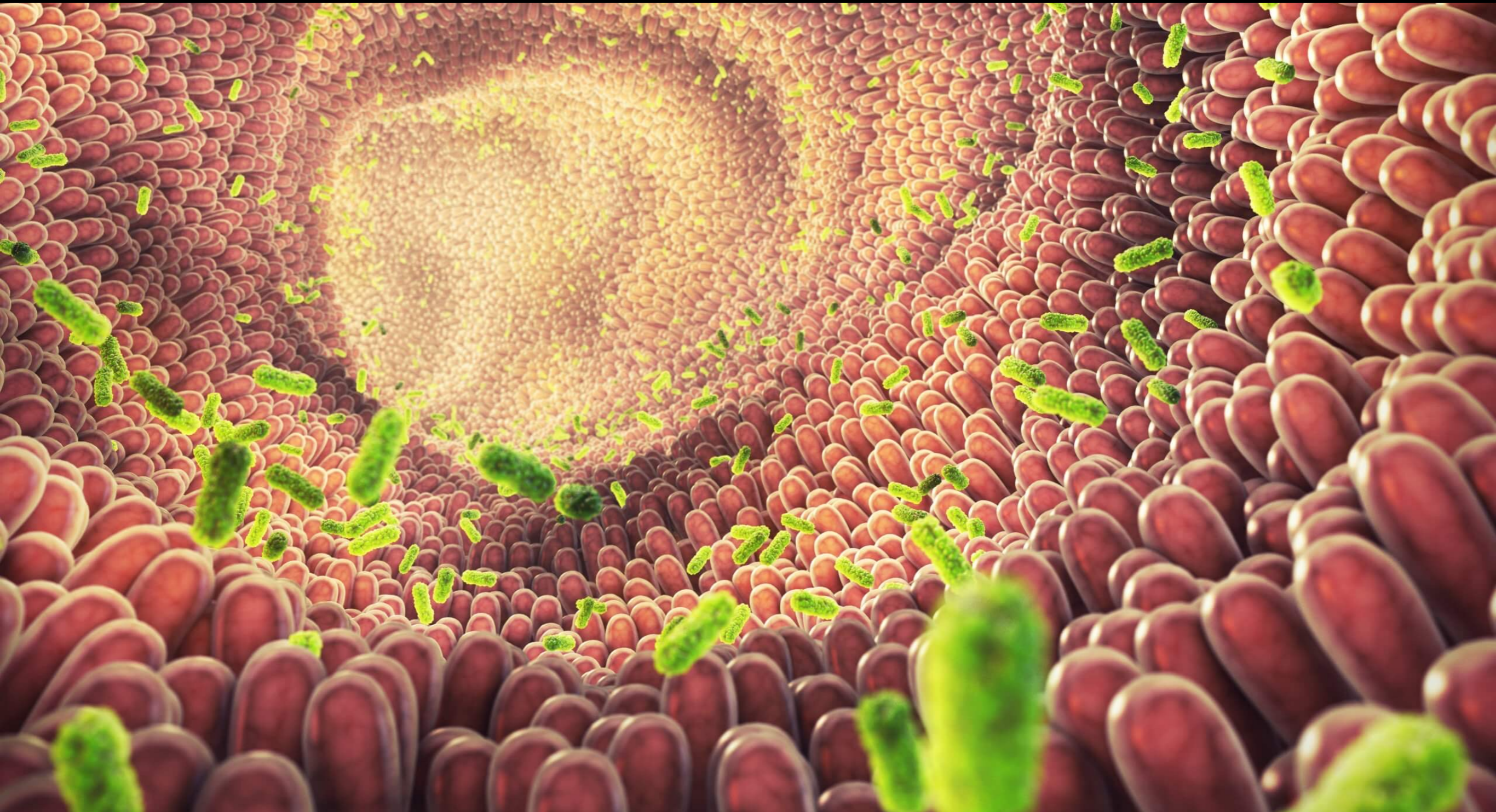


MANFRED ESSIG 2025

UNSER DARM



„Der Darm ist das Tor zum Leben“

asiatisches Sprichwort

„Der Tod sitzt im Darm“

Hippokrates

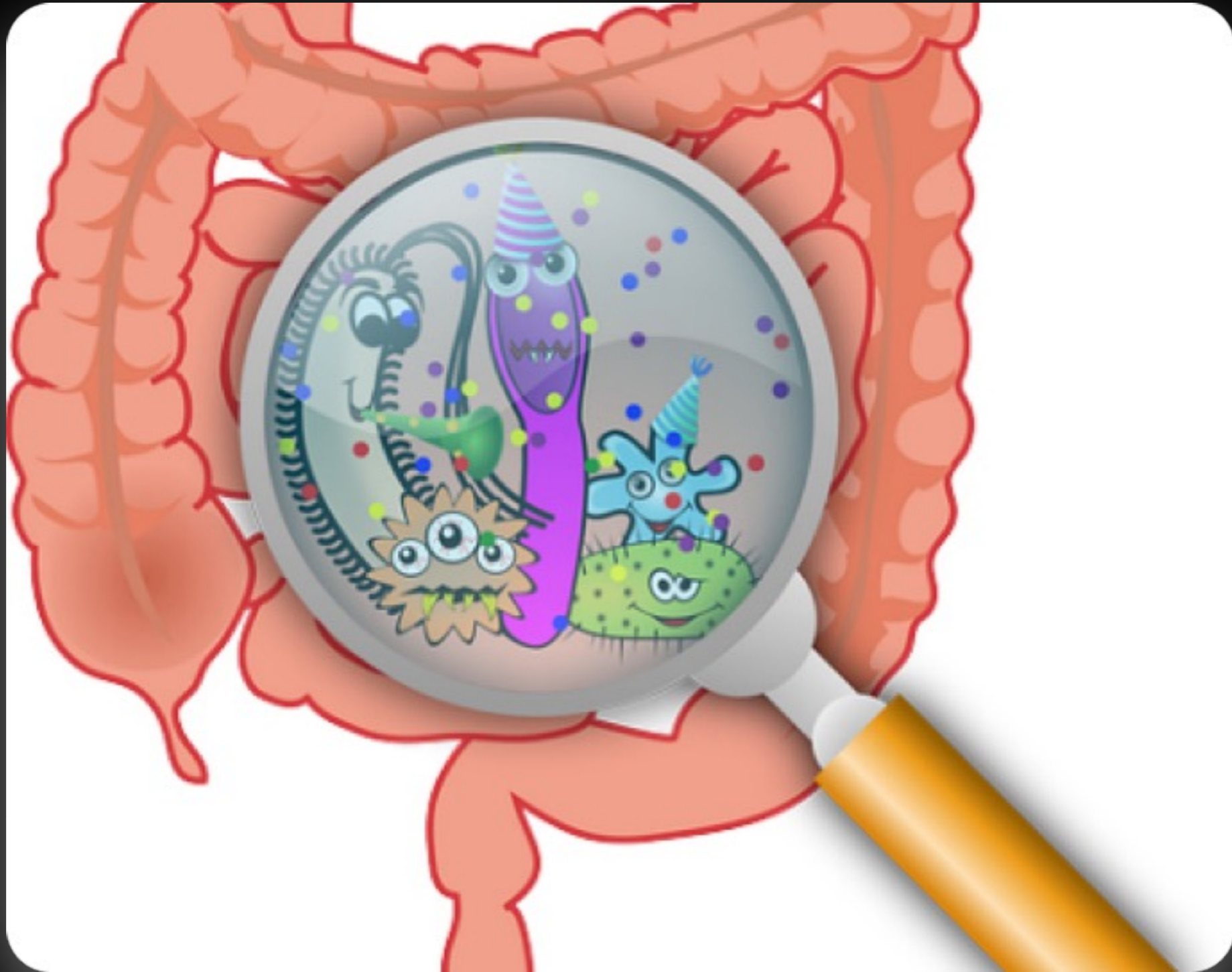
Darm gut, alles gut

Pharma

«ein kranker Darm ist die Wurzel allen Übels,
weil dieses Zentrum den gesamten Körper bis
in die kleinste Zelle versorgt!»

Google KI

„Neues Organ“: Das Mircobiom



WIE KOMMITS...



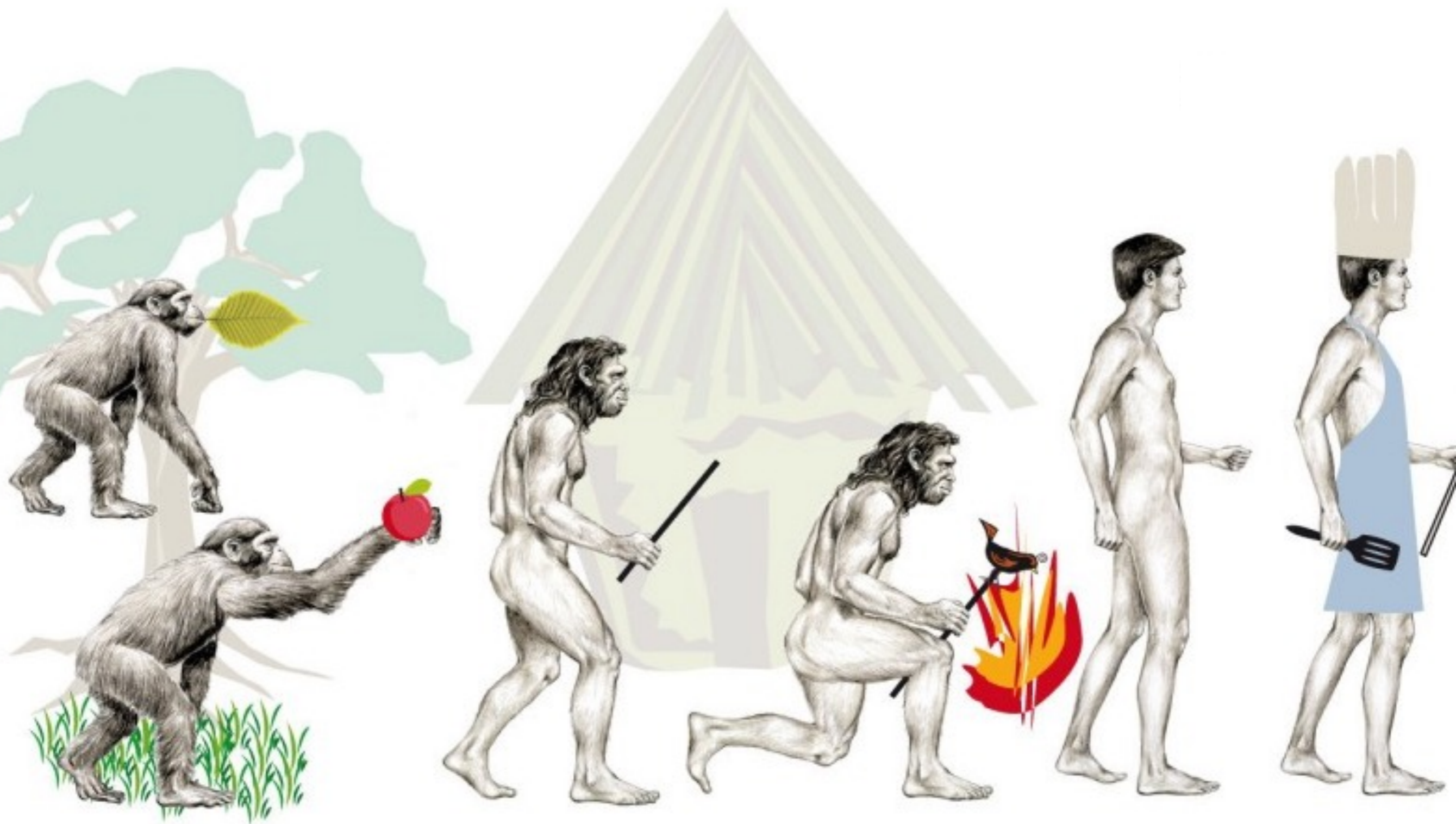
Grundgedanken

DIE EVOLUTION DES
MAGEN- DARMTRAKTES UND DIE
ENTWICKLUNG DES NAHRUNGSANGEBOTES
SIND UNTERSCHIEDLICH !!!

