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A Long-Term Ketogenic Diet Decreases Serum Insulin-Like Growth Factor-1 Levels in Mice

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Abstract: Cancer and obesity prevalence are still increasing worldwide. Insulin-Like Growth Factor-1 (IGF-1) is a factor in cancer proliferation, and its increase is associated with chronic inflammation in obesity. The ketogenic diet is a trend and recently developed as a therapy for cancer and obesity. This study aimed at examining the effect of long-term ketogenic diet exposure on decreasing serum IGF-1 levels in mice. This study was a true experimental study with a post-test-only control group design. Twelve male mice (20-30 g) aged 2-3 months, randomly divided into K1 (n=6, standard diet) and K2 (n=6, ketogenic diet), were given diet for eight weeks *ad libitum*. Serum IGF-1 levels were measured post-interventionally using Enzyme-Linked Immunosorbent Assay (ELISA). Bodyweight baseline and post-intervention were also measured. Data were analyzed for normality test using Shapiro-Wilk Test, mean difference was analyzed using Independent T-test for normal distribution, and Mann-Whitney Test for abnormal distribution. Data analysis was performed using Statistic Package for Social Science Version 16. Difference (Δ) of body weight on K1 (11.500±7.036) g and K2 (-2.000±5.060) g with p=0,008. Serum IGF-1 levels on K1 (138,693±23,858) ng/mL and K2 (104,705±25,458) ng/mL with p=0,038. This study showed that a long-term ketogenic diet for eight weeks decreases serum IGF-1 levels and body weight.

Keywords: IGF-1, ketogenic diet, long-term, mice.

长期的生酮饮食可以降低小鼠的血清胰岛素样生长因子-1 水平

摘要:在世界範圍內,癌症和肥胖症的患病率仍在上升。胰島素樣生長因子-1(IGF-1)是癌症擴散的一個因素,其增加與肥胖症中的慢性炎症有關。生酮飲食被認為是一種趨勢,並且最近被發展為一種用於癌症和肥胖症的療法。這項研究旨在檢查長期生酮飲食對降低小鼠血清 IGF-1 水平的影響。這項研究是一項真正的實驗性研究,僅具有測試後對照組。十二個月的雄性小鼠(20-30 g),年齡 2-3 個月,隨機分為 K1(n = 6,標準飲食)和 K2(n = 6,生酮飲食),隨意飲食八週。干預後使用酶聯免疫吸附測定法(酶联免疫吸附)測定血清 IGF-1 的水平。還測量了體重基線和乾預後。使用夏皮罗·威尔克檢驗分析數據的正態性檢驗,使用獨立 T 檢驗分析正態分佈的均值差異,使用異常分佈檢驗使用曼·惠特尼檢驗的均值差異。使用《社會科學統計軟件包》第 16 版進行數據分析。K1(11.500±7.036)g 和 K2(-2.000±5.060)g 的體重差異(・),p = 0,008。 K1(138,693±23,858)纳克/毫升和 K2(104,705±25,458)纳克/毫升的血清 IGF-1 水平,p = 0,038。這項研究結果表明,長期生酮飲食八周可降低血清 IGF-1 水平和體重。

关键词:IGF-1,生酮饮食,长期,小鼠.

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1. Introduction

Cancer still ranks the second mortality cause in the world, with 9.6 million deaths in 2018 [1]. Incidence of cancer increased by the year in Indonesia, from 1.4/1000 in 2013 to 1.8/1000 in 2018 [2]. One of the risk factors for cancer that has been reported is obesity [1]. Obesity is abnormal; the excessive fat multifactorial causes accumulation with characterized by being overweight [3], [4]. Around 650 million adults (≥ 18 years) worldwide were obese, and more than 124 million cases of obesity also occur in children and adolescents (5-19 years) [4]. An increase was also found in the prevalence of obesity in Indonesia, from 14.8% in 2013 became 21.8% in 2018 [2]. Several diets were developed for cancer and obesity management, and the ketogenic diet is one of them. The ketogenic diet is a low-carbohydrate diet with a high intake of fat and moderate protein. There will be a decrease in glucose and insulin under low carbohydrate intake, increasing lipolysis and fatty acid oxidation to trigger the ketosis condition [5]. Due to its mechanism, the ketogenic diet continues to be a trend in the community, and its use has increased in recent years as a management option for weight loss in obesity [6]. Modulation of glucose, insulin, and Insulin-Like Growth Factor-1 (IGF-1) in the ketogenic diet is also starting to be studied as target management in cancer [7]. However, the effects of its long-term administration are still unknown certainly.

