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Trending Malnutritional Escape Velocity in Nutritional Dynamics

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Abstract

Malnutrition is in great triumph on the helm of galore public health panic in the world. There are abundance of different shaping bid taken to curb malnourishment in different countries by means of different campaigning, discussions, pricessions and talk shows to focalize malnutrition bulk. There are different research to find out the overall malnourishment intensity at different topographic sites in the globe. The intent of the current study is to see the light of riding anchor in view of taking intervention to escape the ongoing malnutrition bulk worldwide. This study can reveal the open secret in choosing the set (Ve)_m with the elements iLDC and iGAM in nutritional dynamics to combat massive threat to public health. An all out social planning and policies ahead of malnutrition rebuking movement as rule as the (Ve)_m philosophy is in galore demand to carry the day.

Keywords

Escape Velocity, Lifecycle Dieting Curve, Global Acute Malnutrition, Nutritional Dynamics, Severe Acute Malnutrition

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1. Introduction

About 2 billion people in the world suffer from various degrees of malnutrition [1-3]. Malnutrition is an underlying cause of deaths of about 2.6 million children each year-athird of child deaths globally [4-6]. There are 73.9%, 63.3% and 57.9% overweight populations in North America, Oceania and Caribbean regions respectively [7-9] in the world.

One in every four of the world's children is stunted and indeveloping countries this is as high as one out ofthree [10-12] Undernutrition accounts for 11% of the global burden of diseases and is considered the body and soulrisk to health status [13-15] in nutritional epidemiology.

Childhood malnutrition leads to stunted growth andinflamed mortality and morbidity which are lowering thesurvival opportunities of adults in their later life span [16-18]. Some 4 of every 5 malnourished children live in South-East-Asianregion accounting about 83% of their deaths to be

liableto mild to moderate malnutrition intensity [19, 20]. These health giants are eating up the world's population day by dayand therefore initiatives are in galore need to evade these health problems [21-23]. Therefore, this study was conducted to propose a biosketching giving vent to fare and fury of malnutritional escape velocity in nutritional physics and in computational mathematics.

2. Research Methodology and Data Sources

The study was a cross-sectional study using secondary data analysismethod. Secondary data refers to data that was collected by some researchers in their studies. Secondary data analysis trick in biostatistics is in popular use to conduct a study aiming to attain the ultimate gaining in an anew study. The data was collected from the MAM, SAM, LDC in nutritional biochemistry; MMT project, SAE in biostatistics; escape velocity in astrophysics; food pyramid, modified

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pyramid, RDAs in human dietetics; logarithmic biophysical modulator, ideal body weight simulation and ideal body mass simulation for adult human samples in nutritional biophysics; set theory, law of equality of set, element in set in computational mathematics. These thematic and phylosophical instruments were used in different mathematical calculation and in different psychological ideas in nutritional biochemistry and in nutrition counseling for trending malnutritional escape velocity in nutritional physics.

3. Results and Discussions

There is a saying coined by the world famous English poet, literary critic, philosopher and theologianSamuel Taylor Coleridge in The Rime of the Ancient Mariner that [24, 25],

"Water, water, everywhere, Nor any drop to drink."

The countries in the world is not in contrast to the count on water purifier at the Taylor's prevailing condition [26-28] in the sea following suit a malnutrition purifier [29, 30] in today's engulfing nutritional giants. The malnutritional escape velocity i.e. escape velocity in malnutrition similarly takes the gesture of malnutrition purifier in nutritional dynamics [31, 32]. Malnutritional escape velocity is the bioculturalarrangements in nutrition and dietetics to escape malnutritionalinfluence in a malnourished biomass [33-36].

Global acute malnutrition (GAM) is the main threat to health soundness in the gobal population [37]. We have to play fair play in taking intervention to the existence of the GAM in day dream and the cock sure condition in sustaing the steady nutritional soundness while there the healthy condition prevailed.