MIKROBIOM NEUES „ORGAN“

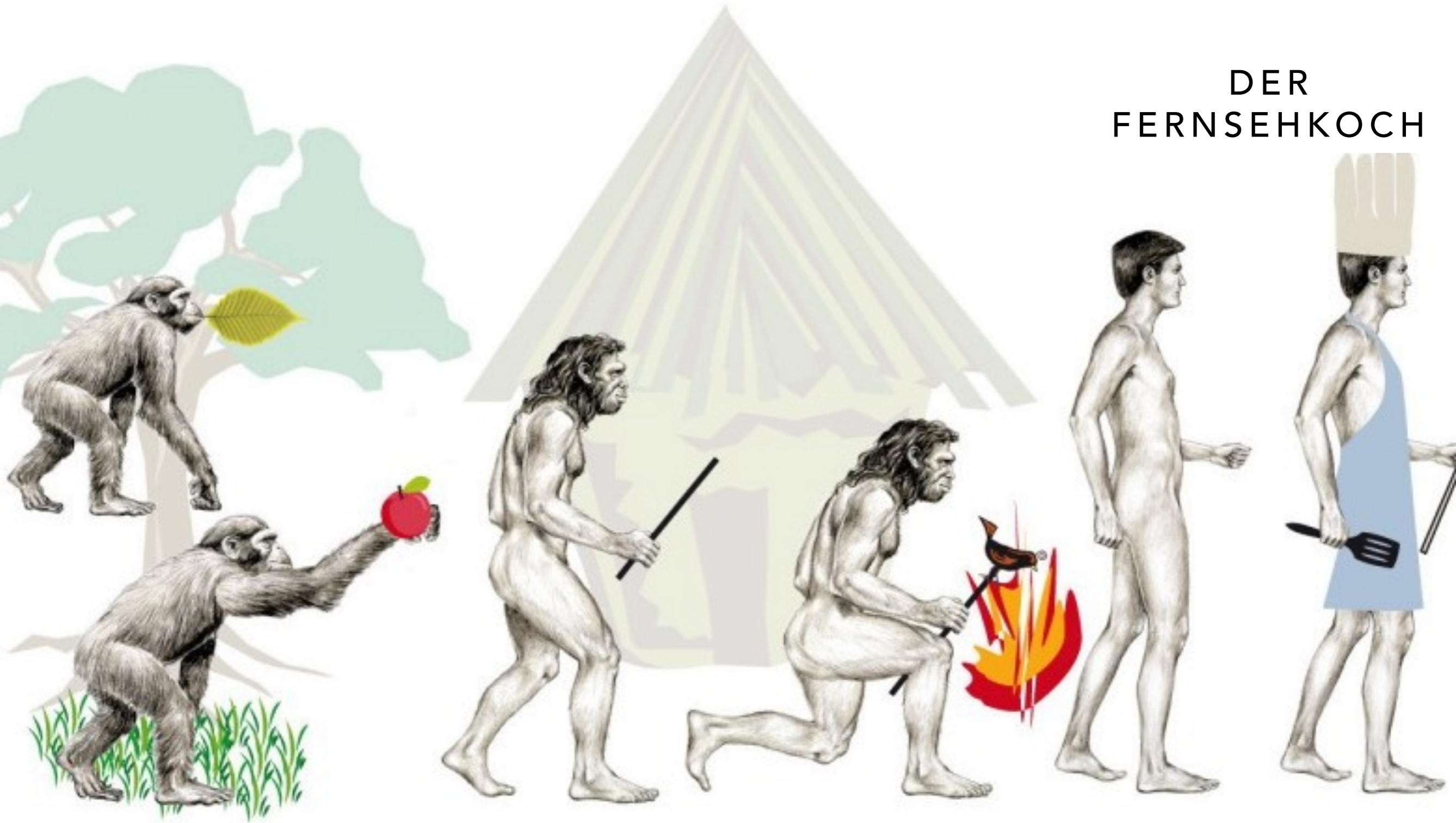
HANDEL UND PRODUKTION:
STRESS ODER CHANCE

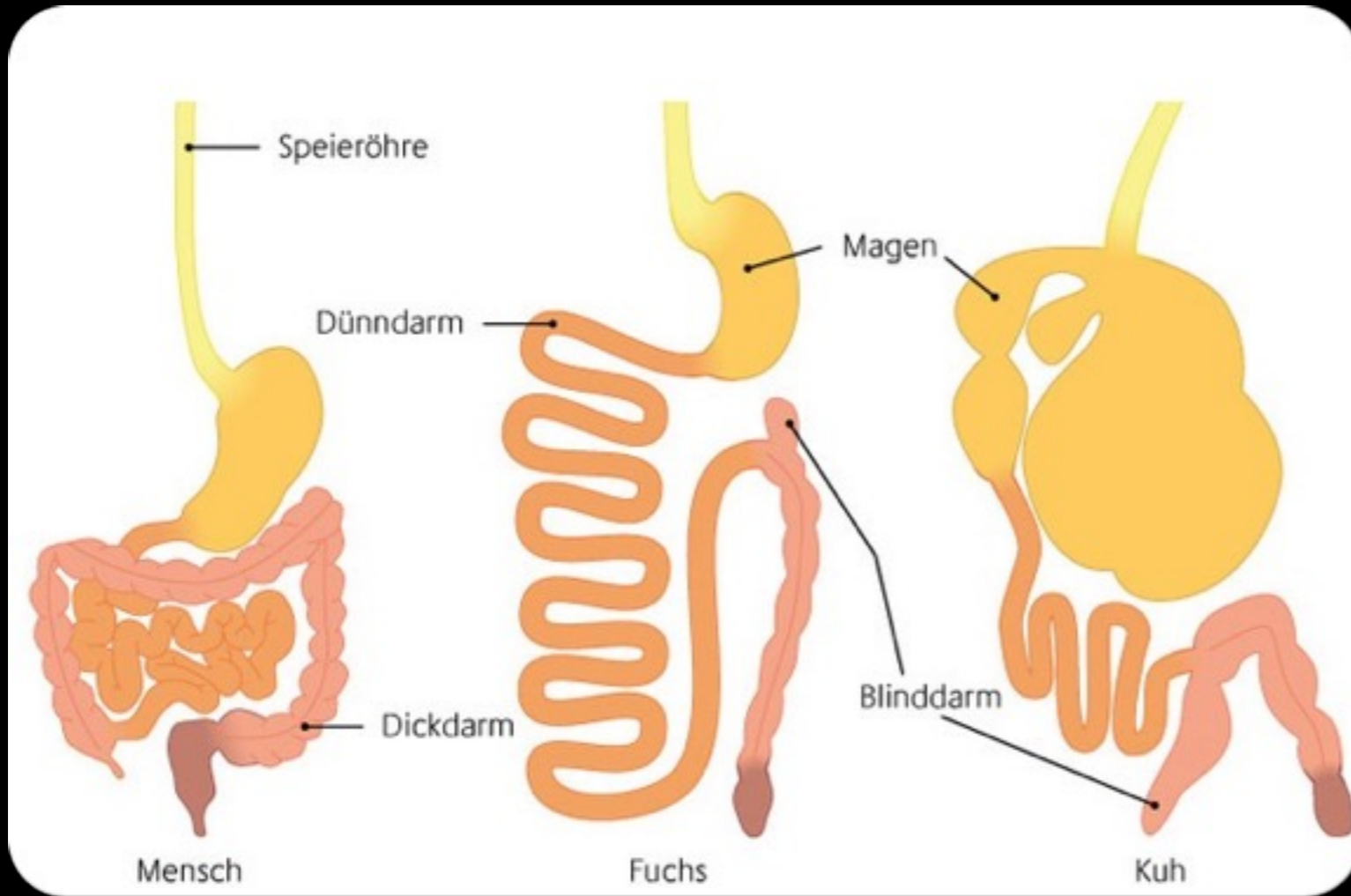
Am Anfang war der Rohköstler



Am Anfang war der Rohköstler

DER
FERNSEHKOCH





Mund

10^{6-8}

Magen

Dünndarm

Colon

10^{14}



Warum überhaupt haben wir eine bakterielle Kolonisation?

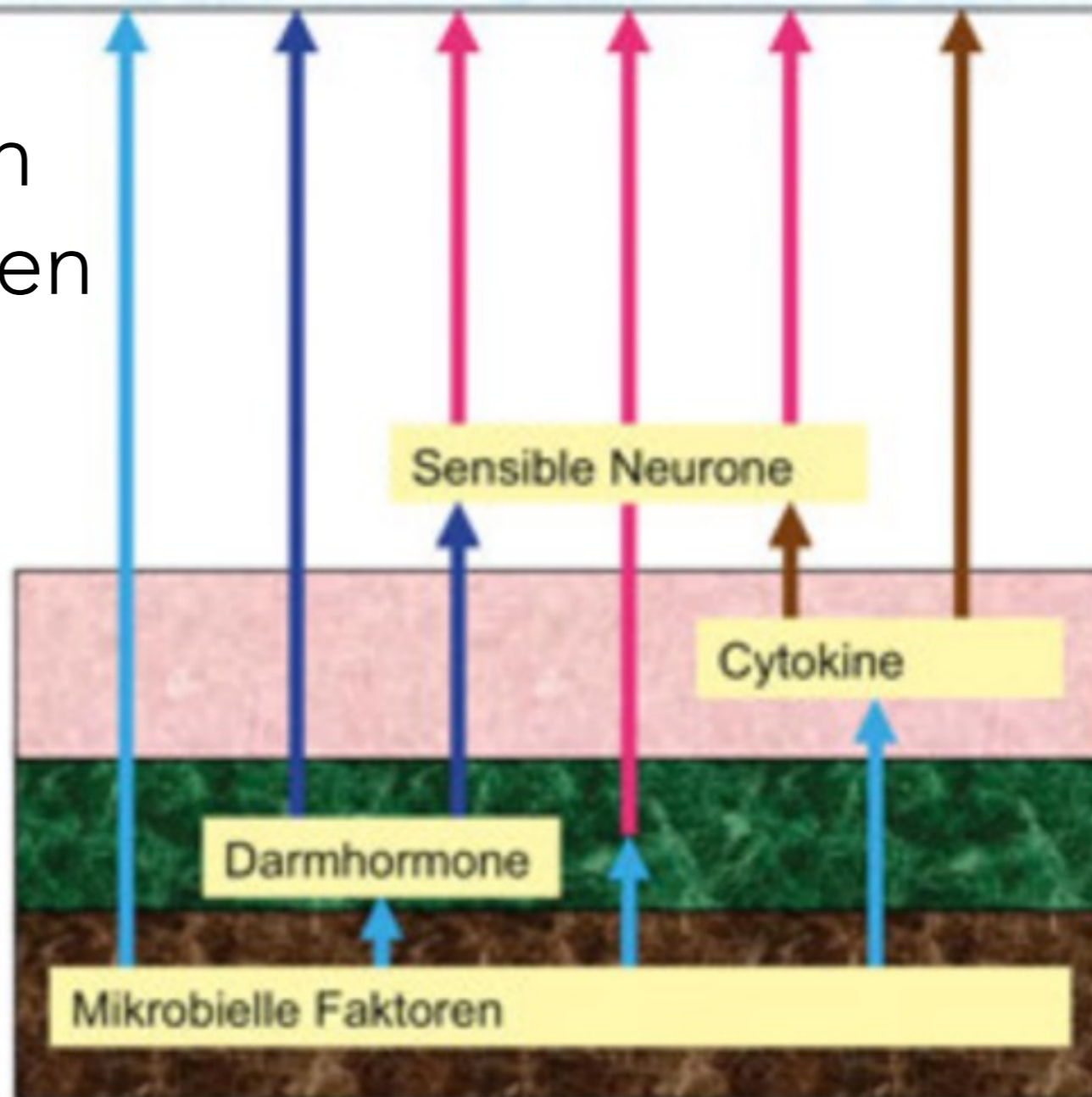
- “Flora” synthetisiert Vitamine über Eigenbedarf (Vitamin K, Vitamin B12, andere B-vitamine).
- Microbiota verhindert Kolonisation durch Konkurrenz um Bindungsstellen und Substrat (wohl der wichtigste benefizielle Effekt → *Salmonellen* Studien)
- Produktion von verschiedenen Substanzen, z.B. Peroxide oder spezifische Bacteriozine, die andere Bakterien hemmen oder sogar abtöten.



Gehirn

90% Serotonin
70 % Immunzellen

- Darmimmunsystem
- Darmschleimhaut
- Darmmikrobiom



**ALLES HÄNGT
ZUSAMMEN**

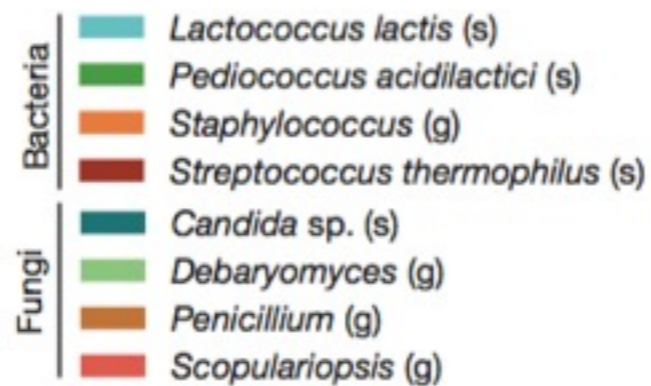
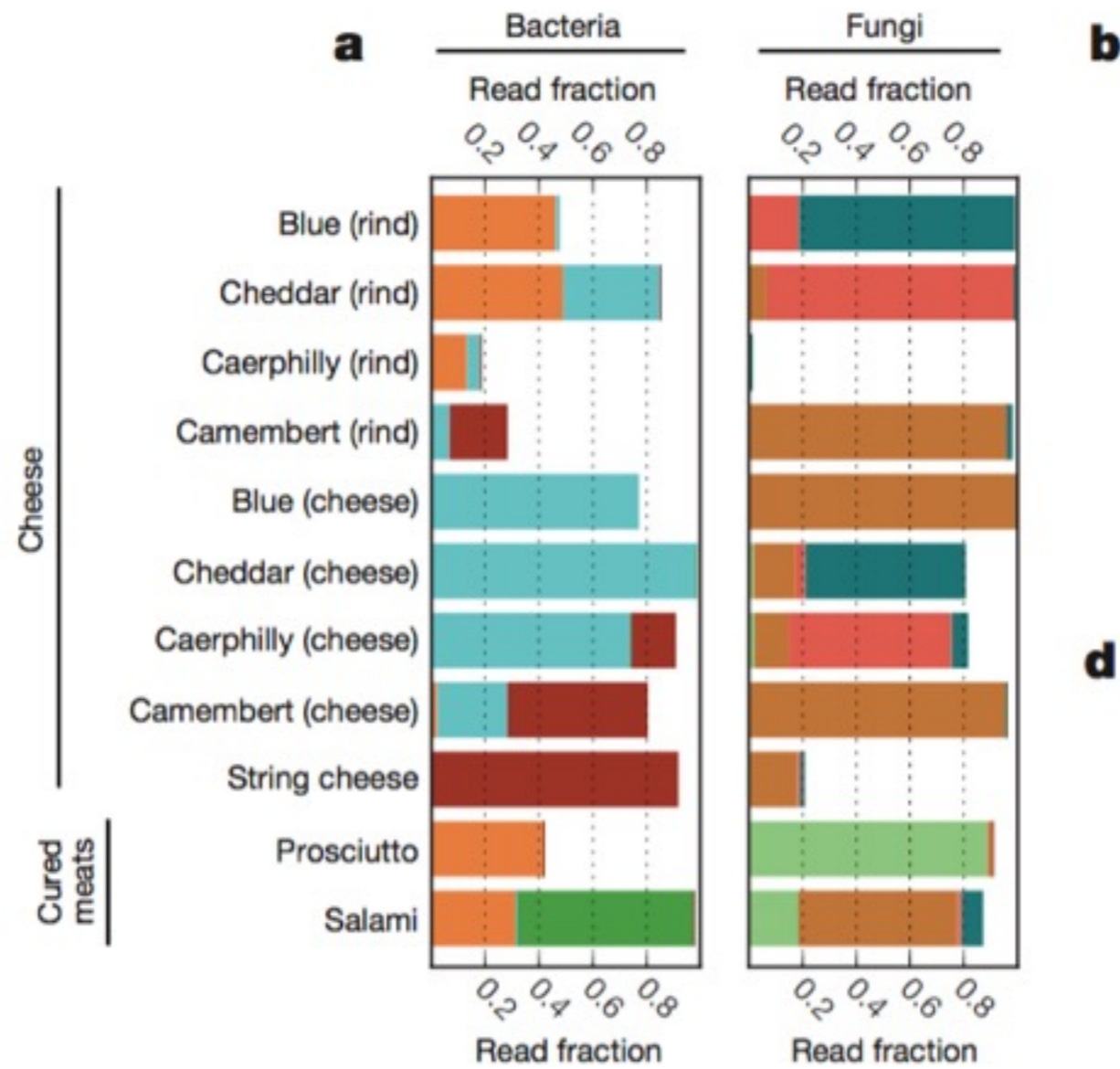