IGF-1 is cell growth and proliferation stimulant that is essential for normal growth and development. IGF-1 is largely synthesized in the liver from the Growth Hormone [8]. The increase in IGF-1 is known to be a stimulation factor in the proliferation of cancer cells through increase activation of Mitogen-Activated Protein Kinase (MAPK) and Phosphatydilinositol-3 Kinase (PI3K) [9]. A recent study also showed that chronic inflammation in obesity correlates with IGF-1 levels enhancement that stimulates cancer progression [10]. Therefore, IGF-1 level decrease was expected to administer the ketogenic diet according to several studies [11], [12]. On the other hand, IGF-1 is an important factor in bone growth [13], so that modulation of IGF-1 levels in a ketogenic diet should be a special concern. In a previous study, a ketogenic diet with the composition of 60% fat, 30% protein, and 10% fiber showed the most optimal effect on weight loss and decrease of visceral fat mass [14]. However, the effect of this ketogenic diet composition with longterm administration is still unclear whether this diet will increase or decrease IGF-1 levels. According to the background above, this study focuses on determining the long-term ketogenic diet's effect on serum IGF-1 levels in mice.

2. Methods/Materials

2.1. Ethical Approval

This experimental study was conducted under the approval of the Research Ethics Committee of Health Faculty, Faculty of Medicine, Universitas Airlangga (No. 235/EC/KEPK/FKUA/2020).

2.2. Experimental Design

This study was a true experimental study with a post-test-only control group design. Twelve male mice (*Mus musculus*) aged 2-3 months with a bodyweight of 20-30 grams were used as subjects of the study. All subjects were acclimatized for seven days with a given standard diet *ad libitum* and divided randomly into two groups. The control group (K1) was given a standard diet (n=6), and the intervention group (K2) was given a ketogenic diet comprising 60% fat, 30% protein, and 10% fiber (n=6) for eight weeks *ad libitum*.

2.3. Animal Handling

This study was conducted at the Laboratory Animals of Biochemistry, Faculty of Medicine, Universitas Airlangga, for nine weeks. The room temperature used for animal handling was $37\pm0.5^{\circ}$ C. The cages were 30x45x20 cm, made of plastic covered with wire mesh, equipped with a drinking bottle. Each cage contained a single group of six mice. Lighting was set on a dark-light cycle with the regulation of 12 hours of light and 12 hours of darkness. Standard diet and ketogenic diet were given at 11.00 a.m-12.00 p.m. The present study followed animal welfare principles in experimental science published in the European Convention for the Protection of Vertebrate Animal.

2.4. Bodyweight Measurement

The bodyweight measurement baseline was done on the first day (before the diet was given), and for the post-intervention, body weight was carried out 24 hours after the last diet was given. The body weights were measured using Harnic HL-3650 Heles Digital Scale (scale 0-5 kg).

2.5. Blood Samples

Blood samples were collected 24 hours after the last meal through the cardiac puncture method. Blood samples collected were centrifuged at 4000 rpm for 5 minutes to obtain serum samples.

2.6. Measurement of Serum IGF-1 Levels

Serum IGF-1 levels were measured using an Enzyme-Linked Immunosorbent Assay (ELISA) kit (Catalog No. E-EL-M3006; Elabscience Biotechnology, Wuhan, China) with a detection range 15.63-1000 ng/mL and sensitivity up to 9.38 ng/mL.

2.7. Statistical Analysis

Data were analyzed for distribution normality by the Shapiro-Wilk Test. Mean difference of body weight and serum IGF-1 levels were analyzed using Independent T-Test for normal distribution and Mann-Whitney Test for abnormal distribution. Data analysis performed using Statistic Package for Social Science Software, Version 16 (SPSS Inc., Chicago, IL, the USA). All data were presented as Mean±SD.

