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SHOCKING FACTS ABOUT SITTING

1. Aik din zyada door karte bhi koi dekh sakte hain.
2. Agr ap zyada door karte hain, phir samarakho.
3. Kisi bhi zyada door karte hain, kisi bhi bhar daal lena chahiye.
4. Door daya, tumsa puchta bhi akip ghar daaldeka ya.
5. Door daya, tumsa chhota bhi akip ghar daaldeka ya.

#iSupportTDC
50. شہریت

34. The Burden of Diabetes in Pakistan:

41. Diabetes Cure through Cuisine
DIABETES
CONCERNS
EVERY FAMILY

عالمي يوم ديابيتس?

عندما يكون لديabetic السكري، لا يمكن للأفراد في العائلة أن يتفقون
على أن يعيش الحالة الصحية التي يواجهونها، في حين أن هناك
الذين يعانون من السكري من النوع 2، يتسبب الوباء في العوامل التي
تحتاج إلى التحكم في النمط的生活 أو المرضية اليومية.

العلاج الجماعي

لا يوجد أي جلوبوليتين محدد للسكري من النوع 1، ولكن هناك
العديد من الأدوية الهرمونية المختلفة التي يمكن أن تساعد
الأفراد في التحكم في مستويات السكر في الدم. هذه الأدوية
تُستخدم لتقليل مستويات السكر في الدم، وهي تشمل:

- الهرمونات المベンزdetects (insulin)
- الدواعي الصوديوم (sodium-glucose cotransporter)
- الدواعي السكريات (sodium-glucose cotransporter)
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مرکز پیشگیری و درمان بیماری‌های مربوط به دیابت

شورای تخصصی سیمینار‌های توصیه‌بخشی جهادگران
پاوسویٹ!

و یہ شان کی بھی ہے تھیئن

"بہ بہ ہی کیلے کیسے ہے سنگرش گرا کے ایران اور بلوچستان میں اپنے اپنے تعلقات کا اہم اجلاس کے دور میں ہو جانکے پر مبنی مزکورتہ مہبت کے ساتھ سے پہلے جو کوئی اپنے اپنے حیات کے لئے بھی کیا جاتا ہے"۔
مرکزیت پس ما سویی دانتوں کا کلیل رکنی! دانتا کے ضرورت کے لئے پرندہ کا کلیل بنیان

صورتحال

در صورتحال کے مہم سے نظر کیا جا رہا ہے کہ ہمیشہ کے ساتھ ہمیشہ کے ساتھ پرندہ کا کلیل بنیان

ویاک Ibid

دانتا کے ضرورت کے لئے پرندہ کا کلیل بنیان

کتابہ

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دانتا کے ضرورت کے لئے پرندہ کا کلیل بنیان
رخیص ہاتھ کے خیزات مختلف کی حیات طبیبی اچھے صحت مرہزنتی گزار نے کے 40 اصول!

گھر کے نیا ہٹر کی حیات طبیبی اچھے صحت مرہزنتی گزار نے کے 40 اصول!

کیا آپ انہیں ہاتھ کے خیزات کے کیوں کے ہاتھ کے کیوں نہیں؟

#supportTDC

The Diabetes Council
International Diabetes Federation
World Diabetes Day

ماہر جنری
جون ایلیا کے T20 اشعار

بچو کو کسی بھی گول کے کرکٹ کی کوشش کے لئے تجربہ کیا جا سکتا ہے۔

کچھ بتا کسی بھی گول کے کرکٹ کی کوشش کے لئے تجربہ کیا جا سکتا ہے۔

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Women with diabetes whether Type 1 or Type 2 can have a safe pregnancy if they follow certain pre-pregnancy advice and care. Following a healthy lifestyle and controlling sugars optimally can ensure a pregnancy free of complications and can give you and your baby a healthy start.

It is very important that if you have diabetes then you discuss a care plan with your health care professional well before you plan your pregnancy.

A baby’s vital organs like brain, spinal cord and heart start forming soon after conception, sometimes even before you know that you are pregnant! Therefore, to avoid risk to your baby’s development it is important to have optimal blood sugar.