LETTER

doi:10.1038/nature12820

Diet rapidly and reproducibly alters the human gut microbiome

Lawrence A. David^{1,2†}, Corinne F. Maurice¹, Rachel N. Carmody¹, David B. Gootenberg¹, Julie E. Button¹, Benjamin E. Wolfe¹, Alisha V. Ling³, A. Sloan Devlin⁴, Yug Varma⁴, Michael A. Fischbach⁴, Sudha B. Biddinger³, Rachel J. Dutton¹ & Peter J. Turnbaugh¹



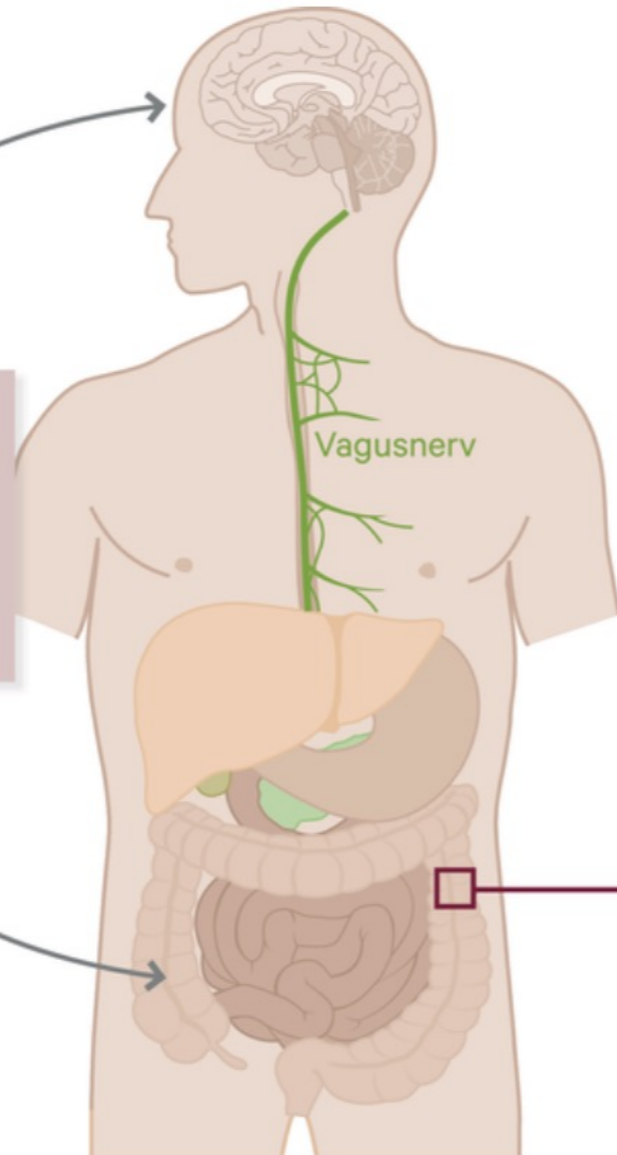


Funktion/Kognition
Emotionen/Stimmung
Verhalten

Einflüsse

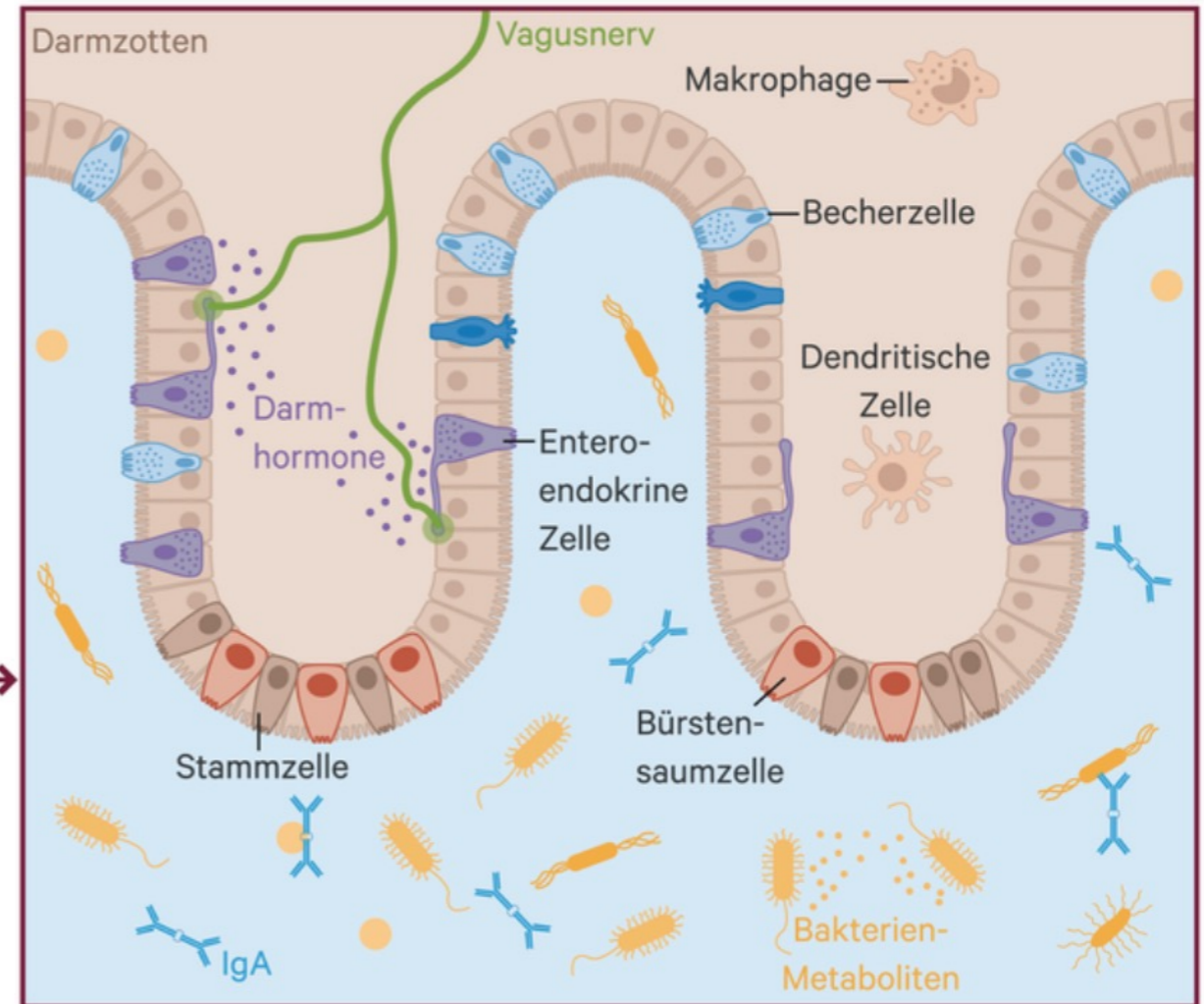
- Ernährung
- Medikamente
- Erkrankungen
- Stress
- Genetische Faktoren

Funktion und
Zusammensetzung
des Mikrobioms



Einfluss des Mikrobioms/Metaboliten

- Kurzkettige Fettsäuren
- Neurotransmitter
- Zytokine
- Hormone
- Vitamine
- Alpha-Synuclein (?)



Tab. 1. Arzneistoffe mit direkter Wirkung auf das Mikrobiom

Arzneistoffklasse	Arzneistoffe	Betroffene Bakterienstämme	Literatur
Klassische Antipsychotika	Chlorprothixen, Flupentixol, Levomepromazin, Perazin, Promethazin, Zuclopenthixol	Acinetobacter baumannii, Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Staphylococcus aureus	[24]
Atypische Antipsychotika	Aripiprazol, Asenapin, Clozapin, Lurasidon, Olanzapin, Paliperidon, Quetiapin, Risperidon, Ziprasidon	Akkermansia, Lachnospiraceae, Sutterella	[10]
Trizyklische Antidepressiva	Amitriptylin, Clomipramin, Doxepin, Nortriptylin, Opipramol, Trimipramin	Alle: Clostridium leptum Amitriptylin: Bacillus spp., Salmonella typhimurium, Staphylococcus spp., Vibrio cholerae	[8, 38]
Selektive Serotonin-Wiederaufnahmehemmer	Escitalopram, Fluoxetin, Paroxetin, Sertralin	Alle: Brucellae, Escherichia coli, Eubacterium ramulus, Streptococcus salivarius Escitalopram: Adlercreutzia, Alphaproteobacteria, Coriobacteriaceae, Ruminococcus flavefaciens Fluoxetin: Lactobacillus rhamnosus, Prevotella, Succinivibrio Sertralin: Pseudomonas	[8, 9, 19, 38]

Schutz vor Magen-Darminfektionen

Cook it, peel it or leave it

immer schälen



keine Eiswürfel

expeditionen.de

kein Speiseeis

Wasser immer abkochen



36% Erkrankte Urlauber

davon 80% Magen-Darmerkrankungen

64% gesunde Rückkehrer

! Die häufigsten Reiseerkrankungen sind Magen-Darminfektionen

REISEAPOTHEKE



Durchfallmittel und Elektrolyte nicht vergessen!

Akute Anpassung- chronische Anpassung

Gut/brain axis and the microbiota.

Mayer EA, Tillisch K, Gupta A.

