

Personalized Medicine for Obese Treatments

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ABSTRACT

Obesity is a prevalence metabolic phenotype caused by either abnormal metabolic homeostasis or gene-environmental interactions. A small proportion of obesity persons are ineffective by lifestyle modifications and controls. Personalized medicine for human obesity will be utilized for obesity patients with pathological changes in the clinic. This editorial documents some of this diagnostic topic and standard individual treatments.

Keywords: Obesity, endocrinology, Human genome, Inflammatory factors, Neural disorder, Mental disorder, Obese treatment, Metabolic disruption

BACKGROUND

Obesity is a prevalence metabolic and physiological disorder caused by host-environmental consequences [1-6]. Most of medications (food limitation or high-load of human exercise) are not always work [7]. Formal medication should be emphasized in special cases of obesity patients.

Pathologic factorials (endocrinological factors)-leptin, thyroxine, insulin and many other hormonal dysfunctions:

Brain-visual-appetite axis (hypothalamic)

Psychiatric burden and disorder

Drug adverse effects (hormonal drugs, antibiotics or other drugs associated with human liver dysfunction)

Inflammatory factors (TNF secretion)

Tumor-induced (pituitary tumors and others)

Physiological change (adipose cells or tissues)

Genetic alleles and loci (loss-of-function or copy number changes of key genes and molecules) [8-23].

MODERN DIAGNOSIS

To achieve targeted therapeutics for genetic/molecular abnormality, clinical treatments and new drug development may be important [24]. Combinations (drugs plus life-style) are widely recommended for obese patients, which are very useful for many other chronic diseases, such as HIV/AIDS and neoplasm metastasis [25-30]. Genetic/molecular abnormality needs to be evaluated by modern diagnosis [31-40].

PERSONALIZED MEDICINE

In order to better manage human obese patients, Personalized Medicine (PM) may be a future trend. Given the maturity of PM in cancer treatment [41-44], these therapeutic strategies may be borrowed to obese treatments. To achieve better obesity treatments, new drug development and herbal medicine is also very useful in metabolic diseases [45-50]. Future approaches may be urgent and necessary.

CONCLUSION

Human obesity is a strong risk factor for human morbidity and mortality. PM in the clinic is indispensable part for therapeutic promotions. After these genetic/molecular studies and personalized medicine, all obese people can be controlled forever.

CONFLICT OF INTEREST

None

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