

A Viscoplastic Energy Research Methodology Study Using Two Fasting Plasma Glucoses Versus Two Identical Inputs of Body Weights, over 18-Months Period Based on Viscoplastic Energy Model of GH-Method: Math-Physical Medicine (No. 1063, VMT #461)

Gerald C Hsu*

eclairMD Foundation, USA

*Corresponding Author

Gerald C Hsu, eclairMD Foundation, USA.

Submitted: 2024, Apr 23; Accepted: 2024, May 16; Published: 2024, May 27

Citation: Hsu, G. C. (2024). A Viscoplastic Energy Research Methodology Study Using Two Fasting Plasma Glucoses Versus Two Identical Inputs of Body Weights, over 18-Months Period Based on Viscoplastic Energy Model of GH-Method: Math-Physical Medicine (No. 1063, VMT #461). *J Future Med Healthcare Innovation*, 2(1), 01-06.

Abstract

This study builds upon the author's recent article of his medical research methodology (Paper No. 1062) by examining two total viscoplastic energies associated with measured fasting plasma glucose in the early morning (FPG) and predicted FPG, alongside two consistent inputs of measured body weight in the early morning (BW) and predicted BW, over an 18-month period from January 1, 2023, to April 21, 2024.

Previously, the author identified that **BW is the primary influential factor on FPG, which reflects the health state of pancreatic beta-cell functions, including both insulin quantity and insulin resistance.**

Utilizing traditional statistical tools, such as averages and correlations, the author noted an extremely high prediction accuracy of 99.6% and a high correlation coefficient of 93% existed between his measured FPG and predicted FPG. **Nevertheless, statistics alone do not reveal all underlying aspects of the biomedical phenomena studied.** Therefore, the author opted to employ the energy model from the space-domain Viscoplastic Medicine Theory (SD-VMT) to delve deeper into certain hidden biophysical phenomena of human biomarkers.

A highly precise body weight prediction model was developed by the author for predicting his **FPG levels, which acts as a baseline for postprandial plasma glucose (PPG) and daily estimated average glucose (eAG).** By integrating FPG, PPG, and eAG together, a comprehensive view of diabetes conditions via HbA1c (90 to 115 days averaged glucose level) emerges. **Furthermore, when combined with hypertension and dyslipidemia, these three influential factors lay the groundwork for studying many subsequent mortality-related diseases.**

In this study, two separate analyses were conducted using measured and predicted FPG as two distinct output measures (strains), influenced by the identical key factors of measured and predicted BW (inputs or stresses).