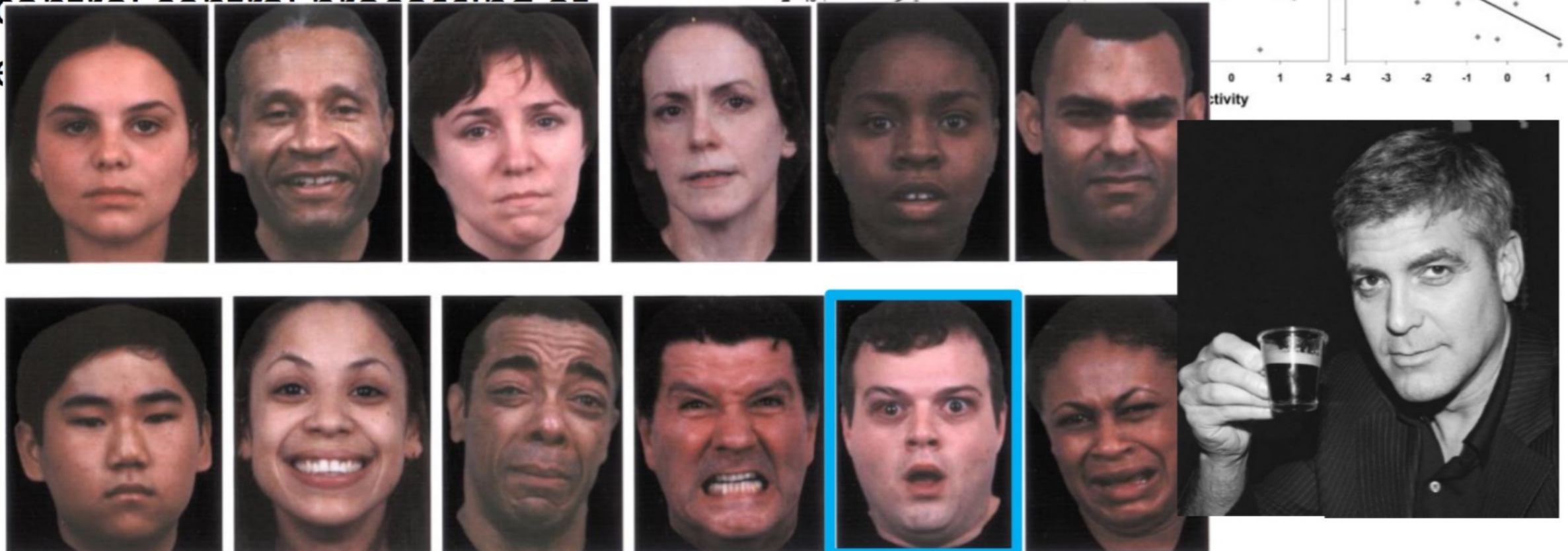
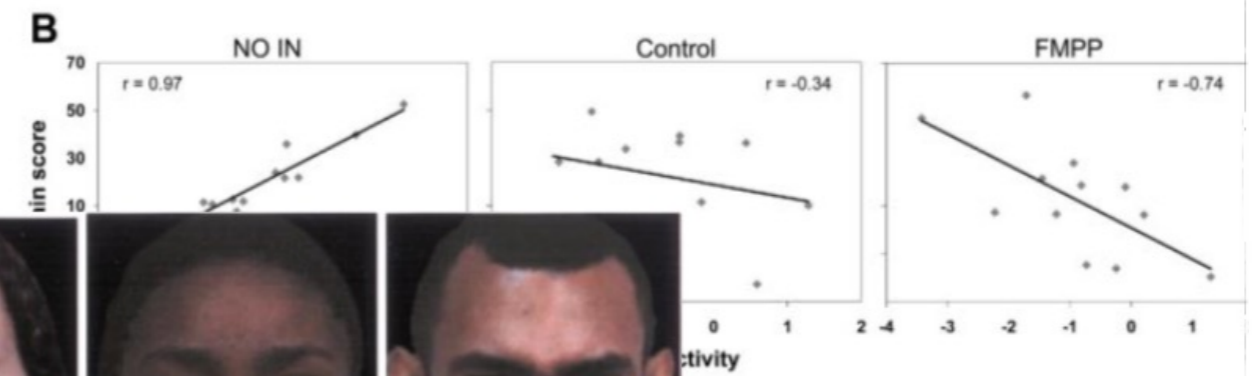
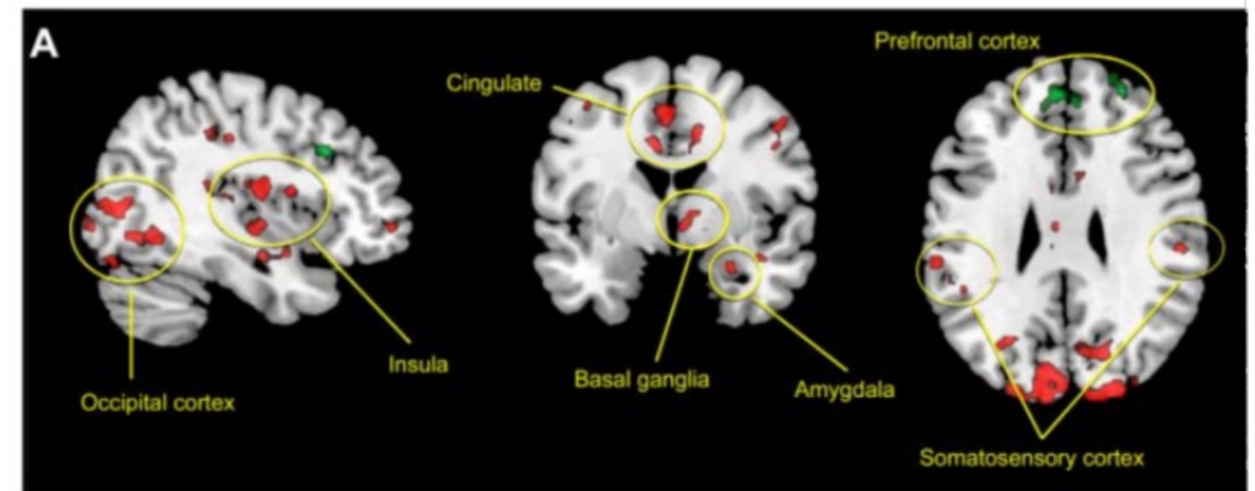
Abstract

Tremendous progress has been made in characterizing the bidirectional interactions between the central nervous system, the enteric nervous system, and the gastrointestinal tract. A series of provocative preclinical studies have suggested a prominent role for the gut microbiota in these gut/brain interactions. Based on studies using rodents raised in a germ-free environment, the gut microbiota appears to influence the development of emotional behavior, stress- and pain-modulation systems, and brain neurotransmitter systems. Additionally, microbiota perturbations by probiotics and antibiotics exert modulatory effects on some of these measures in adult animals. Current evidence suggests that multiple mechanisms, including endocrine and neurocrine pathways, may be involved in gut microbiota-to-brain signaling and that the brain can in turn alter microbial composition and behavior via the autonomic nervous system. Limited information is available on how these findings may translate to healthy humans or disease states involving the brain or the gut/brain axis. Future research needs to focus on confirming that the rodent findings are translatable to human physiology and to diseases such as irritable bowel syndrome, autism, anxiety, depression, and Parkinson's disease.

Intestinal Microbiota - Impact

Beeinflussung des Verhalten auch beim Menschen?

- fermented milk product with probiotic (FMPP) for 4 weeks
- “four-week intake of an FMPP by healthy women affected activity of brain regions that control central processing of



Background unserer Studie I

- Durchschnittliche Gewichtszunahme nach Rauchstopp: 7-8kg¹
 - Wird einfach nur mehr gefuttert...?
 - Multiple Risk Factor Intervention Trial: quitters nahmen Gewicht zu, obwohl sie weniger Kalorien einnahmen, generell eher gesündere Diät als Teilnehmer mit Rückfall oder weiter rauchende²
- Unerschiedlicher Effekt Rauchen auf CD vs. UC

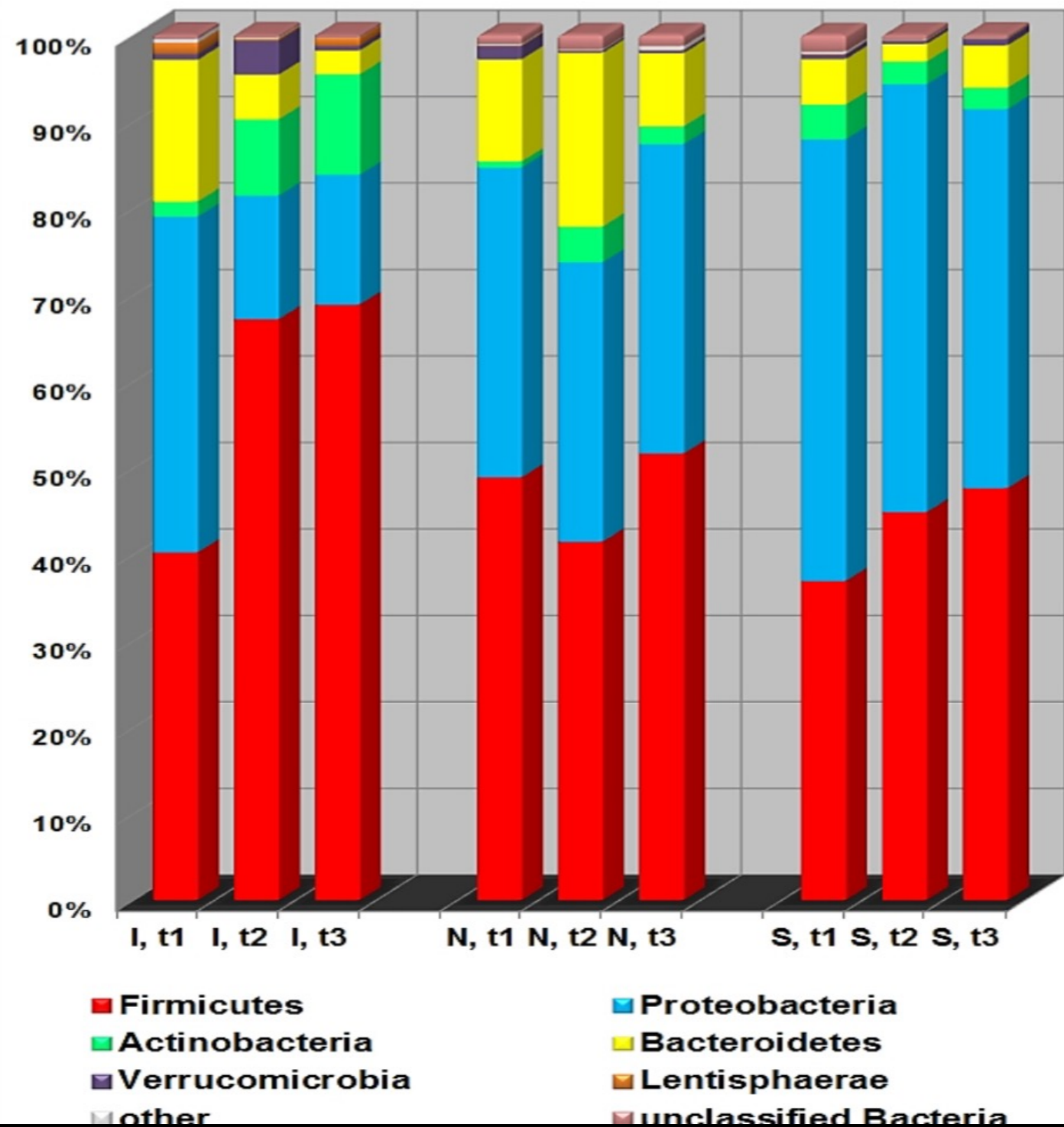


**Beeinflusst der Raucherstatus die intestinale
Mikrobiota???**

Intestinale Mikrobiota während kontrolliertem Rauchstopp

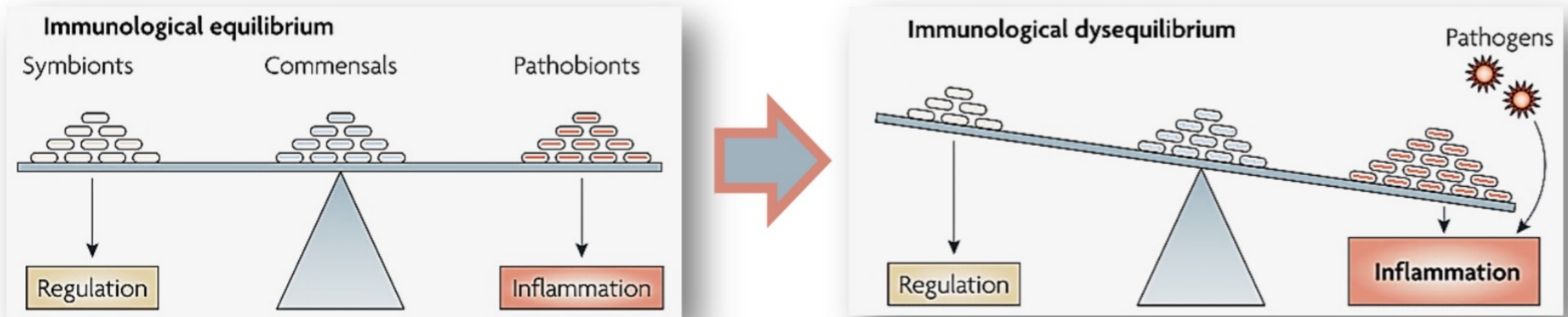
Shift der Phyla: Pyrosequencing

- die 4 grossen Phyla:
97.3% aller
Sequenzen
- **Intervention Group** -
nach Rauchstopp:
 - **Zunahme**
Firmicuten und
Actinobacterien
 - **Abnahme** der
Proteobacterien
und *Bacteroidetes*
- stabile Mikrobiota in
beiden Kontroll-
Gruppen



Dysbiose, Reduzierte mikrobielle Diversität bei IBD

- Keine Colitis in germ-free mouse models¹
- **Dysbiose bei IBD:**
 - Verschiedene Alterationen auf Ebene Phyla, Groups Und Species²



- Verminderte **Microbielle Diversität**^{3,4}
- Zunahme von Epithel-adhärenenten Bakterien^{5,6}
- Zunahme von Intrazellulären Bakterien^{5,6}
- Erhöhte temporale Instabilität³

Impact of diet in shaping gut microbiota revealed by a comparative study in children from Europe and rural Africa

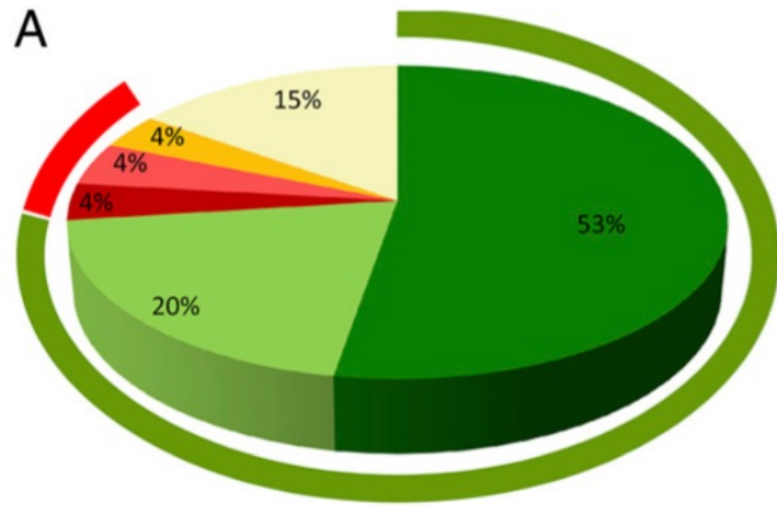
Carlotta De Filippo^a, Duccio Cavalieri^a, Monica Di Paola^b, Matteo Ramazzotti^c, Jean Baptiste Poullet^d, Sebastien Massart^d, Silvia Collini^b, Giuseppe Pieraccini^e, and Paolo Lionetti^{b,1}



Fig. 1. Life in a rural village of Burkina Faso. (A) Village of Boulpon. (B) Traditional Mossi dwelling. (C) Map of Burkina Faso (modified from the United States CIA's World Factbook, 34). (D) Millet and sorghum (basic components of Mossi diet) grain and flour in typical bowls. (E) Millet and sorghum is ground into flour on a grinding stone to produce a thick porridge called Tô.