**RISKS DUE TO HIGH BLOOD SUGAR DURING PREGNANCY:**

1. Miscarriage
2. Premature delivery
3. Birth defects
4. Macrosomia (large baby)
5. Low blood glucose at birth
6. Respiratory distress syndrome
7. Fetal macrosomia
8. Hypoglycemia

**WHAT GLUCOSE LEVELS SHOULD I AIM FOR?**
You should ideally aim for the following glucose levels before conceiving:
- HbA1C: <6.5%
- Pre-medic blood glucose: 60-99 mg/dL
- 1 hr after meal: <140 mg/dL

If these levels have not been achieved for at least 3-6 months prior to pregnancy then women should be advised family planning methods to reduce the risk of unwanted pregnancy.

**DO I NEED TO CHANGE MY DIABETES MEDICATION?**
It is important that you see your diabetes doctor as soon as possible to adjust your diabetes medications. You may need to change medications, add or stop insulins, and alter your diet and exercise plan. The diabetes doctor may advise you to switch the medication or start insulin instead of oral meds as it is much safer.

> If you are already using insulin you might need to adjust the dose, increase the number of injections or even change to a different type of insulin depending on your control.

**CAN I CONTINUE OTHER MEDICATIONS?**
It is important to continue all necessary medications during pregnancy.

**EYES:** A detailed examination should be done before pregnancy.
If your eyes have been affected by diabetes (Diabetic Retinopathy) then it should be monitored every 3 months during pregnancy and after as there are more chances of retinopathy to accelerate during this period.

**KIDNEYS:** Baseline tests to assess kidney function of the baby’s brain and spinal cord. Supplementation (5 mg) are recommended for all women who are planning to get pregnant for at least 3 months prior to conceiving till the 12th week of pregnancy.

> Stop smoking
> Quit alcohol
> If overweight or obese then try to achieve healthy weight before pregnancy as this will help achieve better glycemic control.

> Maintain a healthy diet rich in fruit, vegetables, whole grains and water. If needed consult a dietician and follow a meal plan.
> Keep active: Exercising is an important part of your diabetes treatment plan. Aim for 150 minutes of moderate activity per week.
> Manage stress
Top 12 Diabetes Power Foods to Eat
We have compiled 5 best power foods to eat with diabetes.

Muhammad Izzhar

If you have diabetes, for a power food to eat we are looking for foods that are high in fiber, antioxidants, vitamins, and minerals, all of which is lower in carbohydrates and "bad" fats (saturated fats and Trans fats). Some grains and vegetables are healthier than others, some fats are better for you than others, and some protein foods are better, etc. You get the idea. In every food group there are those foods that are healthier and therefore better for diabetes than others. We’ve seen a move recently away from processed foods to whole foods, such as fruits, vegetables and whole grains, Some of these foods will help you manage your diabetes, some will help prevent heart disease, cancer and other diseases and illnesses. We don’t mean that our only healthy diet is eating the foods on this list, but rather you should swap them out in your diet within each food group from which they belong. You will eat other foods besides these 12 foods that are part of a healthy diet. But it is a start, low fat diet for diabetes.

1. Non-starchy vegetables

Our top choices for non-starchy vegetables are asparagus, red peppers, purple onions and broccoli. There are many other non-starchy vegetables that are healthy to add to your diet. Non-starchy vegetables tend to be very low in carbohydrates; in other words, you don’t have to worry about counting the carbohydrates in them. That’s partly because they’re “good carbohydrates,” mostly fiber which cancels out the sugar on the glycemic index and they are loaded in vitamins, minerals and antioxidants, flavonoids and all sorts of other “good for you” things. Try some broccoli, red peppers or any of the variety of colors of vegetables. You’ll have your hunger satisfied with a nutritional beauty of flesh or frozen asparagus, which is low in carbohydrates. One study done in the United Kingdom even suggested that asparagus can help regulate blood sugars by increasing insulin production. Yes, there’s something healthy about asparagus. It’s got lots of folic acid and other B vitamins, too. All these things help prevent your risk of cardiovascular disease, cancer and preserve wellness day to day by preventing illness. Red peppers When green peppers can remain on the vine longer, they turn into red peppers. All that sitting and waiting to be picked loads them with nutrients. They’re powerful antioxidants. They have vitamin C and vitamin A and C. Red colored fruits and vegetables contain higher levels of lycopene than other vegetables of other colors. Spinach and carrots will also give you these benefits. A serving is a whole cup raw, and a half cup cooked red peppers. Try them in all your dishes to give a rich, red color and loads of flavor. Purple onions Purple onions are powerful antioxidants that provide great disease-fighting properties. They’re also loaded with fiber, folate and potassium that are good for cardiovascular health. High in antioxidants, purple onions are also preventative for cancer and other chronic illnesses. Purple onions are also loaded with antioxidants that help protect against disease. With only 20 calories, and eating asparagus may prevent some of the effects that aging has on our

