

FIG. 1

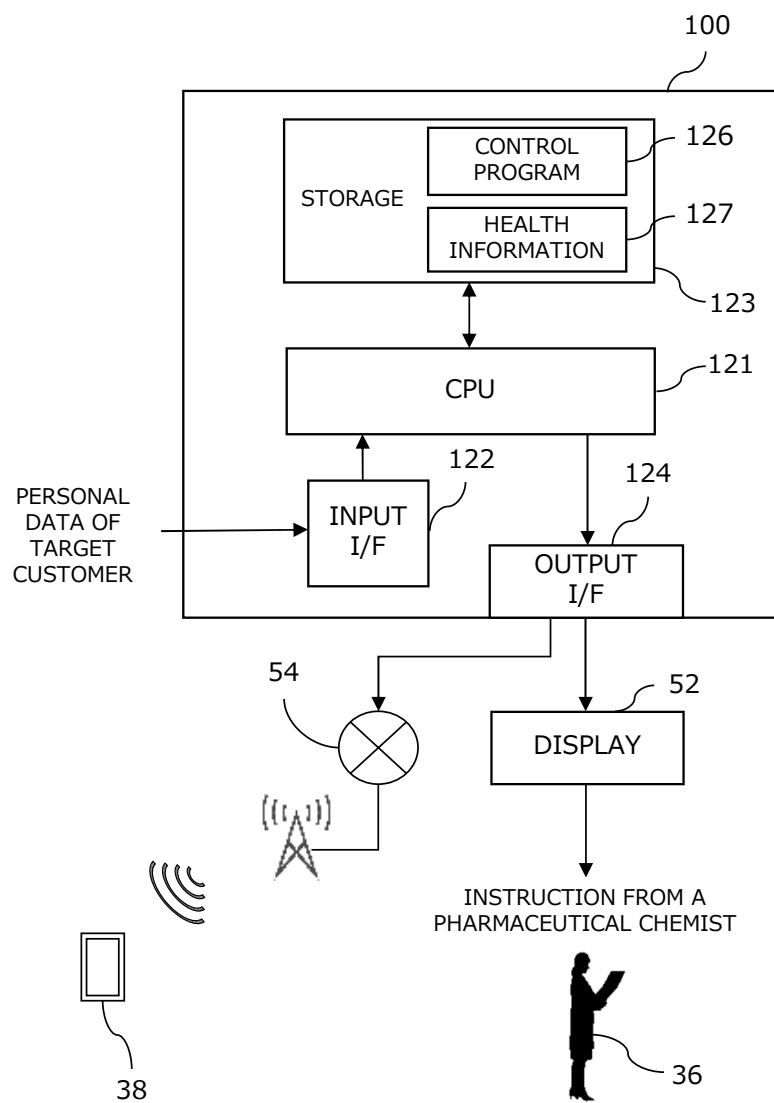


FIG. 2

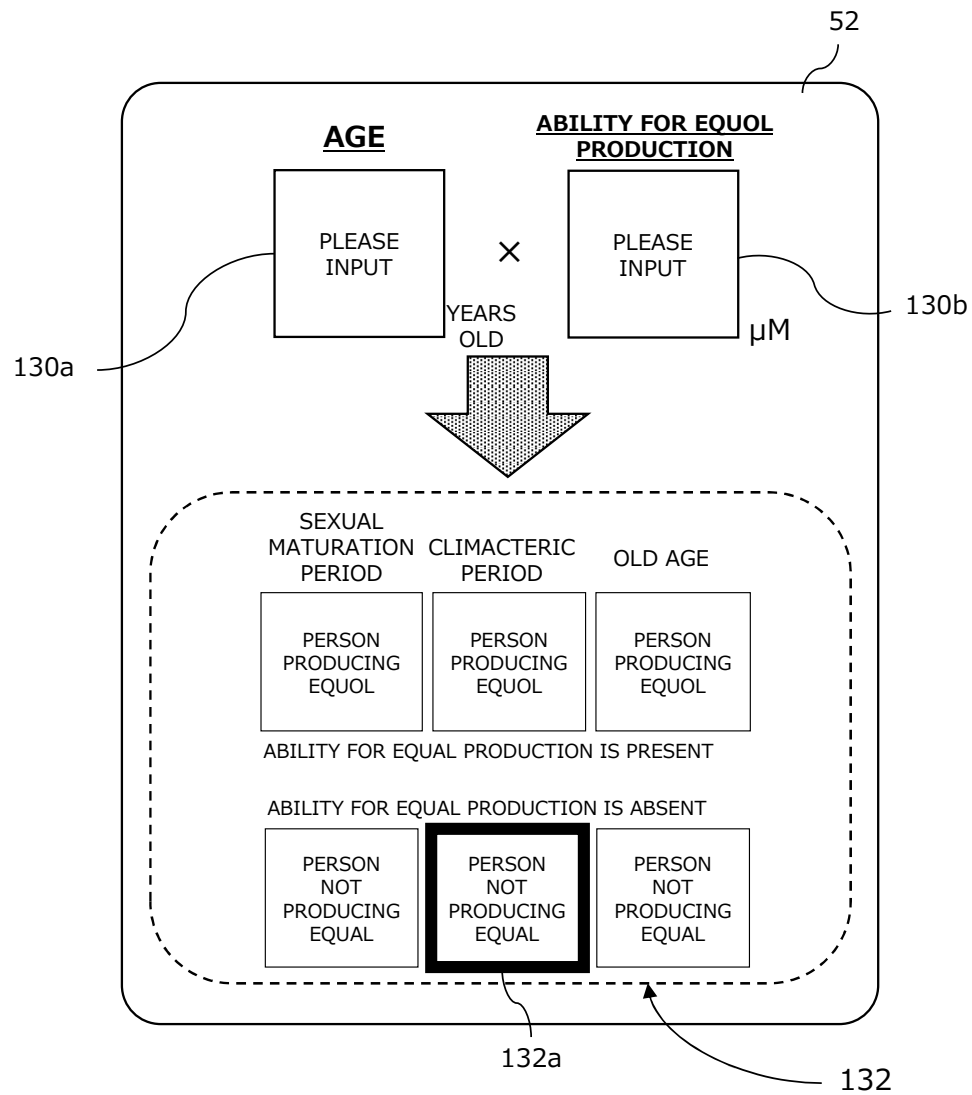


FIG. 3

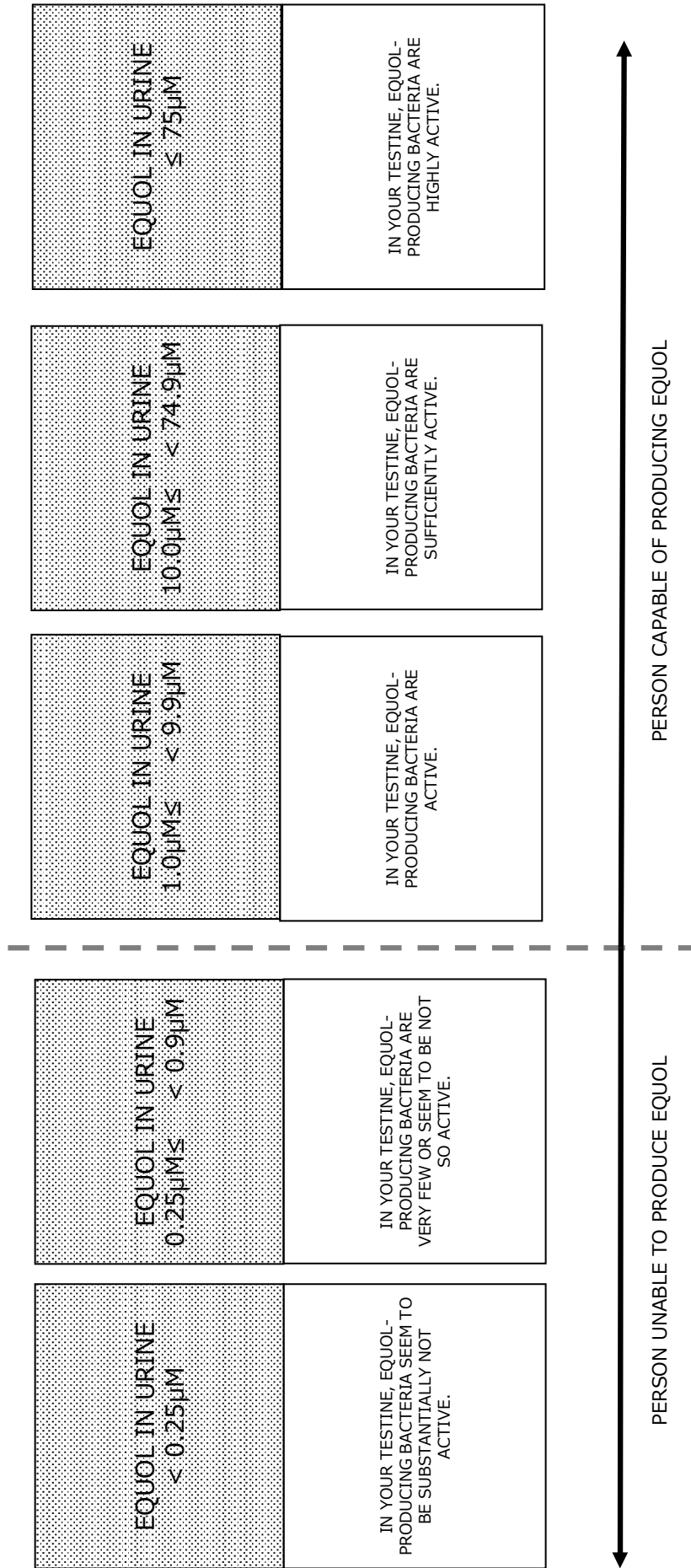


FIG. 4

SEGMENTATION	FILE
PERSON PRODUCING EQUOL IN SEXUAL MATURATION PERIOD	Comment1.dat
PERSON PRODUCING EQUOL IN CLIMACTERIC PERIOD	Comment2.dat
PERSON PRODUCING EQUOL IN OLD AGE	Comment3.dat
PERSON NOT PRODUCING EQUOL IN SEXUAL MATURATION PERIOD	Comment4.dat
PERSON NOT PRODUCING EQUOL IN CLIMACTERIC PERIOD	Comment5.dat
PERSON NOT PRODUCING EQUOL IN OLD AGE	Comment6.dat

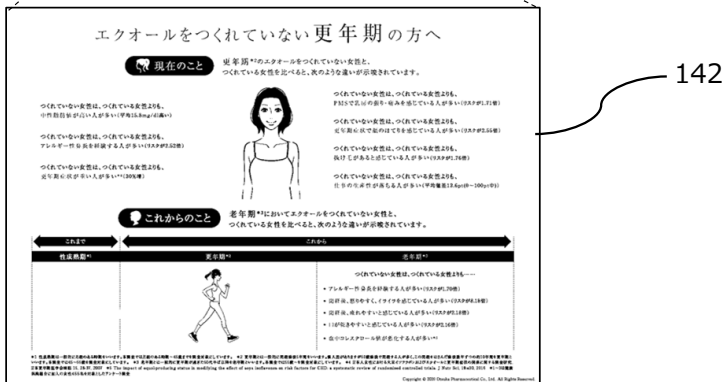
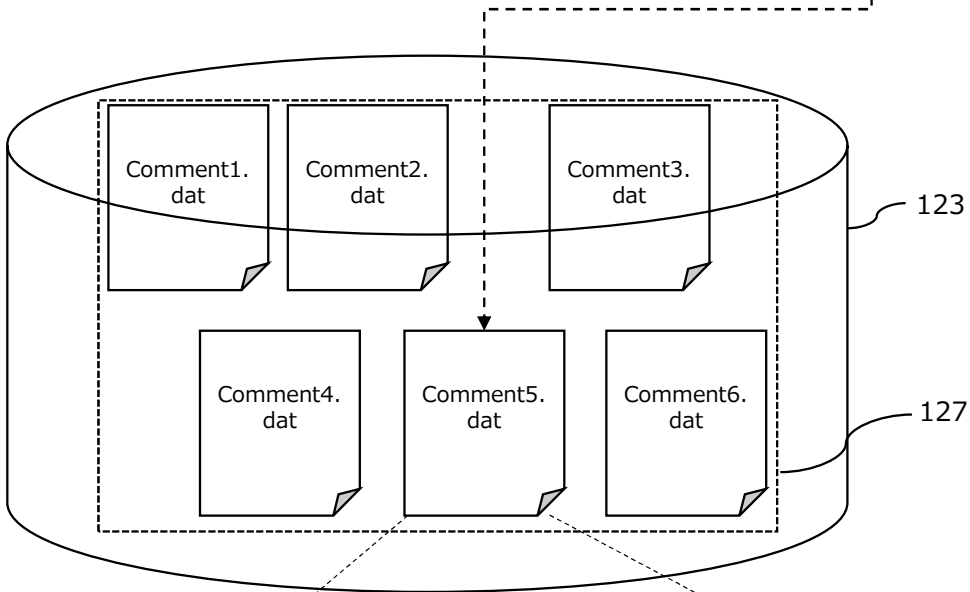