Assuming $(Ve)_m$ as the malnutritional escape velosity i.e. the intervention to choke the malnutrition in a specific area searched out by using MMT project at spatialmicrosimulation modeling approach on SAE in nutritional biostatistics [38-43], we get the set to gain the day of nutritional soundnessas follows:

$$(Ve)_m = \{_iGAM, _iLDC\}$$

Again, there is a question on the GAM. What is it? Are we not in huh? The simple solution of this doubt is that the GAMisthe combined action of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in nutritional biochemistry [44-46].

So, we get $\{iGAM\} = \{iMAM, iSAM\}$ by dint of the set theory in health science [47-50].

So. We get obeying the law of equality of set,

$$(Ve)_m = \{iMAM, iSAM, iLDC\}$$

So, the element theory in set [51] reveals that,

$$_{i}MAM \in (Ve)_{m}$$
; $_{i}SAM \in (Ve)_{m}$; $_{i}LDC \in (Ve)_{m}$

Now, let us have a look on the three elements of (Ve)_m i.e. _iMAM, _iSAM and _iLDC as the sheet anchor to nip the bud of malnutrition creating giants in dietetics and nutritional physiology [52-55].

A. *Intervention in global acute malnutrition* (*¡GAM*): SAM and MAM are significant public health concerns and disproportionately affect populations in low-and middle-income countries (LMICs) [56].

a) Intervention in moderate acute malnutrition (MAM): MAM affects 32.8 million children worldwide, 31.8 million of whom reside in LMICs [57]. The key interventions to prevent the development of MAM include approapriate breastfeeding and complementary feeding practices in nutrition counseling [58-62].

b) Intervention in severe acute malnutrition (¿SAM): Severe acute malnutrition is a major cause of death under 5 (estimated 16 million children are SAM affected across the globe) and its prevention and treatment are critical to child survival and development. SAM is exacerbated during emergencies, drought, femine or conflict. Indication i.e. household food consumption, harvest yield, and staple food prices are early warning signs of imminent food insecurity, followed by increases in the incidence of SAM [63-65]. SAM affects 18.7 million children worldwide; 18.5 million of those children reside in LMICs [57]. Children with acute malnutrition have severely disturbed psychology and metabolism and need to be treated with caution. Simple refeeding can lead to highrates of mortality, and cases can be especially difficult to manage if additional medical complications are present. The increasing the risk of death due to infectious illness, wasting increases a child's susceptibility to infections and the severity of illness [66-68]. The relationship between malnutrition and infection is often described as a vicious cycle that begins with infections, especially diarrhea and progresses to undernourishment. The undernourishment, in turn, increases the risk of prolonged illness and the susceptibility to additional infection, the HIV virus infection excerbates the risk of wasting as well as mortality due to wasting [69-71]. The key intervention to prevene of development of SAM is to reffering the child to the hospital to take necessary treatment along with supplementary feeding practices in nutrition counseling [72-79].

B. *Introducing lifecycle dieting curve (iLDC):* The iLDC (Figure 1) is the new approach in nutrition counseling with the deliberate selection of foods to be consumed to control nutrients intake throughout the human lifecycle in nutritional physiology [80-86] stealing into he ongoing health status assessed using logarithmic biophysical modulator and body

required dietary energy in bioenergetics in cell biology [87-90]. There are four phases of this LDC naming as follows:

- a) Lag dieting: The dieting at the infant i. e. the first 28 days after birth of a very young offspring is known as lag dieting. Breastfeeding is the one and the only diet for the offspring [91, 92].
- b) Log dieting: The dieting at the child i. e. at the stage between birth and puberty is called log dieting. The child is to obey the diet counnseling as rule as the ideal body weight simulating nexus in nutritional physics. The child is in need of extra demand of nutrients as rule as the food pyramid (Figure 2) and the concept of RDAs in nutritional

biochemistry [93-97].