2. Avocados

Whole avocado is a power food for your cardiovascular system. They are loaded with healthy fats, which are monounsaturated instead of saturated fats. That equals healthier. What’s more, avocados lower your cholesterol levels. It can raise the “good fats” (HDL cholesterol) in your blood stream and lower the “bad fats” (LDL cholesterol) in your blood stream. They can help lower your triglycerides, too. A recent study in the American Journal of Clinical Nutrition related to women who consumed good fats as opposed to bad fats. The women who consumed the most, fava beans, as found in avocados had a 25 percent less chance of developing T2D than those who ate foods high in saturated fats and low in good fats. Remember your servings sizes with avocados. They do have fat, although it’s good fat – a full four grams, but they’re still fat. Therefore, a serving is one-quarter of a medium sized avocado. They pack a punch of two grams of fiber, too. Try them on your favorite sandwiches, mixed them in your salads or mash them up with some lime juice and tomatoes for garnish.

3. Beans

Beans are a powerhouse. There are literally dozens of different kinds of beans that are healthy for you to eat. They are both a protein food and they also contain a fairly high amount of carbohydrates, so they must be counted as carbohydrates. You’ll get a lot of fiber with beans along with the vegetable protein in them. They’ve got a lot of minerals since they grow near the ground. You’ll get plenty of potassium and magnesium from your beans, too. Beans are low GI. Chickpeas or garbanzo beans are low on the GI index, with black beans being a bit higher. Still, they’re only about a 30 on the GI. Try a variety for your health to reduce cardiovascular disease and help control your blood sugars. Serving size is about a half a cup:

- Navy beans
- Kidney beans
- Chickpeas
- Lentils
- Black beans
- Pinto beans
- Cannellini beans

4. Apples

Many of you have probably heard that apples are good for your heart health. It’s one of the most popular sayings that describe eating apples as something healthy that can keep you healthy. Apples are good for diabetes and may even help protect people from T2D. They have a special antioxidant in them that is particularly effective at preventing heart disease and other chronic diseases. For a large amount of fiber in a small package, pick up a small apple with three grams of fiber. Count it as a half a fruit like all your fruits. It’s about 15 grams for the small apple. Many grocery store apples are much larger, so estimate if you might have two

5. Berries

Berries are loaded in antioxidants. Particularly of interest are blueberries and raspberries. Blackberries are also tasty, and strawberry’s red color provides a punch of vitamins and minerals. In brief, you’ve got your Vitamin C, loads of fiber and the highest number of antioxidants of any of nature’s bounty. For cancer, cardiovascular disease and diabetes prevention, berries are where it’s at. They protect and provide anti-inflammatory properties. Raspberries have a great antioxidant power. They have anthocyanins, ellagic acid and other compounds that help to lower your blood sugar and decrease insulin resistance. If you didn’t know, raspberries come in three colors – red, black and gold. Try them all in salads, for snacks or as a healthy dessert.
The Burden of Diabetes in Pakistan:

Jaweed Akhter
(Dean of Medical, The Aga Khan University, Karachi)