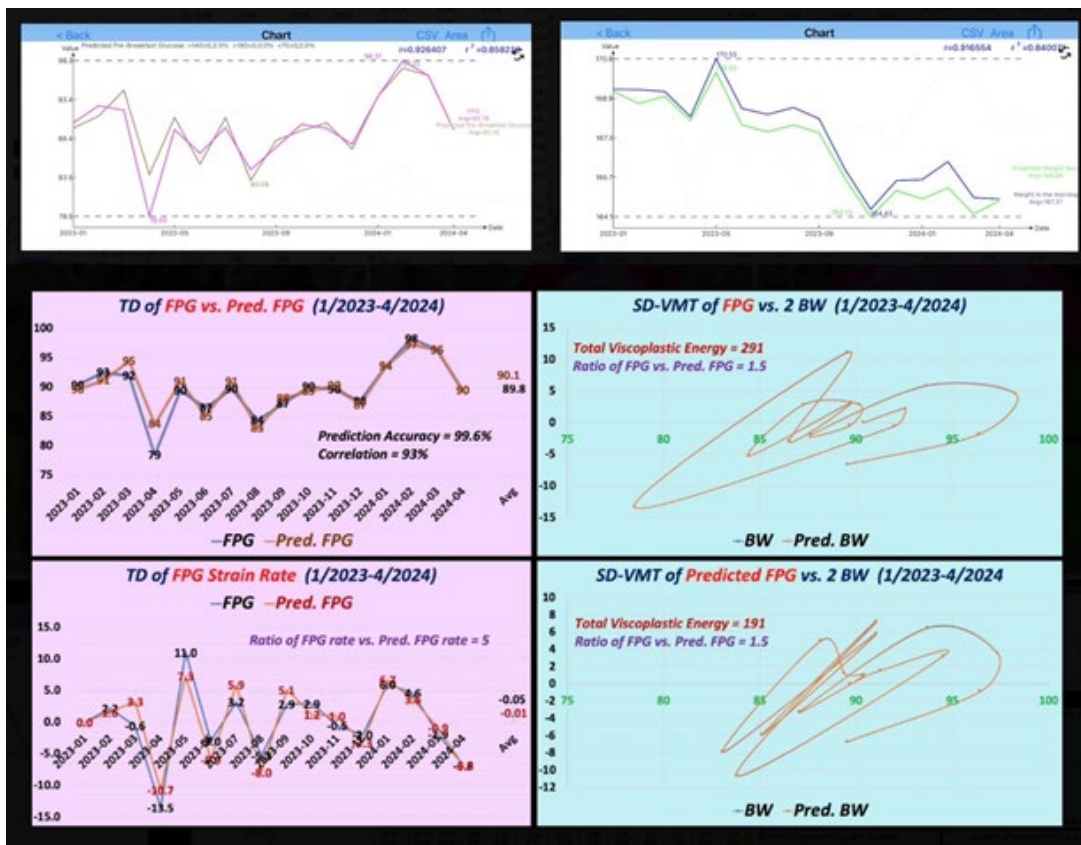
The focus of this study was on the total energy values calculated using the SD-VMT energy model and their associated strain rates, specifically the rate of change in FPG over time.

In summary, this FPG-BW study yielded four key findings:

1. The energy contribution ratios from two BW inputs were consistent—**50.1% from BW and 49.9% from predicted BW.** This suggests that **both of measured BW and predicted BW are contributing almost equally on his two FPG values.**
2. The total SD-VMT energy, represented by the area size of his two FPG-BW curves, are: **Measured FPG energy is 291 and predicted FPG energy is 191 which have a ratio of 1.5.**
3. Aforementioned the measured FPG energy is 1.5 times higher than the predicted FPG energy. This is resulted from **the measured FPG change rate over time of -0.05 was 5 times higher than the predicted FPG change rate over time of -0.01.**
4. Although statistical methods such as averages and correlations have provided some insights, revealing a high accuracy in FPG prediction and waveform similarity, they fall short in uncovering certain important hidden biophysical characteristics of FPG.

Key Message

This energy study demonstrates that his measured FPG curve exhibits an energy 1.5 times higher than his predicted FPG curve, driven by increased fluctuations with slightly varied amplitude and frequency. It is corroborated by a 1.5-fold increase in total energy and a fivefold higher FPG change rate over time in the measured FPG compared to the predicted FPG. These findings indicate that his developed FPG prediction equation yields a "more stable or smoother" waveform with fewer fluctuations due to its inherent linearization effect. Consequently, this paper has been categorized under "Research Methodology".



Viscoelastic Medicine Theory (VMT #461)

A viscoplastic energy research methodology study using two fasting plasma glucoses versus two identical inputs of body weights, over 18-months period based on viscoplastic energy model of GH-Method: math-physical medicine (No. 1063)

1. Introduction

This study builds upon the author's recent article of his medical research methodology (Paper No. 1062) by examining two total viscoplastic energies associated with measured fasting plasma glucose in the early morning (FPG) and predicted FPG, alongside two consistent inputs of measured body weight in the early morning (BW) and predicted BW, over an 18-month period from January 1, 2023, to April 21, 2024.

Previously, the author identified that *BW is the primary influential factor on FPG, which reflects the health state of pancreatic beta-cell functions, including both insulin quantity and insulin resistance.*

Utilizing traditional statistical tools, such as averages and correlations, the author noted an extremely high prediction accuracy of 99.6% and a high correlation coefficient of 93% existed between his measured FPG and predicted FPG.

