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Pramod Stephen *

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Opinion

The Eating Disorders and Our Metabolism

Pramod Stephen*

Innovator, Christian Church PO Sugauli 845456, East Champaran, Bihar, India,

***Correspondence Author:** Pramod Stephen, Innovator, Christian Church PO Sugauli 845456, East Champaran, Bihar, India.

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Abstract

Eating disorders can affect people of all ages, racial/ethnic backgrounds, body weights, and genders. One approach involves the study of human genes. Eating disorders run in families common in diabetes study.

Key words: diabetes; diagnostic; mucus; antibacterial

Summary

An eating disorder is when a person eats more or less all foodstuff, water and liquids not remineralisation in saliva. These behaviours affect our metabolism and physical, mental, and endocrinal glands.

Effects of eating disorders: -

•Thinning of the bones (osteopenia or osteoporosis)• Mild anaemia muscle wasting and weakness •Brittle hair and nails •Dry and yellowish skin •Growth of fine hair all over the body (lanugo)•Severe constipation •Severe diarrhoea •Low blood pressure •High blood pressure •Slowed breathing and pulse • Damage to the structure and function of the heart •Brain damage •Multi organ failure •Drop and increase in internal body temperature, •Lethargy, sluggishness, or feeling tired all the time •Infertility •Obesity •Blood cholesterol• Metabolic Disorders •Endocrinal gland disorders •Mental health •D N A & genes and immunity etc.

Eating disorders can affect people of all ages, racial/ethnic backgrounds, body weights, and genders. One approach involves the study of human genes. Eating disorders run in families common in diabetes study.

Produced in salivary glands, human saliva comprises 99.5% water but also contains many important substances, including electrolytes, mucus, antibacterial compounds and various enzymes. Medically, constituents of saliva can noninvasively provide important diagnostic information related to oral and systemic diseases.

· Water: 99.5%

· Electrolytes:

o 2–21 mmol/L sodium (lower than blood plasma)10–36 mmol/L potassium (higher than plasma)1.2–2.8 mmol/L calcium (similar to plasma)0.08–0.5 mmol/L magnesium540 mmol/L chloride (lower than plasma)25 mmol/L bicarbonate (higher than plasma)1.4–39 mmol/L phosphate

· Iodine (mmol/L concentration is usually higher than plasma, but dependent variable according to dietary iodine intake) Mucus (mucus in saliva mainly consists of mucopolysaccharides and glycoproteins) Antibacterial compounds (thiocyanate, hydrogen peroxide, and secretory immunoglobulin A) Epidermal growth factor (EGF)

· Saliva eliminates caesium, which can substitute for potassium in the cells.
o Various enzymes; most notably:α-amylase (EC3.2.1.1), or ptyalin, secreted by the acinar cells of the parotid and submandibular glands, start the digestion of starch before the food is even swallowed; it has a pH optimum of 7.4Lingual lipase, which is secreted by the acinar cells of the sublingual gland; has a pH optimum around 4.0 so it is not activated until entering the acidic environment of the stomachKallikrein, an enzyme that proteolytically cleaves high-molecular-weight kininogen to produce bradykinin, which is a vasodilator; it is secreted by the acinar cells of all three major salivary glands

o Antimicrobial enzymes that kill bacteria:LysozymeSalivary lactoperoxidaseLactoferrin Immunoglobulin A Proline-rich proteins (function in enamel formation, Ca2+-binding, microbe killing and lubrication)

· Minor enzymes including salivary acid phosphatases A+B, N-acetylmuramoyl-L-alanine amidase, NAD(P)H dehydrogenase (quinone), superoxide dismutase, glutathione transferase, class 3 aldehyde dehydrogenase, glucose-6-phosphate isomerase, and tissue kallikrein (function unknown) Cells: possibly as many as 8 million humans and 500 million bacterial cells per mL. The presence of bacterial products (small organic acids, amines, and thiols) causes saliva to sometimes exhibit a foul odour. Opiorphin, a pain-killing substance found in human saliva, is Haptocorrin, a protein that binds to vitamin B12 to protect it against degradation in the stomach, before it binds to intrinsic factors.

Hormones, and leptin it's regulate the food-eating process and another metabolism system. Complete leptin deficiency results in the clinical phenotypes of severe obesity, impaired satiety, intensive hyperphagia, constant food-seeking behaviour, recurrent bacterial infections, hyperinsulinemia, liver steatosis, dyslipidemia, and hypogonadotropic hypogonadism.

If we do not change our habits, then we will feel difficulties, and these habits, abnormalities, and things are going to our inborn children. And problems are increasing day by day. We are seeing that our inborn children suffer from metabolic disorders from birth, like diabetes, etc. These habits,

abnormalities, and genes we cannot correct with any medicine, substitutes, or research like stem cells, gene therapy now, etc.