Diabetes Mellitus (DM) is now a leading cause of morbidity and mortality around the world. It is associated with high rates of hospitalization, blindness, renal failure and mortality, especially in the elderly. The economic impact of DM is high and it is a major contributor to the resulting healthcare cost worldwide. Diabetes affects one of the most common non-communicable diseases globally. Prevalence rates of DM vary considerably amongst different populations and ethnic groups surveyed.3 Consistently high prevalence rates are now being reported from several developing countries. The World Health Organization (WHO) has estimated that the global number of people with diabetes will more than double over the next 25 years and the developing world will bear an increasingly larger burden of the disease in this period. South Asia in particular is considered one of the areas of highest increase in projected numbers. Several studies have shown that South Asian migrants and their offsprings have higher prevalence rates of DM than the native host populations.4, 6. Till recently, we had limited knowledge on prevalence of diabetes among the indigenous Pakistani population. In this issue of JPMA, Shera et al report the third phase of the Pakistan National Diabetes Survey, with prevalence rates of glucose intolerance and associated factors in North West Frontier Province (NWFP). In their first two surveys, prevalence of Type 2 DM among the adult population (≥25 years) was 13.9% in Sindhi and 8.6% in Balochistan with a further 11.1% (men) and 13.4% (women) with impaired glucose tolerance (IGT) in the two provinces respectively.5, 9. While the household cluster sampling with voluntary OGGT may have a slight bias in population screening towards women and those with possibly a greater emphasis on DM, the results of the study are comparable to prevalence rates of DM in other South Asian populations. Shera et al report a prevalence rate of Type 2 DM in NWFP of 11.6% in adult women and 9.2% in adult men, with a further 9.3% of the female population and 9.7% of the male population having IGT. These are important clinical entities, both as a risk factor for future DM and as a risk factor for cardiovascular and macrovascular disease. The high rates of associated hypertension and central obesity noted in the population to confirm that some of the many faces of the insulin resistance syndrome are prevalent in the Pakistani population. All three published reports of the Pakistan National Diabetes Survey show considerable increase in prevalence rates with increasing age, the single most important determinant of risk. As life expectancy increases in Pakistan, projected prevalence rates of DM will increase significantly. The urbanization of the population and adoption of increasingly sedentary lifestyle and Westernized diets may also contribute to the increasing rates noted. This coupled with continuing high birth rate could potentially lead to an epidemic of diabetes. There would also be a corresponding increase in microvascular and macrovascular complications including end stage renal disease and coronary artery disease. The individual morbidity, mortality, cost to the family and society will be increasing high.

We avoid the risk of the fourth phase of the Pakistan Diabetes Survey from Punjab, there is an increasing need to conduct further studies to determine why the population is subject to such high rates of DM and measures that can alleviate the long-term consequences. Does intrauterine malnutrition and low birth weight contribute to later development of DM in this population? The benefits of an effective screening program need to be considered in relation to the costs of administering the program and facilities to deal with the new cases detected. National standards for care for people with DM should be agreed and implemented. Most importantly there is need to educate the population and health care providers regarding DM, as this will ultimately serve as the best hope in controlling the disease and its complications. Anational strategy to reduce the burden of disease is required. This needs more resources to be earmarked for diabetes care. The task is challenging and the stakes of success and failure are high. In the battle there is not much time for delay.

Reference:
DR. NASREEN NAVEED

If you have diabetes you should aim to keep your blood pressure well controlled. High blood pressure can lead to many complications of diabetes or can make them worse.

What is Blood Pressure?
Blood Pressure (BP) is the pressure of blood in your arteries. It is recorded as two figures e.g. 120/80 mmHg:
1. Systolic (upper level): it indicates the highest pressure exerted as blood pushes through the heart
2. Diastolic (lower level): the pressure maintained by the arteries when the vessels are relaxed between heartbeats

What is High Blood Pressure?
High BP or Hypertension develops when your BP remains above a certain cut-off point each time it is taken. It usually develops when the walls of larger arteries lose their natural elasticity and become rigid and if small blood vessels become narrow.

What should be my Target BP?
For the general population the target is to have a BP of less than 140/80 mmHg. If you have diabetes, any coronary heart disease, stroke or chronic kidney disease then the target is below 130/80 mmHg.