- c) Stationary dieting: The dieting at the adulthood stage is called the stationary dieting. The adult is in need of nutrients proceeding with the food pyramid (Figure 2) and the concept of RDAs in nutritional biochemistrystaring at the ideal body mass simulation in computational nutrition [98-100].
- d) Geriatric dieting: The dieting at the geriatric stage of human lifecycle is known as geriatric dieting. The geriatric is on demand of nutrients relating to the modified pyramid starting from the ideal body mass simulation in computational physics [101-108].

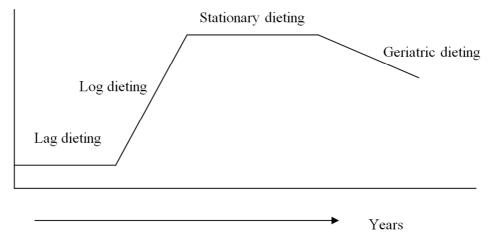


Figure 1. Lifecycle dieting curve (LDC).

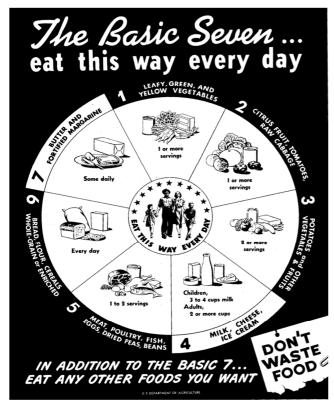


Figure 2. Food pyramid [96].

4. Conclusions

Malnutrition is one of the gravest threat in public health in both the developing and developed countries in the world. The current study findings can take a serious turn to laugh at the worldwide malnutrition intensity. This study rendering (Ve)_m should be taking into action in designing planning and policies for a healthy community development. So the health and nutritional VIPs should bear the testimony in focalizing (Ve)_m as a part of effecting policy designing approach to bear up against the malnutrition across the globe. Future research should adopt this cozy modeling to explore a new road in health pedagogy for taking intervention in policy designing, analysis and checking spatial effects for health and nutrition condition upgrading bid in the worldwide nutritional epidemiology.

References

- [1] IFAD/FAO/WFP. The state of food insecurity in the world, In Rome, Italy: FAO, 2011.
- [2] Rahman A, Chowdhury S, Karim A and Ahmed S. Factors associated with nutritional status of children in Bangladesh: a multivariate analysis. *Demogr India* 2008; 37 (1): 95-109.

- [3] Hakim MA and Kamruzzaman M. Nutritional status of central Bangladesh street children. Am J Food Sci Nutr Res 2015; 2 (5): 133-137.
- [4] Rahman A. Significant risk factors for childhood malnutrition: evidence from an Asian developing country. *Sci J Public Health* 2016; 4 (1-1): 16-27.
- [5] Rahman A and Hakim MA. An epidemiological study onhygiene practice and malnutrition prevalence of beggars children in Bangladesh. *Int J Nutr Diet* 2016; 4 (1): 29-46.
- [6] Hakim MA and Kamruzzaman M. Nutritional status of preschoolers in four selected fisher communities. Am J Life Sci 2015; 3 (4): 332-336.
- [7] Walpole SC, Prieto-Merino D, Edwards P, Cleland J, Stevens G and Roberts I. The weight of nations: an estimation of adult human biomass. *BMC Public Health* 2012; 12 (1): 439.
- [8] Chowdhury MR et al. Risk factors for child malnutrition in Bangladesh: A multilevel analysis of a nationwide populationbased survey. *J Pediatr* 2016; 172: 194-201.
- [9] Hakim MA and Rahman A. Health and nutritional condition of street children of Dhaka city: an empirical study in Bangladesh. Sci J Public Health 2016; 4 (1-1): 6-9.
- [10] Megabiaw B and Rahman A. Prevalence and determinants of chronic malnutrition among under-5 children in Ethiopia. *Int J Child Health Nutr* 2013; 2 (3): 230-236.
- [11] Kamruzzaman M and Hakim MA. Socio-economic status of child beggars in Dhaka city. J Soc Sci Human 2015; 1 (5): 516-20.
- [12] De Onis M, Blossne M and Eorghi E. Prevalence of stunting among pre-school children 1990-2020', Growth Assessment and Surveillance Unit. *Public Health Nutr* 2011; 14: 1-7.
- [13] Hakim MA, Talukder MJ and Islam MS. Nutritional status and hygiene behavior of government primary school kids in central Bangladesh. *Sci J Public Health* 2015; 3 (5): 638-642.
- [14] Black RE, Allen LH and Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C and Rivera J. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet* 2008; 371 (9608): 243-60.
- [15] Kamruzzaman M et al. Patterns of behavioral changes among adolescent smokers: an empirical study. *Front Biomed Sci* 2016; 1 (1): 1-6.
- [16] Rahman A, Chowdhury S and Hossain D. Acute malnutrition in Bangladeshi children: levels and determinants. *Asia Pac J Public Health* 2009; 21 (1): 294-302.
- [17] Rahman A and Hakim MA. Malnutrition prevalence and health practices of homeless children: a cross-sectional study in Bangladesh. *Sci J Public Health* 2016; 4 (1-1): 10-15.
- [18] Hakim A. Vitamin A deficiency as a global public health threat: a concern in nutritional victimization. J Nutr Health Food Eng 2016; 4 (5): 00147.
- [19] Rahman A and Kuddus A. A new model to study on physical behaviour among susceptible infective removal population. Far East J Theor Stat 2014; 46 (2): 115-135.
- [20] Hakim MA. Nutrition counseling in homelessness: a NC4HD nexus. Int J Health Econ Pol 2017; 2 (1): 12-15.