Nevertheless, statistics alone do not reveal all underlying aspects of the biomedical phenomena studied. Therefore, the author opted to employ the energy model from the space-domain Viscoplastic Medicine Theory (SD-VMT) to delve deeper into certain hidden biophysical phenomena of human biomarkers.

A highly precise body weight prediction model was developed by the author for predicting his *FPG levels, which acts as a baseline for postprandial plasma glucose (PPG) and daily estimated average glucose (eAG).* By integrating FPG, PPG, and eAG together, a comprehensive view of diabetes conditions via HbA1c (90 to 115 days averaged glucose level) emerges. Furthermore, when combined with hypertension and dyslipidemia, these three influential factors lay the groundwork for studying many subsequent mortality-related diseases.

In this study, two separate analyses were conducted using measured and predicted FPG as two distinct output measures

(strains), influenced by the identical key factors of measured and predicted BW (inputs or stresses).

The focus of this study was on the total energy values calculated using the SD-VMT energy model and their associated strain rates, specifically the rate of change in FPG over time.

1.1. Biomedical or Technical 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.

1.2. In Physics, The Relationship Between Wave's Energy and Waveform Fluctuations

In physics, the energy of a wave and its waveform fluctuations are fundamentally connected through the wave's amplitude and frequency. The energy (E) of a wave is directly related to the square of its amplitude (A), which describes the height of the wave's peaks. This means that a larger amplitude leads to significantly more energy. Mathematically, this is often expressed as: (**E is proportional to square of A**).

Frequency (f) also plays a crucial role, especially for electromagnetic waves, where the energy of the wave is proportional to its frequency. In the case of light waves, this relationship is captured by the equation ($E = h * f$), where (h) is Planck's constant and (f) is the frequency of the wave. This equation shows that higher frequency waves, like X-rays or UV light, carry more energy than lower frequency waves, such as radio or microwaves.

Thus, fluctuations in the waveform—changes in amplitude or frequency—can lead to corresponding changes in the energy of the wave. This concept is important in various applications, including signal processing, optics, and quantum mechanics, where understanding and controlling wave energy is crucial.

1.3. 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.

1.4. 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.

1.5. 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 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) 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.*

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 ($d\epsilon/dt$)

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).