Symptoms of Hypertension
High BP rarely makes people feel ill. It is sometimes called a “silent threat” as there are usually no symptoms. Few people experience the following symptoms when BP is very high:

- Fatigue
- Confusion
- Vision problems
- Chest pain

Risk Factors for Hypertension with Diabetes
The combination of Hypertension and Type 2 Diabetes can significantly raise the risk of having a stroke or heart attack. It also increases the chances of developing other diabetes related complications like kidney or eye disease or can worsen their progression. There is no single definite cause of high BP. The following risk factors can play a part:

1. Family history of heart disease
2. Not doing enough physical activity/exercise
3. High fat, high salt diet
4. Being overweight or obese
5. Stress
6. Smoking
7. Advancing age
8. Drinking too much alcohol
9. Genes
10. Use of some drugs e.g. oral contraceptives, alternative remedies

What Can I do to Help Control my BP?
1. Regular physical activity: Try to avoid a sedentary lifestyle. Aim for some physical activity or exercise for at least 5 days a week for at least 30 min.
2. Try to aim for “moderate intensity activity” such as brisk walking, cycling, swimming etc. You can split the 30 min into 2 sessions of 15 min each. Start slowly and gradually build up both the intensity and duration of the exercise. Check with your doctor if you have any concerns regarding how much or what type of exercise you can do.
3. Control your weight: Shedding off excess weight can help reduce your BP. It is important to make healthy lifestyle changes or prevent further increase in your weight and waist size. This can be done by:
   - cutting meal portion sizes and the amount of fat and sugar in diet
   - increasing physical activity to burn calories.
   - Try to lose weight slowly and steadily around 1-2 pounds per week rather than "crash diets" so the weight loss is maintained.
   - Cut down on salt: Salt makes your body hold on to extra water that can increase your BP. It is recommended that adults have no more than 6 grams of salt a day (approx. 1 teaspoon). This can be done by:
     - Avoid adding extra salt to your food e.g. on fruit, eggs or in pasta
     - Cut down on processed foods and foods with hidden salt like ketchup, sauces, pre-packaged or canned foods, snacks e.g. crisps, biscuits
     - Eat plenty of fruit and vegetables: Aim for your five portions of fruit and vegetables in a day. This provides a balanced diet rich in vitamins and minerals
     - Stop smoking: Smoking is one of the major risk factors for heart disease. It causes your arteries to become narrower more quickly. If you are a smoker or chew tobacco/miswaf, stopping smoking is the single most important step you can take to improve your heart health.
     - Choose lean meats and fish and meat substitutes e.g. lentils, beans
     - Switch to whole grain breads and rice, pasta
     - Use low fat cooking methods e.g. grilling, baking rather than frying
   - Limit your alcohol intake

Do I Need to Treat my Hypertension?
If you have diabetes and your BP remains above 140/80 mmHg despite lifestyle measures then you may be advised some medication to lower your BP to target levels.

There are several BP-lowering medications. Your doctor knows which medication is best suited for you depending on certain factors:
- Your age
- Your ethnicity
- If you have any heart or circulatory disease
- If you have any kidney disease
- If you have any eye disease
- Possible side effects of other medications you are taking
- If you are pregnant or breast feeding

Therefore it is important that you always consult your doctor before taking any medicines, even ones that you can buy over the counter without a prescription.

How Long Do I need to Take my Medication?
Once you are taking your BP-lowering medications it is important to maintain a healthy lifestyle to protect your heart. If you continue to smoke or do not exercise enough, this will continue to put you at risk.

Some people who are able to control their BP over a prolonged period of time may be able to stop the medication. However, in most cases people need to continue their medicines long term in low doses to avoid complications in future. Your doctor will be able to advise you accordingly.
مرکز دیابت‌سازی، کرمان، آکادمی آگاهی کمیته‌های دیابت‌سازی، کرمان
Diabetes is a chronic disease caused by inherited and/or acquired deficiency in production of insulin by the pancreas or by the inefficacy of the insulin produced. The primary metabolic problem in diabetes is the inability of the body to utilize glucose. Absorption of this carbohydrate across intestinal wall is unimpaired, and glucose enters the bloodstream unabated. The increased concentration of glucose in the blood in turn damages many of body’s systems, in particular the blood vessels and nerves. One of the major characteristics of diabetes is obesity, another condition, whereas secondary complications may affect kidneys and eyes etc.

