

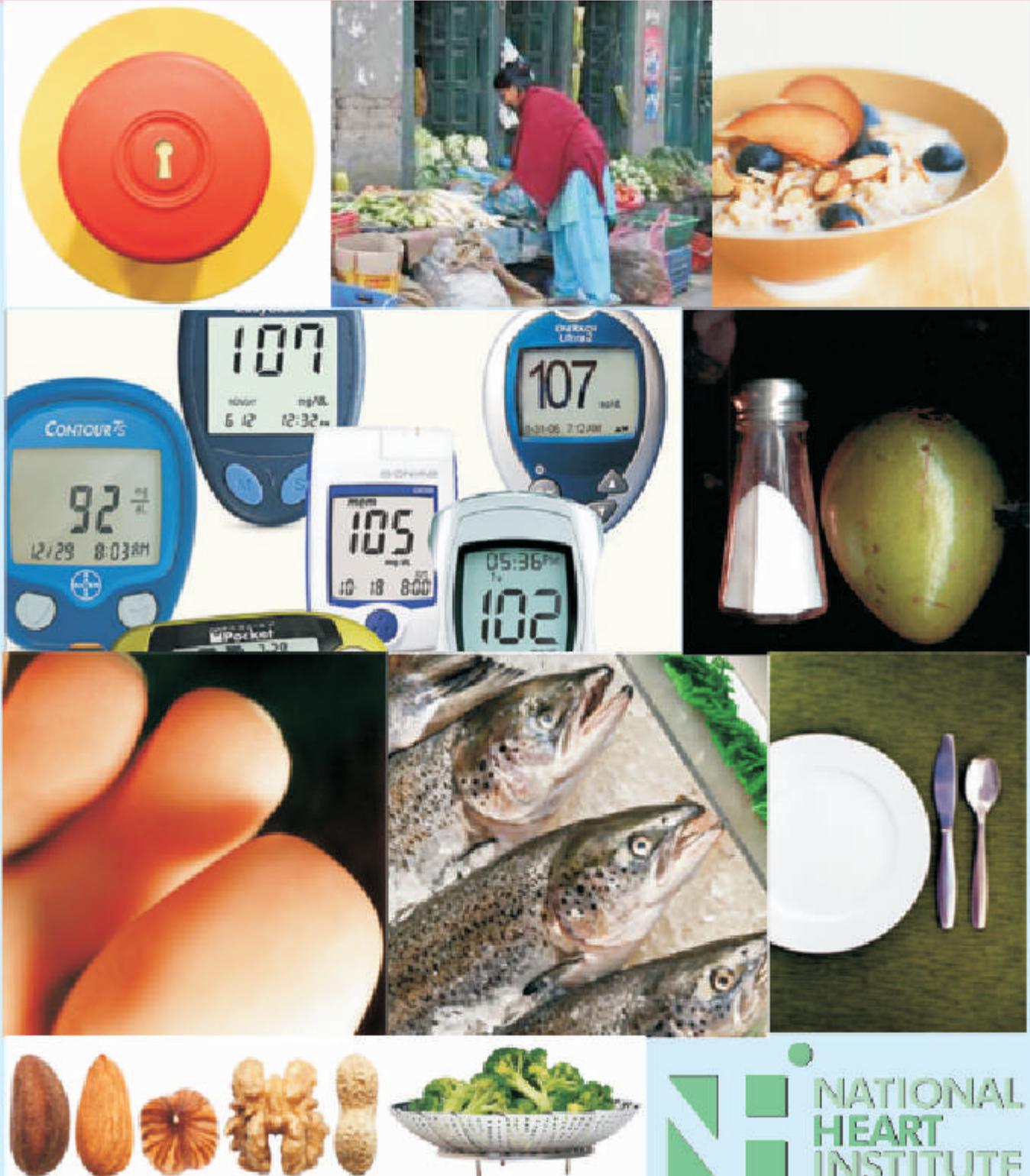
NHI Dialogue

Quarterly Health Magazine of Cardio Diabetes Research Society

Editor in Chief : V. K. Gujral



www.diabetesheartcare.com



NHI Dialogue



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Caring for Your Feet When You Have Neuropathy



Choosing What, How Much, and When to Eat

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Editorial Voice

Dear friends!

Here we are with your favorite NHI Dialogue 's World Diabetes Day issue. The day has special significance as it marks the birthday of one of the discoverer of therapeutic insulin that came in 1922. 14 th November was marked as world diabetes day in the year 1992 to mark dr. Banting 's birth centenary. Since then whole November month is spent in several campaigns for prevention & management of diabetes. NHI is observing the day on Sunday the 13 th Nov 2011 with organization of mega Diabetes & Heart Camp at hospital. Hope to serve you better !

Please keep encouraging us at Cardio Diabetes Research Society in continued services for persons with diabetes & Heart disease .

Wishing a pleasant winter festivities ,

Your's Sincerely

*Vinod K Gujral
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A Quick Guide to Insulin, the Key to Glucose

Dr. V.K. Gujral



Diabetes is, in a sense, all about insulin. The hormone is central to both the development of the disease and its treatment. Here is a primer on insulin: what it is, what it does, and how it's essential to health.

A Hormone's Work

Insulin's main task is to help turn carbohydrates from food into the energy that keeps the body running. After they are eaten, carbs are broken down into the sugar glucose, which then enters the bloodstream for distribution. Beta cells in the pancreas detect the rise in blood glucose and produce insulin in response. The hormone travels around the body in the blood, signaling to cells all over that soup's on and it's time to let glucose in. Insulin is the "key" that opens the cells to glucose.

As insulin does its work and cells gobble up glucose, blood glucose levels begin to fall. The beta cells detect this drop in blood glucose and taper off the flow of insulin. This ensures that the glucose in the blood will plateau at a healthy level and not go too low. The absence of insulin in the blood is also a signal that the body hasn't eaten for a while and should tap fat stores instead of glucose for its energy needs.

Though its job is being a hormone, insulin is also a protein, manufactured by the body using information written in the genes. The beta cells are the only cells in the body with the natural capacity to make insulin. This specialization means that the beta cells are the body's last and only hope for regulating blood glucose levels on its own.

