

LIVE WELL WITH DIABETES

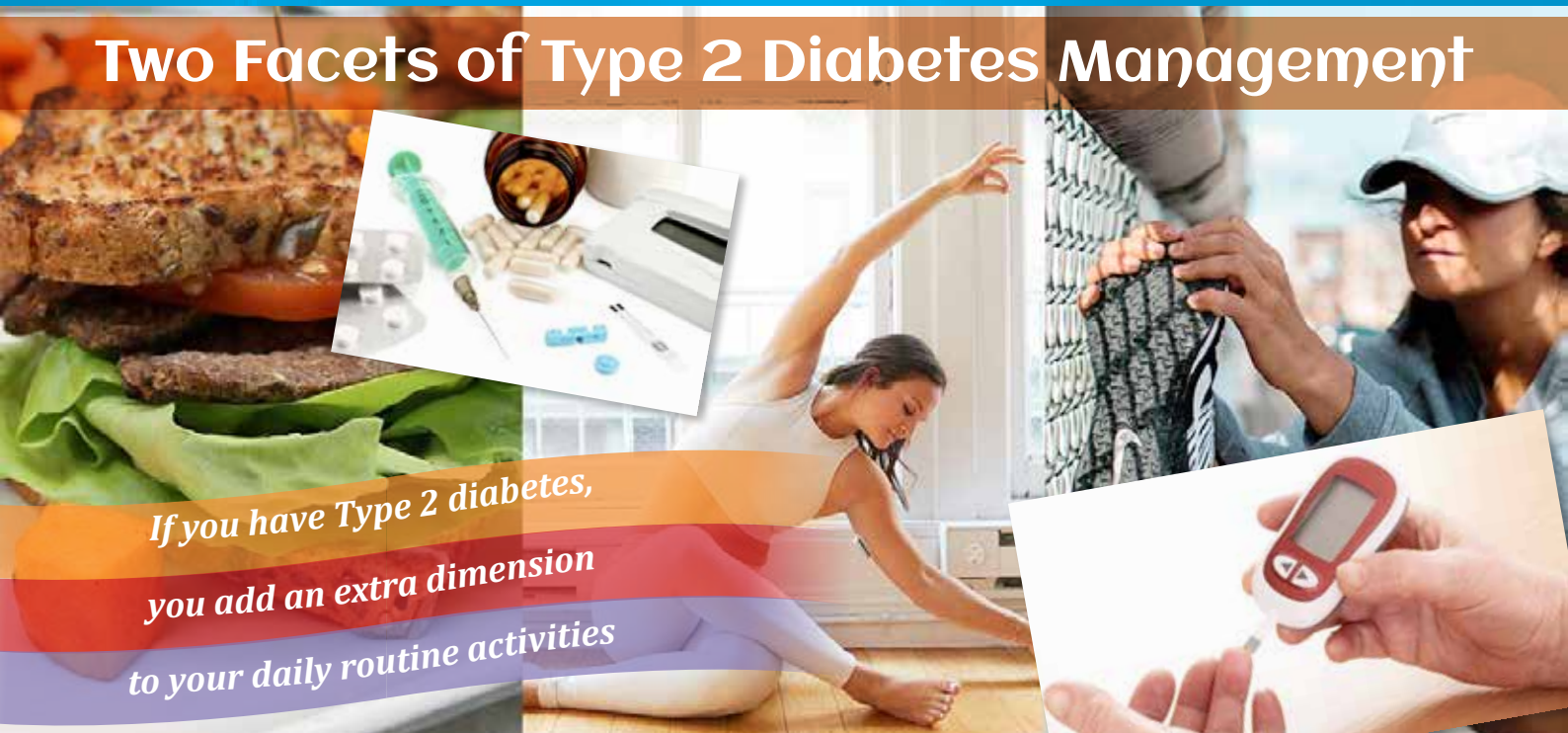
Sweet Life

May –
August
2019



(AN INITIATIVE OF MV HOSPITAL FOR DIABETES (PVT) LTD., ROYAPURAM, CHENNAI, INDIA)

Two Facets of Type 2 Diabetes Management



*If you have Type 2 diabetes,
you add an extra dimension
to your daily routine activities*

changing diabetes® in children

The CDiC programme
works to improve
delivery
of care to children with
Type 1 Diabetes mellitus
and their families



Recipes -Quick 'n' Easy

What's the **NEW** Research published from
Prof M Viswanathan Diabetes Research Centre, Royapuram



Seroprevalence and risk factors associated with HBV and HCV infection among subjects with type 2 diabetes from South India.