FIG. 5

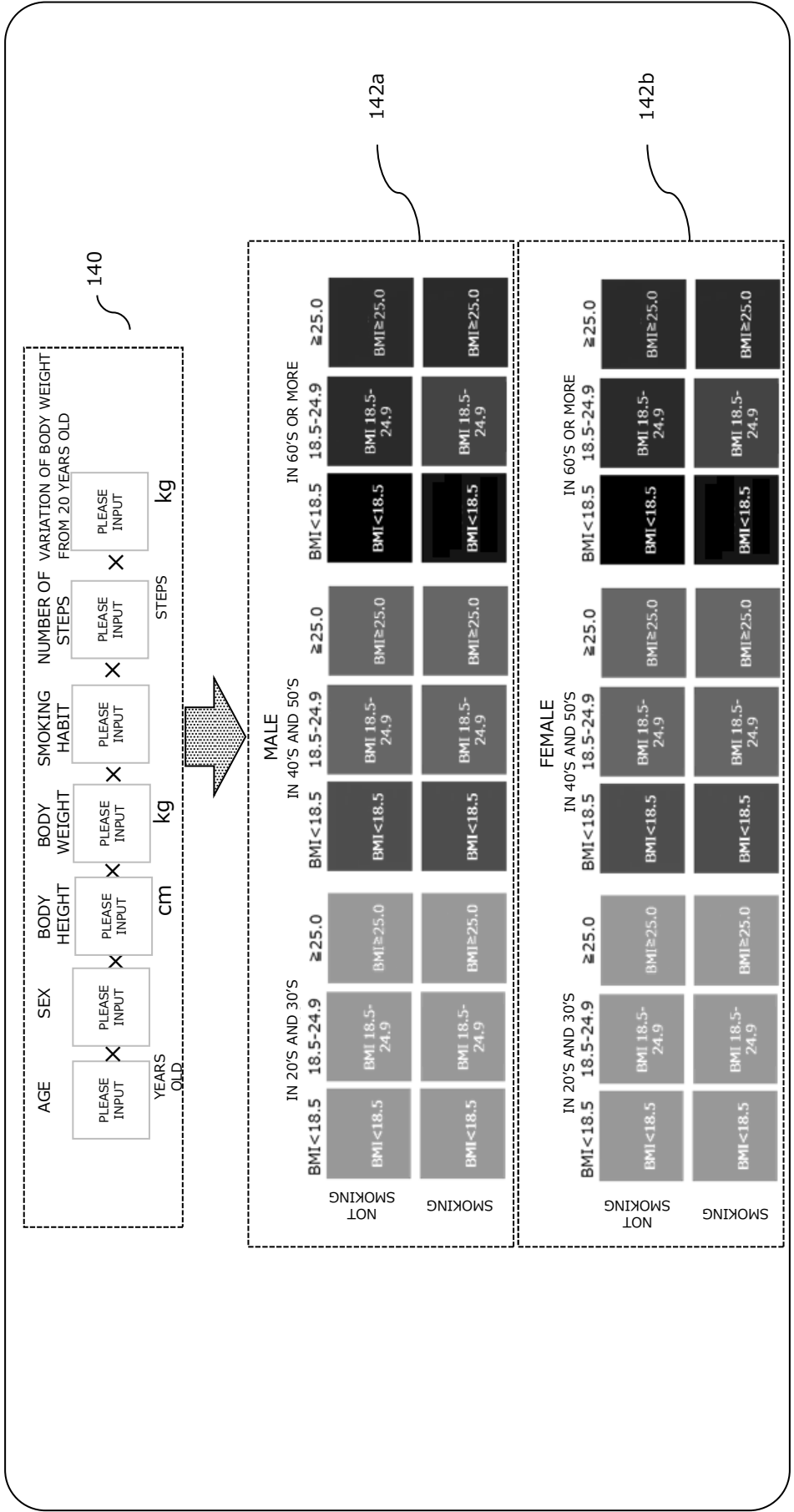


FIG. 6

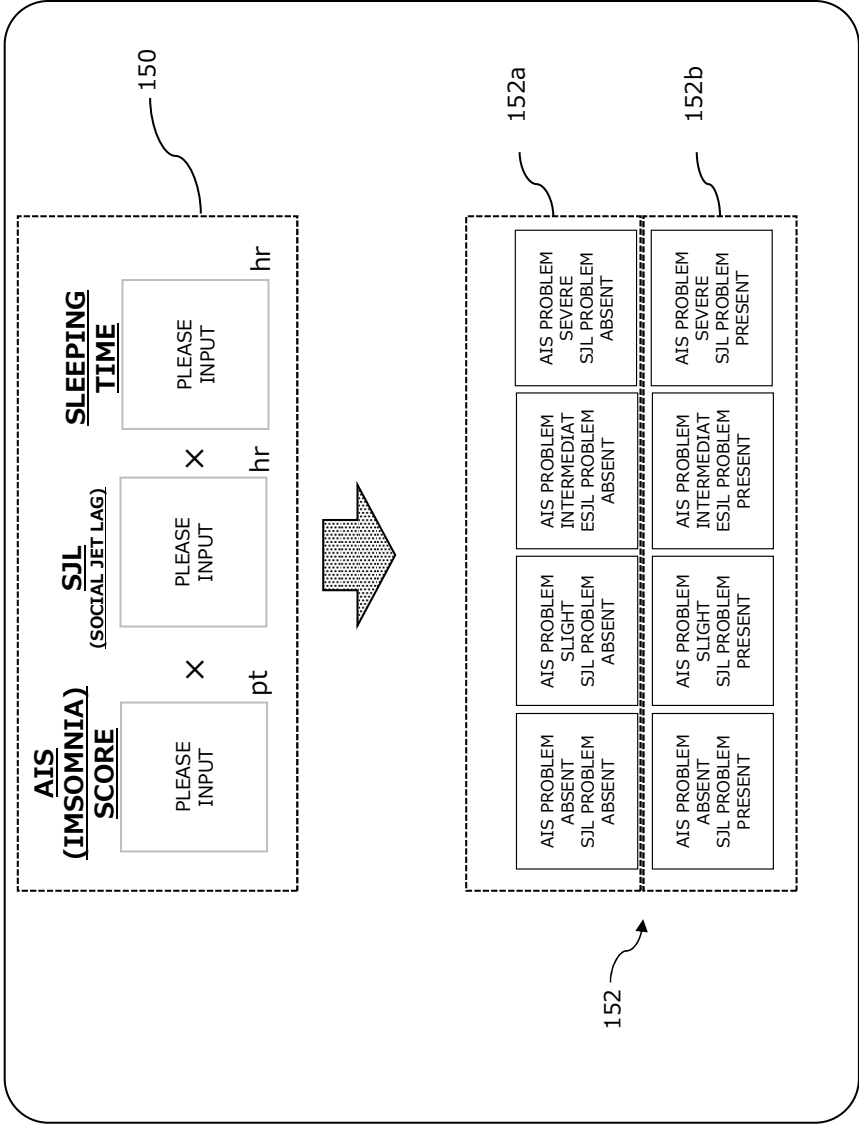


FIG. 7

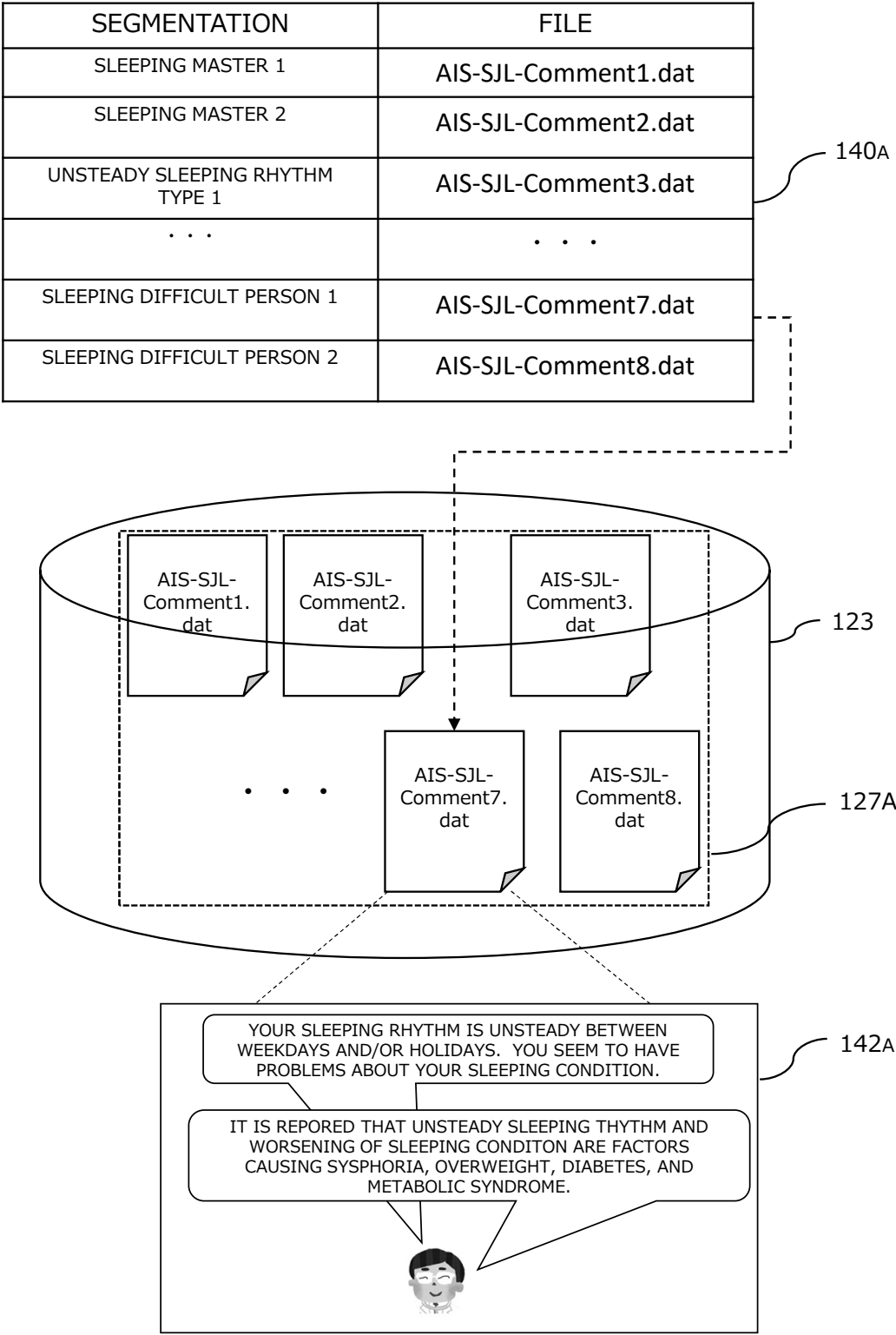


FIG. 8

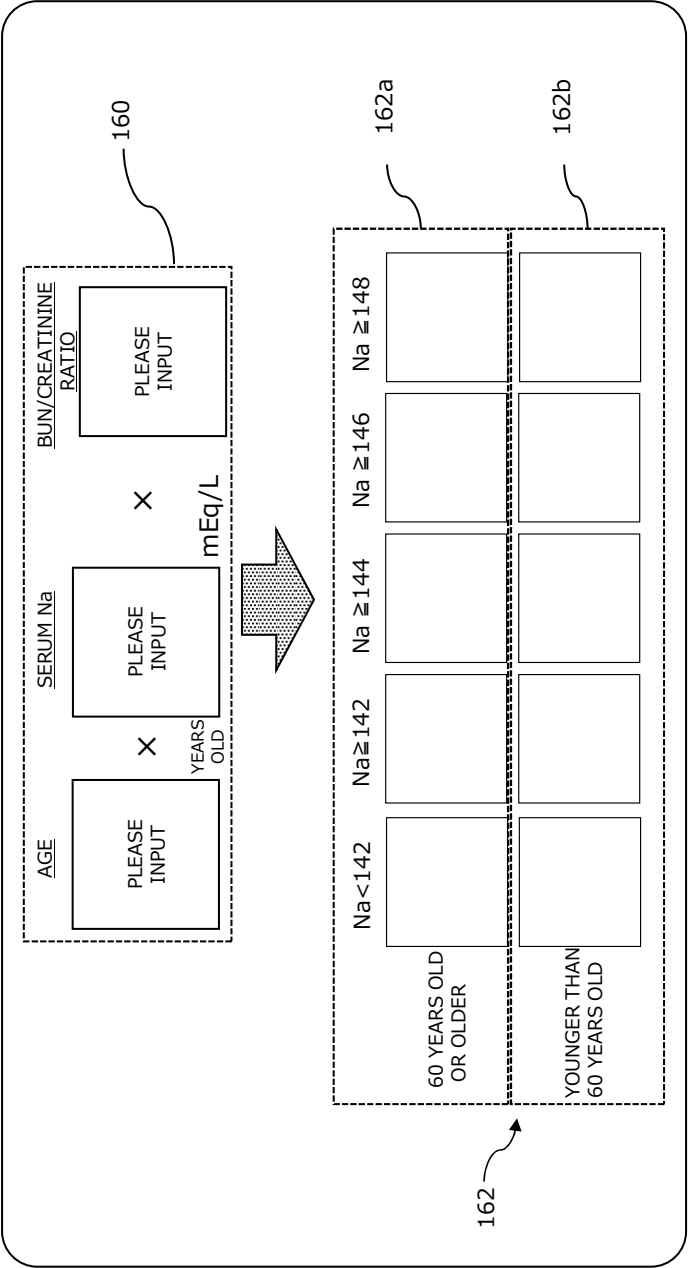


FIG. 9

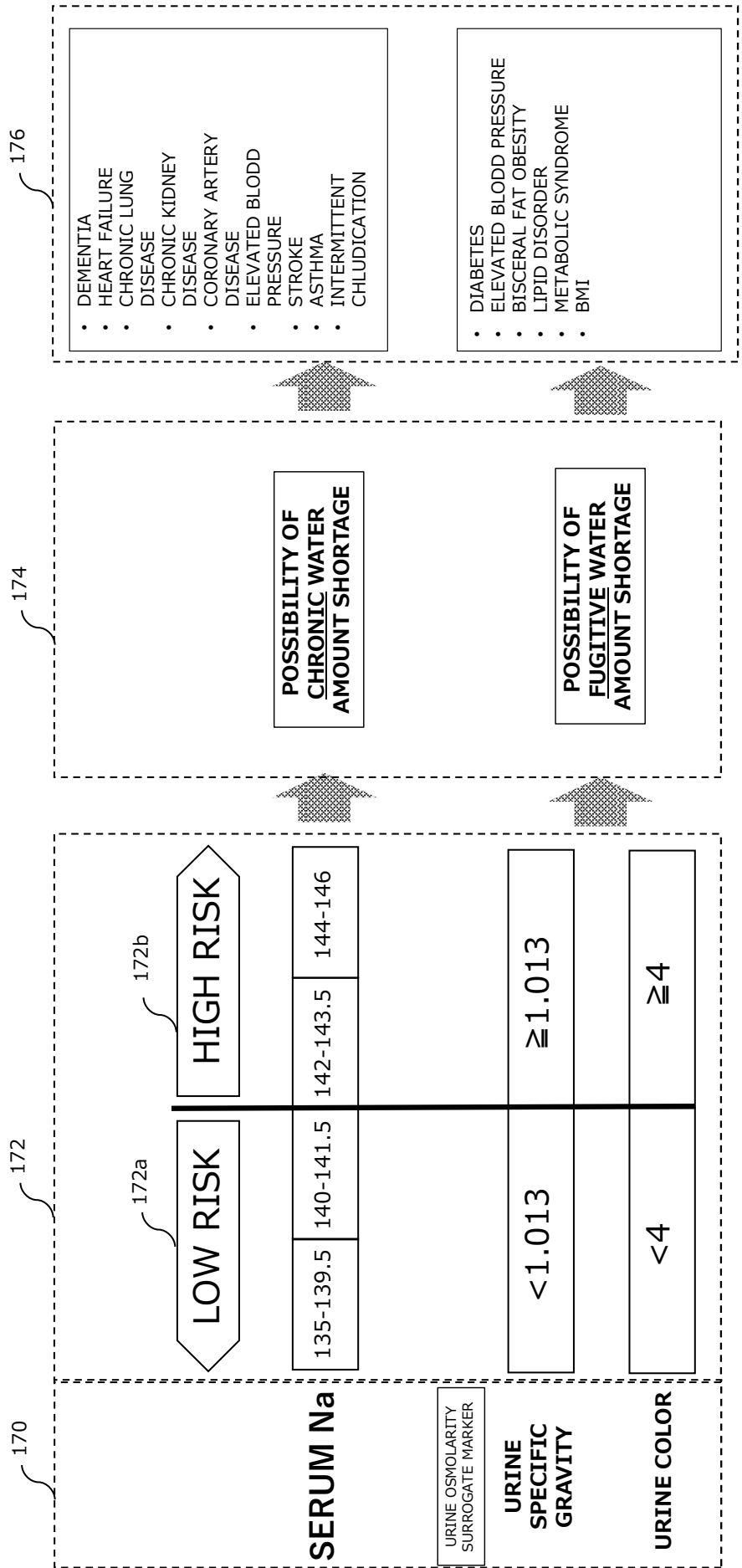
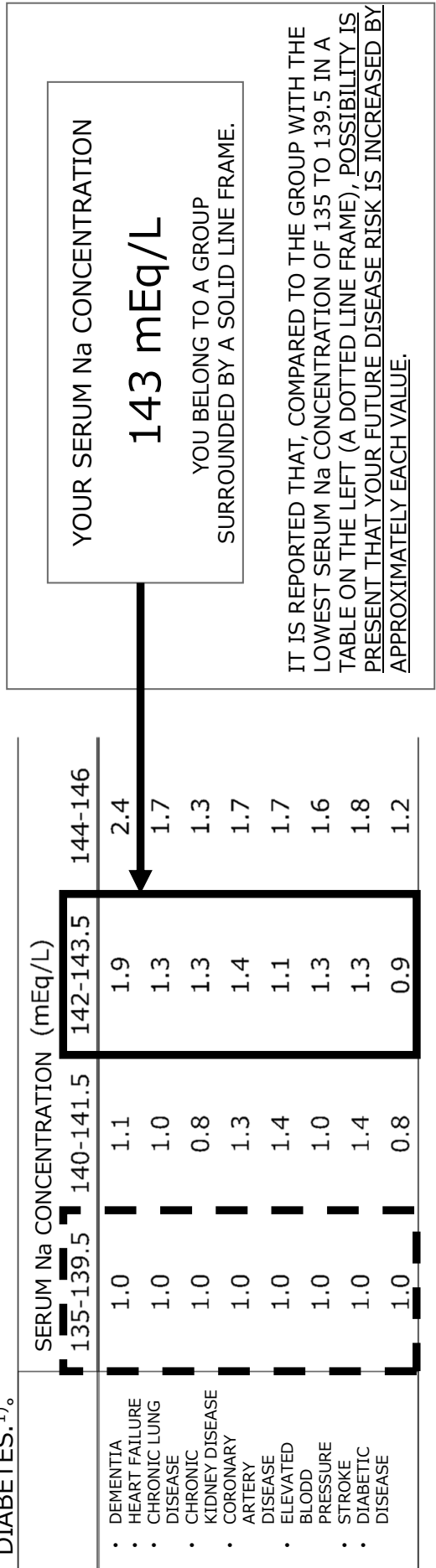