3. Results

Results of body weight pre and post-intervention could be seen in Table 1. The difference (Δ) of body weight results showed a weight loss on the K2 (-2.000 \pm 5.060) g and an increase on the K1 (11.500 \pm 7.036) g. There was a significant difference between Δ body weight in K1 and K2 groups with p=0.008 (Figure 1). Our study results showed that serum IGF-1 levels on K2 (104.705 \pm 25.458) ng/mL were lower than the K1 (138.693 \pm 23.858) ng/mL. There was a significant difference between serum IGF-1 levels be4tween K1 and K2 groups with p=0.038 (Figure 2).

Table 1 Bodyweights of subjects			
Variable	K1 (n=6)	K2 (n=6)	Independent T- Test (p-Value)
Body Weight Pre-intervention (g)	24.000±2.280	25.670±2.338	0.240
Body Weight Post- intervention (g)	35.500±6.025	23.670±6.802	0.010*

Note: Data are presented as Mean \pm SD. K1: Standard Diet Group; K2: Ketogenic Diet Group. *There was a significant difference (p<0.05).

4. Discussion

Based on our study results, a long-term ketogenic diet for eight weeks significantly decreases serum IGF-1 levels in mice. This result in line with another study that showed that the ketogenic diet for seven days could reduce plasma IGF-1 levels in mice [11]. In normal human population, the ketogenic diet for 42 days causes a decrease in IGF-1 levels [12]. Whereas in a population of women with endometrial cancer or ovarian cancer, a ketogenic diet for 12 weeks can reduce IGF-1 levels, although not significantly [9]. A study of the ketogenic diet in children with epilepsy also showed a decreasing IGF-1 level and keeping the levels balance for one year [15].



Fig. 1 Bodyweight difference (Δ) after eight weeks diet intervention * There was a significant difference (p<0.05) in Mann-Whitney Test.



Fig. 2 Serum IGF-1 levels after eight weeks diet intervention * There was a significant difference (*p*<0.05) in Independent T-Test.

Condition of high-fat and low-carbohydrate intake in the ketogenic diet will cause the shifting of the main energy source from glucose to ketone bodies [7], [16]. In addition to producing a decrease in IGF-1 levels, several studies have shown that the ketogenic diet causes a decrease in glucose levels followed by a decrease in insulin levels [9], [11], [12]. Low carbohydrate intake within a few days will stimulate gluconeogenesis. If the body still cannot compensate for low glucose conditions, there will be a decrease in insulin and an increase in glucagon to elevate ketogenesis [5]. Low insulin levels and high glucagon levels induce lipolysis in the adipocyte tissue through the sensitive lipase hormones [17]. Fatty acids produced from lipolysis will be converted into acetyl-CoA and ketone bodies through β -oxidation [18]. Increasing fat metabolism on the ketogenic diet will also lead to a ketosis state [11], [19]. The accumulation of ketone bodies in the blood that occurs in the ketogenic diet results in a nutritional ketosis state [17]. In several studies, it is known that ketosis can reduce ghrelin secretion [19], [20].

Besides a role in blood glucose regulation, insulin is important for IGF-1 synthesis regulation by elevating the Growth Hormone (GH) receptors in the liver [21].

Ghrelin is a hormone that plays a role in stimulating GH secretion through Growth Hormone Releasing Hormone (GHRH) induction. It directly stimulates GH secretion in the pituitary gland to be later converted into IGF-1 in the liver [5]. In line with several previous studies, the ketogenic diet can reduce IGF-1 levels and decrease glucose, insulin, and ghrelin. IGF-1 decrease under a ketogenic diet is inversely correlated with increased β -hydroxybutyrate levels and ketosis occurrence [19]. This hormone regulation explains the most likely mechanism of ketogenic diet contribution to decreasing serum IGF-1 levels.

Our study results also showed that the long-term ketogenic diet for eight weeks significantly decreases body weight in mice. There was a significant change in body weight between the groups receiving the standard diet and the ketogenic diet. In the previous study, a ketogenic diet with a composition of 60% fat, 30% protein, and 10% fiber for four weeks had the most optimal effect on weight loss in mice [13]. Another study in mice also shows that ketogenic diet administration for one week significantly reduced body weight and maintained a stable weight for up to 8 weeks [22]. Some studies for regular human populations evidenced that the ketogenic diet can lead to weight loss and fat proportion reduction [6], [12], [14].