- [21] Rahman A, Harding A, Tanton R and Liu S. Simulating the characteristics of populations at the small area level: new validation techniques for a spatial microsimulation model in Australia. *Comput Stat Data Analys* 2013; 57 (1): 149-165.
- [22] Hakim MA and Kamruzzaman M. The dance of poverty and education for childhood nutritional victimization in Bangladesh. *J Biol Env Eng* 2016; 1 (1): 6-9.
- [23] Broach D. Integration of clinical research documentation in electronic health records. Comput Inform Nurs 2015; 33 (4): 142-9.
- [24] Van Woudenberg M. Coleridge and cosmopolitan intellectualism 1794-1804. The Legacy of Gottingen University. London: Routledge, 2018; p. 93-103.
- [25] https://www.goodreads.com/quotes/2156-water-watereverywhere-and-all-the-boards-did-shrink-water.
- [26] WHO. Combating waterborne diseases at the household level, 2007.
- [27] Musaiger AO, Hassan AS and Obeid O. The paradox of nutrition-related diseases in the Arab countries: the need for action. Int J Environ Res Public Health 2011; 8 (9): 3637-71.
- [28] UNICEF. Water for life: making it happen, 2005.
- [29] Hall KD, Butte NF, Boyd A Swinburn BA andChow CC. Dynamics of childhood growth and obesity: development and validation of a quantitative mathematical model. *Lancet Diabetes Endocrinol* 2013; 1: 97–105.
- [30] Granger HJ and Nyhof RA. Dynamics of intestinal oxygeneration: interactions between oxygen supply and uptake. *Am J Physiol* 1982; 243: G91-G96.
- [31] Choquet-Bruhat Y. Introduction to general relativity, Holes and Cosmology, Oxford University Press, 2015; p. 116-7.
- [32] Macharia PM, Ouma PO, Gogo EG, Snow RW and Noor AM. Spatial accessibility to basic public health services in South Sudan. Geospat Health 2017; 12: 106-113.
- [33] Roger RB, Donald DM, Jerry EW. Fundementals of astrodynamics. New York: Dover Publications, 1971.
- [34] Rahman A and Chowdhury S. Determinants of chronic malnutrition among preschool children in Bangladesh. J Biosoc Sci 2007; 39 (2): 161-173.
- [35] Linkon KMMR and Hakim MA. Nutrition facts in Bangladeshi mustard honey. *Int J Modern Phys Appl* 2018; 4: in press.
- [36] Giancoli DC. Physics for scientists and engineers with modern physics. Addison-Wesley, 2008; p. 199.
- [37] Guerrant RL, Oria RB, Moore SRM, Oria OB and Lima AM. Malnutrition as an enteric infectious disease with long-term effect on child development. *Nutr Rev* 2008; 66 (9): 487-505.
- [38] Rosen KH. Discrete Mathematics and its applications (7th ed.). New York: McGraw-Hill, 2012; p. 119.
- [39] Rahman A andHarding A. Spatial analysis of housing stressestimation in Australia with statistical validation. Aust J Reg Stud 2014; 20 (3): 452-86.
- [40] CantorG. Uebereine Eigenschadt des Inbegriffesallerreellenal gebraischen Zahlen. *J Reine Angew Math* 1874; 77: 258-262.