FIG. 10

A RESULT WAS REPORTED IN 2019, OF A LARGE-SCALE STUDY IN WHICH SERUM SODIUM (Na) VALUES OF ABOUT 15,800 PERSONS WERE MEASURED AND IN WHICH THEIR ONSET OF AGE-RELATED CHRONIC DISEASES WAS RESEARCHED FOR 24 YEARS THEREAFTER. IT IS REPORTED THAT, AS A RESULT, EVEN IN THE CASE WHERE THE SERUM SODIUM CONCENTRATION WAS WITHIN THE STANDARD RANGE (135 TO 146 mEq/L), WHEN THE SERUM SODIUM CONCENTRATION EXCEEDED 142 mEq/L, THE RATE OF HAVING SUCH MANY DISEASES IN THE FUTURE WOULD BE INCREASED AS DEMENTIA, HEART FAILURE, CHRONIC LUNG DISEASES, CHRONIC KIDNEY DISEASES, CHRONIC HEAT DISEASES, AN ELEVATED BLOOD PRESSURE, A STROKE, AND DIABETES.¹⁾



ON THE OTHER HAND, IT IS ESTIMATED IN THE ABOVE PAPER THAT, WHEN YOU INTEND TO FREQUENTLY RECEIVE HYDRATION ON A DAILY BASIS TO FACILITATE REDUCTION OF THE SERUM Na VALUE, THE RATE OF ONSET OF THE ABOVE DISEASES IS SIGNIFICANTLY SUPPRESSED. A PERSON WHOSE SERUM Na VALUE EXCEEDS 142 ESPECIALLY NEEDS TO INTEND TO FREQUENTLY RECEIVE HYDRATION ON A DIALY BASIS.

1) SOURCE :

FIG. 11

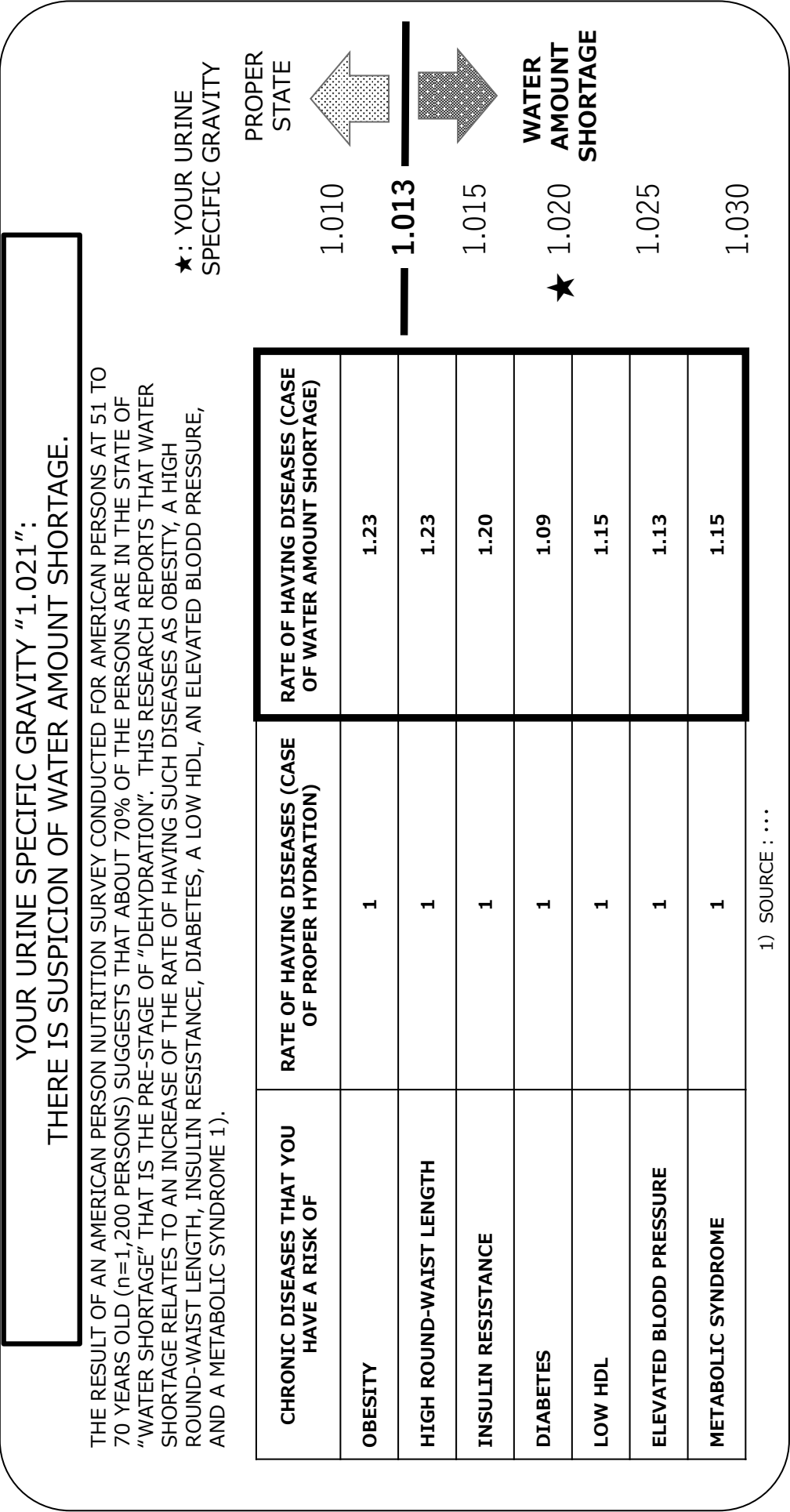


FIG. 12

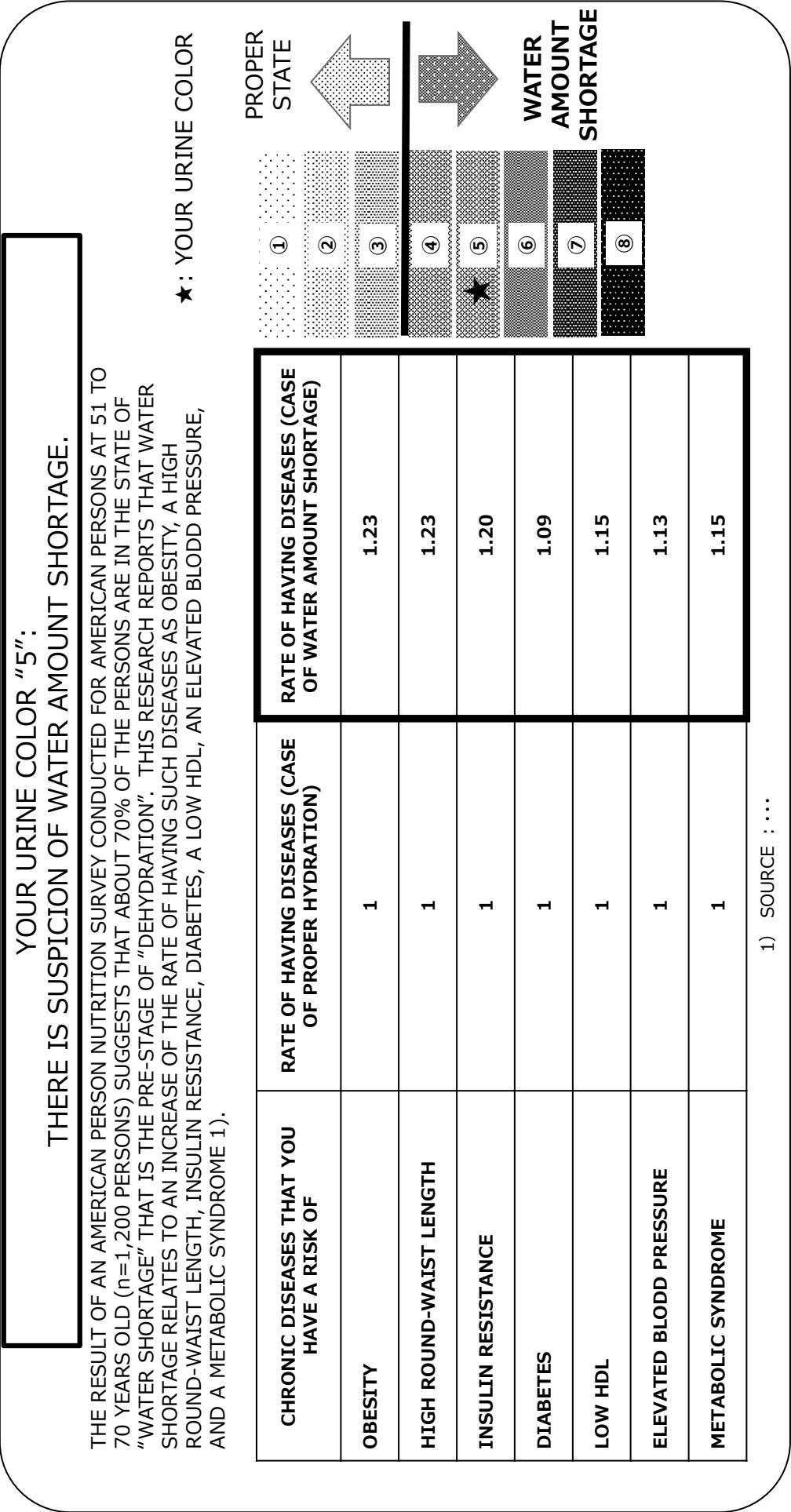


FIG. 13

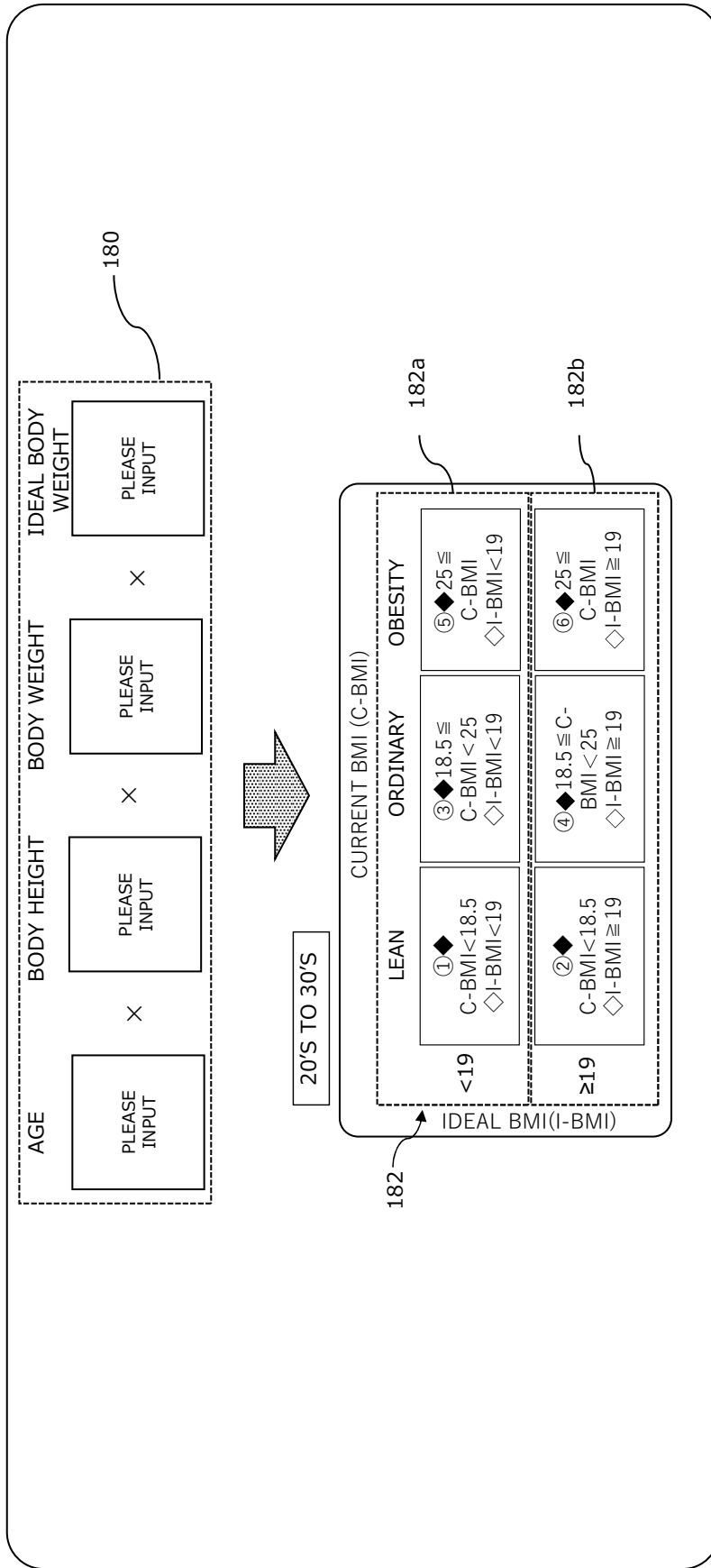


FIG. 14

◆THINGS RELATING TO BMI AND HEALTH

YOUR BMI (THE BODY-MASS INDEX) CORRESPONDS TO "A LOW BODY WEIGHT (LEAN)".