The mechanism of weight loss in a ketogenic diet is related to decreased insulin levels and nutritional ketosis occurrence [23]. An increase in ketosis and ketone bodies (especially in β-hydroxybutyrates) accompanied by ghrelin values decrease can suppress appetite [20]. As shown in another study, Weeks 3 and 12 of the ketogenic diet in epileptic patients significantly increased serum Cholecystokinin-8 (CCK-8) [24]. CCK is a hormone that stimulates satiety after food consumption [25]. Ketogenesis enhancement and appetite-related hormone regulation clarify the most likely mechanisms of ketogenic diet impact on weight loss.

Nutritional ketosis in the ketogenic diet is known to have several benefits, such as reducing oxidative stress, hepatic glucose release, and insulin resistance. Through these mechanisms, the ketogenic diet can be an option for dietary interventions in patients with type 2 diabetes mellitus [16], [26]. An increase in ketone bodies also affects appetite suppression [20]. As shown in this study, the ketogenic diet can induce weight loss [6], [12], [14]. These mechanisms support the existing evidence that apart from being a treatment option for diabetes, the ketogenic diet can also be an option to treat obesity [16].

The ketogenic diet's ability to reduce serum IGF-1 levels could be a target mechanism of using it as a cancer adjuvant therapy. Increased IGF-1 levels are associated with an increased risk of several cancers such as breast, lung, colorectal, and prostate cancer

[27]. IGF-1 can induce cancer cell proliferation by activating Ras/MAPK and PI3K/Akt pathways. Increased activation of this pathway will stimulate cancer cell growth initiation and progression [9], [27]. Under conditions of a ketogenic diet in cancer patients, increased ketosis and β -hydroxybutyrate levels accompanied by lower IGF-1 levels are thought to create a metabolic environment that is not suitable for the proliferation of cancer cells [9].

On the other hand, the ketogenic diet use needs special concern regarding its potential in reducing serum IGF-1 levels, especially when used in adolescence. IGF-1 normally increases in children and puberty, reaches the highest level in adolescence [28], then decreases in levels linear with age and aging [29]. IGF-1 will be secreted physiologically into peripheral tissues such as muscle, bone, and adipocytes to regulate adolescents' growth and maintenance of anabolic processes in adults [30]. GH and IGF-1 also play a role in bone growth, including osteoblast differentiation, collagen deposition, and bone mineralization [13]. As shown in children with dwarfism, apart from having GH deficiency, they are also known to have lower serum IGF-1 levels [37]. Another study proved that a decrease in serum IGF-1 levels after exposure to the ketogenic diet resulted in muscle mass decrease and muscle atrophy induction in mice [11]. In epileptic children administering a ketogenic diet, IGF-1 levels decreased parallel to growth disruption in the form of body mass index and growth speed decreases [15].

5. Conclusion

In conclusion, a long-term ketogenic diet significantly decreases serum IGF-1 levels and induces weight loss. The long-term ketogenic diet mechanism affecting serum Growth Factor and IGF-1 values decrease most likely results from downregulation of glucose, insulin, and ghrelin levels. Advanced studies are required to examine the effects of a long-term ketogenic diet on growth hormone, growth hormonereleasing hormone, glucose, ketone, ghrelin, and cholecystokinin. Through the ability of a long-term ketogenic diet in decreasing serum IGF-1 levels and body weight, it can be a perspective for the use of ketogenic diet in several diseases such as cancer, obesity, and type 2 diabetes mellitus. However, further studies and examinations on the effects of the longterm ketogenic diet are needed to explain its possible impacts on growth.