2. Results

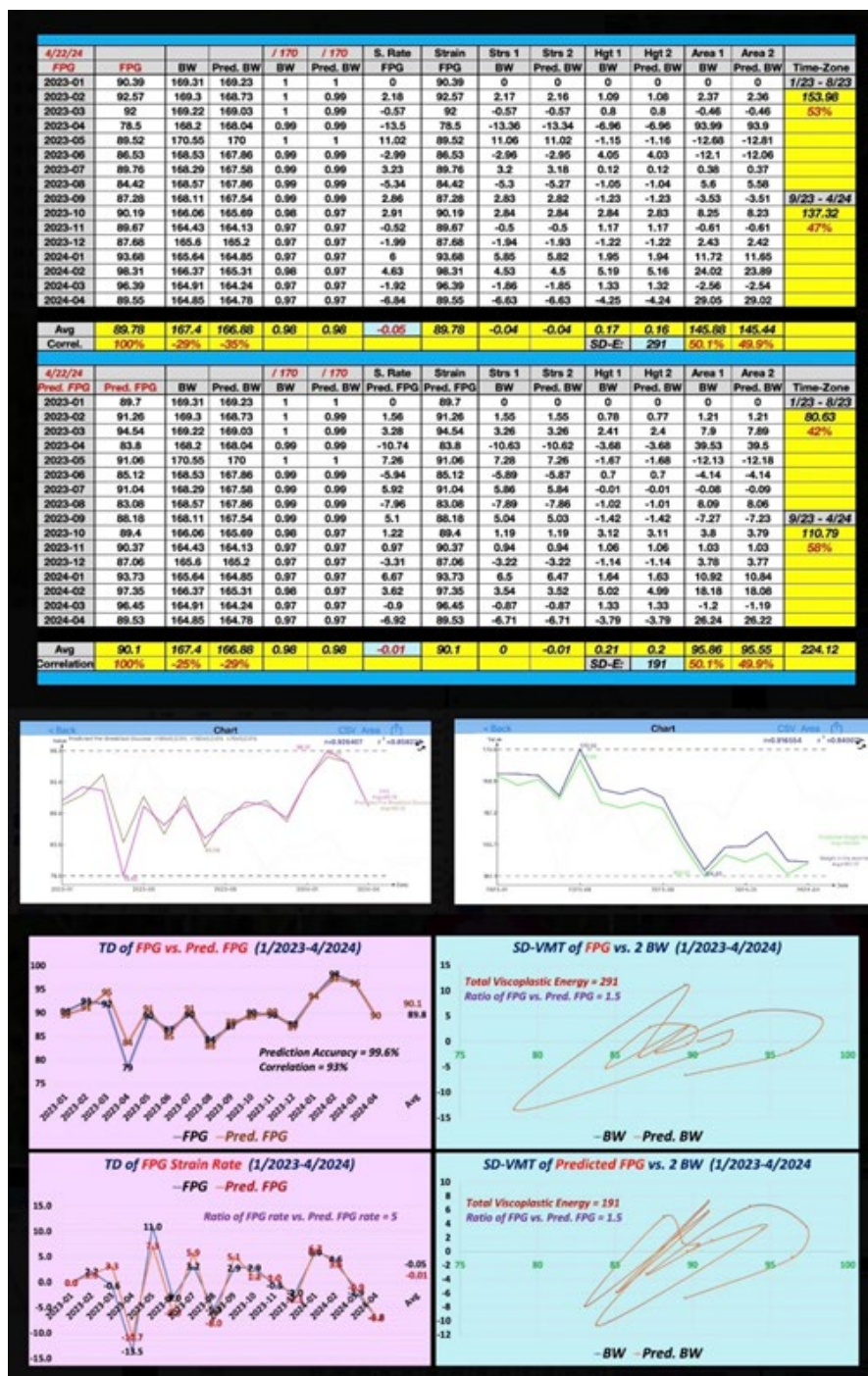


Figure 1: Data Table and SD-VMT Energy Output Diagram

3. Conclusions

In summary, this FPG-BW study yielded four key findings:

1. The energy contribution ratios from two BW inputs were consistent—**50.1% from BW and 49.9% from predicted BW**. This suggests that **both of measured BW and predicted BW are contributing almost equally on his two FPG values**.
2. The total SD-VMT energy, represented by the area size of his two FPG-BW curves, are: **Measured FPG energy is 291 and predicted FPG energy is 191 which have a ratio of 1.5**.
3. Aforementioned the measured FPG energy is 1.5 times higher than the predicted FPG energy. This is resulted from **the measured FPG change rate over time of -0.05 was 5 times higher than the predicted FPG change rate over time of -0.01**.
4. Although statistical methods such as averages and correlations have provided some insights, revealing a high accuracy in FPG prediction and waveform similarity, they fall short in uncovering certain important hidden biophysical characteristics of FPG.

Key Message

This energy study demonstrates that his measured FPG curve exhibits an energy 1.5 times higher than his predicted FPG curve,

driven by increased fluctuations with slightly varied amplitude and frequency. It is corroborated by a 1.5-fold increase in total energy and a fivefold higher FPG change rate over time in the measured FPG compared to the predicted FPG. These findings indicate that his developed FPG prediction equation yields a "more stable or smoother" waveform with fewer fluctuations due to its inherent linearization effect. Consequently, this paper has been categorized under "Research Methodology".

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 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.

Copyright: ©2024 Gerald C Hsu. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.