A LOW BODY WEIGHT (LEAN) PRESENTS A RISK OF CAUSING OVULATION DISORDERS (IRREGULAR MENSTRUATION), AND OVULATION DISORDERS CAUSES AGENESIS. IT IS REPORTED THAT A WOMAN HAVING A LOWER BODY WEIGHT (LEANER) HAS A HIGHER RISK OF **PREMATURE OVARIAN FAILURE**, AND **OSTEOPOROSIS** IN THE FUTURE, IS WORRIED ABOUT ^{1,2)}.

WHEN THE BONES BECOME WEAK, SUCH SIGNIFICANT CHANGES IN THE APPEARANCE APPEAR AS BENDING OF THE BACK, SHOTENING OF THE BODY HEIGHT, AND PROGRESS OF AGING OF THE FACE. A STUDY CONDUCTED FOR WOMEN IN THEIR MIDDLE AND OLD AGES REPORTS THAT A RELATION IS PRESENT BETWEEN **WRINKLES ON THE SKIN AND THE APPARENT AGE**, AND **LOWNESS OF BMI** ³⁻⁵⁾.

FOR ALSO YOUR CURRENT AND FUTURE HEALTH, IT MAY BE FIRST IMPORTANT TO CHANGE THE BODY IMAGE THAT YOU HAVE FOR YOU. A BODY WEIGHT WITH BMI OF 22 IS DEFINED TO BE THE STANDARD BODY WEIGHT AS THE STATE WHERE IT IS LEAST LIKELY TO HAVE DISEASES. IT IS CONSIDERED THAT **"BMI OF ABOUT 19 TO ABOUT 23"** IS EXCELLENT FOR JAPANESE PERSONS **AS BMI WITH WHICH DISORDERS OF MENSTRUATION AND OVULATION ARE LEAST LIKELY TO OCCUR** ⁷⁻⁸⁾. A REGULATION IS PRESENT OVERSEAS TO PROHIBIT ANY MODEL WHOSE BMI IS LOWER THAN 18.5 FROM DOING ANY ACTIVITY. A LOW BODY WEIGHT (LEAN) IS THAT MUCH RELATED TO YOUR HEALTH. WHY DON'T YOU FIRST THINK OF INCREASING YOUR BODY WEIGHT HEALTHFULLY?

1) . . .

◆THINGS RELATED TO BMI, AND PREGNANCY AND/OR DELIVERY

IT IS ALSO REPORTED THAT, FOR A WOMAN CONSIDERING OF GETTING PREGNANT, **"LEAN" AND "OBESITY" ARE FACTORS OBSTRUCTING PREGNANCY** AND, COMPARED TO WOMEN EACH HAVING THE ORDINARY BODY WEIGHT, **A LONG TIME PERIOD IS NECESSARY FROM THE START OF A GETTING-PREGNANT ACTIVITY TO THE PREGNANCY** ⁹⁻¹¹⁾.

IT IS REPORTED THAT **A LOW BODY WEIGHT (LEAN)** INCREASES **THE RISK OF PREMATURE DELIVERY AND LOW BIRTH BODY WEIGHT, ETC.** IT IS REPORTED BY MANY PREVIOUS STUDIES THAT, IN THE CASE WHERE THE GROWTH IN THE FETAL PERIOD IS INSUFFICIENT, **AN ONSET RISK OF SUCH LIFESTYLE-RELATED DISEASES** MAY BE INCREASED **AFTER BECOMING AN ADULT**, AS CIRCULATORY DISEASES AND TYPE-2 DIABETES ^{1, 12)}.

IT IS REPORTED THAT OBESITY INCREASES THE RISK OF COMPLICATING DISEASES IN THE PERINATAL PERIOD (SUCH AS HYPERTENSIVE DISORDERS OF PREGNANCY AND/OR DIABETES IN PREGNANCY), MISCARRIAGE, PREMATURE DELIVERY, C-SECTION, AND A HIGH BIRTH BODY WEIGHT BABY. IT IS CONSIDERED THAT THE HIGH BIRTH BODY WEIGHT BABY HAS A HIGH RISK OF OBESITY IN THE ADOLESCENT PERIOD AND ADULTHOOD ^{13, 14)}.

IT IS IMPORTANT FOR A WOMAN DESIRING TO GET PREGNANT IN THE FUTURE TO KNOW THE IMPORTANCE OF BUILDING HER BODY BEFORE GETTING PREGNANT. AT THIS TIME, BMI IS ONE INDEX FOR HEALTH. YOU SHOULD MAKE EFFORTS FOR THE THINGS YOU CAN IMPROVE IN YOUR DAILY LIFE AND MEALS AIMING AT THE PROPER RANGE OF BMI AS A GOAL.

FIG. 15

◆THINGS RELATING TO BMI AND HEALTH

YOUR BMI (THE BODY-MASS INDEX) CORRESPONDS TO "A LOW BODY WEIGHT (LEAN)".

A LOW BODY WEIGHT (LEAN) PRESENTS A RISK OF CAUSING OVULATION DISORDERS (IRREGULAR MENSTRUATION), AND A WOMAN HAVING A LOWER BODY WEIGHT (LEANER) HAS A HIGHER RISK OF PREMATURE OVARIAN FAILURE, AND OSTEOPOROSIS IN THE FUTURE IS WORRIED ABOUT ^{1,2}.

WHEN THE BONES BECOME WEAK, SUCH SIGNIFICANT CHANGES IN THE APPEARANCE APPEAR AS BENDING OF THE BACK, SHOTENING OF THE BODY HEIGHT, AND PROGRESS OF AGING OF THE FACE. A STUDY CONDUCTED FOR WOMEN IN THEIR MIDDLE AND OLD AGES REPORTS THAT A RELATION IS PRESENT BETWEEN **WRINKLES ON THE SKIN AND THE APPARENT AGE**, AND **LOWNESS OF BMI** ³⁻⁵.

YOU SEEM TO HAVE A PROPER IMAGE FOR YOUR IDEAL BODY WEIGHT. A BODY WEIGHT WITH BMI OF 22 IS DEFINED TO BE THE STANDARD BODY WEIGHT AS THE STATE WHERE IT IS LEAST LIKELY TO HAVE DISEASES ⁶. IT IS CONSIDERED THAT **"BMI OF ABOUT 19 TO ABOUT 23"** IS EXCELLENT FOR JAPANESE PERSONS **AS BMI WITH WHICH DISORDERS OF MENSTRUATION AND OVULATION** ARE LEAST LIKELY TO OCCUR ⁷⁻⁸.

IF YOU HAVE NOT BEEN CONSCIOUS OF YOUR LOW BODY WEIGHT (LEAN), WHY DON'T YOU THINK OF HEALTHFULLY INCREASING YOUR BODY WEIGHT FOR ALSO YOUR CURRENT AND FUTURE HEALTH?

1) . . .

◆THINGS RELATED TO BMI, AND PREGNANCY AND/OR DELIVERY

IT IS ALSO REPORTED THAT, FOR A WOMAN CONSIDERING OF GETTING PREGNANT, **"LEAN" AND "OBESITY" ARE FACTORS OBSTRUCTING PREGNANCY** AND, COMPARED TO WOMEN EACH HAVING THE ORDINARY BODY WEIGHT, **A LONG TIME PERIOD IS NECESSARY FROM THE START OF A GETTING-PREGNANT ACTIVITY TO THE PREGNANCY** ⁹⁻¹¹.

IT IS REPORTED THAT **A LOW BODY WEIGHT (LEAN) INCREASES THE RISK OF PREMATURE DELIVERY AND LOW BIRTH BODY WEIGHT, ETC.** IT IS REPORTED BY MANY PREVIOUS STUDIES THAT, IN THE CASE WHERE THE GROWTH IN THE FETAL PERIOD IS INSUFFICIENT, **AN ONSET RISK OF SUCH LIFESTYLE-RELATED DISEASES** MAY BE INCREASED **AFTER BECOMING AN ADULT**, AS CIRCULATORY DISEASES AND TYPE-2 DIABETES ^{1, 12}.

IT IS REPORTED THAT OBESITY INCREASES THE RISK OF COMPLICATING DISEASES IN THE PERINATAL PERIOD (SUCH AS HYPERTENSIVE DISORDERS OF PREGNANCY AND/OR DIABETES IN PREGNANCY), MISCARRIAGE, PREMATURE DELIVERY, C-SECTION, AND A HIGH BIRTH BODY WEIGHT BABY. IT IS CONSIDERED THAT THE HIGH BIRTH BODY WEIGHT BABY HAS A HIGH RISK OF OBESITY IN THE ADOLESCENT PERIOD AND ADULTHOOD ^{13, 14}.

IT IS IMPORTANT FOR A WOMAN DESIRING TO GET PREGNANT IN THE FUTURE TO KNOW THE IMPORTANCE OF BUILDING HER BODY BEFORE GETTING PREGNANT. AT THIS TIME, BMI IS ONE INDEX FOR HEALTH. YOU SHOULD MAKE EFFORTS FOR THE THINGS YOU CAN IMPROVE IN YOUR DAILY LIFE AND MEALS AIMING AT THE PROPER RANGE OF BMI AS A GOAL.

FIG. 16

THINGS RELATING TO BMI AND HEALTH

YOUR BMI (BODY-MASS INDEX) CORRESPONDS TO THE "ORDINARY BODY WEIGHT (STANDARD)". IT IS SAID THAT **THE ORDINARY BODY WEIGHT IS ACCOMPANIED BY THE LOWEST HEALTH RISK.** IT IS CONSIDERED THAT "BMI OF ABOUT 19 TO ABOUT 23" IS EXCELLENT FOR JAPANESE PERSONS AS BMI WITH WHICH DISORDERS OF MENSTRUATION AND OVULATION ARE LEAST LIKELY TO OCCUR ^{1, 2)}.

FOR ALSO YOUR CURRENT AND FUTURE HEALTH, IT MAY BE FIRST IMPORTANT TO CHANGE THE BODY IMAGE THAT YOU HAVE FOR YOU. **A LOW BODY WEIGHT (LEAN) PRESENTS A RISK OF CAUSING AN OVULATION DISORDER (IRREGULAR MENSTRUATION),** AND AN OVULATION DISORDER CAUSES AGENESIS. IT IS REPORTED THAT A WOMAN HAVING A LOWER BODY WEIGHT (LEANER) HAS A HIGHER RISK OF **PREMATURE OVARIAN FAILURE,** AND **OSTEOPOROSIS** IN THE FUTURE IS WORRIED ABOUT ^{3, 4)}.

WHEN THE BONES BECOME WEAK, SUCH SIGNIFICANT CHANGES IN THE APPEARANCE APPEAR AS BENDING OF THE BACK, SHOTENING OF THE BODY HEIGHT, AND PROGRESS OF AGING OF THE FACE. A STUDY CONDUCTED FOR WOMEN IN THEIR MIDDLE AND OLD AGES REPORTS THAT A RELATION IS PRESENT BETWEEN **WRINKLES ON THE SKIN AND THE APPARENT AGE,** AND **LOWNESS OF BMI**⁵⁻⁷⁾.

A REGULATION IS PRESENT OVERSEAS TO PROHIBIT ANY MODEL WHOSE BMI IS LOWER THAN 18.5 FROM DOING ANY ACTIVITY. A LOW BODY WEIGHT (LEAN) IS THAT MUCH RELATED TO YOUR HEALTH.

A BODY WEIGHT WITH BMI OF 22 IS DEFINED TO BE THE STANDARD BODY WEIGHT AS THE STATE WHERE IT IS LEAST LIKELY TO HAVE DISEASES⁸⁾. BEING LEAN AND OBESITY ARE BOTH BAD FOR YOUR HEALTH. WHY DON'T YOU HEALTHFULLY MAINTAIN YOUR BODY WEIGHT WITH BMI OF 22 AS ONE INDEX.

1) . . .

◆THINGS RELATED TO BMI, AND PREGNANCY AND/OR DELIVERY

IN ALSO THE CASE WHERE YOU CONSIDER OF BECOMING PREGNANT, YOUR BMI (BODY-MASS INDEX) CORRESPONDS TO A PROPER RANGE. IT IS ALSO REPORTED THAT, **BEING "LEAN" AND "OBESITY" ARE FACTORS OBSTRUCTING PREGNANCY** AND, COMPARED TO WOMEN EACH HAVING THE ORDINARY BODY WEIGHT, **A LONG TIME PERIOD IS NECESSARY FROM THE START OF A GETTING-PREGNANT ACTIVITY TO THE PREGNANCY**⁹⁻¹¹⁾.

IT IS REPORTED THAT **A LOW BODY WEIGHT (LEAN)** INCREASES **THE RISK OF PREMATURE DELIVERY AND LOW BIRTH BODY WEIGHT, ETC.** IT IS REPORTED BY MANY PREVIOUS STUDIES THAT, IN THE CASE WHERE THE GROWTH IN THE FETAL PERIOD IS INSUFFICIENT, **AN ONSET RISK OF SUCH LIFESTYLE-RELATED DISEASES** MAY BE INCREASED **AFTER BECOMING AN ADULT,** AS CIRCULATORY DISEASES AND TYPE-2 DIABETES ^{3, 12)}.

IT IS REPORTED THAT OBESITY INCREASES THE RISK OF COMPLICATING DISEASES IN THE PERINATAL PERIOD (SUCH AS HYPERTENSIVE DISORDERS OF PREGNANCY AND/OR DIABETES IN PREGNANCY), MISCARRIAGE, PREMATURE DELIVERY, C-SECTION, AND A HIGH BIRTH BODY WEIGHT BABY. IT IS CONSIDERED THAT THE HIGH BIRTH BODY WEIGHT BABY HAS A HIGH RISK OF OBESITY IN THE ADOLESCENT PERIOD AND ADULTHOOD ^{13, 14)}.

IT IS IMPORTANT FOR A WOMAN DESIRING TO GET PREGNANT IN THE FUTURE TO KNOW THE IMPORTANCE OF BUILDING HER BODY BEFORE GETTING PREGNANT. AT THIS TIME, BMI IS ONE INDEX FOR HEALTH. YOU SHOULD ALWAYS INTEND TO MAINTAIN YOUR BMI IN THE PROPER RANGE AS IT IS.

FIG. 17

◆THINGS RELATING TO BMI AND HEALTH

YOUR BMI (BODY-MASS INDEX) CORRESPONDS TO THE "ORDINARY BODY WAIGHT (STANDARD)". IT IS SAID THAT **THE ORDINARY BODY WEIGHT IS ACCOMPANIED BY THE LOWEST HEALTH RISK**. IT IS CONSIDERED THAT "**BMI OF ABOUT 19 TO ABOUT 23**" IS EXCELLENT FOR JAPANESE PERSONS AS BMI WITH WHICH DISORDERS OF MENSTRUATION AND OVULATION ARE LEAST LIKELY TO OCCUR ^{1,2)}.