- [41] Rahman A. Estimating small area health-related characteristics of populations: a methodological review. Geospat Health 2017; 12: 3-14.
- [42] Pfeffermann D. Small area estimation-new developments and directions. *Int Stat Rev* 2002; 70: 125-43.
- [43] Rahman A and Harding A. Small area estimation and microsimulation modeling. Chapman and Hall/CRC, London, UK, 2016.
- [44] Meshram II, Arlappa N, Balakrishna N, Rao KM, Laxmaiah A and others. Trends in the prevalence of undernutrition, nutrient and food intake and predictors of undernutrition among under five year tribal children in India. *Asia Pac J ClinNutr* 2012; 21 (4): 568-76.
- [45] Choi JH, Kim GB and Cha CJ. Spatial heterogeneity and stability of bacterial community in the gastrointestinal tracks of broiler chickens. *Poult Sci* 2014; 93: 1942-50.
- [46] Drouin G and Godin JR. The genetics of vitamin Closs in vegetables. *Curr Genomics* 2011; 12 (5): 371-8.
- [47] Jech T. Set theory. Springer-Verlag, 2002.
- [48] Bhutta ZA, Das JK, Rizvi A, Gaffey MF Walker N and others. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet* 2013; 382 (9890): 452-77.
- [49] Rudin W. Real and complex analysis (3rd ed.). New York: McGraw-Hill, 1987; p. 6.
- [50] Burden S and Steel D. Constraint choice for spatial microsimulation. Popul Space Place 2016; 22: 568-83.
- [51] Eric S. Handbook of analysis and its foundations. Academic Press, 1997; p. 12.
- [52] Fereu LK, Assah FK, Balkau B, Mbanya DS, Kengne AP, Awah PK, Mbanya JCN. Ten-year changes in central obesity and BMI in rural and urban Cameroon. *Obesity* 2008; 16 (5): 1144-7.
- [53] Hakim MA and Islam MS. Elementary of food science and technology (1st ed.), 2016; p. 35-41.
- [54] Hakim MA. Nutrition on malnutrition helm, nutrition policy in fool's paradise. *The Daily Observer* 2015. Available at http://www.observerbd.com/2015/09/20/111732.php (Accessed on September 20, 2015).
- [55] Macagno EO, Christensen J and Lee CL. Modeling the effect of wall movement on absorption in the intestine. Am J Physiol 1982; 243: G541-G550.
- [56] Collins S. Treating severe acute malnutrition seriously. Arch Dis Child 2007; 92 (5): 453-461.
- [57] BlackRE, Victora CG, Walker SP, Bhutta ZA, Christian P and others. Maternal and child undernutrition and overnutrition in low-income and middle-income countries. *The Lancet* 2013; 382 (9890): 427-51.
- [58] UNICEF. Improving child nutrition: the achievable imperative for global progress. New York: UNICEF, 2013.
- [59] Kamruzzaman M and Hakim MA. Food and nutrition counseling in Bangladesh: a NC4HD approach in health statistics. Am J Biol Chem 2017; 5 (1): 1-5.