Juttada Udyama, Smina TP, Satyavani K, Vijay V.

The study aimed to summarize the prevalence of HCV and HBV viral infections and the associated risk factors in Type 2 diabetes mellitus subjects.

It was observed that HBV was more prevalent than HCV and was independent of liver damage. Longer duration of diabetes, hospital admission, history of jaundice and of surgeries were the risk factors observed among subjects.

It is recommended that when a person is diagnosed with diabetes, they should be vaccinated against hepatitis.

Diabetes Res Clin Pract. 2019 July 9;Vol 153:133-137

Elevated one hour with normal fasting and 2 h plasma glucose helps to identify those at risk for development of Type2 Diabetes- 11 years observational study from South India.

Satyavani K, Rizwana Parveen, Shalini S, Vijay V.

This is a comparative study of the incidence of diabetes in subjects with elevated 1 h plasma glucose during OGTT and subjects of normal glucose tolerance test.

Current diagnostic criteria do not use 1 h plasma glucose during OGTT to identify those at higher risk of type2 diabetes. The study showed that elevated 1 h PG was associated with incident diabetes and provided better risk assessment.

Diab & Metab Syn: Clini Res and Rev 2019; 13(4) July - Aug: 2733 – 2737



Gum disease can affect anyone but the risk is greater for people with diabetes as infection can increase blood glucose levels and the inflammation it causes has been linked to insulin resistance.

A study has shown that if gum disease is treated, it helps to improve blood glucose control by reducing inflammation. The group that received intensive treatment – gum deep cleaning, and minor gum surgery showed a reduction in HbA1c level than those who got a standard dental care – regular clean and polish. Researchers also found that intensive gum treatment was linked to improvements in kidney and blood vessel function. More research is needed but this suggests that good oral health can reduce the risk of other diabetes related complications in Type 2 diabetes.

Ref: Balance Spring 2019



Hello!

What everyone should know about diabetes.

Anyone can get diabetes at any time. Sometimes some things such as the genes you inherited, age and lifestyle-increase the risk. Did you know that there are over 400 genes that increase

one's risk for Type 2 diabetes? Many people live with diabetes but many others don't even know they have it and this can seriously damage the body!

Just taking tablets or injections does not manage diabetes. It involves daily decisions, things to remember, appointments, check-ups, calculating what to eat and more.

So, be in charge of your health. Track HbA1c, cholesterol, liver markers, and lipid profile. Keep track of your sleep habits, what you eat, your fitness levels and heart health and be regular with your check-ups.

Having diabetes might make life more difficult but life doesn't stop.

With regards

Dr. Vijay Viswanathan

MD, PhD, FRCP (London), FRCP (Glasgow)
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M.V. Hospital for Diabetes (P) Ltd

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Volume - 5 Issue – 2 May-August 2019

Editorial Panel:

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Two Facets of Type 2 Diabetes management

Dr Mitalee Barman

Consultant Diabetologist, MVH, Royapuram



If you have Type 2 diabetes, you add an extra dimension to your daily routine activities and how seriously you take to these extra requirements will define how long you can live a healthy life

just like any other person without diabetes!

In the 20 years of treating people with diabetes, I have come across many cases and am convinced that discipline and self-control are the most important requirements of managing this condition well. I have come to this conclusion after observing how my patients have fared over the years.

At one end of the scale is a senior citizen who has been coping with diabetes for nearly 30 years. He takes his medication regularly and his diet does not diverge from that suggested by the dietitian. He walks briskly for an hour every day and does yoga regularly. He consults regularly and undergoes all



the required tests without fail. This discipline and self-control has reaped rich benefits. His parameters are all within range and he lives his life as any other normal person would do. He has shown no signs of complications.

At the other end of the scale is a young man who has been managing diabetes for 5 years.

He is a little lax about following his diet and irregular with medication. He does not have time to exercise regularly and at times forgets to test his sugar levels and has to cope with work related stress. This sheer negligence and indiscipline and lack of self-control has resulted in poor numbers and signs of diabetes related complications at this early age.

Modern life is far more stressful than what it used to be. However, whatever the compulsions, diabetes management requires a person to reset their life to include all the life skills required to manage diabetes and be able to enjoy a long and healthy life without any complications.

