The primary outcome was weight loss. Secondary outcomes were changes in blood pressure, fasting glucose, and triglycerides. The LCD group lost significantly more weight than the LFD group. There were no significant differences in blood pressure, fasting glucose, or triglycerides between the two groups.

**Conclusions:** A low-carbohydrate diet is more effective than a low-fat diet for weight loss in obese individuals. There were no significant differences in blood pressure, fasting glucose, or triglycerides between the two groups.

**Keywords:** low-carbohydrate diet, low-fat diet, weight loss, metabolic parameters, randomized controlled trial.