YOU SEEM TO HAVE A PROPER IMAGE FOR YOU IDEAL BODY WEIGHT. A BODY WEIGHT WITH BMI OF 22 IS DEFINED TO BE THE STANDARD BODY WEIGHT AS THE STATE WHERE IT IS LEAST LIKELY TO HAVE DISEASES ³⁾. BEING LEAN AND OBESITY ARE BOTH BAD FOR YOUR HEALTH. WHY DON'T YOU HEALTHFULLY MAINTAIN YOUR BODY WEIGHT WITH BMI OF 22 AS ONE INDEX.

1)

◆THINGS RELATED TO BMI, AND PREGNANCY AND/OR DELIVERY

IN ALSO THE CASE WHERE YOU CONSIDER OF BECOMING PREGNANT, YOUR BMI (BODY-MASS INDEX) CORRESPONDS TO A PROPER RANGE. IT IS ALSO REPORTED THAT, **BEING "LEAN" AND "OBESITY" ARE FACTORS OBSTRUCTING PREGNANCY** AND, COMPARED TO WOMEN EACH HAVING THE ORDINARY BODY WEIGHT, **A LONG TIME PERIOD IS NECESSARY FROM THE START OF A GETTING-PREGNANT ACTIVITY TO THE PREGNANCY**⁴⁻⁶.

IT IS REPORTED THAT A LOW BODY WEIGHT (LEAN) INCREASES THE RISK OF PREMATURE DELIVERY AND LOW BIRTH BODY WEIGHT, ETC. IT IS REPORTED BY MANY PREVIOUS STUDIES THAT, IN THE CASE WHERE THE GROWTH IN THE FETAL PERIOD IS INSUFFICIENT, AN ONSET RISK OF SUCH LIFESTYLE-RELATED DISEASES MAY BE INCREASED AFTER BECOMING AN ADULT, AS CIRCULATORY DISEASES AND TYPE-2 DIABETES ^{7,8)}.

IT IS REPORTED THAT OBESITY INCREASES THE RISK OF COMPLICATING DISEASES IN THE PERINATAL PERIOD (SUCH AS HYPERTENSIVE DISORDERS OF PREGNANCY AND/OR DIABETES IN PREGNANCY), MISCARRIAGE, PREMATURE DELIVERY, C-SECTION, AND A HIGH BIRTH BODY WEIGHT BABY. IT IS CONSIDERED THAT THE HIGH BIRTH BODY WEIGHT BABY HAS A HIGH RISK OF OBESITY IN THE ADOLESCENT PERIOD AND ADULTHOOD ^{9,10)}.

IT IS IMPORTANT FOR A WOMAN DESIRING TO GET PREGNANT IN THE FUTURE TO KNOW THE IMPORTANCE OF BUILDING HER BODY BEFORE GETTING PREGNANT. AT THIS TIME, BMI IS ONE INDEX FOR HEALTH. YOU SHOULD ALWAYS INTEND TO MAINTAIN YOUR BMI IN THE PROPER RANGE AS IT IS.

FIG. 18

◆THINGS RELATING TO BMI AND HEALTH

YOUR BMI (BODY-MASS INDEX) CORRESPONDS TO "OBESITY". OBESITY HAS A RISK OF CAUSING NOT ONLY LIFESTYLE-RELATED DISEASES BUT ALSO **GINECOLOGICAL DISEASES (SUCH AS MENSTRUAL DISORDER AND/OR OVULATION DISORDER, ETC)**. OVULATION DISORDER CAUSES AGENESIS. IT IS CONSIDERED THAT **"BMI OF ABOUT 19 TO ABOUT 23"** IS EXCELLENT FOR JAPANESE PERSONS AS BMI WITH WHICH DISORDERS OF MENSTRUATION AND OVULATION ARE LEAST LIKELY TO OCCUR ^{2, 3)}.

A BODY WEIGHT WITH BMI OF 22 IS DEFINED TO BE THE STANDARD BODY WEIGHT AS THE STATE WHERE IT IS LEAST LIKELY TO HAVE A DISEASE ⁴⁾. **EXCESSIVE REDUCTION OF THE BODY WEIGHT AND A LOW BODY WEIGHT (LEAN)** EACH ALSO PRESENT A RISK OF CAUSING **OVULATION DISORDER (IRREGULAR MENSTRUATION)** ⁵⁾.

IT IS REPORTED THAT A WOMAN HAVING A LOWER BODY WEIGHT (LEANER) HAS A HIGHER RISK OF PREMATURE MENOPAUSE ^{5, 6)} AND OSTEOPOROSIS IN THE FUTURE IS WORRIED ABOUT. AS ABOVE, TO BE EXCESSIVELY LEAN IS ALSO BAD FOR YOUR HEALTH. WHY DON'T YOU CONSIDER REDUCTION OF YOUR BODY WEIGHT ACCORDING TO AN EASY PLAN WITH BMI OF 22 AS ONE INDEX.

1) . . .

◆THINGS RELATED TO BMI, AND PREGNANCY AND/OR DELIVERY

IT IS ALSO REPORTED THAT, FOR A WOMAN CONSIDERING OF GETTING PREGNANT, **"LEAN" AND "OBESITY" ARE FACTORS OBSTRUCTING PREGNANCY** AND, COMPARED TO WOMEN EACH HAVING THE ORDINARY BODY WEIGHT, **A LONG TIME PERIOD IS NECESSARY FROM THE START OF A GETTING-PREGNANT ACTIVITY TO THE PREGNANCY** ⁴⁻⁶⁾.

IT IS REPORTED THAT A LOW BODY WEIGHT (LEAN) INCREASES THE RISK OF PREMATURE DELIVERY AND LOW BIRTH BODY WEIGHT, ETC. IT IS REPORTED BY MANY PREVIOUS STUDIES THAT, IN THE CASE WHERE THE GROWTH IN THE FETAL PERIOD IS INSUFFICIENT, AN ONSET RISK OF SUCH LIFESTYLE-RELATED DISEASES MAY BE INCREASED AFTER BECOMING AN ADULT, AS CIRCULATORY DISEASES AND TYPE-2 DIABETES ^{7, 8)}.

IT IS REPORTED THAT OBESITY INCREASES THE RISK OF COMPLICATING DISEASES IN THE PERINATAL PERIOD (SUCH AS HYPERTENSIVE DISORDERS OF PREGNANCY AND/OR DIABETES IN PREGNANCY), MISCARRIAGE, PREMATURE DELIVERY, C-SECTION, AND A HIGH BIRTH BODY WEIGHT BABY. IT IS CONSIDERED THAT THE HIGH BIRTH BODY WEIGHT BABY HAS A HIGH RISK OF OBESITY IN THE ADOLESCENT PERIOD AND ADULTHOOD ^{9, 10)}.

IT IS IMPORTANT FOR A WOMAN DESIRING TO GET PREGNANT IN THE FUTURE TO KNOW THE IMPORTANCE OF BUILDING HER BODY BEFORE GETTING PREGNANT. AT THIS TIME, BMI IS ONE INDEX FOR HEALTH. YOU SHOULD MAKE EFFORTS FOR THE THINGS YOU CAN IMPROVE IN YOUR DAILY LIFE AND MEALS AIMING AT THE PROPER RANGE OF BMI AS A GOAL.

FIG. 19

◆THINGS RELATING TO BMI AND HEALTH

YOUR BMI (BODY-MASS INDEX) CORRESPONDS TO "OBESITY". OBESITY HAS A RISK OF CAUSING NOT ONLY LIFESTYLE-RELATED DISEASES BUT ALSO GINECOLOGICAL DISEASES (SUCH AS MENSTRUAL DISORDER AND/OR OVULATION DISORDER, ETC). OVULATION DISORDER CAUSES AGENESIS. IT IS CONSIDERED THAT "BMI OF ABOUT 19 TO ABOUT 23" IS EXCELLENT FOR JAPANESE PERSONS AS BMI WITH WHICH DISORDERS OF MENSTRUATION AND OVULATION ARE LEAST LIKELY TO OCCUR ^{2, 3)}.

A BODY WEIGHT WITH BMI OF 22 IS DEFINED TO BE THE STANDARD BODY WEIGHT AS THE STATE WHERE IT IS LEAST LIKELY TO HAVE A DISEASE ⁴⁾. BEING LEAN AND OBESITY ARE BOTH BAD FOR YOUR HEALTH. WHY DON'T YOU CONSIDER REDUCTION OF YOUR BODY WEIGHT ACCORDING TO AN EASY PLAN WITH BMI OF 22 AS ONE INDEX.

*A RISK OF LOSING MENSTRUATION IS PRESENT DUE TO EXCESSIVE BODY WEIGHT REDUCTION AND THE REDUCTION OF YOUR BODY WEIGHT SHOULD BE ADVANCED ACCORDING TO A PLAN.

1) . . .

◆THINGS RELATED TO BMI, AND PREGNANCY AND/OR DELIVERY

IT IS ALSO REPORTED THAT, FOR A WOMAN CONSIDERING OF GETTING PREGNANT, "LEAN" AND "OBESITY" ARE FACTORS OBSTRUCTING PREGNANCY AND, COMPARED TO WOMEN EACH HAVING THE ORDINARY BODY WEIGHT, A LONG TIME PERIOD IS NECESSARY FROM THE START OF A GETTING-PREGNANT ACTIVITY TO THE PREGNANCY ⁵⁻⁷⁾.

IT IS REPORTED THAT A LOW BODY WEIGHT (LEAN) INCREASES THE RISK OF PREMATURE DELIVERY AND LOW BIRTH BODY WEIGHT, ETC. IT IS REPORTED BY MANY PREVIOUS STUDIES THAT, IN THE CASE WHERE THE GROWTH IN THE FETAL PERIOD IS INSUFFICIENT, AN ONSET RISK OF SUCH LIFESTYLE-RELATED DISEASES MAY BE INCREASED AFTER BECOMING AN ADULT, AS CIRCULATORY DISEASES AND TYPE-2 DIABETES ^{8, 9)}.

IT IS REPORTED THAT OBESITY INCREASES THE RISK OF COMPLICATING DISEASES IN THE PERINATAL PERIOD (SUCH AS HYPERTENSIVE DISORDERS OF PREGNANCY AND/OR DIABETES IN PREGNANCY), MISCARRIAGE, PREMATURE DELIVERY, C-SECTION, AND A HIGH BIRTH BODY WEIGHT BABY. IT IS CONSIDERED THAT THE HIGH BIRTH BODY WEIGHT BABY HAS A HIGH RISK OF OBESITY IN THE ADOLESCENT PERIOD AND ADULTHOOD ^{10, 11)}.

IT IS IMPORTANT FOR A WOMAN DESIRING TO GET PREGNANT IN THE FUTURE TO KNOW THE IMPORTANCE OF BUILDING HER BODY BEFORE GETTING PREGNANT. AT THIS TIME, BMI IS ONE INDEX FOR HEALTH. YOU SHOULD MAKE EFFORTS FOR THE THINGS YOU CAN IMPROVE IN YOUR DAILY LIFE AND MEALS AIMING AT THE PROPER RANGE OF BMI AS A GOAL.