Changing Diabetes in Children (CDiC)

It's a multi partner initiative involving Novo Nordisk Education Foundation(Funding), the International Society for Paediatric and Adolescent Diabetes (Expertise) World Diabetes Foundation (capacity building) and expert partners (doctors and policy makers at local level)

MVH is a CDiC Centre

The CDiC programme works to improve delivery of care to children with Type 1 Diabetes mellitus and their families in conditions where resources are limited. It was launched in India in 2011 by the Novo Nordisk Education Foundation and works continuously to improve diabetes awareness. It also provides motivation to increase competence, and provides comprehensive treatment.

Access its unique website dedicated to T1DM children at <http://cdicindia.org>

Key Activities

1. Conducting structured children's camps
2. Special activities to commemorate important days such as World Health Day
3. Providing Type 1 diabetes updates for doctors
4. Running diabetes educational programmes
5. Participation in exhibitions to create awareness and engaging with government and policy makers on the specific needs for children with Type 1 diabetes.



Key achievements in India

1. Treatment with care and commitment
2. Free insulin, syringe, monitoring, diagnostic consultation
3. Training doctors
4. Conducting children’s camps for creating awareness
5. Patient education tools, newsletters, parent /caregiver journals

Education is essential for every child to succeed in life. Due to the continuous need for treatment and frequent hospital visits, these kids, especially from the economically weaker sector, are often left behind. Children with Type 1 diabetes who are

enrolled in the CDiC programme are always encouraged to study and go to school. Most centres are open Sundays and after school hours so that no one misses school. Educational scholarships are given to deserving students to support education or skill development expenses. This programme also continuously creates awareness among school teachers about management of Type 1 diabetes.

Diabetes educational camps include themes that provide motivational experiences to the children. They also get a chance to meet people with Type 1 diabetes who have successfully managed their condition and have realized their goals and aspirations.



FOOD FACTS

Understand ingredient information of modified foods

There are many products that are marketed as ‘fat-free’, ‘sugar free’ etc. However they are not always what they claim to be. Read food labels to see what else has been added to the product to compensate for what has been removed.

Fat free- These foods must have no fat but check the ingredient list for added sugar which is often used to enhance the taste.

Sugar free - Contains no sugar but check the ingredient list for fats which may have been added instead.

Low - fat - The product has 3 g or less of fat per 100 g.

Low sugar- Low- sugar should contain less than 5 g per 100 g.

No added sugar- Although no sugar is added there may be naturally occurring sugar in the food.

Reduced fat or sugar -Contains at least 30 % less fat or sugar than the standard version but does not necessarily mean it’s healthy.

Watch your servings - If you eat more than one serving of low fat food

you will be eating more calories and more fats than if you ate 1 serving of a whole fat food.

Eat more vegetables, fruits, legumes and whole grains. They provide nutrients and fibre to keep you feeling full longer and they usually have lower calories. They are also naturally low in fats. Your diet should have variety and be based on whole foods.

Nutrition Facts		Amount/serving	% Daily Value*	Amount/serving	% Daily Value*
		Total Fat 11g	14%	Total Carbohydrate 14g	6%
		Saturated Fat 5g	25%	Dietary Fiber 1g	4%
		Trans Fat 0g		Total Sugars 0g	
servings per container		Cholesterol 0mg	0%	Includes 0g Added Sugars	0%
Serving size about 8 pcs. (30g)		Sodium 10mg	0%	Sugar Alcohol 11g	
		Protein 3g			
Calories per serving	130	Vitamin D 0mcg 0% • Calcium 19mg 2% • Iron 1mg 6% • Potassium 110mg 2%			
*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.					
Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4					

A new strategy against Type 1 DM

Scientists are using immunotherapy to fight T1DM.

The body's immune system is normally made up of a balance of different types of immune cells all working together to protect us against infections. But in autoimmune conditions like T1DM, the immune system thinks parts of the body are the enemy and sets out to destroy them. In T1DM there are different types of immune cells at work.

Killer T cells: Their job is to recognize and destroy harmful bacteria and viruses that enter the body. However, in T1DM, they mistakenly attack the beta cells.

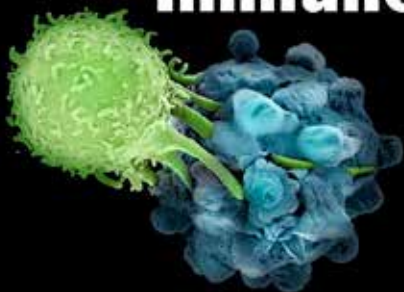
Regulatory T Cells or Tregs: They normally keep Killer T cells in check but in T1DM they are outnumbered and cannot restrict activity of

Killer T Cells when they are not needed. So the killer cells are free to invade and destroy the beta cells.