Insulin in Diabetes

Diabetes develops when the beta cells fail to produce enough insulin to keep blood glucose levels in a healthy range. In type 1 diabetes, the beta cells are destroyed by the body's own immune system gone haywire. In type 2, cells are resistant to insulin, and the beta cells fail to produce enough of the hormone to compensate. The goal of diabetes treatment is to normalize blood glucose levels by either increasing levels of insulin in the body or sensitizing the body to insulin.

All people with type 1 and some with type 2 require treatment with insulin to control blood glucose. There are two basic kinds of insulin used to manage diabetes: mealtime and background (long-acting). Mealtime insulin works fast and, as the name suggests, is taken just before eating to deal with the subsequent surge in blood glucose as food is digested. Background insulin is usually taken once a day and keeps blood glucose down between meals. While both mealtime and background insulins are essentially the same protein, almost identical to the version made by the body, the medicines are formulated differently in the lab to speed or slow their absorption, respectively. Oral medications for type 2 diabetes work by either boosting the production of insulin by the beta cells or making the body less resistant to insulin.

Insulin can't be taken orally because, as a protein, it would be destroyed by digestive enzymes. Instead, it must be put into the body's tissues by

syringe, pen, or pump. All of these approaches deliver insulin just under the skin. From there, it diffuses to the bloodstream, where it goes to work.

Researchers are developing better and easier ways to deliver insulin and more closely match the body's need for it. A so-called artificial pancreas (using software to link a continuous glucose monitor and an insulin pump) would automatically dose insulin based on blood glucose measurements. Scientists are developing injected insulins that work either faster or slower than existing versions to help people with diabetes more precisely control their blood glucose levels. Others are working on an oral form of insulin, the elusive insulin pill, as well as versions of the medication that can be inhaled.

In people who don't have diabetes, the beta cells do an essentially perfect job of doling out insulin and regulating blood glucose. When using insulin as a medication, it is extremely difficult to achieve this precision. In people with diabetes, the amount of insulin in the body is not always ideal, which means that blood glucose control isn't perfect either. A common problem is too much insulin for a given blood glucose level. That causes the cells to absorb too much glucose from the blood, leaving a person with low blood glucose (hypoglycemia).

Medical science has come a long way, though. Someday, science may catch up with biology, making insulin and blood glucose levels in people with diabetes perfect, too

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Blood Glucose Meters

Mayank Agarwal, Diabetes Educator



Product Listings

The blood glucose meter is one tool that many people with diabetes can't do without. Whether you prick your finger many times a day or less often, checking your glucose levels is an important part of managing your diabetes. And so choosing a meter that suits you and helps provide you and your health care team with vital information is a task for which a little preparation can pay big dividends.

Blood glucose meters have changed significantly, and for the better, since they first became available for home use 30 years ago. Those early meters required large drops of blood that were more painful to squeeze out than the tiny samples now typically needed (see next page Today's lancets, outfitted with spring-loaded lancing devices, can puncture the skin quickly and with minimal discomfort. Improved test strips wick up the blood sample easily, results are available within seconds, and meters have fewer testing errors than in the past. Yet meter accuracy has become a hot-button issue, and manufacturers may be forced to meet a higher standard (read more, here).

Despite the advances in self-monitoring of blood glucose, if you are newly diagnosed with diabetes, learning how to test yourself and how to deal with the results can still be daunting. If you're buying your first meter, you're probably considering all the ways your life will change now that you have diabetes, and now that you're testing. Not all meters are created equal, and there can be many choices to make when selecting a model.

What Will It Cost?

The price tag on the meter itself isn't the key. In fact, a lot of the time your meter will be free or reduced

from its retail price, thanks to rebates and other discounts from the manufacturer, or because insurance will pay for it. You may even be able to get a free one from your doctor or educator. What does add up is the long-term cost of test strips: They can run anywhere from 50 cents to \$1 per strip. Even if you test only twice a week, that could come to \$104 a year in test strips. If you test five times a day, you may be looking at \$1,820. If you have health insurance, it usually will cover some of the cost, but how much and how many strips are covered can vary by insurer and by the type of diabetes you have. Always check with your insurance provider before choosing a meter, because insurers often only cover test strips and meters manufactured by one particular company. And remember that when it's time to buy new test strips, you'll have to buy a brand that is compatible with your meter.

Keep in mind, too, that not all meters come with accessories. You may need to separately purchase a carrying case, a lancing device and lancets, control solution, containers for sharps disposal (though many household items, like plastic laundry detergent jugs, will work), a logbook, and computer software to go with your blood glucose meter. And you'll also want to plan on periodically replenishing your supply of lancets and control solution.

Talk About It

Your doctor or diabetes educator may not know all the details of your insurance plan, but he or she will be able to help you select a meter. Discuss which brands are best and which components matter most to you: Do you want your meter to be very small? Do you want all the extras, including graphs of test results? Your pharmacist may be able to help, too: Ask about pharmacy discount cards and about saving by buying test strips in bulk. And then talk with friends who have diabetes—especially someone whose job or lifestyle is like yours. Ask them if you can try out their meters (using your own lancets, of course).

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Caring for Your Feet When You Have Neuropathy

Dr. Amarpal Suri Consultant Podiatrist



Foot checks are critical for anyone with numb feet, but everyone with neuropathy should perform them daily. “When patients start to develop loss of feeling, the main thing we’re concerned about is injury and self-injury,” says Douglas Albreski, DPM, assistant professor of dermatology at the University of Connecticut School of Medicine and podiatrist at the University of Connecticut Foot Center. “The big thing is inspection. Finding these problems early can prevent amputation.”

Taking steps to prevent cuts, scrapes, blisters, and ulcers lowers the risk for infection. For people who can’t feel their feet, finding the right shoes is important. For starters, sneakers beat high heels and flip-flops as long as they’re the right size. A pair that’s too small can cause blisters or otherwise damage the foot. Bunions and hammertoes are real worries for people with advanced neuropathy.