According to World Health Organization, 8.5% of the world population is affected by diabetes and management of diabetes without any side effects is still a challenge to the medical system. Although oral hypoglycemic agents and insulin are the foundation of treatment of diabetes and are effective in controlling hyperglycemia, they have prominent side effects including hypoglycemia at higher doses, liver problems, headache and diarrhea etc.

Apart from currently available therapeutic options many herbal and dietary components have been recommended for the treatment of diabetes over centuries. Traditional plants-based medicines are used throughout the world for a range of diabetes presentations. Herbal drugs are prescribed because of their effectiveness, less side effects and relatively low cost. Many research articles on the hypoglycemic plants and their use have been published over the years. Remarkably, a wide variety of such reported plants and their extracts have been used. Some of the commonly used edible medicinal plants in our society include: Allium cepa (Onion), Allium sativum (Garlic), Aloe vera, Brassica juncea (Mustard), Carallaria sinensis (Green tea), Monarda didyma (Bitter guava), Morus alba (Mulberry), Moraea longiflora (Curry Leaf), Trigonella foenum-graecum (Fenugreek), Zingiber officinalis roosoe (Ginger).

1. Allium cepa: Commonly known as onion, it is an essential dietary component consumed normally as raw, in curries, salads etc. It is cultivated throughout Pakistan. Several scientific studies have indicated the hypoglycemiacal and hypolipidemic activity of this plant. It is suggested that it lowers blood glucose level and its anti-oxidant activity also has health benefits.

2. Allium sativum: It is familiar worldwide as garlic, which makes green tea an effective anti-diabetic consumable. Apart from that, it also increases insulin activity and prevents oxidative damage in the body, resulting in widespread health benefits.

3. Aloe vera: It not only gores wild but is also cultivated in comparatively dry parts of Pakistan. Aloe vera is used all over the world for its medicinal and cosmetic properties. It is also mentioned in the folk medicine of Arabian Peninsula for management of diabetes. Scientific studies suggest that aloe vera maintains glucose homeostasis by controlling carbohydrate metabolism, abolishing enzymes and stimulating insulin release from the beta cells of pancreas.

4. Brassica junacea: Commonly known as Rap or mustard, it is a small herb cultivated in most parts of the country. Mustard seeds are commonly used as a spice in various food items and is also consumed as a leafy vegetable. Its seeds are an important source of mustard oil which is an integral part of Pakistan’s food culture and folklore. The research orientated towards finding its medicinal effectiveness has shown convincing results of its active compounds being responsible of increased hepatic glycogen concentrations. This in turn leads to a reduction in overall glucose level in the blood stream.

5. Carallaria sinensis: Carallaria sinensis is small evergreen plant commonly known as green tea. It is native to countries like Sri Lanka, India, Nepal and China. In Pakistan, green tea is mostly cultivated in Khyber Pakhunkhwa province and is a staple all over the country. Carallaria sinensis contains a specific compound known as epigallocatechin gallate, which makes green tea an effective anti-diabetic consumable.

6. Moracea longiflora: It is a shrub, climbers, annual vine which is commonly known as bitter guava or ‘chirchi’. It is found all over Pakistan but requires tropical conditions for its optimal growth. Fruits of this plant, despite their bitter taste are used in local cuisines and is a favourite culinary item across the country. Fruits and their dry powder of this plant have been reported to have active hypoglycemic activity. A polyphenol similar to insulin has been isolated from its seeds which has shown 45% fall in blood sugar level of diabetic patients.

7. Morus alba: Commonly known as mulberry or ‘shaitoon’, it is found as a shrub or tree across Pakistan. The fruits of different species of mulberry are consumed fresh as well as in the dry form. Its leaves are also used as a remedy for different ailments in the traditional medicine. Its leaf extracts contain several active compounds that have reported anti-diabetic activity in experiments conducted on mice. Similar results in humans are also expected as it can be used to lower blood glucose levels.