FIG. 20

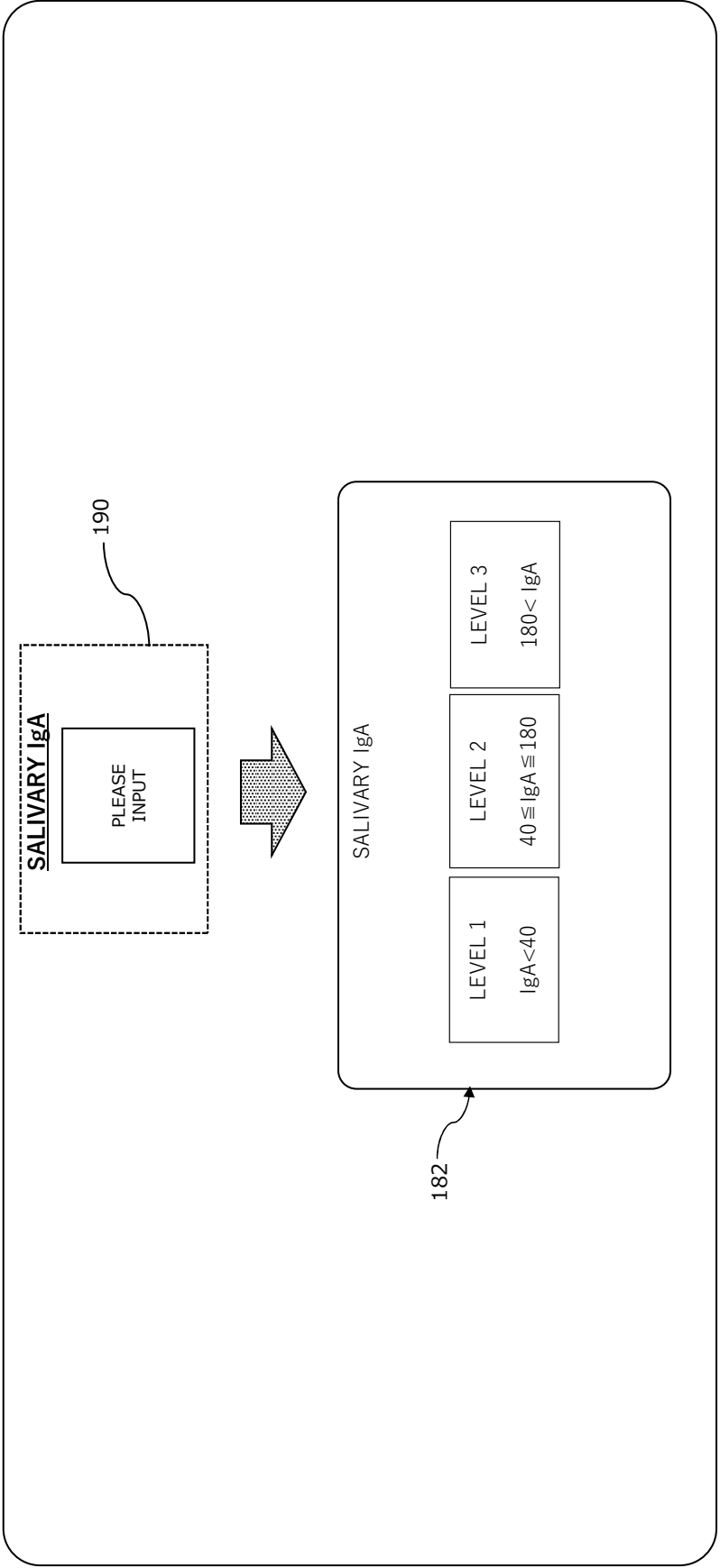


FIG. 21

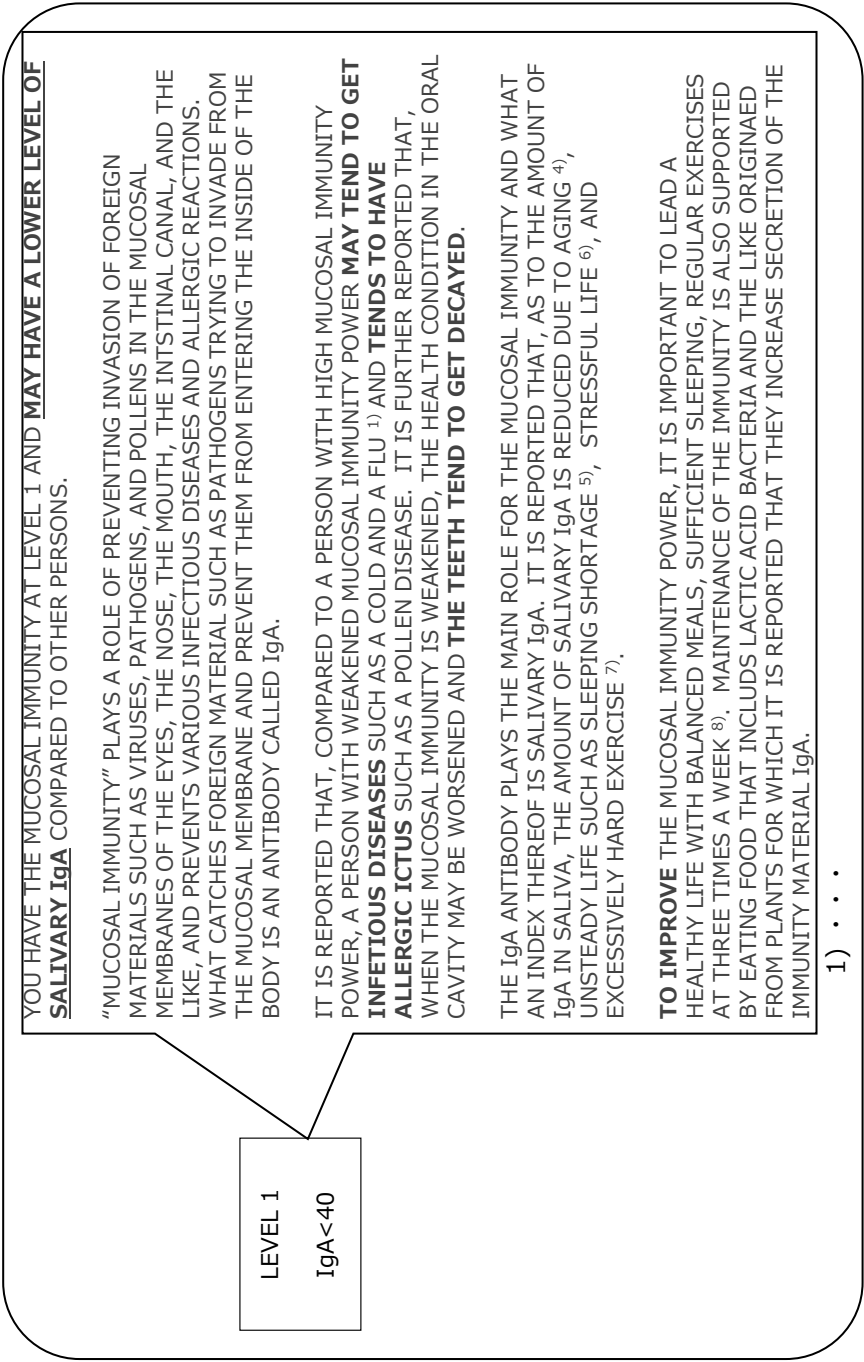


FIG. 22

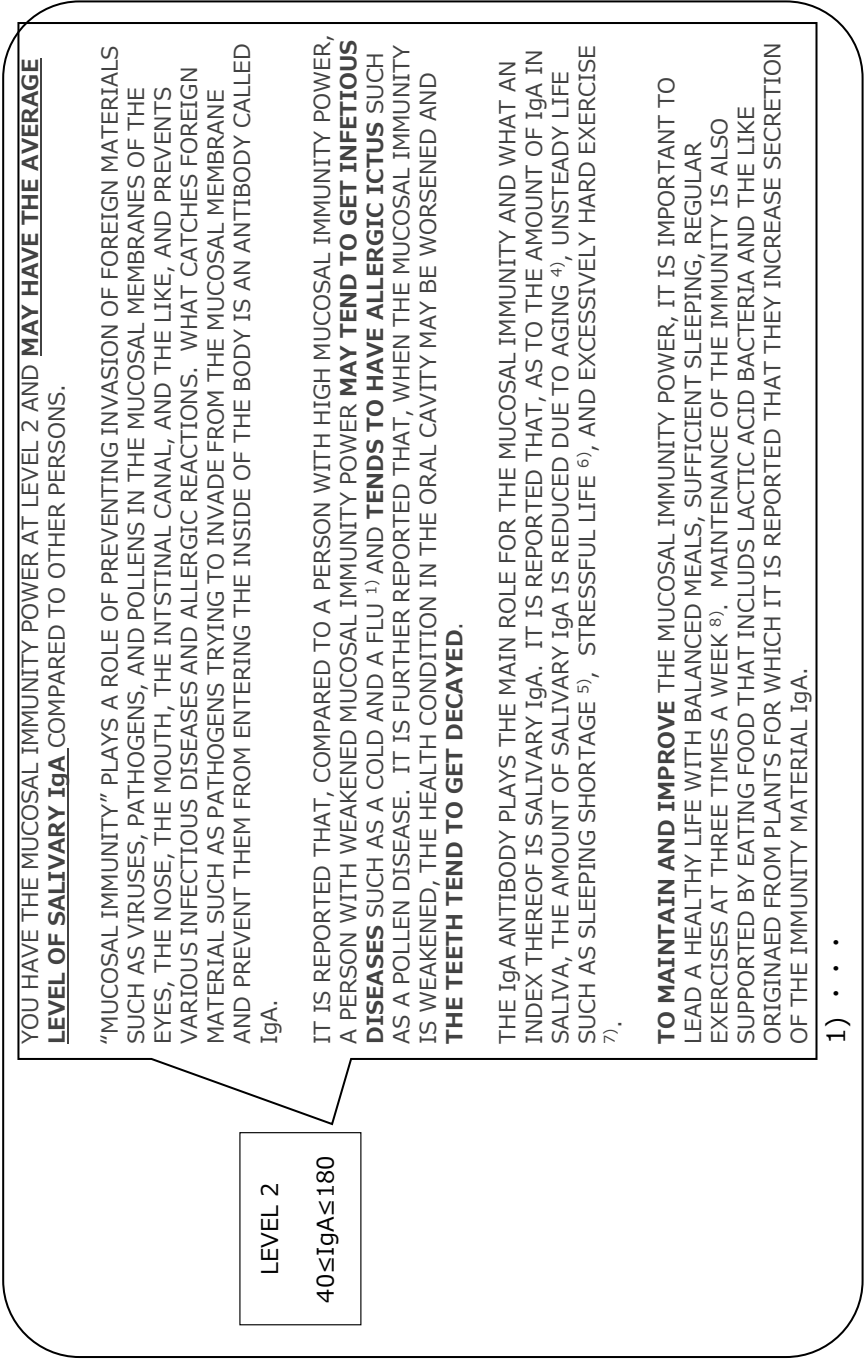


FIG. 23

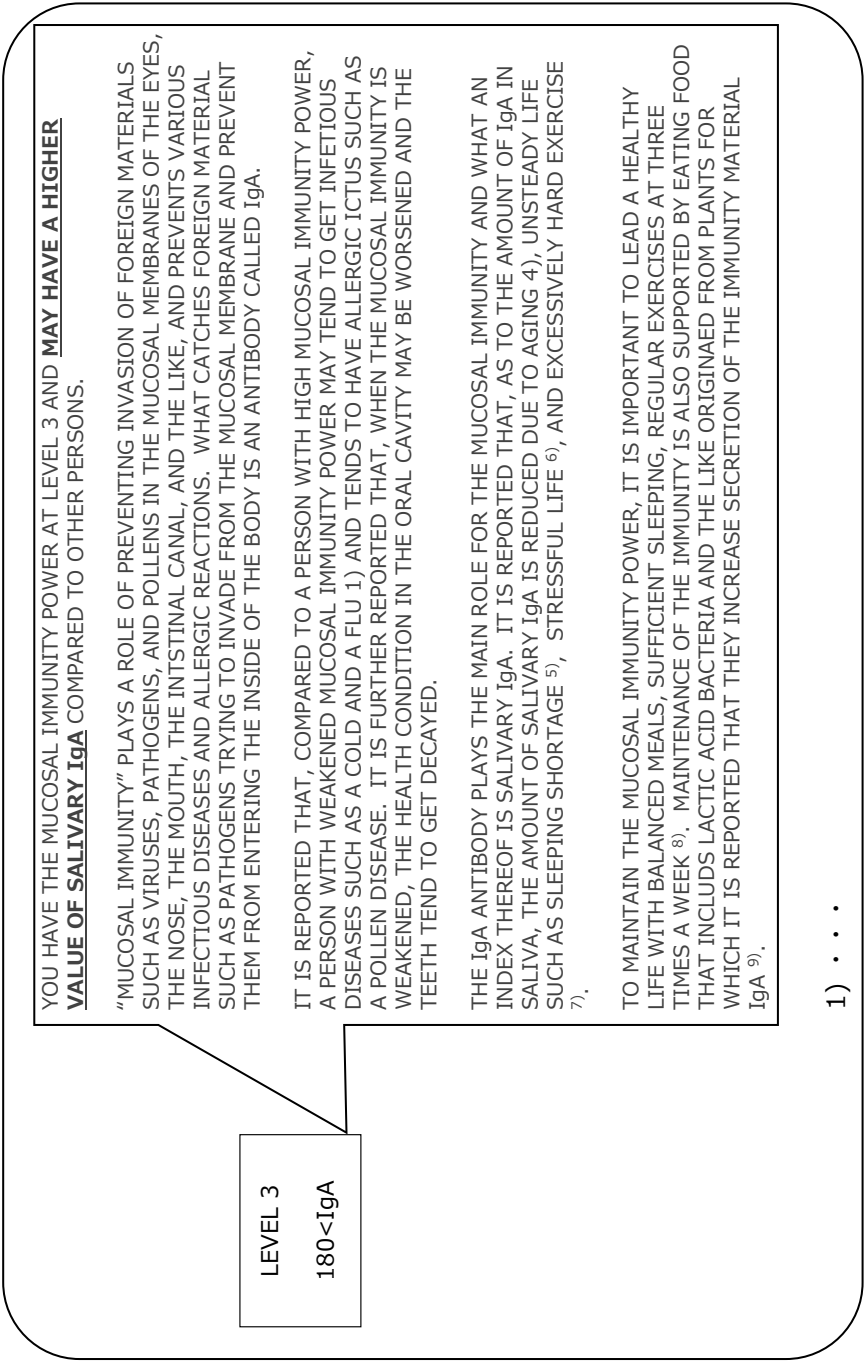


FIG. 24

HEALTH CONDITION	PERSONAL DATA	⇒	SYMPTOM DATA	⇒	TARGETING	⇒	HEALTH RISK	⇒	HEALTH FEEDBACK	⇒	SOLUTION
HEALTH OF WOMAN	PERSONAL DATA	⇒	SMI CONSCIOUSNESS OF PREMENSTRUAL SYMPTOMS	⇒	PERSON HAVING CLIMACTERIC SYMPTOMS AND PREMENSTRUAL SYMPTOSM	⇒	CLIMACTERIC SYMPTOMS, HEAD HAIR AND/OR SKIN, PMS, ALLERGIC CHINITIS	⇒	SOY CHECK	⇒	PRODUCT A
SLEEPING	PERSONAL DATA	⇒	QUALITY AND/OR RHYTHM OF SLEEPING	⇒	PERSON HAVING UNSTEADY SLEEPING	⇒	LOWERED PRODUCTIVITY AND/OR CATCHING COLDS	⇒	RELATION BETWEEN SLEEPING AND DISEASES	⇒	PRODUCT B
PHYSICAL FRAME AND/OR EXERCISE	PERSONAL DATA	⇒	BODY WEIGHT, BMI AND/OR NUMBER OF STEPS	⇒	PERSON OF OBESITY AND/OR BEING LEAN AND/OR SMALL NUMBER OF STEPS	⇒	LIFESTYLE- RELATED DISEASES	⇒	RELATION BETWEEN EXERCISE AND/OR BMI AND/OR VARIATION OF BODY WEIGHT, AND DISEASES	⇒	PRODUCT C
WATER	PERSONAL DATA	⇒	SUBJECTIVE SYMPTOMS ACCOMPANIED BY WATER SHORTAGE	⇒	PERSON NOT PROPERLY HYDRATED	⇒	VARIOUS TYPES OF DISEASE	⇒	RELATION BETWEEN HYDRATION AND DISEASES	⇒	PRODUCT D
IMMUNITY	PERSONAL DATA	⇒	TENDENCY AND FREQUENCY TO CATCH COLD ORAL CAVITY ENVIRONMENT STATE	⇒	PERSON OF WEAKENED IMMUNITY	⇒	CATCHING COLDS, INFECTIOUS DISEASES AND/OR ALLERGIC ICTUS	⇒	IgA MEASUREMENT	⇒	PRODUCT E
NUTRITION	PERSONAL DATA	⇒	SUBJECTIVE SYMPTOMS ACCOMPANIED BY WORSENERD NUTRITION	⇒	PERSON UNABLE TO HAVE NUTRITION SUPPORT	⇒	LIFE FUNCTIONS AND/OR VARIOUS TYPES OF DISEASE	⇒	RELATION BETWEEN NUTRITION, AND LIFE FUNCTION AND/OR DISEASES	⇒	PRODUCT F