When it comes to numb feet, diabetic shoes, which Medicare covers, are the best bet. They provide structure and a toe box that’s almost twice the size of a normal shoe. While sock choice isn’t critical—most reduce friction and cushion the foot—wearing the right ones could help you notice a problem sooner. White socks will help you spot red or yellow discolorations that, Albreski says, may indicate a cut or infection. Either way, inspecting the foot is especially important since catching an infection early can mean the difference between a painless recovery and amputation.

Regularly checking the feet isn’t the only thing that will keep feet healthy. “The key is hydrating, getting something on there,” says Albreski. Start with clean feet, but skip the foot soaks—they’re dangerous for people who can’t feel the temperature of the water and they can lead to infection if the soaking basin isn’t clean. “The safest way is simply washing of the foot using a washcloth, cleaning between the toes,” he says, followed directly after washing by applying moisturizer (but not between the toes). “If skin is soft and elastic, there’s less chance of injury than when it’s dry and cracked.”

Of course, that doesn’t mean you’ll never get a cut or scrape. If you still have sensation in your feet and the wound is very small, you can treat it at home by cleansing it with warm, soapy water and then applying a topical antibiotic like Neosporin. Cover the wound with a bandage or gauze, which you should change daily, and be on the lookout for redness. That’s a sign you need to see a doctor.

People who can’t feel their feet need to be more cautious, calling the doctor’s office at the first sign of a wound, even if it’s minor. A doctor can determine whether the injury is deep or superficial and will take steps to prevent infection. Sometimes that means starting on a round of antibiotics or using an antibiotic ointment. Before you leave, your doctor will dress the wound to protect it from infection.

Home care includes washing the wound, applying ointment, and changing the dressing. “When there’s no longer drainage on the bandage, the day after you can take the bandage off,” says Albreski. Uncovered, the skin should develop a scab before fully healing.

If you have any concerns during the healing process—say, your wound starts oozing or you experience pain in your numb foot—call the doctor. “If a wound becomes painful in a patient with [diabetic neuropathy], that is worrisome,” says Albreski. “That means the wound is deeper than we thought. That would constitute a medical emergency.”

But if all goes according to plan—and you check your feet daily—a basic wound should heal within six weeks

Choosing What, How Much, and When to Eat

In the past, diets for people with diabetes were very restrictive.

Things are different now. There isn't a one-size fits all diabetes diet.

While you may need to make some changes in what and how much you eat, you have flexibility in deciding what's on the menu.

With a little planning, you can still include your favorite foods.

What Does "Healthy Eating" Really Mean?

- Eating a variety of foods, including vegetables, whole grains, fruits, non-fat dairy foods, healthy fats, and lean meats or meat substitutes.
- Trying not to eat too much food.
- Trying not to eat too much of one type of food.
- Spacing your meals evenly throughout the day.
- Not skipping meals.

Create Your Plate

Trying to figure out how you're supposed to eat now that you have diabetes? A good place to begin is the "Plate Method."

You don't need any special tools and don't need to do any counting. You just need to focus on filling your plate with more non-starchy vegetables and less starchy foods and meats.

It's simple and it works.

Find out how to use the Plate Method.

Cookbooks

For people with diabetes, a good cookbook provides ideas to trim fat from their diet and gives detailed nutritional analysis and exchanges for each recipe.

The American Diabetes Association publishes new cookbooks every year filled with recipes that meet the Association's diabetes nutrition guidelines.



News From Diabetes World

A Different A1C Target for Seniors

News from the American Diabetes Association's 71st Scientific Sessions

An A1C goal of less than 7 percent may be unhealthy for some high-risk people with diabetes. A study confirmed that older people may benefit from a higher A1C target. (The A1C test measures average blood glucose over two to three months.) In assessing the consequences of raising the target for seniors, researchers calculated that as many as 4.3 million Americans 65 and older would be able to take fewer diabetes medications if the A1C target for older adults was bumped up to 8 percent or less. Taking fewer medications would reduce the risk of dangerous drug interactions. However, higher blood glucose levels can also have negative health effects. People with diabetes should discuss appropriate individual A1C targets with their doctors



There's no need to panic if your kid is a video game aficionado. In a study of overweight and obese 10- to 14-year-olds, when regular video games were replaced with active video games, kids gained less weight. (Active video games, like those for the Nintendo Wii or Sony EyeToy, are played while moving around.) In the six-month study, children who played active video games lost body fat and gained less weight than their peers who played traditional video games. The researchers don't advocate playing video games instead of engaging in regular exercise, but they say the active games beat the alternative.

Source: *The American Journal of Clinical Nutrition*, published online May 18, 2011

Adding Fish to Your Diet

There's a lot to learn about choosing seafood for health

By Tracey Neithercott/Recipes by Robyn Webb, MS, LN



The fish counter can be a confusing place. There's Alaskan salmon and Atlantic salmon. Striped bass and wild-caught striped bass. The main difference between two similar fish is where they were caught: the Atlantic Ocean, the Pacific Ocean, or somewhere else around the world. But other times, how the fish are caught—say, from the wild or from large tanks on land where they were raised—is crucial to know when you're choosing between one fish and the other. Whether you're more concerned with the nutritional content of fish, its potential contaminants, the environmental impact of getting it into your supermarket, or simply what it's going to cost to put a healthy dinner on the table, there's a lot to learn about choosing fish.

Farm to Table?

Because of the high demand for fish, some fish populations have been depleted, sending the prices of wild fish sky high. Large-scale fish farming took off in the 1970s and tripled in size between 1995 and

2007. The 20th-century surge began as a way to alleviate the problems of price and availability. Farmed fish are raised in controlled conditions—in pens with water and other fish—and fed pellets of food. Wild fish, on the other hand, live freely in the oceans, lakes, or rivers and feed on plants, insects, and other fish. Differences in habitat mean that farmed fish are available year-round while wild fish are seasonal.

One major difference between the two types is cost. In almost all situations, farmed fish will be cheaper than their wild counterparts. A pound of farmed (also known as Atlantic) salmon may be around \$8 while the same amount of wild salmon can be \$10 to \$20—or more.