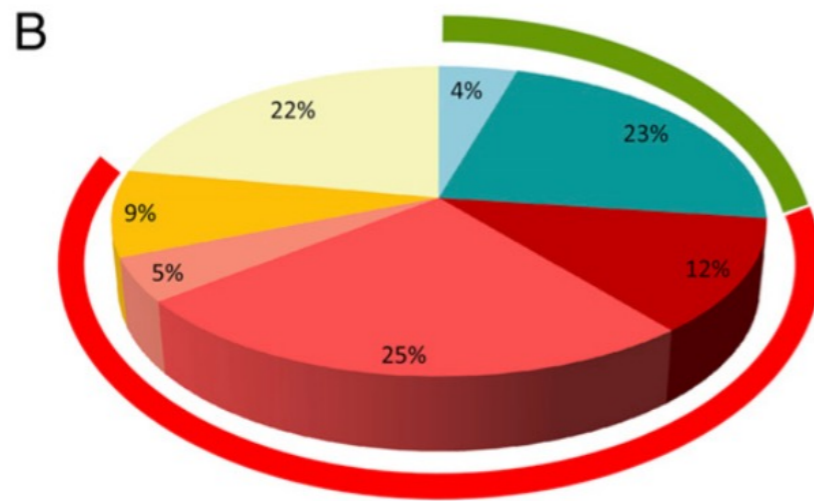
Impact of diet in shaping gut microbiota revealed by a comparative study in children from Europe and rural Africa

Carlotta De Filippo^a, Duccio Cavalieri^a, Monica Di Paola^b, Matteo Ramazzotti^c, Jean Baptiste Poulet^d, Sebastien Massart^d, Silvia Collini^b, Giuseppe Pieraccini^e, and Paolo Lionetti^{b,1}



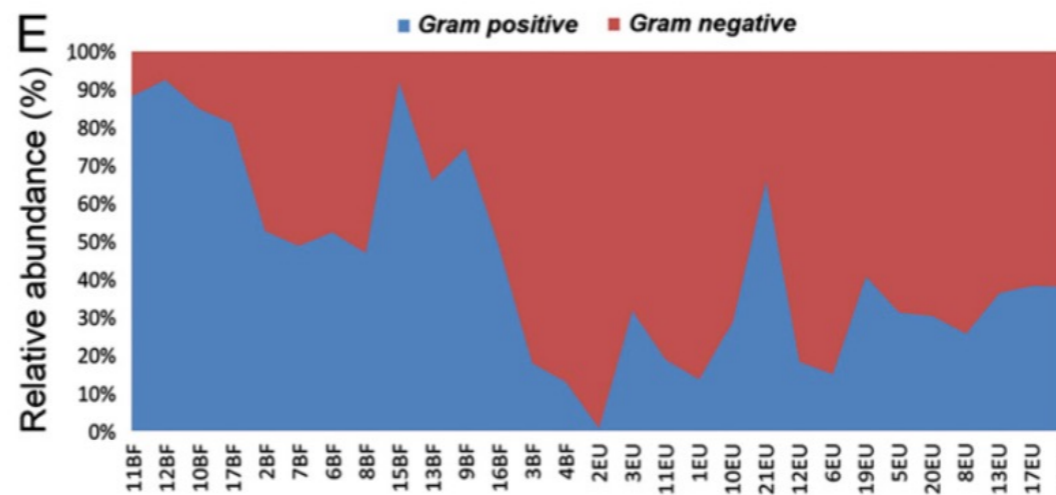
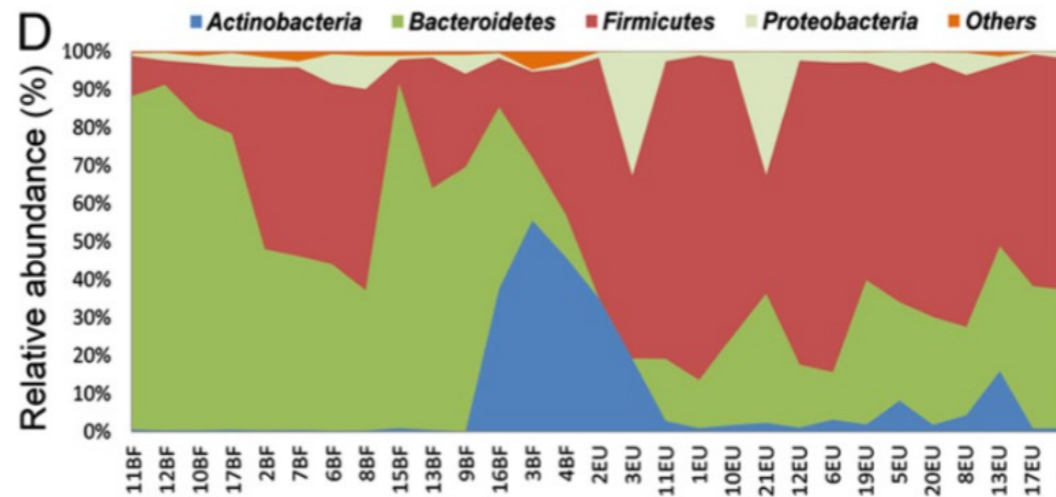
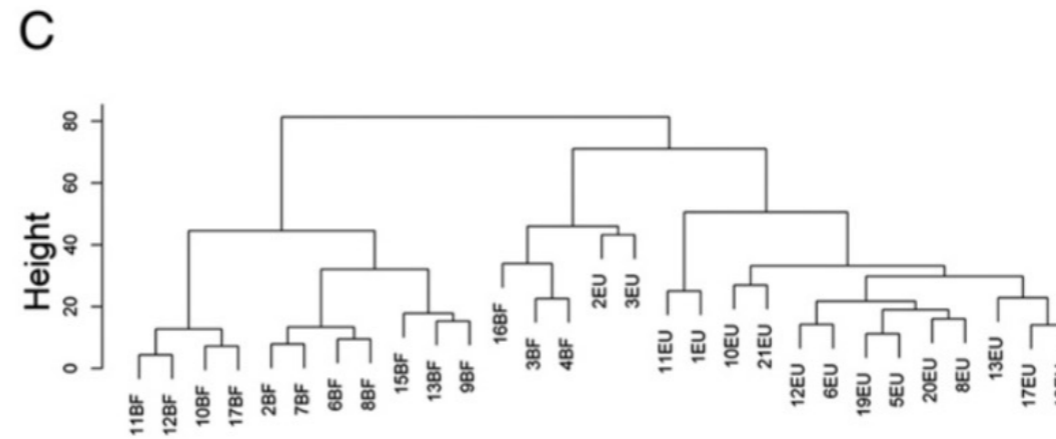
BF

- Prevootella } Bacteroidetes
- Xylanibacter } Bacteroidetes
- Acetitomaculum } Firmicutes
- Faecalibacterium } Firmicutes
- Subdoligranulum } Firmicutes
- Others



EU

- Alistipes } Bacteroidetes
- Bacteroides } Bacteroidetes
- Acetitomaculum } Firmicutes
- Faecalibacterium } Firmicutes
- Roseburia } Firmicutes
- Subdoligranulum } Firmicutes
- Others



Disentangling type 2 diabetes and metformin treatment signatures in the human gut microbiota

[Kristoffer Forslund](#), [Falk Hildebrand](#), [Trine Nielsen](#), [Gwen Falony](#), [Emmanuelle Le Chatelier](#), [Shinichi Sunagawa](#), [Edi Prifti](#), [Sara Vieira-Silva](#), [Valborg Gudmundsdottir](#), [Helle Krogh Pedersen](#), [Manimozhiyan Arumugam](#), [Karsten Kristiansen](#), [Anita Yvonne Voigt](#), [Henrik Vestergaard](#), [Rajna Hercog](#), [Paul Igor Costea](#), [Jens Roat Kultima](#), [Junhua Li](#), [Torben Jørgensen](#), [Florence Levenez](#), [Joël Dore](#), [MetaHIT consortium](#), [H. Bjørn Nielsen](#), [Søren Brunak](#), [Jeroen Raes](#)  *et al.*

[Affiliations](#) | [Contributions](#) | [Corresponding authors](#)

Nature **528**, 262–266 (10 December 2015) | doi:10.1038/nature15766

Received 04 March 2015 | Accepted 05 October 2015 | Published online 02 December 2015

Diabetes-Medikament ändert Mikrogen-Population des Darms



Über die Wirkungsweise von Metformin berichten Wissenschaftler des Europäischen Laboratoriums für Molekularbiologie (EMBL) in Heidelberg und des MetaHIT-Konsortiums in "Nature". Das am häufigsten verschriebene Medikament zur Behandlung von Diabetes Typ 2 hat einen größeren Einfluss auf die Zusammensetzung der Mikroben im Darm als die Krankheit selbst, berichtet Forschungsleiter Peer Bork.

Konkret wurden die Stuhlproben von mehr als 700 Personen verglichen. Unter ihnen befanden sich Patienten mit Diabetes Typ 2 und gesunde Probanden. Dabei fand das Team heraus, dass anhand der Zusammensetzung der Mikroben im Stuhl nicht bestimmt werden konnte, ob die Person an

Diabetes erkrankt war - es sei denn, sie verwendete Metformin.

Es zeigte sich, dass Patienten, die das Medikament einnahmen, wesentlich mehr E.coli und weniger I. bartletti Bakterien als Gesunde und andere Patienten aufwiesen, die kein Metformin nahmen. Diese Veränderung der Zusammensetzung festgestellt haben, könnten einige der Nebenwirkungen von Metformin erklären, so Erstautor Kristoffer Forslund. Daher wäre es durchaus denkbar, dass Patienten, die Metformin verabreicht bekommen, ein bis zwei Tage ein Joghurt oder ein Nahrungsergänzungsmittel erhalten, um ihre Darmflora im Gleichgewicht zu halten.

Quellen

[Nature](#) (abstract)

Erklärung der Nebenwirkungen

In Brief | [Published: 09 January 2019](#)

INFECTION

Probiotics fail to improve preschool gastroenteritis

Iain Dickson 

Nature Reviews Gastroenterology & Hepatology **16**, 76 (2019) | [Download Citation](#) 

A next-generation beneficial microbe: *Akkermansia muciniphila*

[Yuji Naito](#),^{1,2,*} [Kazuhiko Uchiyama](#),¹ and [Tomohisa Takagi](#)¹

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This article has been [cited by](#) other articles in PMC.

Abstract

Go to:

There have been many reports on the roles of intestinal flora and intestinal environment in health promotion and disease prevention. Beneficial bacteria such as *Bifidobacterium* and lactic acid-producing bacteria have been shown to improve the intestinal environment, and yield a good effect on metabolism, immunity and nerve response. In this review, in addition to these beneficial bacteria, we introduced *Akkermansia muciniphila* as a next-generation beneficial microbe. Several reports indicate that *Akkermansia muciniphila* affects glucose metabolism, lipid metabolism, and intestinal immunity, and that certain food ingredients such as polyphenols may increase the abundance of *Akkermansia muciniphila* in the gut.