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References

- [1] WORLD HEALTH ORGANIZATION (WHO). Cancer. World Health Organization, 2018 [EB/OL]. https://www.who.int/news-room/fact-sheets/detail/cancer, 2018-09-12/2020-03-29
- [2] RISKESDAS. Laporan Nasional Riset Kesehatan Dasar. Jakarta: Kemenkes RI, 2018. http://www.kesmas.kemkes.go.id.
- [3] SARININGRAT N.L.P.A.P., REJEKI P. S., and IRWADI I. Effect of dietary energy density on increasing blood glucose pattern and hunger-satiety sensation. *Indian Journal of Forensic Medicine & Toxicology*, 2020, 14(2): 2374-2378. doi: https://doi.org/10.37506/ijfmt.v14i2.3384.
- [4] WORLD HEALTH: ORGANIZATION (WHO). Obesity and Overweight. *World Health Organization*, 2020. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight, 2020-04-01/2020-09-20.
- [5] KIRKPATRICK C.F., BOLICK J.P., KRIS-ETHERTON P.M., et al. Review of current evidence and clinical recommendations on the effects of low-carbohydrate and very-low-carbohydrate (including ketogenic) diets for the management of body weight and other cardiometabolic risk factors: A scientific statement from the National Lipid Association Nutrition and Lifestyle Task Force. *Journal of Clinical Lipidology*, 2019, 13(5): 689-711.e1. doi: 10.1016/j.jacl.2019.08.003.
- [6] KANG J., RATAMESS N.A., FAIGENBAUM A.D., and BUSH J.A. Ergogenic properties of ketogenic diets in normal-weight individuals: A systematic review. *Journal of the American College of Nutrition*, 2020, 39(7):665-675. doi: 10.1080/07315724.2020.1725686.
- [7] WEBER D.D., AMINZADEH-GOHARI S., TULIPAN J., et al. Ketogenic diet in the treatment of cancer Where do we stand? *Molecular metabolism*, 2020, 33:102-121. doi: 10.1016/j.molmet.2019.06.026.
- [8] HAGE M., KAMENICKÝ P., and CHANSON P. Growth hormone response to oral glucose load: from normal to pathological conditions. *Neuroendocrinology*, 2019, 108(3): 244–55. doi: 10.1159/000497214
- [9] COHEN C.W., FONTAINE K.R., AREND R.C., et al. A ketogenic diet reduces central obesity and serum insulin in women with ovarian or endometrial cancer [J]. *The Journal of nutrition*, 2018, 148(8): 1253-1260. doi: 10.1093/jn/nxy119.
- [10] KOLB R., SUTTERWALA, F.S., and ZHANG Weizhou. Obesity and cancer: Inflammation bridges the two. *Current Opinion in Pharmacology*, 2016, 29:77–89. doi: 10.1016/j.coph.2016.07.005.
- [11] NAKAO R., ABE T., YAMAMOTO S., and OISHI K. Ketogenic diet induces skeletal muscle atrophy via reducing muscle protein synthesis and possibly activating proteolysis in mice. *Scientific Reports*, 2019, 9(1):19652. doi: 10.1038/s41598-019-56166-8.
- [12] URBAIN P., STROM L., MORAWSKI L., et al. Impact of a 6-week non-energy-restricted ketogenic diet on physical fitness, body composition and biochemical parameters in healthy adults. *Nutrition & Metabolism*, 2017, 14:17. doi: 10.1186/s12986-017-0175-5.