- [60] Ashworth A anf Ferguson E. Dietary counseling in the management of moderate malnutrition in children. Food Nutr Bull 2009; 30 (Suppl 3): S405-33.
- [61] Garrett WS. Kwashorkor and the gut microbiota. New Eng J Medicine 2013; 368 (18): 1746-67.
- [62] West C. Introduction of complementary foods to infants. Ann NutrMetab 2017; 70 (Suppl 2): 47-54.
- [63] Duke GE. Gastrointestinal motility and its regulations. *Poult Sci* 1982; 61: 1245-56.
- [64] Kastin DA and Buchman AL. Malnutrition and gastrointestinal disease. Curr Opin Clin Nutr Metab Care 2002; 5 (6): 699–706.
- [65] Hall A, Oirere M, Thurstans S, Ndumi A and Sibson V. The practical challenges of evaluating a blanketemergency feeding programme in northern Kenya. *Plos One* 2011; 6 (10): E26854.
- [66] Page AL, de Rekeneire N, Sayadi S and others. Infections in children admitted with complicated severe acute malnutrition in Niger. *Plos One* 2013; 8 (7): E68699.
- [67] WHO. Management of severe malnutrition: a manual for physicians and other senior health workers, 1999.
- [68] Kumar R, Singh J, Joshi K, Singh HP and Bijesh S. Comorbidities in hospitalized children with severe acute malnutrition. *Ind Pediatr* 2013; 51: 125-27.
- [69] WHO. Guideline: updates on the management of severe acute malnutrition in infants and children. Geneva: WHO, 2013.
- [70] Morrison SA. Designing virtuous socio-ecological cycles for biodiversity conservation. *Elsevier* 2016; 195: 9-16.
- [71] Koumans EH, Routh JA, Davis MK. Antibiotics for uncomplicated severe malnutrition. New Eng J Medicine 2013; 368 (25): 2435-37.
- [72] Papadia C, Di Sabatino A, Corazza GR andForbes A. Diagnosing small bowel malabsorption: a review. *Intern Emerg Med* 2014; 9 (1): 3–8.
- [73] Rahman A and Hakim MA. Measuing modified mass energy equivalence in nutritional epidemiology: a proposal to adapt the biophysical modeling approach. *Int J Stat Med Res* 2016; 5 (3): 219-223.
- [74] Collins S, Dent N, Binns P, Bahwere P, Sadler K and others. Management of severe acute malnutrition in children. *The Lancet* 2006; 368 (9551): 1992-2000.
- [75] WHO. Guidelines for the inpatient treatment of of severely malnourished children. Geneva: WHO, 2003.
- [76] Hakim MA. Biophysical modeling of dietary energy in biochemical modeling. *Eur J Biophys* 2017; 5 (3): 57-61.
- [77] Rahman A, Hakim MA, Hanif MA, Islam MR and Kamruzzaman M. Dietary practices, health status and hygiene observance of slum kids: apilot study in an Asian developing country. JP J Biostat 2016; 13 (2): 195-208.
- [78] WHO. Supplementary foods for the management of moderate acute malnutrition in infants and children 6-59 months of age. Technical Note, WHO, Geneva, 2012.