Less Salt, More Potassium for Heart Health

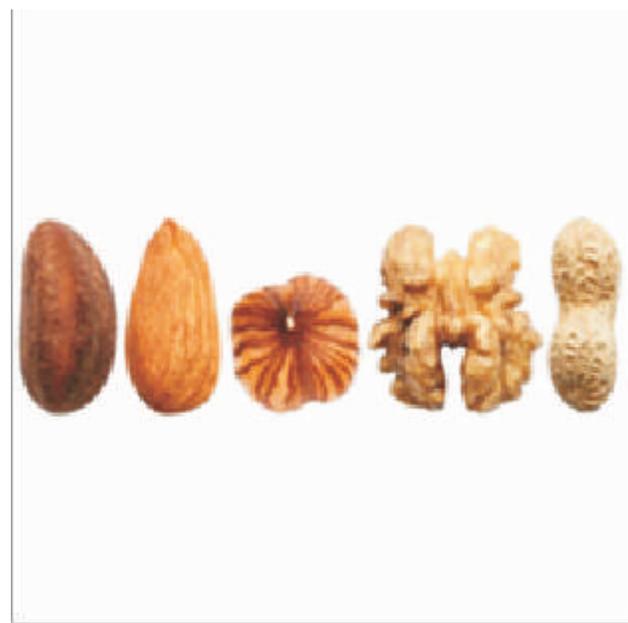


The road to scientific certainty is almost never smooth. One controversial review of previous studies recently questioned the idea that reducing salt intake lowers the risk of heart problems. The review found a link between cutting sodium and small drops in blood pressure, but it concluded that a low-salt diet didn't lower a person's chance of having heart disease or dying. Then a study published a few days later reported that the focus should be on the balance between sodium and potassium in the body. Researchers who followed more than 12,000 people for close to 15 years found that eating too much sodium increased the chance of heart disease and death, while eating a lot of potassium reduced the risk. People who consumed a lot of salt but little potassium were at the highest risk for cardiovascular

disease and death; those who got more potassium than sodium had the lowest risk. To ward off heart woes, focus on reducing the salt in your diet and boosting the amount of potassium you get from fruits and veggies like avocados, lima beans, yams, papaya, and Swiss chard. However, people with kidney disease often need to limit the potassium in their diet. They should talk to their doctor before making dietary changes.

Sources: *Cochrane Reviews*, July 6, 2011; *Archives of Internal Medicine*, July 11, 2011

Nuts Outpace Carbs in a Type 2 Diabetes Study



Eating nuts in place of some carbohydrates may be a solid choice for people with type 2 diabetes, according to a study. Each day, participants ate 475 calories' worth

of either mixed nuts or a healthy whole wheat muffin—a quarter of the total calories for a day. After three months, the nut eaters had lower blood glucose and LDL (“bad”) cholesterol levels than those who ate muffins. The authors say nuts contain healthy fats that may give them the edge over carbs.

Source: *Diabetes Care*, published online June 29, 2011

Some Vegetables Have Cancer-Fighting Chemicals

A chemical in cruciferous vegetables, sulforaphane, may help fight cancer, a study found. Sulforaphane wiped out cancerous prostate cells but left healthy cells alone, at least in the laboratory. The chemical is thought to work by restoring a cell's natural cancer-



fighting machinery, though more research is needed to understand how. Sulforaphane is abundant in broccoli, brussels sprouts, and cabbage.

Source: *Molecular Nutrition and Food Research*, March 4, 2011

Diabetes Treatment Options in the Pipeline

News from the American Diabetes Association's 71st Scientific Sessions

A device that combines an insulin pump, a continuous glucose monitor (CGM), and a computer program that shuts off insulin if blood glucose goes too low (the MiniMed Paradigm Veo System, now used in Europe but not approved in the United States) significantly reduced the number and severity of low blood glucose episodes overnight in children.

A tiny glucose monitor that's implanted in the eye, called an ocular mini insert, accurately measured blood glucose levels in 28 people with diabetes for all or part of nine months.

A small cylindrical device called ITCA 650 that releases exenatide (Byetta) was implanted in the abdomens of around 150 people with type 2 diabetes for almost a year, safely lowering blood glucose levels and helping with weight loss.

An experimental drug, TAK-875, that triggers cells in the pancreas to release insulin in response to high blood glucose levels was able to lower A1C (average blood glucose) by around 1 percentage point over three months in people with type 2 diabetes without causing hypoglycemia

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“STRESS and CORONARY ARTERY DISEASE” – Much maligned, less understood?

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New Delhi

Stress is one word that has been bandied about with great aplomb for years now. Much like the village idiot, stress has been accused of a litany of health-related woes starting with suicides, substance addiction, road rage, marital discord, coronary artery disease (CAD), even impotence and infertility! Though not the primary cause, it has been branded as a wily accomplice to the actual causative factors of these disorders. For the purposes of this article we will restrict ourselves to dissecting the phenomenon called stress in relation to CAD.

What exactly is stress? The Webster dictionary defines it as (among others), “a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation.” This is the one definition most appropriate to our discussion. But in normal everyday parlance, just what does the word “stress” denote? When people refer to “stress,” they are often talking about two different things: physical stress, or emotional stress. Most of the medical literature on stress and heart disease refers to physical stress. But most people are referring to the emotional variety when they talk about stress and heart disease.

Physical Stress

But what about physical stress? Now that’s an entirely different story. Physical stress - exercise or other forms of physical exertion -- places measurable and reproducible demands on the heart. This physical stress is generally acknowledged to be good. In fact, the lack of physical stress (i.e., a sedentary lifestyle) constitutes a major risk factor for coronary artery disease. So this kind of “stress” is usually considered to be good for the heart. However, too much physical stress in the form of strenuous exercise can be bad if one has CAD. This is because it places an increased demand on the heart muscle, which is already starved for nutrients on account of the preexisting CAD. This results in what is known as ischemia, or a lack of blood supply to the heart muscle. This manifests most commonly as

angina or the typical tightening, crushing or heavy sensation around the chest. A more severe and sudden loss of blood supply may even lead to an infarct, or heart attack. So physical stress — that is, exercise - is generally good for you, and is to be encouraged (with appropriate precautions, if you have heart disease). And unless the exercise is extraordinarily excessive, physical stress does not actually cause heart disease.