- [13] RAISINGANI M., PRENEET B., KOHN B., and YAKAR S. Skeletal growth and bone mineral acquisition in type 1 diabetic children; abnormalities of the GH/IGF-1 axis. *Growth Hormone and IGF Research*, 2017, 34:13-21. doi: 10.1016/j.ghir.2017.04.003.
- [14] SYAHRAYA I., NOVIDA H., HERAWATI L., and REJEKI P.S. Effect of high fat diet on weight loss through the expression of uncouple protein 1 in mice visceral fat. *Folia Medica Indonesiana*, 2020, 56(3):223-228. doi: 10.20473/fmi.v56i3.24576.
- [15] SPULBER G., SPULBER S., HAGENÄS L., et al. Growth dependence on insulin-like Growth Factor-1 during the ketogenic diet. *Epilepsia*, 2009, 50(2): 297–303. doi: 10.1111/j.1528-1167.2008.01769.x.
- [16] GUPTA L., KHANDELWAL D., KALRA S., et al. Ketogenic diet in endocrine disorders: Current perspectives. *Journal of Postgraduate Medicine*, 2017, 63(4): 242-251. doi: 10.4103/jpgm.JPGM_16_17.
- [17] GERSHUNI V.M., YAN, S.L., and MEDICI V. Nutritional ketosis for weight management and reversal of metabolic syndrome. *Current nutrition reports*, 2017, 7(3):97-106. doi: 10.1007/s13668-018-0235-0.
- [18] ERICKSON₄N., BOSCHERI A., LINKE B., and HUEBNER J. Systematic review: isocaloric ketogenic dietary regimes for cancer patients. *Medical Oncology*, 2017, 34(5): 72. doi: 10.1007/s12032-017-0930-5.
- [19] MARCHIÒ M., ROLI L., LUCCHI C., et al. Ghrelin plasma levels after 1 year of ketogenic diet in children with refractory epilepsy. *Frontiers in nutrition*, 2019, 6:112. doi: 10.3389/fnut.2019.00112.
- [20] STUBBS B.J., COX P.J., EVANS R.D., et al. A Ketone Ester Drink Lowers Human Ghrelin and Appetite. *Obesity*, 2018, 26(2): 269–73. doi: 10.1002/oby.22051. Epub 2017 Nov 6.
- [21] GIUSTINA A., BERARDELLI R., GAZZARUSO C., and MAZZIOTTI G. Insulin and GH–IGF-I Axis: Endocrine pacer or endocrine disruptor? *Acta Diabetologica*, 2015, 52(3): 433–43. doi: 10.1007/s00592-014-0635-6.
- [22] HUANG QINGYI, MA SIHUI, TOMINAGA T., et al. An 8-week, low carbohydrate, high fat, ketogenic diet enhanced exhaustive exercise capacity in mice part 2: effect on fatigue recovery, post-exercise biomarkers and antioxidation capacity. *Nutrients*, 2018, 10(10):1339. doi: 10.3390/nu10101339.
- [23] CHOI Y.J., JEON S.M., and SHIN S. Impact of a ketogenic diet on metabolic parameters in patients with obesity or overweight and with or without type 2 diabetes: A meta-analysis of randomized controlled trials. *Nutrients*, 2020, 12(7): 2005. doi: 10.3390/nu12072005.
- [24] LAMBRECHT D.A.J.E., BRANDT-WOUTERS E., VERSCHUURE P., et al. A prospective study on changes in blood levels of cholecystokinin-8 and leptin in patients with refractory epilepsy treated with the ketogenic diet. *Epilepsy Research*, 2016, 127: 87–92. doi: 10.1016/j.eplepsyres.2016.08.014.
- [25] DESAI AJ., DONG M., HARI KUMAR K.G., and MILLER LJ. Cholecystokinin-induced satiety, a key gut servomechanism that is affected by the membrane microenvironment of this receptor. *International Journal of Obesity Supplements*. 2016; 6(S1): S22–S27. doi: 10.1038/ijosup.2016.5.
- [26] MCKENZIE A.L., HALLBERG S.J., CREIGHTON B.C., et al. A novel intervention including individualized

- nutritional recommendations reduces hemoglobin a1c level, medication use, and weight in Type 2 diabetes. *JMIR Diabetes*, 2017, 2(1): e5. doi: 10.2196/diabetes.6981.
- [27] SHANMUGALINGAM T., BOSCO C., RIDLEY AJ., VAN HEMELRIJCK M. Is there a role for IGF-1 in the development of second primary cancers? *Cancer medicine*, 2016, 5(11): 3353-3367. doi: 10.1002/cam4.871.
- [28] HIGASHI Y., GAUTAM S., DELAFONTAINE P., and SUKHANOV S. IGF-1 and cardiovascular disease. *Growth Hormone and IGF Research*, 2019, 45: 6–16. doi: 10.1016/j.ghir.2019.01.002.
- [29] ORRÙ S., NIGRO E., MANDOLA A., et al. A functional interplay between IGF-1 and adiponectin. *International Journal of Molecular Sciences*, 2017, 18(10): 2145. doi: 10.3390/ijms18102145.
- [30] RAHMANI J., KORD VARKANEH H., CLARK C., et al. The influence of fasting and energy restricting diets on IGF-1 levels in humans: A systematic review and meta-analysis. *Ageing Research Reviews*, 2019, 53: 100910. doi: 10.1016/j.arr.2019.100910.
- [31] WANG YUN, ZHANG HE, CAO MENG, et al. Analysis of the value and correlation of IGF-1 with GH and IGFBP-3 in the diagnosis of dwarfism. *Experimental and Therapeutic Medicine*, 2017, 17(5): 3689-3693. doi: 10.3892/etm.2019.7393.

