can strike at any age. Some NIDDM patients require insulin, but many do not.

Although both types of diabetes are popularly called "sugar diabetes," they are not caused by eating too many sweets. High sugar levels in the blood and urine are a result of these illnesses; their exact causes are unknown. What is clear is that NIDDM runs in families far more often than IDDM does and that—unlike IDDM, which cannot be prevented—it can frequently be avoided by staying in shape.

"At least 80 percent of those who get type 2 diabetes weigh 20 percent or more than they should and usually have for many years," says John L. Guerigian, M.D., of FDA's division of metabolism and endocrine drug products and executive secretary of the advisory panel to the agency on diabetes drugs. "Particularly if someone in your family became diabetic as an adult—a parent, brother or sister, for example—you can do yourself a favour by not putting on too many pounds and keeping fit."

Symptoms of IDDM typically appear abruptly and include excessive, frequent urination, insatiable hunger, and unquenchable thirst. Otherwise unexplained weight loss is also common, as are blurred vision (or other vision changes), nausea and vomiting, weakness, drowsiness, and extreme fatigue.

But the most immediately life-threatening aspect of Type 1 diabetes is the formation of poisonous acids called ketone bodies. Like glucose, they accumulate in the blood and spill into the urine. Before the advent of insulin, the consequent ketoacidosis (acid buildup) was irreversible, causing most people who got IDDM to die within months.

Other symptoms that may signal the presence of type 2 disease are tingling or numbness in the lower legs, feet or hands, skin or genital itching and gum, skin or bladder infections that recur and are slow to clear up. Again, many people fail to connect them with possible diabetes.

Measuring glucose levels in samples of the patient's blood is key to the diagnosis of both types of diabetes. This is first done early in the morning on an empty stomach. For further information, the blood test is repeated, usually on another day, before the patient has drunk a liquid containing a known amount of glucose and at intervals afterwards Treatment for either type seeks to do what the human body normally does naturally: maintain a proper balance between glucose and insulin. The guiding principle is that food makes the blood glucose level rise while insulin and exercise make it fall. The trick is to juggle the three factors to avoid both hyperglycemia, meaning a blood glucose level that is too high and hypoglycemia, meaning one that is too low.

Since there is no cure for either kind of diabetes, treatment is lifelong. It always includes dietary restrictions, which most patients are better able to follow if a nutritionist or registered dietitian helps them to build flexibility and variety into their meals and snacks.

All diabetes patients should, refrain from smoking and abstain from or at least go easy on alcohol. And, unless there are reasons why they should not exercise, they should do so regularly, being sure to check with their doctors about what sort of exercise will be beneficial and safe for them. Type 1 diabetics, in addition, must take insulin injections.

Because the vast majority of type 2 diabetics are heavier than they should be, weight loss alone is often prescribed first. Slimming in itself may normalize (or nearly so) blood glucose levels, even if the patient does not get down to his or her ideal weight. But the pounds should be lost for good. Subsequent attempts at weight loss are less likely to be as successful or to lower blood glucose levels as much.

When diet and exercise fail to sufficiently lower blood glucose levels in type 2 patients, the doctor may decide to add insulin, an oral sulfonylurea drug or both. However, no drug can replace diet and exercise; they are always essential.

Regular dental checkups are particularly important. So are periodic eye examinations by an ophthalmologist (physician eye specialist). Diabetics get cataracts and glaucoma more often than most people and also are prone to another potentially blinding disorder—diabetic retinopathy—that other people don't get. The sooner these disorders are detected, the greater are the chances of saving the patient's sight.

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— Courtesy : Internet

Eating Icecream— without the Guilt

Finally, diabetics and weight watchers can eat as much icecream as they want, without going on a guilt-trip. Igloo, a prominent name in the icecream business, has come up with yet another innovation _ diet icecream.

For icecream freaks who can't get enough of the stuff and for diabetics who have to sneak to the fridge for a clandestine scoop of the creamy delight, this may be the best news ever _ food-wise that is.

Igloo's diet icecream contains very few calories _ its milk fat content is a mere 3 percent compared to the 10 percent in normal icecream. More importantly, it is also sugar free which makes it completely safe for diabetic patients.

Infact, according to a research done by BIRDEM doctors the low calorie icecream had beneficial effects on diabetics. The study included 30 patients between 30 and 45 years with each patient consuming about 125ml icecream (both normal and diet) with an interval of 7 to 10 days. The results showed that the triglyceride levels were significantly lower in the case of diet icecream consumption.

For many dieters forgoing icecream is one of the most difficult sacrifice. At a time when young people are constantly bombarded with images of slim, trim bodies, thanks t o satellite t.v., icecream , no matter how tempting, is a big no no for hourglass figures. Diet icecream, therefore, could not have arrived at a better time.

At present, Igloo offers only one flavour of diet icecream _ vanilla. The icecream is very smooth and creamy and tastes very much like regular icecream.