Emotional Stress

Having cleared the air about physical stress, we now direct our discussion to the more popular perception of stress, namely emotional stress. Emotional stress is generally the kind of stress people are talking about when they say that stress causes heart disease. Everyone - even doctors - have the notion that emotional stress, if it is severe enough or chronic enough, is bad for you. Most even believe that this kind of stress can cause heart disease. But scientific evidence that it actually does so has been hard to come by.

Recently, however, enough evidence has accumulated to be able to say that certain kinds of emotional stress, in certain people and under certain circumstances, appear to contribute to heart disease. Under the right (or rather, wrong) circumstances, emotional stress may contribute to the development of chronic heart disease, or can help precipitate acute cardiac problems in people who already have heart disease. So it would be wrong to condemn stress as THE culprit in CAD. While it has not been proven that stress can accelerate the deposition of cholesterol plaques in heart blood vessels, there is a fair amount of evidence suggesting that it does. People who react to everyday emotional stresses with an exaggerated clenched-teeth, fight-or-flight surge of adrenaline (commonly manifested as frustration, anger or hostility) appear to be at the greatest risk.

Stress, and how we react to it, can directly affect our blood vessels. Even the normal stress that we

experience in everyday life can cause a temporary worsening in our blood vessel function, through hormonal changes and increases in the adrenaline in our bloodstream. With chronic emotional stress, especially in the highly strung, competitive individuals who dump adrenaline into their bloodstreams at the slightest provocation, these temporary changes can persist. Chronic stress can also cause increased inflammation which is associated with an elevated risk of atherosclerosis.

Furthermore, chronic emotional stress is often accompanied by a worsening in several other cardiovascular risk factors. Smokers under stress commonly increase their consumption of tobacco, for instance. Overeating (and thus weight gain) is quite common in people under emotional stress. Cholesterol and blood sugar levels also tend to increase during periods of increased stress, as our bodies' way of dealing with it.

So chronic stress can potentially accelerate atherosclerosis both by directly affecting your blood vessels, and by contributing to a worsening of our overall cardiac risk profile.

People with aggressive, hostile personality traits tend also to have more significant symptoms - especially angina - once they develop CAD. Their outcomes after coronary artery bypass surgery tend to be worse than for patients who do not have an exaggerated response to stress, and their overall risk of dying from their heart disease is also higher.

So apart from fighting the other known demons causing CAD, be sure to relax and take it easy, to breathe or rather, remember to breathe easy before flying off the handle at the slightest provocation, thereby reducing the havoc wrought by emotional stress on our blood vessels.

GEMS that make an impression in Diabetes Management

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 3 way empowered to achieve desired glycemic target

AZURA
Life Sciences

The Importance of Breakfast



Did your mom always say that breakfast was the most important meal of the day? Turns out she was right. More and more researchers who study the morning meal are finding that breakfast plays a key role in healthy living. And yet many people sacrifice it in their rush to get out the door. “The average American skips breakfast,” says Constance Brown-Riggs, MEd, RD, CDE, CDN, registered dietitian, certified diabetes educator, and author of *The African American Guide to Living Well With Diabetes*. “You’re skipping breakfast and oftentimes you skip lunch as well, so by the time you do eat, you’re ravenous and overeat.” That’s not a good idea for a number of reasons, as researchers have come to understand.

Breakfast’s Benefits

As its name implies, the purpose of breakfast is to break the fast between dinner and lunch. Here’s what happens when you don’t eat a morning meal: Your body enters into a prolonged fasting state. It starts to believe that you won’t be eating any time soon. When you finally eat lunch, your body stores it as fat because it thinks, “I’d better save this for later. I don’t know when the next meal will come.” That, of course, leads to weight gain. When you break the fast in the morning, on the other hand, your body can use that food to power you through the day.

Aside from kicking your body into gear and keeping hunger at bay, why should you bother with breakfast? “The research shows that, without a doubt, students

do better in school with breakfast,” says Brown-Riggs. “It helps in terms of fitness.” It affects the mind, too: Breakfast eaters are more productive at work, have better problem-solving skills, and increased mental clarity.

Not only that, but people who eat breakfast tend to have a healthier diet overall. “We know, when we look at the characteristics of individuals who are breakfast skippers, that they get inadequate amounts of fruits and vegetables,” says Heather Leidy, PhD, assistant professor in the Department of Nutrition and Exercise Physiology at the University of Missouri. “They are deficient in calcium and other minerals.” On average, breakfast skippers snack more often, eat more sugary, high-fat snacks, drink more soda, are more likely to overeat at night, and are more often overweight or obese than breakfast eaters. It’s important to note, though, that these findings so far have only demonstrated that there is some kind of link between missing breakfast and these other factors. “That’s all well and good, but it doesn’t prove causality,” says Leidy. The big mystery is whether overweight or obese people skip breakfast in an effort to lose weight or if the act of skipping breakfast leads to obesity.

Either way, breakfast is especially important for people with diabetes. For someone on insulin, if there’s no food on board, that person runs the risk of hypoglycemia. Even if you use fast-acting insulin to cover carbs, you shouldn’t avoid breakfast. “What we know from research is that there’s much better glycemic control when a person’s carbohydrates are spread out,” says Brown-Riggs.

Healthy Choices

As important as eating in the morning is, you might be doing more harm than good if you pick the wrong foods. A recent study in *Nutrition Journal* found that a hearty breakfast didn’t lessen the amount of food participants ate throughout the day. People who ate big breakfasts (think a tower of pancakes or a cheesy omelet with hash browns and sausage) ate more calories throughout the day than people who ate a smaller breakfast. Whether you’re looking to lose weight or just maintain blood glucose control, eating the right breakfast foods is key.

“In our society, breakfast foods are not healthy, especially fast foods,” says Leidy. Favorites like pancakes, waffles, and French toast are high in carbohydrates and topped with fat and sugar. Other common picks, like sausage, bacon, and eggs loaded with cheese, are high in fat and sodium.

“We’re not advocating eating [just] any breakfast,” says Leidy. “Eat a [healthier] breakfast.” The best breakfasts are low in carbs and fat, and high in protein and fiber. Ideally, you should get between 7 and 10 grams of fiber at breakfast, which will fill you up. (The recommended daily fiber intake is 25 grams for women and 38 grams for men, though most people don’t hit that mark.)