AUSLAGERN

Kochen / Braten

Homo sapiens

Rohkost

Nahrung und Haltbarkeit
ausgelagert

Urmensch 2 Mill

Homo high tech

AUSLAGERN

Microbiom

Hirnmasse

Nahrung und Haltbarkeit
ausgelagert

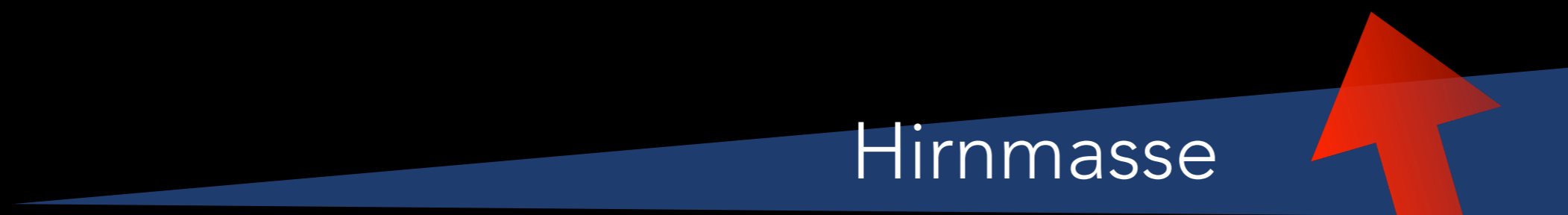
Rohkost

Kochen / Braten

Urmensch 2 Mill

Homo

Homo high tech





„Nature“ Artikel
Emulgatoren
rats and cheese-cake

MAUSEFUTTER UND EMULGATOREN

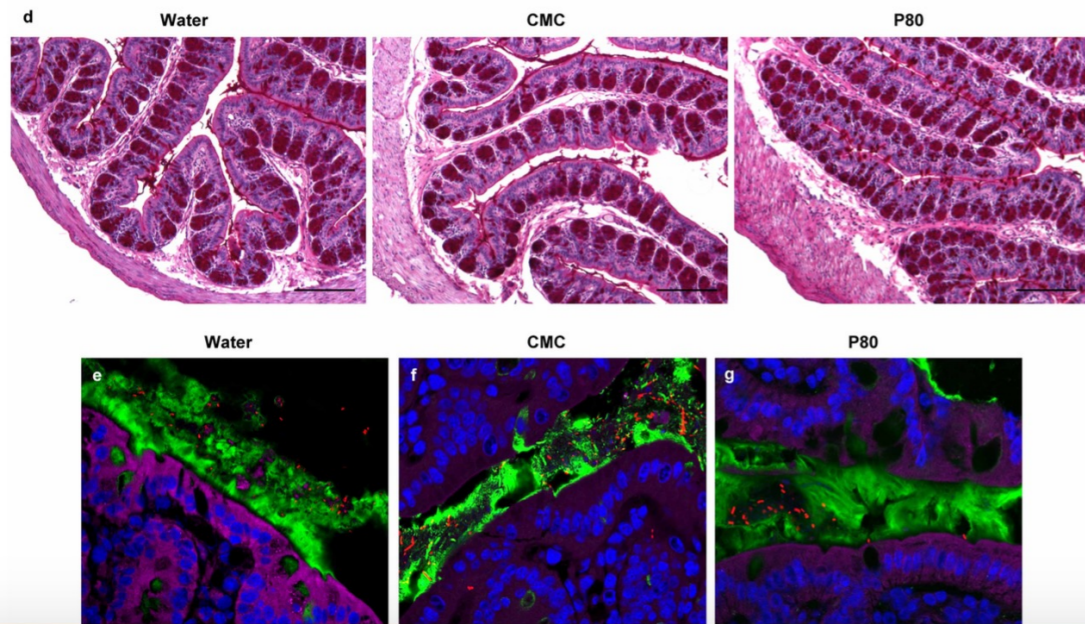
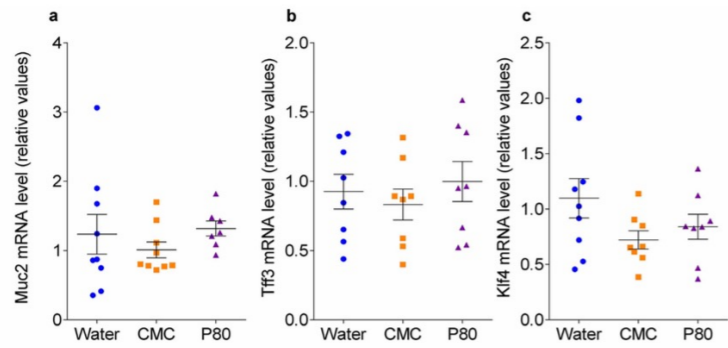
Dietary emulsifiers impact the mouse gut microbiota promoting colitis and metabolic syndrome

Benoit Chassaing¹, Omry Koren², Julia K. Goodrich³, Angela C. Poole³, Shanthi Srinivasan⁴, Ruth E. Ley³ & Andrew T. Gewirtz¹



Carboxymethylcellulose Sojalezithin 1%

nature, 3`2015



Doppelt so
hohe Inzidenz
für entzündliche
Veränderungen im MDT

These results support the emerging concept that perturbed host–microbiota interactions resulting in low-grade inflammation can promote adiposity and its associated metabolic effects.

Moreover, they suggest that the broad use of emulsifying agents might be contributing to an increased societal incidence of obesity/metabolic syndrome and other chronic inflammatory diseases.

Cheesecake-eating rats and the question of food addiction

David H Epstein & Yavin Shaham

[Affiliations](#) | [Corresponding author](#)

Nature Neuroscience **13**, 529–531 (2010) | doi:10.1038/nn0510-529

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Rats given extended access to high-fat high-sugar food show behavioral and physiological changes that are similar to those caused by drugs of abuse. However, parallels between drug and food “addiction” should be drawn with caution.



Cheesecake-eating rats and the question of food addiction

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Rats given extended access to high-fat high-sugar food show behavioral and physiological changes that are similar to those caused by drugs of abuse. However, parallels between drug and food “addiction” should be drawn with caution.



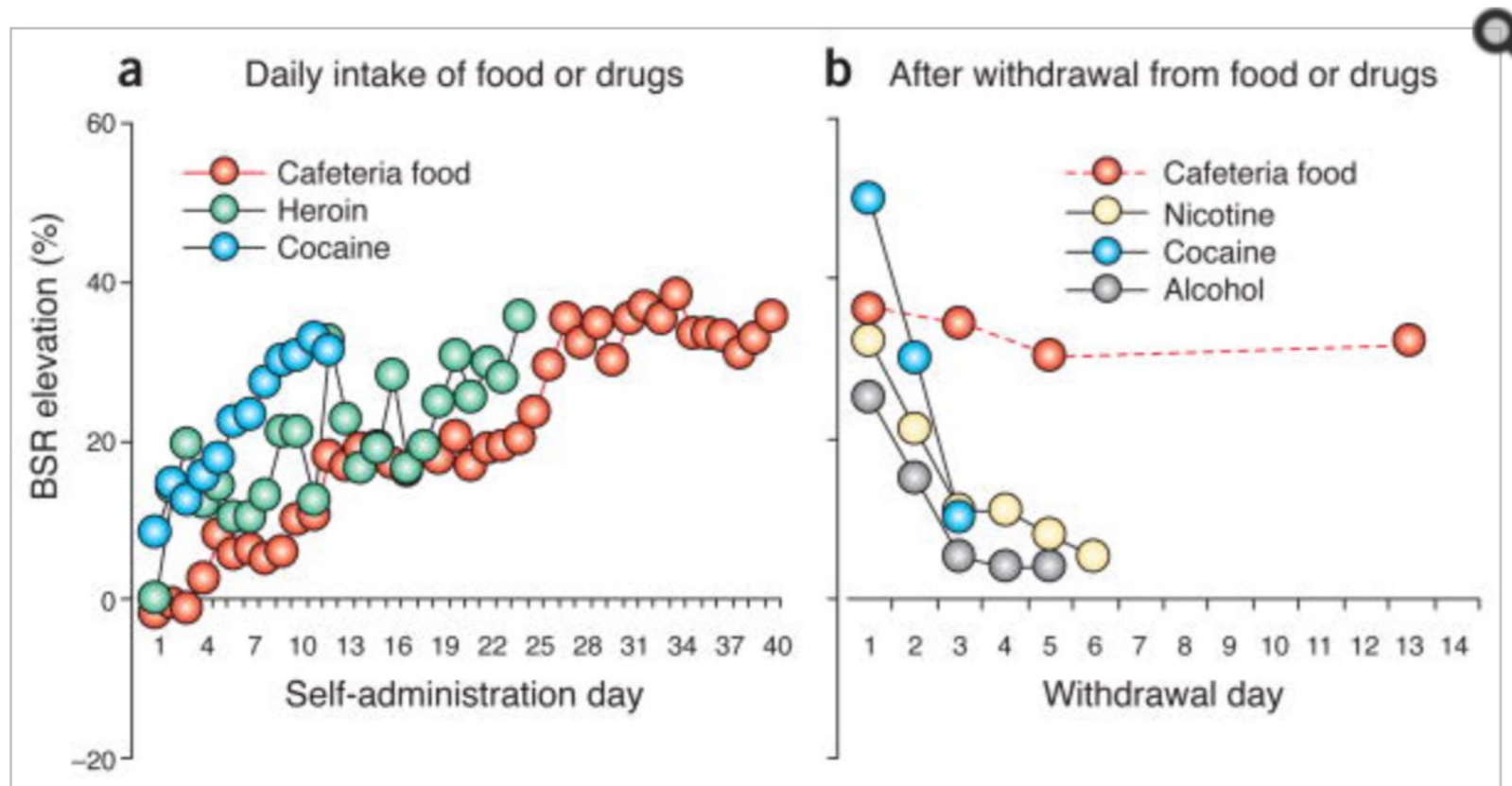
Resultate:
massive
Gewichtszunahme
in der Kombination
Trägheit !!!

WAS MACHEN WIR



Wie leben wir ???

Figure 1



Prolonged access to cafeteria food causes persistent elevations in threshold for BSR: comparison with drugs of abuse. **(a)** BSR threshold during daily intake of cafeteria food or drugs. **(b)** BSR threshold after loss of access to cafeteria food or drugs. Data were redrawn from Johnson and Kenny² and refs. ³⁻⁷. In these studies, rats performed an operant response to obtain rewarding electrical brain stimulation into the median forebrain bundle at the level of the lateral hypothalamus. BSR threshold is defined as the minimum intensity of electrical stimulation that maintains operant responding. Increased BSR threshold is hypothesized to reflect decreased sensitivity of the brain reward system.



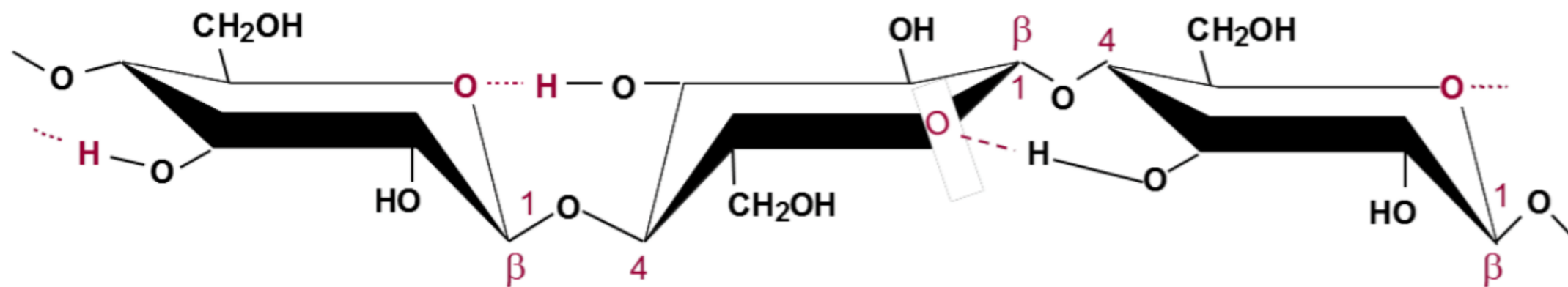
85%

Pflegen sie ihr Microbiom !!!

UND WIE.....

Polysaccharide (Ballaststoffe) sind die wichtigsten Substrate der Darmbakterien

- Die meisten mit der Nahrung aufgenommenen Polysaccharide sind **pflanzlichen Ursprungs**.
- Polysaccharide von Pflanzenzellwänden sind die sogenannte Ballaststoffe. Größtenteils werden sie nicht ausgeschieden sondern durch die intestinale Mikrobiota verwertet.
- Im Gegensatz zur Pansenmikrobiota der Wiederkäuer, die **Cellulose** [β (1 \rightarrow 4) Glucan] in großem Umfang verwertet, werden im menschlichen Darm hauptsächlich **Hemicellulosen** verwertet.



Cellulose
(β -1,4-linkages)

Wie sieht ein gutes Probiotikum aus

- 1. Viele Bakterienstämme (ideal >20)
- 2. Hohe Keimzahl (ideal >20 Milliarde/kbE)
- 3. Kombination von Vitaminen z.B. B7
- 4. Verpackung im Glas
- 5. Arzneimittelstandard (GMP)
- 6. Bei Krankheiten oder Mangel

Natürliche Probiotika

- Joghurt
- Kefir
- Käse (Gruyere, Mozarella....)
- Sauerkraut
- Saure Gurken
- Apfelessig
- Kombucha, Kimchi

wieviele bakterien werden im Sauerkraut durch h die Magensäure abgetötet

Quellen



J. P. Sauer & Sohn | Gewehre für Generationen · sauer.de

Ein Jagdgewehr von Sauer ist eine Anschaffung für Generationen. Kompromisslose Qualität, höchste Präzision und zeitlose Schönheit.

Sauer - Wikipedia

de.wikipedia · 1

Sauer - DocCheck Flexikon

flexikon.doccheck · 2

sauer Rechtschreibung, Bedeutung, Definition, Herkunft | Duden

duden · 3



Alle anzeigen

Antwort



WO SIND PRÄBIOTIKA DRIN
FERMENTIERBARE BALLASTSTOFFE
(INULIN, GUAR, HAFERFASER- LÖSLICH -UNLÖSLICH)

Avocadoanteile
Auberginen
Chicorée
Zichorienwurzel
Topinambur
Artischocken
Pastinaken
Löwenzahnwurzel
Porree
Zwiebeln
Schwarzwurzeln. U.v.a.



WO SIND PRÄBIOTIKA DRIN



© imago/Wes

Für 2016 haben die Vereinten Nationen das Internationale Jahr der Hülsenfrüchte ausgerufen. Also: Greifen Sie wieder verstärkt zu gesunden Eiweissbomben wie Bohnen, Kichererbsen oder Linsen!



BRITISH MEDICAL JOURNAL

LONDON SATURDAY DECEMBER 20 1958

CORONARY HEART DISEASE AND PHYSICAL ACTIVITY OF WORK

EVIDENCE OF A NATIONAL NECROPSY SURVEY*

BY

J. N. MORRIS, F.R.C.P., D.P.H.

AND

MARGARET D. CRAWFORD, M.D.