8. Moraea longiflora: This plant is known as Curry Leaf or ‘sunny past’. Native of India and Sri Lanka, it is cultivated for its aromatic leaves. The leaves are used commonly as flavoring agents in many curries that oriental cooking recipes. The leaves of moraea longiflora have exhibited blood sugar lowering activity as it increases the process of glycogenesis in the human body.

9. Trigonella foenum: This annual herb is widely known as fenugreek or ‘methi’. Its leaves are consumed as a leafy vegetable and are considered a rich source of calcium, potassium and vitamins. Fenugreek has been extensively used for culinary and medicinal purpose for centuries. Several studies have reported that its seeds and leaves have hypoglycemic activities as they delay glucose absorption and enhance its utilization.

10. Zingiber officinalis roosoe: It is an aromatic root commonly known as ginger. This rhizome is cultivated across Pakistan and is used in food items in combination with lemon and sage. Traditionally practitioners recommend its use in many common ailments like flu and cold etc. Liquid extract of ginger has been found to be anti-diabetic effects. Several experiments have shown that when administered in appropriate dosages, it results in increased insulin levels and subsequent decrease in fasting blood glucose level.

Plants have been used in the treatment of diabetes all over the world for centuries. Not only diabetes, the most commonly used drugs of modern medicine such as aspirin, anti-malaria and anti-cancer etc. have originated from plant sources. While modern medicine is part of our lifestyle, the principles representing numerous classes of chemical compounds have shown potential use in treatment of diabetes. Among the classes of chemical compounds isolated from plants with documented biological activity are alkaloids, glycosides, galactomannan gum, peptidoglycans, glycoproteins, amino acids and inorganic ions. The plants and their products mentioned above display varying degree of anti-diabetic effects per their different parts used in the diet of local people of Pakistan. From the reports of their potential effectiveness against diabetes, it is assumed that the botanists have a major role to play in the management of diabetes, which needs the need for necessary development of drugs from natural resources. This approach for the treatment of diabetes is practical, cost effective and logical. Promotion of these edible medicinal plants (which are already a major dietary part of many nations) as their potential and reported anti-diabetic effect is essential as major alternative approaches towards fighting the nemesis of diabetes.

Muhammad Attaque Assistant Manager (Clinical Laboratories)
The Diabetes Centre (TDC) is an internationally (UK, USA, UAE, AU & CA) registered entity with core operations in Pakistan. TDC is a philanthropic, not-for-profit organization committed to provide patient care in the country through establishing specialized diabetes healthcare facilities, to create awareness about the disease to avoid it at the onset and providing the healthcare to diabetics on welfare basis making it affordable for all regardless of their ability to pay.

### CAREER OPPORTUNITIES

<table>
<thead>
<tr>
<th>No.</th>
<th>Position</th>
<th>Requirement(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nephrologist</td>
<td>MBBS &amp; FCPS in Nephrology with 08 to 10 years post qualification experience.</td>
</tr>
<tr>
<td>2</td>
<td>Dialysis Technician</td>
<td>FSc and Diploma in Dialysis Technician from recognized Medical Faculty with 03 years’ experience.</td>
</tr>
<tr>
<td>3</td>
<td>Staff Nurse (Dialysis)</td>
<td>Diploma in General Nursing with 02 years’ experience in Nephrology / Dialysis Unit and/or Bachelor of Science in Nursing (BScN) with 01 year experience in Nephrology / Dialysis Unit.</td>
</tr>
<tr>
<td>4</td>
<td>X-ray Technician</td>
<td>FSc. / Diploma in X-Ray Technology form recognized Medical Faculty with 03 years’ experience.</td>
</tr>
<tr>
<td>5</td>
<td>Dispenser</td>
<td>Matric with Diploma in Dispensary with 02 years’ experience.</td>
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Interested candidates are requested to send their resume with job title and location “Islamabad” in the subject at careers@tdc.com.pk latest by November 10, 2018 or mail resume at following address:

- HR Department – The Diabetes Centre, Near Toll Plaza, Phulgran Stop, Islamabad - Murree Expressway.
- P.O. Box # 635 (Bara Kahu), Islamabad.

For more details and career opportunities, please visit: www.thediabetescentre.com
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