“Breakfast that has protein added in it is what creates that satiety and prevents snacking later on,” says Brown-Riggs. In a study conducted by Leidy, participants ate either a high-carb, high-sugar breakfast of cereal and milk or a high-protein, low-saturated-fat, low-sodium breakfast of egg whites. At the end of the study, people who ate the cereal felt less full after the meal and reported being hungrier in the afternoon compared with the egg eaters. Plus, says Leidy, “with a high-protein breakfast, you’re not going to get a huge spike in blood glucose.”

As for size, smaller is better. A typical diner breakfast has upwards of 1,000 calories. Instead, you should shoot for around 400 or 500 calories.

Putting It Together

Most people have the same gripe when it comes to breakfast: There’s no time in the morning. It seems easier to grab a cereal bar or some delicious-looking pastry that’s calling your name as you wait in line at Starbucks. Truth is, breakfast doesn’t have to be complicated. “It doesn’t have to be a sit-down meal,” says Leidy. Sure, an egg white omelet loaded with veggies may be a nice treat on the weekends, but there are also simple and fast breakfasts that you can easily eat on the go.

If you plan ahead, breakfast may be simply a matter of microwaving food before you leave the house—or,

if you’re really pressed for time, microwaving your breakfast at work. Try prepping oatmeal the night before. In the morning, you can just add water or low-fat milk and heat. A tasty alternative to the same old oatmeal is to top it with fruit and grated cheese, says Brown-Riggs.

Other make-ahead ideas: Add protein to your pancakes (Leidy used whey protein powder for a study, and participants were none the wiser), then freeze the pancakes in small plastic bags or plastic wrap. In the morning, toast the frozen pancakes and top with sugar-free syrup, low-fat or nonfat plain yogurt and fruit, peanut or almond butter, or unsweetened applesauce. Instead of bacon or sausage (both of which are high in fat and sodium), pick lean ham or turkey. Have a toasted English muffin with ham and vegetable juice; a whole-wheat wrap spread with Greek-style yogurt and layered with fruit; or a low-carb bagel topped with egg whites and a slice of turkey. Each has a good mix of protein, carbs, and fiber. “Those are all good, easy, quick breakfasts,” says Brown-Riggs.

Or reheat last night’s leftovers. “It doesn’t have to be a breakfast food. It’s our culture to eat those foods,” says Brown-Riggs. But any healthy food can be a good choice. Try leftover rice with beans, peppers, and cilantro with a side of milk or vegetable juice. Vegetable soup is a warming eat-at-your-desk option, as is pasta with chicken and veggies.

If you don’t already eat breakfast, “start off slow,” says Brown-Riggs. “Don’t start trying to have a big breakfast. It may be starting with a slice of toast for a week and eating more gradually.” Spend time figuring out which foods fill you up and which leave you hungry an hour later. Also important: monitoring your blood glucose to see how different meals affect you in the morning. For some people, oatmeal is the perfect quick breakfast. For others, it causes blood glucose spikes. Soon you’ll figure out how to eat to stay full, keep your blood glucose in range—and have plenty of energy throughout the day



WHEN DOES WORLD DIABETES DAY TAKE PLACE?

World Diabetes Day takes place on 14 November every year and is an official United Nations World Day. The date was chosen because it marks the birthday of Frederick Banting, who, along with Charles Best, is credited with the discovery of insulin. While many events take place on or around the day itself, a themed campaign runs throughout the year.

HOW DID IT ALL BEGIN?

World Diabetes Day was introduced by the International Diabetes Federation (IDF) and the World Health Organization (WHO) in 1991, in response to concern over the escalating incidence of diabetes around the world. Since then, the event has grown in popularity every year.

A UNITED NATIONS WORLD DAY

World Diabetes Day is now an official United Nations World Day. On 20 December 2006, the UN General Assembly passed resolution 61/225, which designated the existing World Diabetes Day as an official world day beginning in 2007. This landmark resolution also recognized diabetes as “a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, countries and the entire world.”

WHERE DOES IT TAKE PLACE?

World Diabetes Day is celebrated worldwide. It brings together millions of people in over 160 countries to raise awareness of diabetes, including children and adults affected by diabetes, healthcare professionals, healthcare decision-makers and the media. Numerous local and national events are

organized by the member associations of the International Diabetes Federation and by other diabetes representative organizations, healthcare professionals, healthcare authorities, and individuals who want to make a difference. World Diabetes Day unites the global diabetes community to produce a powerful voice for diabetes awareness.

HOW IS THE DAY MARKED?

IDF member associations and partners develop an extensive range of activities, tailored to a variety of groups. Activities that are organized every year include:

- | Lighting buildings and monuments in blue – the colour of the diabetes circle
- | Walks and cycle rides
- | Radio and television programmes
- | Sports events
- | Free screenings for diabetes and its complications
- | Public information meetings
- | Poster and leaflet campaigns
- | Diabetes workshops and exhibitions
- | Press conferences
- | Newspaper and magazine articles
- | Events for children and adolescents
- | Activities and lessons in schools

IS THERE A THEME?

The theme for World Diabetes Day from 2009 until and including 2013 is Diabetes Education and Prevention.