FIG. 25A

DEMENTIA	CLINICAL DEMENTIA RATING: CDR OR CLINICAL DEMENTIAL RATING-JAPANESE VERSION: CDR-J
	HASEGAWA'S DEMENTIAL SCALE-REVISED (HDS-R) MINI MENTAL STATE EXAMINATION; MMSE DACS-21 (DACS-21)
	MONTREAL COGNITIVE ASSESSMENT(MOCA) OR JAPANESE VERSION OF MOCA(MOCA-J) ABC DEMENTIA SCALE(ABC-DS)
OXYGEN UTILIZATION	MAXIMAL OXYGEN UPTAKE
HEALTH OF BLOOD VESSELS	BLOOD FAT LEVEL, VASCULAR ENDOTHELIAL FUNCTION EXAMINATION (PLETHYSMOGRAPHY,FMD, RH-PAT)
	ARTERY STIFFNESS (cfPWV, baPWV, CAVI, STIFFNESS PARAMETER β)
	INCREASE COEFFICIENT AND/OR CENTRAL AORTIC BLOOD PRESSURE, ACCELERATION OF PULSE WAVEFORM: SDPTG, ANKLE-BRACHIAL PRESSURE INDEX AND/OR TOE-BRACHIAL PRESSURE INDEX BIO-MARKER (CRP,ESR,HLA), DIAGNOSTIC IMAGING (ULTRASONIC, CT, MR ANGIOGRAPHY)
ORAL HYGIENE	GUM DISEASE CHECK LIST
	ORAL FRAIL CHECK TABLE
HEALTH OF SKIN	QOL/DLQI OF SKIN (Dermatology Life Quality Index) SEVERITY SCORING OF ATOPIC DERMATITIS/SCORAD SEVERITY SCORING OF ATOPIC DERMATITIS/EASI (ECZEMA AREA AND SEVERITY INDEX) SEVERITY SCORING OF ATOPIC DERMATITIS/PO-SCORAD
	SEVERITY SCORING OF ATOPIC DERMATITIS/SA-EASI POEM (PATIENT-ORIENTED ECZEMA MEASURE) BEDSORE FORMATION RISK CHECK/BRADEN SCALE
	BEDSORE CONDITION EXAMINATION INDEX/DESIGN-R ® (FOR EXAMINING BEDSORE TRANSITION)
	PLAQUE PSORIASIS SEVERITY INDEX/BSA (BODY SURFACE AREA) PLAQUE PSORIASIS SEVERITY INDEX/PASI (PSORIASIS AREA AND SEVERITY INDEX)
	SKIN BARRIER FUNCTION/TEWL (TRANSEPIDERMAL WATER LOSS AMOUNT)
	TEXTURE MEASUREMENT, WRINKLE MEASUREMENT/REPLICA METHOD, INVIVO METHOD SKIN EVALUATION (HORNY CELL LAYER WATER AMOUNT, SKIN VISCOELASTICITY, SEBUM AMOUNT, SKIN COLOR, MELANINE AMOUNT, ERYTHEMA VALUE, PORES/AREA AND/OR ANGLE AND/OR DIAMETER AND/OR SHORT DIAMETER)
	SKIN MEASUREMENT AND/OR EVALUATION AND OTHER EVALUATION METHODS USED ON SITE VISUAL ANALOGUE SCALE: VAS
	NUMERICAL RATING SCALE: FRS
	FACE RATING SCALE PATCH TEST SPF/PFA TEST

FIG. 25B

HEALTH OF HEAD HAIR	DEHAIRING EVALUATION (TRICHOGRAM METHOD, PHOTO-TRICHOGRAM METHOD, FALLEN HAIR COUNTING METHOD, AND HAIR DIAMETER MEASUREMENT METHOD)
	FEMALE PATTERN HAIR LOSS: FPHL/ SINCLAIR HAIR LOSS SEVERE ANTI-GLYCATION (AGE READER) ENDERMATIC ABSORPTION EVALUATION (CONFOCAL RAMAN SPECTROMETER) HAIR EVALUATION (NUMBER, DIAMETER, GROWTH RATE, WATER AMOUNT, TENSILE STRENGTH, GLOSS LEVEL, FRICTIONAL STRENGTH, COLOR FADING MEASUREMENT)
INTESTINAL ENVIRONMENT	BRISTOL STOOL FORM SCALE PATIENT ASSESSMENT OF CONSTIPATION OF LIFE SCALE (PAC-QOL) CONSTIPATION ASSESSMENT SCALE (CAS)
MENTAL HEALTH AND/OR DEPRESSION AND/OR STRESS	MENTAL HEALTH CHECK TABLE(K6/K10)
WORK ENGAGEMENT	PERCEIVED STRESS SCALE: PSS-10 UTRECHT WORK ENGAGEMENT SCALE: UWE
HEALTH OF EYES	BUT (BREAK UP TIME) MEASUREMENT, SCHIRMER'S TEST, DYEING TEST STATIC VISION(3m, 30cm), DYNAMIC VISION, NIGHT VISION, AND DEPTH VISION HFC(HIGH FREQUENCY COMPONENT) VALUE, POSITIVE ACCOMODATION TIME, NEGATIVE ACCOMODATION TIME, PUPIL CONSTRICTION RATE, NEAR POINT DISTANCE, FLICKER TEST, VISUAL ANALOGUE SCALE (VAS) MACULAR PIGMENT DENSITY (MPOD), CONTRAST SENSITIVITY FUNDUS EXAMINATION, SLIT LAMP MICROSCOPE TEST
HEADACHE	MIGRAINE DISABILITY ASSESSMENT (MIDAS) HEADACHE IMPACT TEST-6: HIT-6 VISUAL ANALOGUE SCALE (VAS) NUMERICAL RATING SCALE (NRS) FACE RATING SCALE (FRS)
BACK PAIN	VISUAL ANALOGUE SCALE (VAS), NUMERICAL RATING SCALE (NRS), VERBAL RATING SCALE (VRS), FACE SCALE, McGill PAIN QUESTIONNAIRE ROLAND-MORRIS DISABILITY QUESTIONNAIRE (RDQ), OSWESTRY DISABILITY INDEX (ODI), JOABPEQ, JLEQ, BPI, BS-POP, PCS, EQ-5D, SF-36

FIG. 25C

SHOULDER STIFFNESS	CHECK BY LIFTING ARMS SHOULDER STIFFNESS SEVERITY CHECK SHOULDER UNCOMFORTABLE FEELING CHECK 50-YEAR-OLD SHOULDER (SHOULDER PERIARTHRITIS) CHECK SHEET SHOULDER STIFFNESS VAS EVALUATION
HEALTH OF EARS	SCREENING AUDIBILITY TEST
HEALTH OF JOINTS	VISUAL ANALOGUE SCALE (VAS) NUMERICAL RATING SCALE (NRS) FACE RATING SCALE (FRS)
BODY TEMPERATURE HOMEOSTASIS (FEELING OF COLD)	EVALUATION SCALE FOR FEELING OF COLD
APPETITE IMPROVEMENT	SIMPLIFIED NUTRITIONAL APPETITE QUESTIONNAIRE (SNAQ)
FATIGUE	CHALDER FATIGUE SCALE MODIFIED VERSION OF THE OSAKA CITY UNIVERSITY HOSPITAL FATIGUE SCALE (MOCUH-FA) PERFORMANCE STATUS FATIGUE ASSESSMENT SCALE (FAS) BRIEF FATIGUE INVENTORY MULTIDIMENSIONAL FATIGUE INVENTORY (MFI) VISUAL ANALOGUE SCALE BORG SCALE SUBJECTIVE FATIGUE SCALE (S-SCALE) WORKER FATIGUE ACCUMULATION DIAGNOSTIC CHECK LLST
HEALTH OF BONES	BONE DENSITY TEST (ULTRASONIC MEASURING METHOD, DXA METHOD, (X-RAY)) AND THE LIKE) BONE METABOLISM MARKER (BLOOD EXAMINATION)
MALE CLIMACTERIC PERIOD DISEASE DISORDER	MEASUREMENT OF MALE HORMONE (FREE TESTOSTERONE) (FROM GUIDELINES) LOW VALUE< 8.5pg/mL, (8.5≤BORDER VALUE<11.8pg/mL), NORMAL VALUE≥11.8pg/mL MALE CLIMACTERIC PERIOD DISORDER (LOH SYNDROME) CHECK LIST
ELEVATED BLOOD PRESSURE (SALT REDUCTION)	SALT AMOUNT CHECK SHEET
PAIN CAUSED BY WEATHER	WEATHER-CAUSED PAIN CHECK LIST
TOO MUCH SITTING	TOO-MUCH SITTING DEGREE CHECK LIST