- [79] Manary MJ. Local production and provision of ready-to-use therapeutic food (RUTF) spread for the treatment of severe childhood malnutrition. *Food Nutr Bull* 2006; 27 (3 Suppl): S83-9.
- [80] Young EM. Food and development. Abingdon, Oxton: Routledge, 2012; p. 36-38.
- [81] Hakim MA. Malnutrition prevalence and nutrition counseling in developing countries: a case study. *Int J Nurs Health Sci* 2016; 3 (3): 19-22.
- [82] Bolin T, Bare M, Caplan G, Daniells S and Holyday M. Malabsorption may contribute to malnutrition in the elderly. Nutr 2010; 26 (7–8): 852–853.
- [83] Zwietering MH, Jongenburger I, Rombouts FM and van T Riet K. Modeling the bacterial growth curve. Appl Environ Microbiol 1990; 56 (6): 1875-81.
- [84] Novick A. Growth of bacteria. *Ann Rev Microbiol* 1955; 9: 97-110
- [85] Shock NW. Age change in some physiologic process. Geriatrics 1957; 12: 40-8.
- [86] Hakim MA. The boundaries of infinity and the dance of c at the hybrid dynamic vision in engineering physics. *J Adv Math Comput Sci* 2018; 27: in press.
- [87] Rahman A and Hakim MA. Modeling health status using the logarithmic biophysical modulator. *J Public Health Epidemiol* 2017; 9 (5): 145-150.
- [88] Hakim MA. Biophysical modeling of cellular energy in human dietetics: an appraisal in nutritional physics and cell biology. Am J Food Sci Nutr Res 2017; 4 (4): 125-129.
- [89] Hakim MA. Modeling food energy in bioenergetics. J Adv Med Pharaceut Sci 2017; 14 (4): 1-7.
- [90] Hakim MA. Mathematical modeling of energy balancing for diet planning in nutritional physics. *IntJ Nutr Diet* 2017; 5 (1): 29-41.
- [91] Gartner LM, Morton J, Lawrence RA, Naylor Al and others. Breastfeeting and the use ofhuman milk. *Pediatr* 2005; 115 (2): 496-506.
- [92] Wells D. Infant feeding. Nutr Food Sci 1995; 95 (2): 42-44.
- [93] Nestle M. What to eat? New York: North point Press, 2006; p. 611.
- [94] Hakim MA. Simulating the ideal body weight in human populations. *Int J Biochem Biophys* 2017; 5 (4): 79-82.

- [95] Strchar I. Diet in the management of weight loss. *CMAJ* 2006; 174 (1): 56-63.
- [96] https://upload.wikimedia.org/wikipedia/commons/0/06/20111110-OC-AMW-0012 Flickr USDAgov.jpg.
- [97] Procter KL, Clarke GP, Ransley JK and Cade J. Micro-level analysis of childhood obesity, diet, physical activity, residential socio-economic and social capital variables: where are the obesogenic environments in Leeds? *Area* 2008; 40: 323-40.
- [98] Hakim MA. Simulating the ideal body mass in adult human samples. *Int J Sport Sci Phys Educ* 2017; 2 (4): 57-60.
- [99] Nikolas K. Clinical nutrition in practice. John Wiley and Sons, 2011; p. 37.
- [100] Jabur AS, Kushnaw FM. Casting simulation and prediction of shrinkage cavities. *J Appl Computat Math* 2017; 6: 371.
- [101] Lichtenstein AH, Rasmussen H, Yu WW, Epstein SR and Russell RM. Modified my pyramid for older adults. *J Nutr* 2008; 138 (1): 5–11.
- [102] Hakim MA and Rahman A. Simulating nutritional traits of populations at the small area levels using spatial microsimulation modeling approch. *Computation Biol Bioinformat* 2018; 6 (1): 25-30.
- [103] Kuddus A, Rahman A, Talukder MR and Hoque A. A modified SIR model to study on physical behaviour among smallpox infective population in Bangladesh. Am J Math Stat 2014; 4 (5): 231-239.
- [104] Muncaster R. A-level physics. Nelson Thornes, 1993; p. 103.
- [105] Ronnie AR, Mitchael EZ and Mark RK. Principles and practice of geriatric surgery (2nd ed.). Berlin: Springer, 2011; p. 78.
- [106] Rahman A and Harding A. Prevalence of overweight and obesity epidemic in Australia: some causes and consequences. *JP J Biostat* 2013; 10 (1): 31-41.
- [107] Hakim MA. An extension of Abraham-Minkowski controversy to extend Abraham-Minkowski friendship: a theoretical study in astrophysics. *Int J Discrete Math* 2018; 3 (1): 28-31.
- [108] Anderson AL, Harris TB, Tylavsky and others. Dietary patterns and survival of older adults. J Am Diet Assoc 2011; 111 (1): 84-91.