参考文:

- [1] 世界卫生组织(卫生组织)。癌症。*世界卫生组织* , 2018 [EB / OL]。https://www.who.int/news-room/fact-sheets/detail/cancer, 2018-09-12/2020-03-29
- [2] 风险评估。 国家基本卫生研究报告。 雅加达:印度 尼 西 亚 共 和 国 卫 生 部 , 2018 . http://www.kesmas.kemkes.go.id.
- [4] 世界卫生组织(卫生组织)。肥胖和超重。*世界卫生组织*, 2020 。 https://www.who.int/news-room/fact-sheets/detail/obsity-and-overweight 2020-04-01 / 2020-09-20。
- [5] KIRKPATRICK CF , BOLICK JP , KRISETHERTON PM等。低碳水化合物和极低碳水化合物(包括生酮)饮食对控制体重和其他心脏代谢危险因素的影响的当前证据和临床建议的综述:美国国家脂质协会营养与生活方式工作组的科学声明[J]。临床脂质学杂志 , 2019 , 13 (5): 689-711.e1 。 doi : 10.1016 / j.jacl.2019.08.003。
- [6] KANG J. , RATAMESS NA , FAIGENBAUM AD ,

- 关键词:正常体重,生酮饮食,生化饮食,布什,JA 美国营养学院学报, 2020,39 (7):665-675。 doi: 10.1080/07315724.2020.1725686。
- [7] WEBER D.D. , AMINZADEH-GOHARI S. , TULIPAN J. , 等。生酮饮食治疗癌症-我们站在哪里?。 分 子 代 谢 , 2020 , 33 : 102-121 。 doi : 10.1016 / j.molmet.2019.06.026。
- [8] HAGE M., KAMENICKÝP., 和 CHANSON P. 生长激素对口服葡萄糖负荷的反应:从正常到病理状态神经内分泌学,2019,108(3):244-55。doi:10.1159/000497214。
- [9] COHEN CW, FONTAINE KR, AREND R.C.。生酮饮食可降低卵巢癌或子宫内膜癌女性的中型肥胖和血清胰岛素。*营养杂志*, 2018, 148(8):1253-1260。doi:10.1093/jn/nxy119。
- [10] KOLB R., SUTTERWALA, F. S., 和 张文宜州。 肥胖与癌症:炎症是两者的桥梁。*药理学最新观点* 2016 , 29:77–89。 doi:10.1016/j.coph.2016.07.005。
- [11] NAKAO R., ABE T., YAMAMOTO S., 生酮饮食通过减少小鼠肌肉蛋白质的合成并可能激活小鼠的蛋白水解作用诱导骨骼肌萎缩。 *科学报告*, 2019, 9(1): 19652。doi:10.1038/s41598-019-56166-8。
- [12] URBAIN P., STROM L., MORAWSKI L.等。6周非能量限制生酮饮食对健康成年人身体健康,身体成分和生化指标的影响。*营养与代谢*,2017,14:17 doi: 10.1186/s12986-017-0175-5。
- [13] RAISINGANI, M., PRENEET, B., KOHN, B., 和 YAKAR, S. 1型糖尿病儿童的骨骼生长和骨骼矿物质获取;生长激素/IGF-1轴异常。生长激素和IGF研究, 2017, 34:13-21。doi:10.1016/j.ghir.2017.04.003。
- [14] SYAHRAYA I., NOVIDA H., HERAWATI L., 关键词:高脂饮食,里吉聚苯乙烯和里吉聚苯乙烯对小鼠内脏脂肪中解偶联蛋白1表达的影响印尼大叶草, 2020,
- 56 (3) :223-228。土井:10.20473 / fmi.v56i3.24576。
- [15] SPULBER G., SPULBER S., HAGENÄS L., 等。 生酮饮食中胰岛素样生长因子-1的生长依赖性[J]。癫痫 症, 2009, 50(2):297-303。doi:10.1111/j.1528-1167.2008.01769.x。
- [16] GUPTA L., KHANDELWAL D., KALRA S., 等。 内分泌失调的生酮饮食: 当前观点[J]。研究生医学杂志 , 2017 , 63 (4): 242-251。 土井: 10.4103 /