Social Medicine Research Unit of the Medical Research Council, London Hospital

It has previously been shown that the drivers of London's double-decker buses are more likely to die suddenly from "coronary thrombosis" than the conductors, and that Government clerks suffer more often from rapidly fatal cardiac infarction than do postmen.⁴³ On the basis of these and similar observations a hypothesis has been stated that *men in physically active jobs have a lower incidence of coronary (ischaemic) heart disease in middle-age than men in physically inactive jobs. More important, the disease is not so severe in physically active workers, tending to present in them in relatively benign forms.*

It is a principle of epidemiological research of this type to seek evidence from as many, as various, and as independent sources as possible.⁴⁰ The present report deals with the frequency, in relation to occupation, of ischaemic myocardial fibrosis in men dying from causes other than coronary heart disease itself. These myocardial scars are often evidence of early coronary heart disease and of less severe, or at any rate non-lethal, ischaemia. Thus the present study provides a picture of coronary heart disease in one of its simpler forms, and this may help in elucidating social connexions. At the same time another test of the hypothesis is made, using quite different data from the previous inquiries and upon quite another aspect of the condition. The inquiry it was hoped would provide some information on the pathological mechanisms of any differences with physical activity of work that were found; and in particular we sought to learn something about the relationships of occupation to coronary artery disease. In brief, Can the hearts of men be seen to vary with the kind of work they have done? At what phases in the complex of coronary-myocardial disease as a whole can this particular "cause"—physical activity/inactivity—be seen to operate? More generally the inquiry was intended to provide a statistical account of the coronary arteries of the middle-aged British male population, 1954-6.⁴²

Method

Through the universities and regional hospital boards we appealed personally to all pathologists in the National Health Service who might regularly be in

*Part of this report was included in the Ernestine Henry Lecture delivered by one of us (J.N.M.) before the Royal College of Physicians of London on June 10, 1958.

charge of post-mortem examinations to co-operate in the inquiry, and the pathologists of 206 hospitals or hospital groups—between 85% and 90% of the "possibles"—very kindly agreed. We cannot be more precise about this fraction, because it is not known whether some of those who did not reply at all to our letters were in fact regularly responsible for appreciable numbers of necropsies.

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The pathological data on each record relating to disease in the coronary arteries and fibrosis of the myocardium were graded, agreed, and coded by at least two and often three physicians in the unit. It took many months to define appropriate scales; but finally scales emerged that made pathological sense, were simple in use, having no more than five points, and the gradings on which proved highly reproducible by ourselves and by others.

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5111

Results: In models adjusted for a range of covariates including socioeconomic status, smoking, and obesity, high resting heart rate was associated with a modestly elevated rate of mortality from all causes (hazard ratio; 95% confidence interval: tertile 3 vs. tertile 1: 1.17; 0.99, 1.37 p[trend]: 0.07) and respiratory disease (1.69; 1.04, 2.76 p[trend]: 0.03). Of the two markers of physical activity, walking pace was inversely related to mortality ascribed to all causes (slow vs. high walking pace 1.71; 1.53, 1.91 p[trend]: <0.001), coronary heart disease (2.03; 1.68, 2.47 p[trend]: <0.001), and total cancers (1.25; 0.98, 1.59 p[trend]: 0.04). The corresponding associations for leisure time

CORONARY HEART DISEASE AND PHYSICAL ACTIVITY

BRITISH MEDICAL JOURNAL 1491

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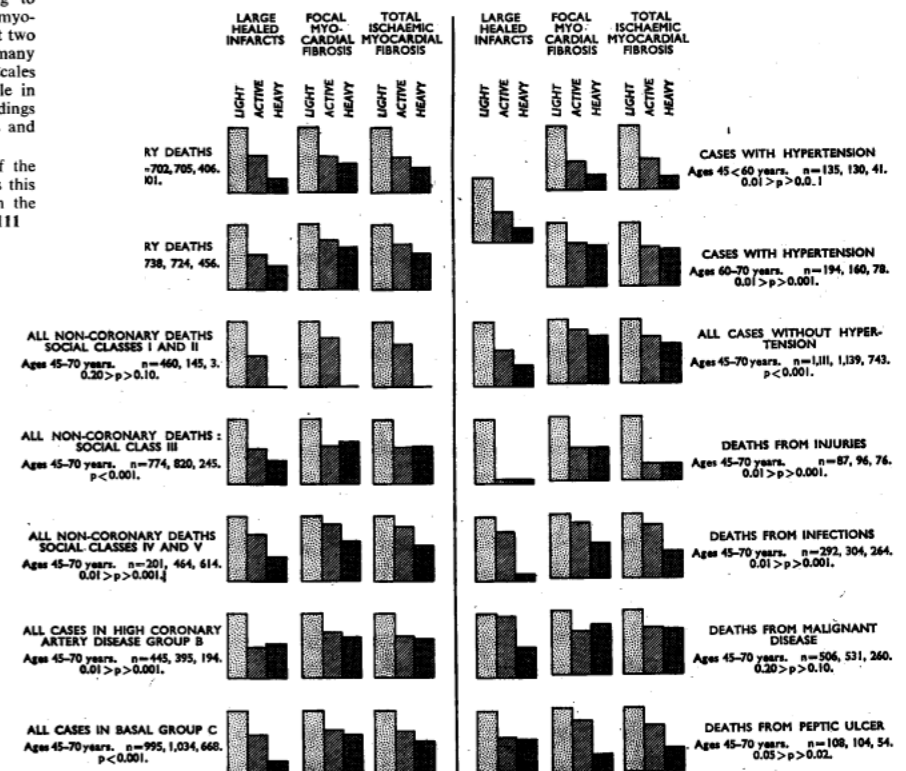


FIG. 2.—Frequency of ischaemic myocardial fibrosis, by physical activity of occupation. 3,800 non-coronary deaths. Males aged 45-70 years. In each block of three columns the first column is the rate among light occupations regarded as 100%. In the second column (active occupations) and the third column (heavy) the rates have been recalculated as proportions of the rate among light occupations. In each line the first block represents the large fibrous patches; the second block represents the smaller/multiple scars; and the third is the total of ischaemic myocardial fibrosis. n gives the numbers of cases in light, active, and heavy occupations in that order. The test of significance applies to the total of ischaemic myocardial fibrosis. In deaths from injuries active and heavy occupations have been amalgamated.



BRITISH MEDICAL JOURNAL

LONDON SATURDAY DECEMBER 20 1958

CORONARY HEART DISEASE AND PHYSICAL ACTIVITY OF WORK

EVIDENCE OF A NATIONAL NECROPSY SURVEY*

BY J. N. MORRIS, F.R.C.P., D.P.H.

AND

MARGARET D. CRAWFORD, M.D.

Social Medicine Research Unit of the Medical Research Council, London Hospital

It has previously been shown that the drivers of London's double-decker buses are more likely to die suddenly from "coronary thrombosis" than the conductors, and that Government clerks suffer more often from rapidly fatal cardiac infarction than do postmen.^{4,5} On the basis of these and similar observations a hypothesis has been stated that *men in physically active jobs have a lower incidence of coronary (ischaemic) heart disease in middle-age than men in physically inactive jobs. More important, the disease is not so severe in physically active workers, tending to present in them in relatively benign forms.*

It is a principle of epidemiological research of this type to seek evidence from as many, as various, and as independent sources as possible.^{4,6} The present report deals with the frequency, in relation to occupation, of ischaemic myocardial fibrosis in men dying from causes other than coronary heart disease itself. These myocardial scars are often evidence of early coronary heart disease and of less severe, or at any rate non-lethal, ischaemia. Thus the present study provides a picture of coronary heart disease in one of its simpler forms, and this may help in elucidating social connexions. At the same time another test of the hypothesis is made, using quite different data from the previous inquiries and upon quite another aspect of the condition. The inquiry it was hoped would provide some information on the pathological mechanisms of any differences with physical activity of work that were found; and in particular we sought to learn something about the relationships of occupation to coronary artery disease. In brief, Can the hearts of men be seen to vary with the kind of work they have done? At what phases in the complex of coronary-myocardial disease as a whole can this particular "cause"—physical activity/inactivity—be seen to operate? More generally the inquiry was intended to provide a statistical account of the coronary arteries of the middle-aged British male population, 1954-6.^{4,7}

Method

Through the universities and regional hospital boards we appealed personally to all pathologists in the National Health Service who might regularly receive in

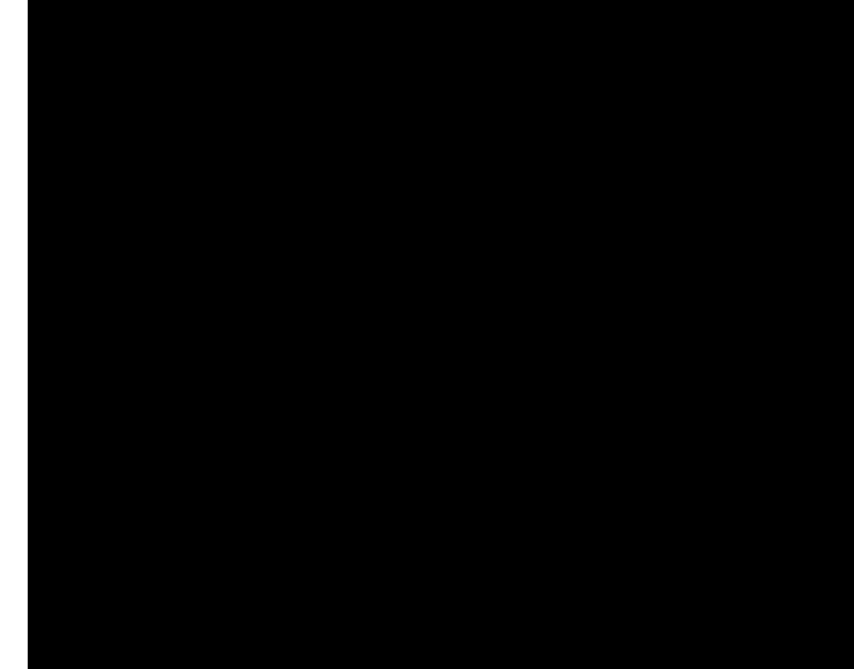
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Each pathologist was invited to provide particulars on a standard form of 25 consecutive unselected necropsies on men aged 45-70 years, no matter what the cause of death or how the case came to necropsy. 5,000 reports were sent to us: trial runs with records from 1944 to 1951 in the Pathological Institute of the London Hospital^{8,9} had encouraged the hope that with such numbers stable group patterns would emerge. In all cases *macroscopic details* were requested of *disease in the coronary arteries*, its nature, amount, and distribution, with descriptions of any stenosis; and of *fibrosis of the myocardium of the left ventricle and interventricular septum*, using lesions of 1 cm. in any dimension as markers; and the *heart weight*. Particulars were also asked about the main causes of death and other important clinical and pathological findings such as valvular heart disease, including especially aortic stenosis. By appealing for detailed descriptions of lesions seen, discouraging evaluations such as "slight" or "moderate" and giving guidance on terminology if necessary, we hoped to reduce the variability of such procedures. It was postulated, moreover, that the variability of observation and recording over so many departments of pathology would be "random" in relation to the main factor with which pathology was to be correlated—physical activity of work.

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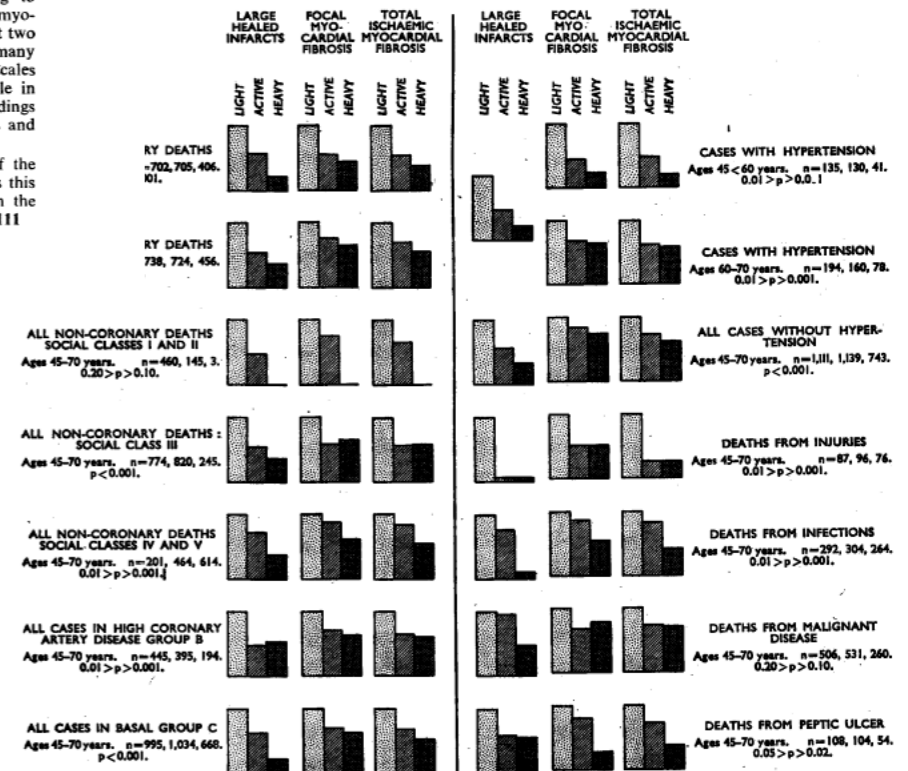