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Vkbi 2 e/kp g ds v/; ; u ea l v[ks eos dkckgkbMSV l scgrj i k; sx; s



Vkbi 2 e/keg dsv/ ; ; u dsvuđ kj e/keg i hfMfka ds fy, dkckgkbMv dsLFkku ij l v[kses [kkuk , d cgrj fodYi gA v/ ; ; u ds nksku dN l gHkkfx; ka us i frfnu 475 dsykh dh ek=k tks i j sfnu dh dsykh dk pkfkk fgLI k Fkh] fey&tyseos vksj dN usl a wZxgw l sfufeZ LokLF; dj efQu [kk; A rhu eghus ds ckn tks i fj .kke feyk ml dsvuđ kj efQu [kkusokyka dh ryuk eses [kkusokyka eaCyM 'kqsj vksj , y Mh , y 1/2gk dksyk Vksy 1/2 dh ek=k de i kbZxbA 'kkskkfFk; ka ds vuđ kj esea i kbZ tkusokyh ol k dkckgkbMv ea i kbZ tkusokyh ol k l scgrj gkrh gA

l ks-%Mk; cFvd ds j] vkhu ykbu izdk'ku 29 tykbZ 2011

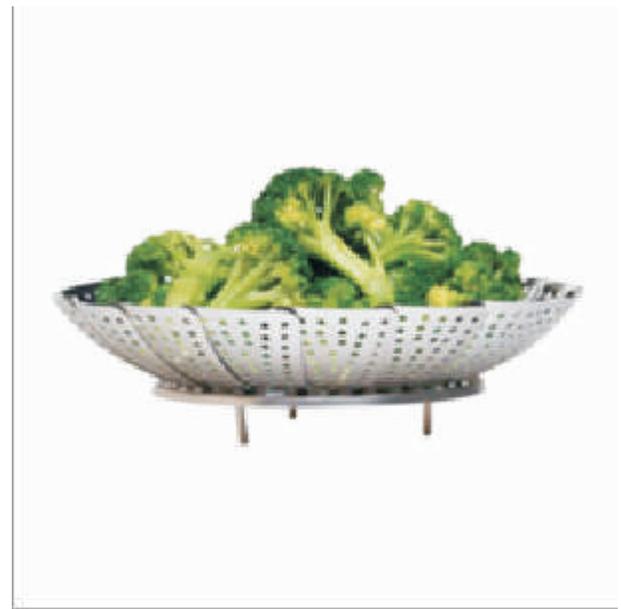
dN l fct; ka ea dš j l syMtusokys j l k; u i k; s tkrsgA

d#l hQsj ; l l fct; ka ea i k; k tkusokyk l QkjkQu j l k; u dš j l syMtusdh {kerk j [krk gA , d v/ ; ; u dsvuđ kj i jh{k.k'kkyk ea i k; k x; k gSfd l QkjkQu dš j Qsykusokyh dks'kdkvka dk neu djrk gSvksj LolFk dks'kdkvka dk cprk gA ; g j l k; u dks'kdkvka dh dš j l syMtusdh ikdfrd {kerk dks c<kus dk dk; Zdjrk gA vHkh ; g l kp 'kq#vkrh nksj ea gA bl ckjseai jh l e> fodfl r gksuseadN l e; yxska

e/keg mi pkj dsHkkoh fodYi

vefjdu Mk; cFvd , l kfl , 'ku ds 71oaoSKkfud l = ds l ekpkj

, d , d k ; æ fodfl r gksx; k gSft l ea bl; fyu i a] dA/hfu; d Xymkst eksuhVj 1/4 hth, e/2 vksj , d dEl; Wj dks l feefyr fd; k x; k gA bl ea CyM Xymkst dsLrj dsdkQh uhps pys tkus i j bl; fyu dh vki frZ can gks tkrh gS 1/2 feuh eM i j k fMXe oh vks fl LVe ftl dk pyu vc ; jki ea gks x; k gS yfdu vHkh vejhdk ea bl s ekU; rk ugha feyh gA 1/2 ftl ds pyrscPpkaejkr dsl e; Xymkst ds vR; r uhps pys tkusdh ?kVukvai j jkd yx tk; xhA



, d vR; r Nks/k Xymkst eksuhVj ftl svki dh vkf[kaea yxk fn; k tk, xkA bl svkD; Wj feuh bl l VZdgk tkrk gA bl ds }kjk 28 yxska d l Hkh fgLI ka ea 9 eghukard CyM Xymkst dsLrj dkseki usdk l Qy i jh{k.k x; kA

; g , d Nks/k cyukdkj ; æ gSft l svkbZVh l h , 650 dgk tkrk gSft l l s, DVsukVkbM 1/2ckb, VV1/2 dk fj l ko gkrk gA bl se/keg Vkbi 2 l h i hfMf yxHkx 150 yxska ds i v/ ea yxHkx 1 o'kz ds fy, yxk; k x; kA bl dsdkj .k mudsCyM Xymkst dsLrj vksj 'kjhj ds otu eadeh vkbA

Vh, d&875 , d i jh{k.k nok gS tks mPp CyM Xymkst Lrj ij i sUdz kl ea dks'kdkvka dks bl; fyu NksMtus ds fy, mrstr djrh gA bl l srhu eghuksrd Vkbi 2 e/keg ds jksx; ka ea gkbi kkyhfe; k ds fcuk , l l h 1/2vksj r CyM Xymkst 1/2 yxHkx 1 i fr'kr de gkrk i k; k x; k



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U; yjksi 5kh dh fLFkfr ea vi us i 5ka dh Lo; a ns[kHKky djuk

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i 5kads l tpu gksus ij fdl h dsHkh fy, vi us i 5kad h ns[kHKky , d eq' dy dke gā yfdu U; yjksi 5kh gksus dh fLFkfr ea l Hkh dks gj jkst vi us i 5kad h ns[kHKky djuh vko' ; d gā dUDVhdV Ldny vKQD eSMfI u ; uhofl Mh ds Ropk vfl LVV/ ikQs j rFkk dUDVhdV Qv/ l Mj ; uhofl Mh ds i kFM; fVLV MKW Mxyl , ycd dh Mh ih , e ds vud kj ^tc jksch dks i 5kaeal tūrk dk vgl kl gksus yxs rksgeai 5 ea vi us vki gksus okys vks Lo; a }kj k gksus okys ?kkoka dh fpark l r kus yxrh gā , d sea l cl segROI wkZ dke gks tkrk gSi 5kadk epk; uk djuk vks i 5 ij vkbZl eL; kvkadks l e; jgrsi gpkuk rkfd i 5kadks dKvstkusl scpk; k tk l dā**