jpgm_JPGM_16_17。

- [17] GERSHUNI V.M., YAN, S.L., 和 MEDICI V. 营养性酮症控制体重和代谢综合征的逆转。 *最新营养报告*, 2017, 7 (3): 97-106。doi: 10.1007/s13668-018-0235-0。
- [18] ERICKSON N., BOSCHERI A., LINKE B., 和 HUEBNER J. 系统评价: 癌症患者的等热量生酮饮食方案。 *医学肿瘤学*, 2017, 34(5): 72。 doi: 10.1007/s12032-017-0930-5。
- [19] MARCHIÒM., ROLI L., LUCCHI C., 等。难治性癫痫患儿生酮饮食1年后生长素释放肽血浆水平。*营养前沿*,2019,6:112。doi:10.3389/fnut.2019.00112。
- [20] STUBBS B.J., COX P.J., EVANS R.D., 等。酮酯 饮料可降低人的生长素释放肽和食欲。肥胖, 2018, 26 (2): 269-73。doi: 10.1002/oby.22051。EPUB 2017年11月6日。
- [21] GIUSTINA A., BERARDELLI R., GAZZARUSO C., 和 MAZZIOTTI G. 胰岛素和生长激素—IGF-一世轴: 内分泌起搏器或内分泌干扰物?糖尿病学报,2015,52(3):433-43。doi:10.1007/s00592-014-0635-6。
- [22] HUANG QINGYI, MA SIHUI, TOMINAGA T. 等。8 周,低碳水化合物,高脂肪,生酮饮食增强了小鼠的力竭运动能力,第2部分:对疲劳恢复,运动后生物标志物和抗氧化能力的影响[J]。营养素,2018,10(10):1339。doi:10.3390/nu10101339。
- [23] CHOI YJ., JEON S.M., 和 SHIN S. 生酮饮食对肥胖或超重以及有无 2 型糖尿病患者代谢参数的影响: 一项随机对照试验的元分析[J]。营养素, 2020, 12(7): 2005. doi: 10.3390/nu12072005。
- [24] LAMBRECHTS D.A.J.E., BRANDT-WOUTERS E., VERSCHUURE P., 等。生酮饮食治疗难治性癫痫患者血液中胆囊收缩素8和瘦素水平的前瞻性研究。癫痫研

- 究 , 2016 , 127 : 87-92 。 doi : 10.1016 / j.eplepsyres.2016.08.014。
- [25] DESAI A.J. ,DONG M. ,HARIKUMAR K.G. ,MILLER L. J. 胆囊收缩素诱导的饱腹感,这是受该受体的膜微环境影响的关键肠道伺服机制[J]。 国际肥胖补充 杂 志 。 2016; 6 (S1) : S22—S27 。 doi : 10.1038 / ijosup.2016.5 。
- [26] MCKENZIE A.L., HALLBERG S.J., CREIGHTON B.C., 等。一种新型的干预措施,包括个性化的营养建议,可降低2型糖尿病患者的血红蛋白A1c水平,药物使用和体重[J]。捷迈糖尿病,2017,2(1):e5。doi:10.2196/diabetes.6981。
- [27] SHANMUGALINGAM T., BOSCO C., RIDLEY AJ., VAN HEMELRIJCK M. IGF-1在第二原发癌的发生中是否有作用?。癌症医学,2016,5(11):3353-3367。doi:10.1002/cam4.871。
- [28] HIGASHI Y., GAUTAM S., DELAFONTAINE P., 和 SUKHANOV S. IGF-1与心血管疾病[J]。 生长激素和IGF 研 究 , 2019 , 45 : 6-16 。 doi : 10.1016 / j.ghir.2019.01.002。
- [29] ORRÙ S., NIGRO E., MANDOLA A., 等。IGF-1 与脂联素之间的功能相互作用。国际分子科学杂志, 2017, 18(10): 2145. doi: 10.3390/ijms18102145。
- [30] RAHMANI J., KORD VARKANEH H., CLARK C., 等。空腹和能量限制饮食对人 IGF-1 水平的影响:系统评价和荟萃分析[J]。*老化研究评论*,2019,53:100910。doi:10.1016/j.arr.2019.100910。
- [31] WANG YUN, ZHANG HE, CAO MENG., 等。IGF-1, 生长激素, IGFBP-3, 诊断侏儒症 *实验与治疗医学*, 2017, 17 (5): 3689-3693。doi: 10.3892/etm.2019.7393。

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