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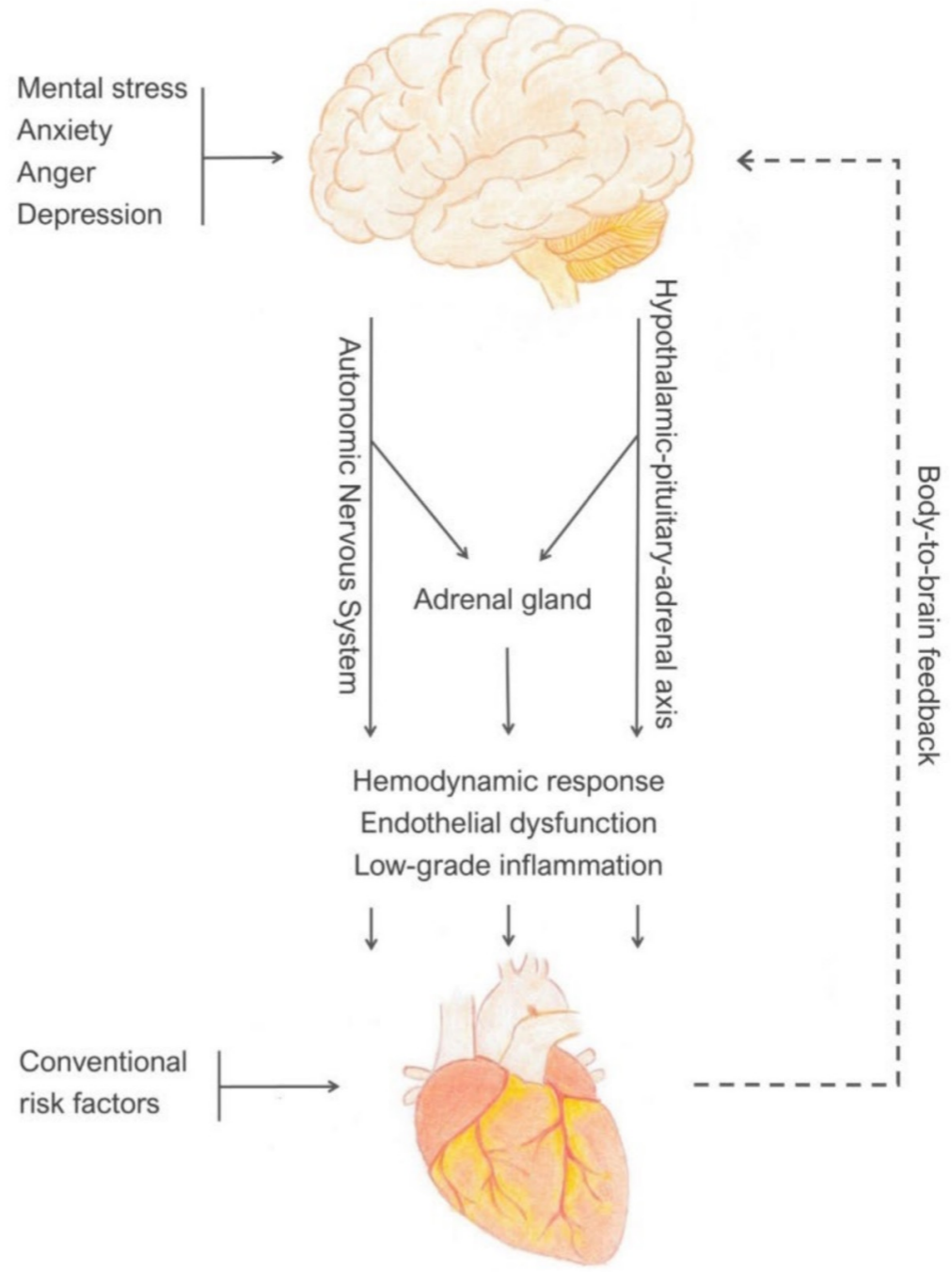
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Review

Mental Stress and Cardiovascular Health—Part I

Federico Vancheri ^{1,*}, Giovanni Longo ², Edoardo Vancheri ³ and Michael Y. Henein ^{4,5,6} 

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- ⁵ Brunel University, Middlesex, Uxbridge UB8 3PH, UK
- ⁶ St George's University London, London SW17 0RE, UK
- * Correspondence: federico.vancheri@gmail.com



CV Risk like smoking

WO SIND PROBIOTIKA DRIN

- Lactobacillus
- Typ : Streptococcus thermophilus, Lactobacillus delbrueckii subsp. bulgaricus)
- Oberflächen von Früchten, Beeren (Waschen ?!?!?!)
Kontamination (PPI)
- Fermentierte Lebensmittel (Kimchi / Sauerkraut)

Merke:

Essen sie nichts wofür Reklame gemacht wird !

Kochen sie mit bekannten natürlichen Zutaten selbst

Essen sie weniger und vornehmlich pflanzlich
(Kochen, Braten ist Verdauung ausserhalb des Körpers!)

Bewegung und "Denken" ist auch essentiell

Nehmen sie sich Zeit für sich !

Viel Zeit, und beobachten sie, was wie wirkt.

Facts

Diversität des Darmes schützt !!!

Grösstes Immunorgan und intensivster Austausch mit der Umwelt , Production von Serotonin !!!

Nahrung immens wichtig , Foodmap , Zucker , Emulgatoren

In Balance befindliche Beziehung des Immunsystems und des Microbioms

Microbiom wandelt sich schnell (dramatische Reaktionen Oder nur wenig Symptome.)

Alternative Facten

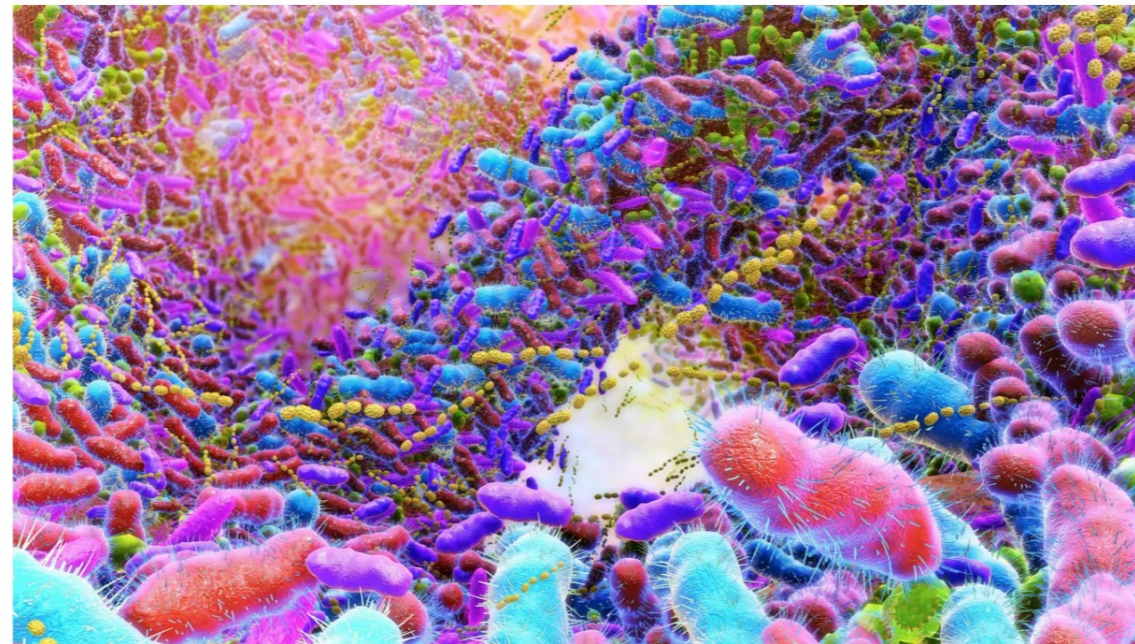
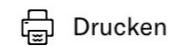
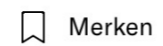
Abnehmen durch Transplantation , einfache Therapieansätze , komplexes System

Das Mikrobiom im Darm ist wichtig für die Gesundheit. Lohnt sich ein Test?

Untersuchungen der Darmflora sind gross in Mode. Doch selbst Fachleute verstehen den Zusammenhang zwischen den Bakterien im Darm und unserer Gesundheit nicht genau.

Martin Lindner

08.01.2025, 05.30 Uhr ⌚ 3 min



Vielfältige Mitbewohner: Im Dickdarm leben in jedem Gramm Darminhalt etwa 100 Milliarden Mikroorganismen.

Nopparit/Getty

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Hören



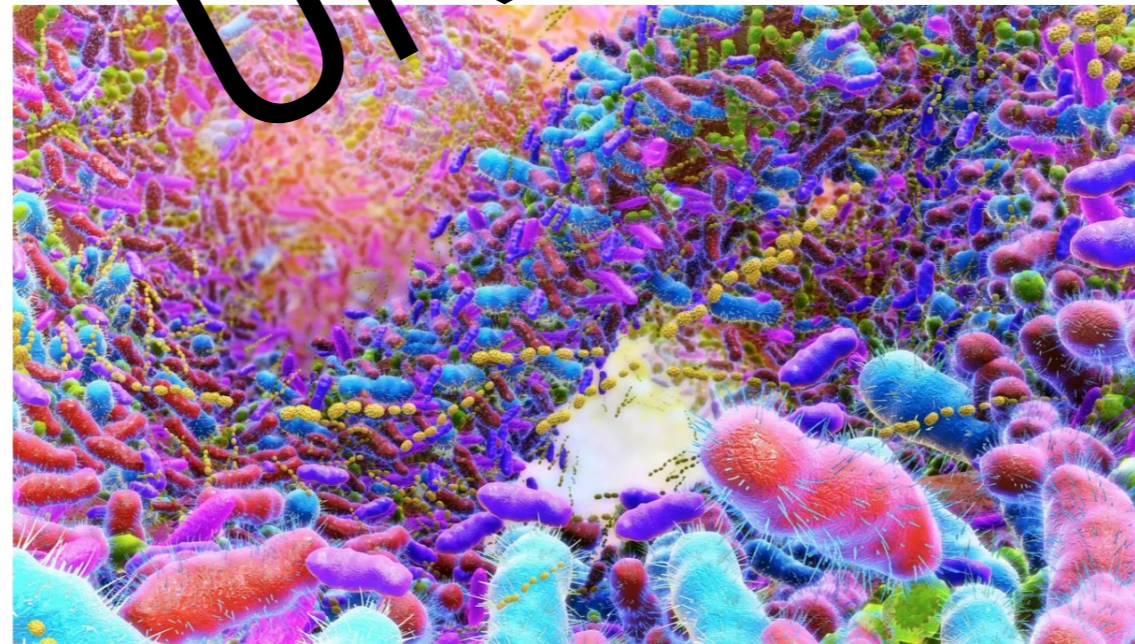
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Nopparit/Getty

Review

> [Probiotics Antimicrob Proteins](#). 2024 Dec;16(6):2316-2328.

doi: [10.1007/s12602-024-10363-8](https://doi.org/10.1007/s12602-024-10363-8). Epub 2024 Sep 25.

Efficacy of Probiotics in Overweight and Obesity Control: An Umbrella Review and Subgroup Meta-Analysis

[A Sadeghi](#)¹, [R Daroudi](#)¹, [M Davari](#)², [Z Gharib-Naseri](#)³, [J Jafarzadeh](#)¹, [M Tajvar](#)⁴

Affiliations + expand

PMID: 39320636 DOI: [10.1007/s12602-024-10363-8](https://doi.org/10.1007/s12602-024-10363-8)

▲ . . .

Abstract

Numerous primary and secondary studies have consistently demonstrated that probiotics, including lactobacillus and Bifidobacterium, possess a potential anti-obesity effect. However, it is worth noting that some studies have yielded contrasting results. Considering this, our study aims to present a comprehensive overview of published systematic reviews and meta-analyses, focusing on the efficacy and safety of probiotics in managing obesity. To achieve this objective, we conducted an umbrella review following the PRISMA protocol and Cochrane guidelines. We searched databases such as Embase, PubMed, Cochrane Library, and Google Scholar for relevant systematic reviews and meta-analyses published in English, without imposing any date restrictions. Our inclusion criteria encompassed studies evaluating the anti-obesity impact of probiotics, with a specific focus on changes in body mass index (BMI), fat mass percentage (FMP), body weight (BW), and body fat mass (BFM). These studies were meticulously reviewed by two independent reviewers. Our analysis included five systematic reviews and 18 meta-analyses that met the predefined inclusion and exclusion criteria. The meta-analyses revealed statistically significant reductions in the following parameters: BMI, a decrease of 0.30 kg/m² ($p < 0.00001$, 95% CI - 0.36 to - 0.25); BFM, a reduction of 0.86 kg ($p < 0.00001$, 95% CI - 1.02 to - 0.71); BW, a decrease of 0.59 kg ($p < 0.00001$, 95% CI - 0.74 to - 0.44); and FMP, a substantial decline of 78% ($p < 0.00001$, 95% CI - 1.02 to - 0.54). In summary, our umbrella review suggests that existing evidence supports the potential benefits of probiotics in managing obesity and overweight. However, it is essential to acknowledge that the credibility of this evidence is somewhat limited due to the inclusion of studies with poor-quality designs and relatively small participant numbers. To establish the true efficacy of probiotics in obesity management, we recommend conducting robust studies involving larger participant cohorts.

Keywords: Bifidobacterium; Lactobacillus; Obesity; Overweight; Probiotics; Umbrella review.

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