?kkokā njkj kā nkuka vks t[ekal scpus dk iz kl djds Hkkoh l Øe.k l scpk tk l drk gā ftu ykscka dks vi us i 5ka ea Li nu dk vgl kl ugha gkrk mlga l gh turs iguus pfg, A bl dh 'kq#vkr Luhdl Z chV Åph , Mh vks fñyi & ñyki t turka l s djuh pfg,] yfdu /; ku jgsfd os turs vki dsfy, l gh izkj ds vks l gh l kbt ds gka Nks/s turka l s i 5ka ij nkus gks l drs gā ; k os vki dh maxfy; ka ; k , sM+ kadks pksVy dj l drsgā fodfl r U; yj kFks h jkfx; ka dsfy, ; g okLro ea [krjs dh ?ka/h vks fprk dh ckr gā

tc ekeyk i 5ka ds l tpu gksus dk gks rks Mk; cSvd turka dk papko tks i 5ka dh ns[kHKky djrs gā cgr vPNk gā ; sturs maxfy; kadks, d k <kpk i nku djrs gā tks vke turka dh rgyuk eavkd kj eankscqk gksrk gā tjkcafu.kkZ, d ugha gkrh ij egROI wkZ gkrh gā os i 5ka dks jxM+l scpkus dsfy, , d uje ijr i nku djrh gā ; fn vki l gh vkd kj dh tjkca igurs gā rks vki i 5ka ea gksus okyh l eL; kvka dks vki kuh o tYnh l s tku ik; xA , Ycd dh ds vud kj ^tjk l svki vi us i 5ka ij gksus okysyky i hysfu'kkuka vks ?kkoka dks vki kuh l sigpku l drs gā dny feyk dj i 5kadks l Øe.k vks i 5kadks dVus l scpkus o i hMh jfgr mipkj dsfy, i 5ka dk fu; fer epk; uk o tkp vfr vko' ; d gā**

doy fu; fer : k l s i 5ka dh tkp djds gh vki vi us i 5kadks LoLFk ugha j [k l drā ^Bhd jgus dh dqt gh s tc Hkh i 5ka ij dñ ns[kks ml dk bykt djks* , d k , ycd dh dk dguk gā 'kq#vkr i 5ka dh l QkbZl sdjaysdu i 5kadks xhyk jgusl scpk; A ; s mu ykscka dsfy, fo'ks krks ij [krjukd gSftUga vi us i 5ka dh Ropk ij xez i kuh ds rkieku dk vutko ugha gkrka , d s yks vLoPN cfl u l s l adfer gks l drsgā , ycd dh ds vud kj ^bl fy, l QkbZl dk l jy rjhd k gSi 5ka vks i 5kad h maxfy; ka ds chp dh txgka dks l kQ xhys di M+ l s /kkuka bl ds ckn i 5ka ij Mmaxfy; ka ds chp ughā ekbl pjtj yxkuka uje vks yphyh Ropk ea l v[th vks Vv/rh Ropk ds epkcy s ?kko gksus dh l Hkkouk cgr de gks tkrh gā**

ij bl dk ; geryc ughafd ; fn vki , d k djrs gā rks vki dh Ropk ij fdl h rjg ds dVko ; k ?kko ugha gks l drā ; fn vki dh Ropk Li nu dk vutko djrh gsvks ml ij gq ?kko dk Qh Nks/sgā rks vki bl dk bykt ?kj ij i 5ka dks >kxokys i kuh l s/kks vks l kQ dj rFkk ml ij U; kē i ksj u nok yxk dj dj l drsgā ?kkoka ij cā/st yxk; a vks ml sjkst cnyā ; kn jgs vki dks vi us i 5ka ij gksus okysyky

fu'kkuka dh [kkst djrsjguk pkfg, A ; fn osfn [k tk, arksvki dksvi usMkVj l sfeyuk pkfg, A ftu ykskadksvi usi s ka ea Limu dk vgl kl ugha gkrk gksmlgacgr gh l ko/kku jguk pkfg, A i s kai j fdl h i zkj ds?kkoka dksns [krsgh MkVj l sl a dz djuk pkfg, A dby MkVj gh ?kko dksns [k dj r; dj l drk gSfd ?kko xgjk gS; k l rgh vks ogh bykt l svki dksl ae.k l scpk l drk gA l hko gS og vki dks, a/hckw fvd dh [kjkd nsuk i k j h k dj na ; g Hkh gks l drk gSfd vi dk MkVj vki ds ?kkokai j i VVh ckak dj mlgal adfer gksul scpk; A ?kj dh ns [kHky ea ?kkoka dh l Qkb] ejge yxkuk vks i VVh djuk 'kkfey gA tc ?kkokai j fdl h i zkj dk fj l ko u gksjgk gksvks os l v [ksyx jgsgka rksvki i VVh mrkj l drsg, s k dguk gS, yck Dh

dkA Ropk dks [kyk NkM usi j Bhd gksul si dz?kkoka mu [k j M vkusyxska ; fn vki ?kko Hkj us ds i fdz k dks ydj fparr gS tS sfd vki ds?kko l seokn fudyusyx; k fQj vki l tu i s ea nnz dk vu hko dj us yxs rks ml fLFkr eavki dks Qks u vi us MkVj l sl a dz djuk pkfg, A ; fn fdl h e/kp o U; jki kh l s x Lr jksch ds?kko ea nnz gks yxs rks bl s, yck dh [krjukd fLFkr ekurs gA bl dk eryc gSfd ?kko ftruk ge l e> jgs Fks ml l s T; knk xgjk gks x; k gS vks vki dks Qks u fpfdRI dh; enn dh t: jr gA ; fn l c d N ; kst ukud kj py vki i frfnu vi us i s kadh tkp o eqk; uk djrsjgarksvk'kk dh tkuh pkfg, fd , d l kekU; l k ?kko Ng l l rkg ea Bhd gkst k; s ka

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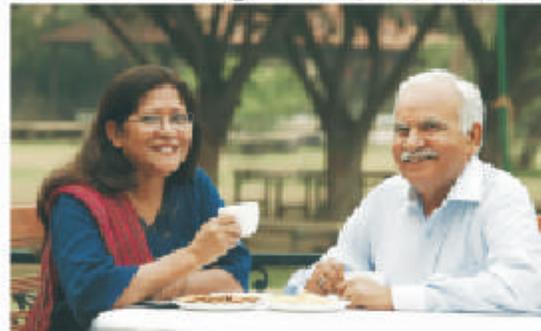
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