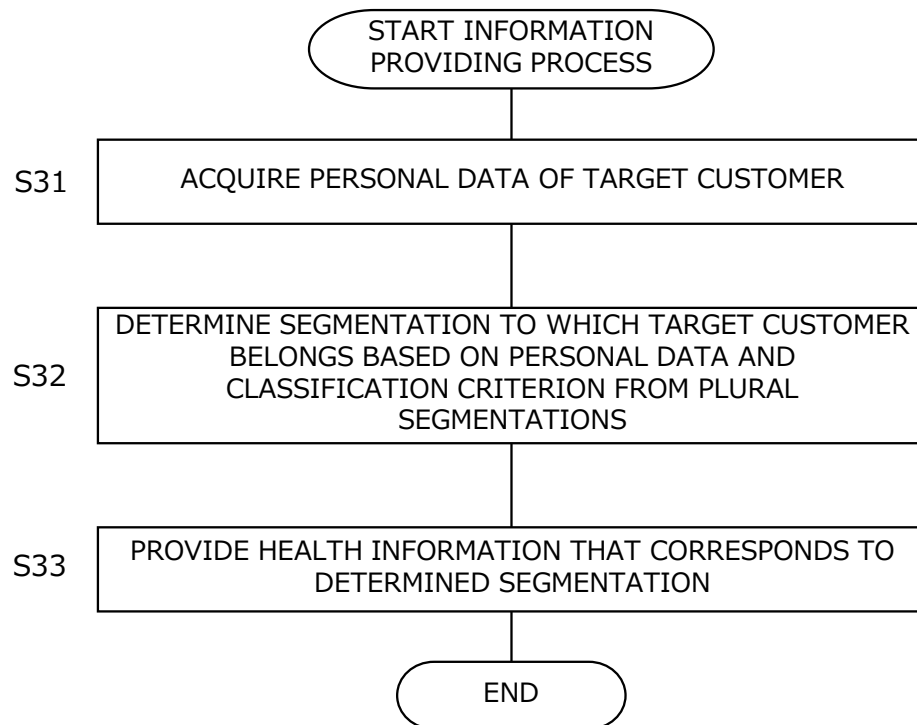
FIG. 26

FIG. 27A

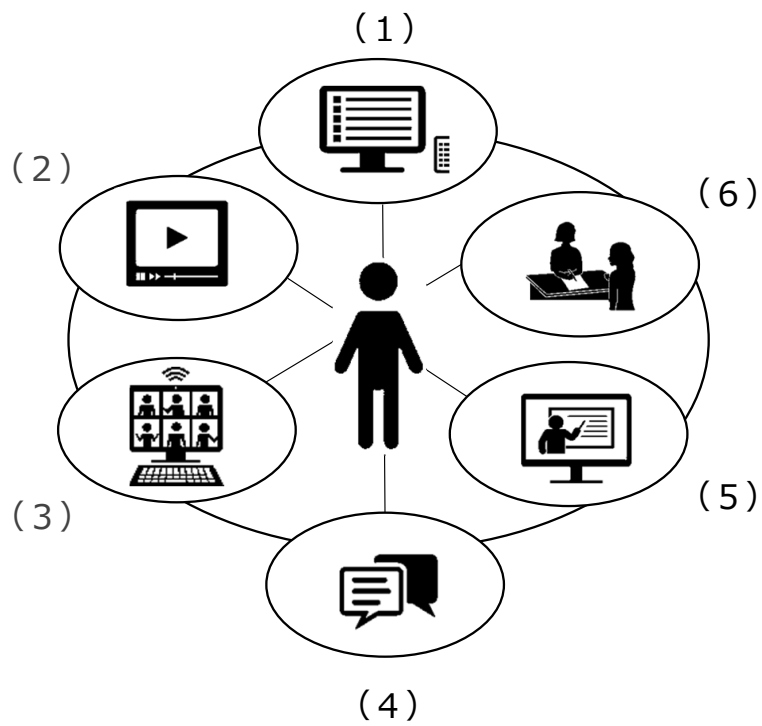


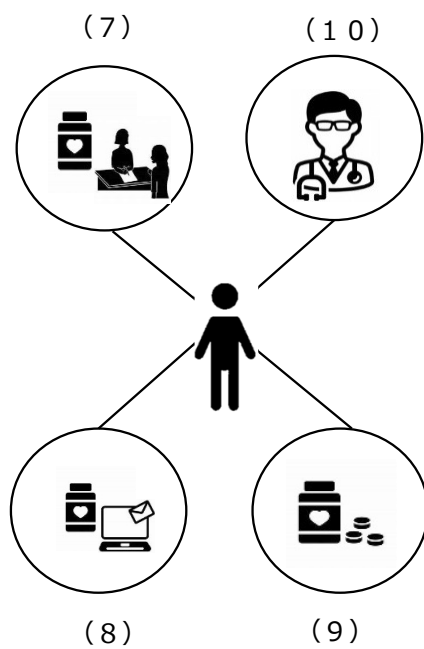
FIG. 27B

FIG. 28

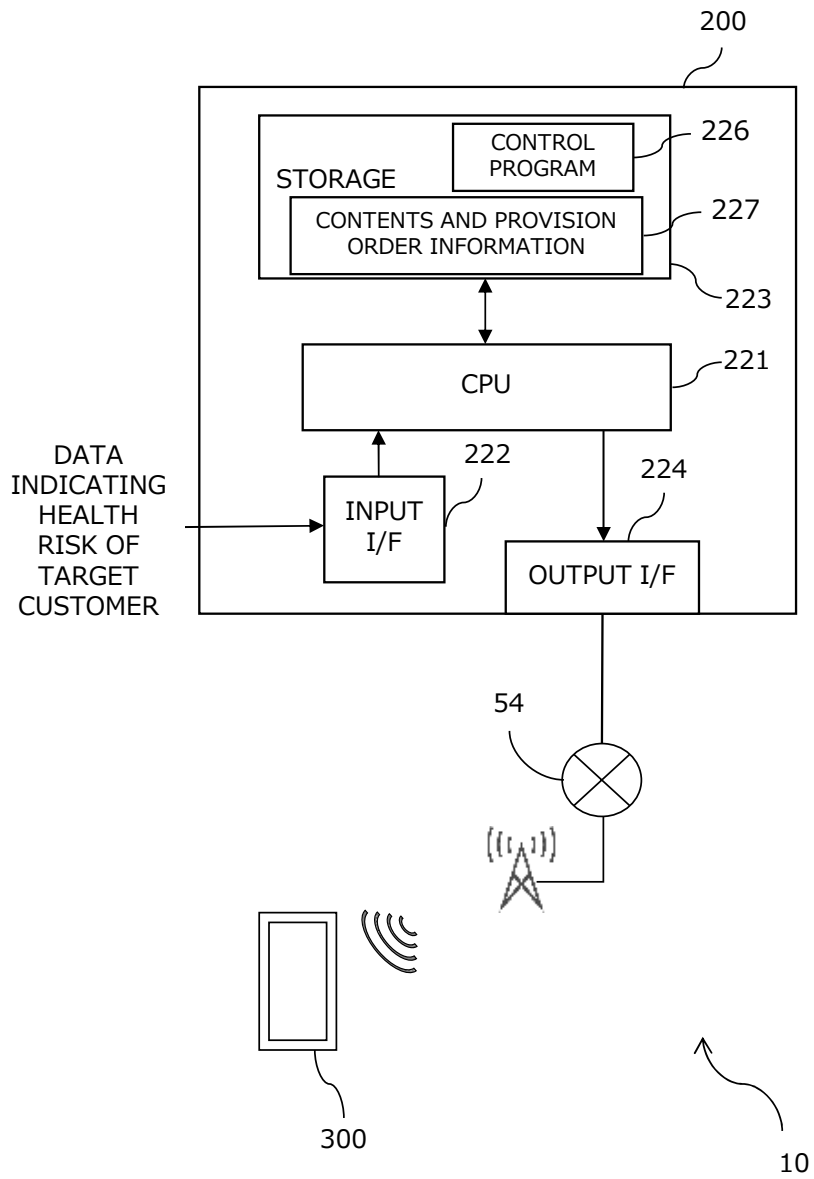


FIG. 29

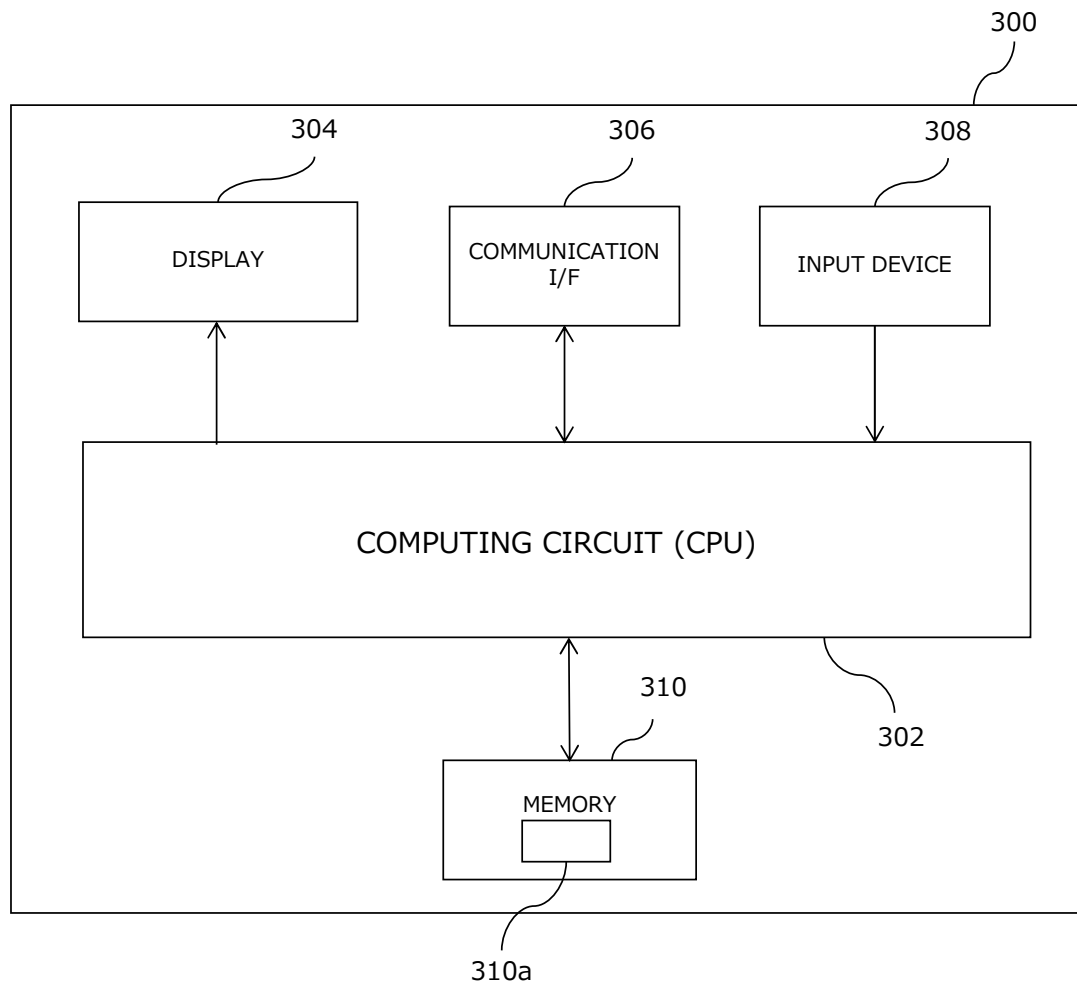


FIG. 30

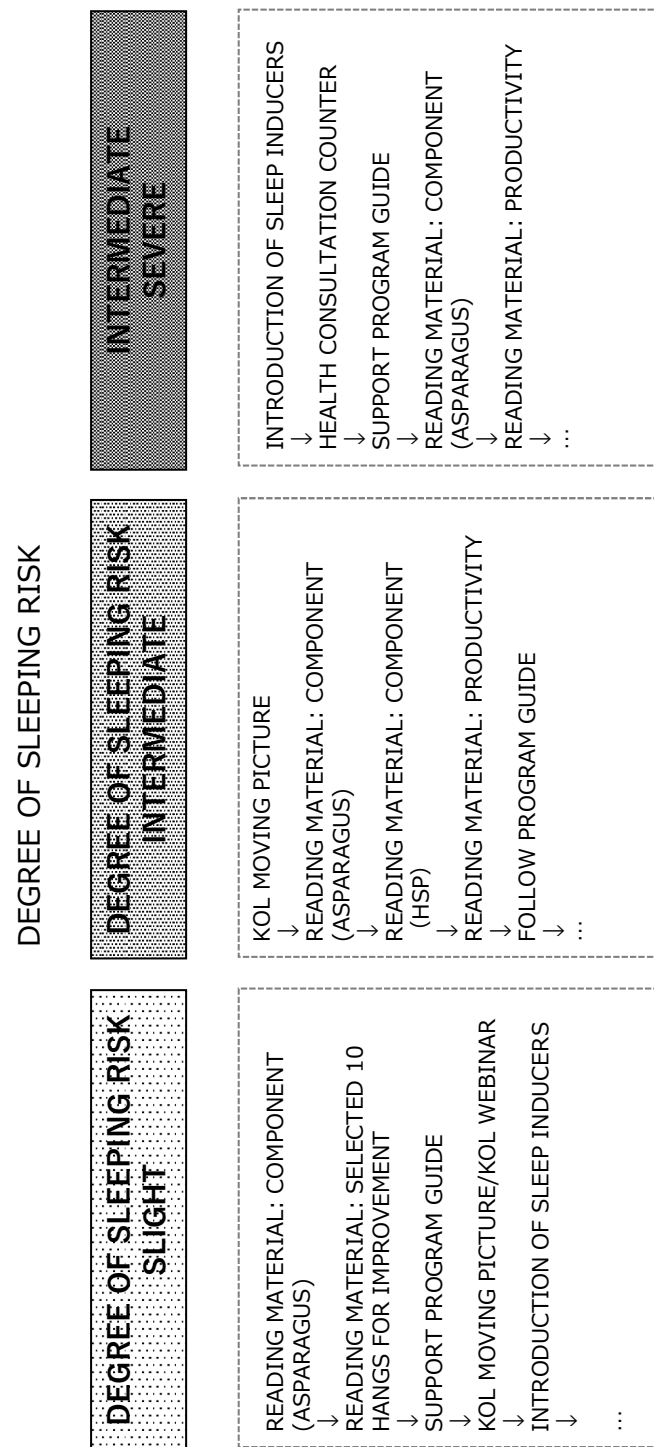


FIG. 31

ID	1-9	2-4	2-2	1-10	1-6	1-8	2-3	2-7	1-4	2-5	1-7	1-2
SEX (M: MALE, F: FEMALE)	M	F	M	F	F	F	F	F	M	F	F	M
AGE	25	58	59	46	37	63	28	39	47	40	33	63
SEGMENTATION	SEVERE	SEVERE	SEVERE	SEVERE	SEVERE	INTER-MEDIAT	INTER-MEDIAT	INTER-MEDIAT	INTER-MEDIAT	SLIGHT	SLIGHT	SLIGHT
SLEEPING HABIT CHECK LIST	95%	100%	70%	80%	100%	100%	50%	80%	80%	90%	80%	90%
R: QUALITY AND RHYTHM OF SLEEPING	95%	100%	60%	90%	100%	80%	10%	90%	60%	80%	60%	80%
R: COMPONENT (1) ASPARAGUS	95%	100%	50%	—	50%	0%	5%	80%	40%	40%	50%	80%
R: COMPONENT (2) HSP	—	100%	70%	—	—	—	5%	85%	—	30%	—	—
R: PRODUCTIVITY	90%	90%	50%	—	50%	100%	10%	70%	70%	100%	20%	70%
R: SELECTED 10 HANGS BY SEXUAL AGE	—	100%	60%	—	—	—	20%	70%	—	90%	—	—
KOL MOVING PICTURE	85%	0%	60%	10%	20%	100%	5%	60%	60%	20%	5%	60%
KOL WEBINAR	80%	100%	60%	—	0%	70%	5%	70%	10%	60%	5%	60%
HEALTH CONSULTATION COUNTER	95%	80%	70%	—	60%	—	40%	40%	10%	70%	70%	50%
INTRODUCTION OF COMFORTABLE SLEEP OF WISE PERSONS	95%	100%	60%	50%	100%	70%	10%	60%	5%	20%	20%	70%
FOLLOW PLG	—	0%	70%	—	—	—	—	85%	—	30%	35%	—
SUPPORT PLG	—	80%	70%	—	30%	0%	0%	65%	—	90%	85%	—
TYPE	A	A	B	C	D	E	B	F	G	H	I	C
	PERSON ATTRACTED BY SUBSTANTIALLY ALL	PERSON ATTRACTED BY SUBSTANTIALLY ALL	PERSON NOT ATTRACTED BY SUBSTANTIALLY ALL	PERSON DESIRING TO KNOW FIRST THE BASIC INFORMATION	PERSON DESIRING TO FIRST TRY A PRODUCT	PERSON DESIRING TO KNOW IN DETAIL USING KOL MOVING PICTURE	PERSON NOT ATTRACTED BY SUBSTANTIALLY ALL	PERSON INTERESTED IN COMPONENTS	PERSON ATTRACTED ONLY BY TESTS	PERSON DESIRING TO HAVE DETAILED INFORMATION THAT FITS THE PERSON	PERSON DESIRING TO RECEIVE CARING SERVICES	PERSON DESIRING TO KNOW FIRST THE BASIC INFORMATION

R: READING MATERIAL

FIG. 32

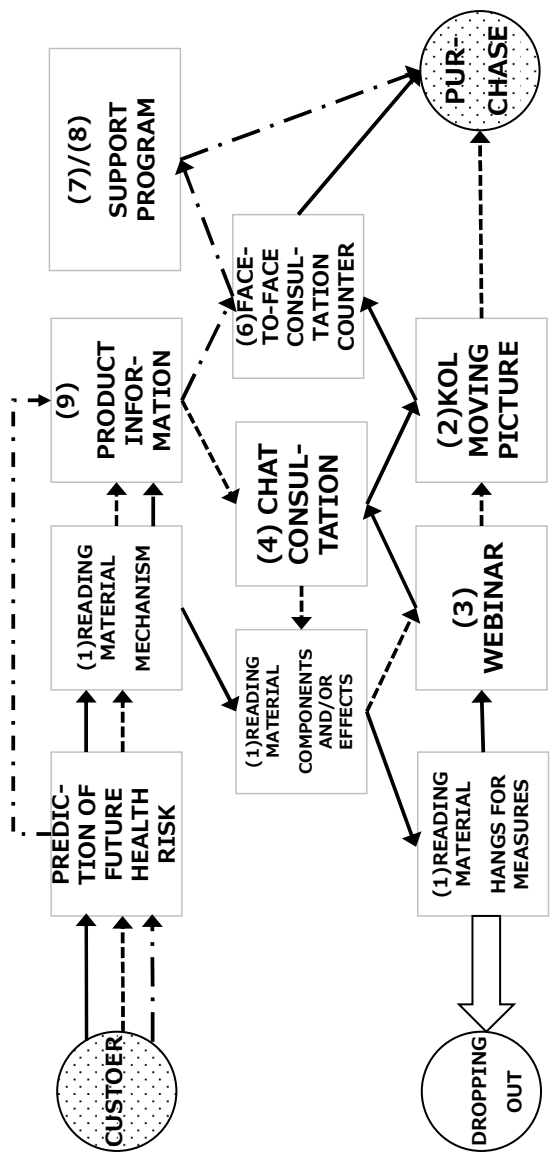


FIG. 33

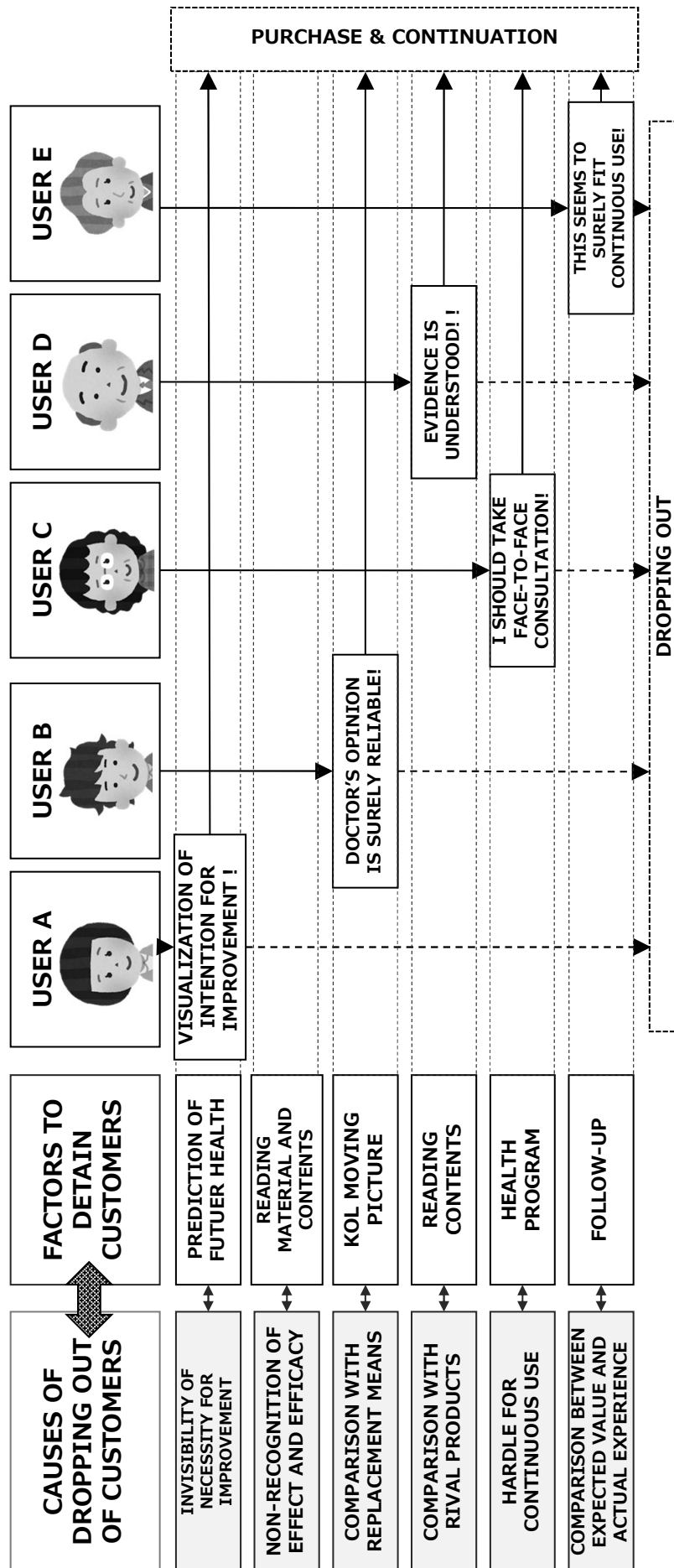


FIG. 34