Under normal conditions, Beta cells make proteins called antibodies. They stick to the surface of harmful germs to alert Killer T cells to the presence of intruders. But in T1DM, beta cells produce a type of antibody called autoantibodies which attack the insulin producing beta cells instead of the invading germs and signal the need to destroy them.

These autoantibodies can appear years before T1DM is diagnosed and is a sign that the immune attack is in progress. Because of this, a test for autoantibodies can predict if someone will develop T1DM.

What is Immunotherapy ?



It's a new treatment that works to retrain the immune system to slowdown progress of T1DM or prevent it. Different immunotherapies work in different ways but their ultimate goal is to stop the immune system from attacking the pancreas. Putting it simply, some try to teach beta cells to see beta cells as friends, some try to reduce the activity of Killer T cells or the beta cells while other treatments help the Tregs to protect the pancreas against attack.

IMMUNOTHERAPIES CAN HELP BY ...

- Preventing or delaying T1DM from developing by identifying people at high risk of T1DM by looking for specific genes in DNA or testing for blood autoantibodies.
- Treating people who have just been diagnosed with T1DM when up to 20% of beta cells still survive. Immunology can help protect these beta cells so that they can produce more insulin.
- Replacing or regenerating destroyed beta cells in those who have lived with T1DM for years.

(Ref: Diabetes balance, Summer 2019)

Recipes Speedy Dinners

GOLDEN SOUP (SERVES 6)



Ingredients

- 1 red onion
- 1 white onion
- 1 red pepper
- 2 yellow or orange capsicums
- 4 small zuchinnis
- 2 tomatoes
- pinch of oregano(optional)
- 500 ml water

Method :

Apply a little oil on vegetables and roast in an oven or in a skillet over low heat for 20 -30 minutes, until lightly browned. Put in a sauce pan, add water and bring to a boil .Boil for a few minutes. Season with salt and pepper. Cool. Blend in a mixer. Serve hot.



MUJADARA WITH ROAST VEGETABLES



A variation of a Lebanese favourite - mujadara consists of cooked lentils, usually with rice and garnished with browned onions.

Ingredients

- 2 zuchinni sliced, 1 large brinjal, cut into chunks, 2 red capsicum, cut into chunks
- 2 large onions, sliced thinly
- 150 g basmati rice, water for cooking rice
- ½ tsp cumin seeds, ½ tsp turmeric, 1 inch cinnamon stick
- 500 g tomato
- 400 g brown lentil (whole masoor), 2 tbsp each chopped fresh coriander and mint
- 200g low fat yogurt, 1 garlic clove crushed , ¼ tsp red chilli powder

Preparation

Roast zuchinni, brinjal, and peppers, for 20 mins or till tender. Keep aside

Cook brown lentil (whole masoor) till it is tender, not mushy. Drain and keep aside

To make garlic yogurt, blend the crushed garlic , red chilli powder and yogurt . Keep aside

Cook tomato with salt and basil, puree and strain. Cook till it thickens . Keep aside

Method:

- Heat a little oil and fry the onion slices till browned. Drain half and keep aside.
- Add the cumin seeds , turmeric , chilli powder , salt, and a small piece of cinnamon into the same pan and sauté for a minute then add the rice and sauté carefully for a minute or so. Add boiling water till it just covers the rice, bring to a boil , lower heat and cover till cooked. Turn off heat. Leave 5 minutes.
- Uncover rice, fluff grains add the cooked lentils and the fresh herbs. Taste for seasoning
- Serve rice on a plate, top with roasted vegetables and garnish with caramelized onions and a spoonful of garlic yogurt.
- Serve the remaining garlic yogurt and cooked tomato paste as a side dish.

The Indo US UK Conclave 2019 was organized by MV Hospital for Diabetes on 7th and 8th September, 2019 at the Hyatt Regency. More than 300 delegates participated in the event.



Inaugural release of the document titled 'Prevention of Amputation and Kidney Diseases by early Diagnosis for Primary Care Physicians in India' by **Dr. Eva Feldman, Past President of the American Neurological Association**



The Prof. M Viswanathan Gold Medal Oration Award (34th Edition) presented to **Prof. Andrew J. M. Boulton, President Elect-International Diabetes Federation** by Dr. Vijay Viswanathan.



The first DFRI Gold Medal presented to **Dr. Jayesh Shah, President of American College of Hyperbaric Medicine**



WORKSHOP

M.V.Hospital for Diabetes, Royapuram has been treating people with Diabetes mellitus and conducting research in diabetes for over 60 years. It is also a teaching institute. It has branches at

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