

CRUSADE

Against Diabetes



Diabetes Research Centre
Diabetes Care • Research • Prevention • Education

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April 2008

Release of Manual on Primary Prevention of Diabetes



From Left - Right : Dr. Ananthanarayanan, Dr. Meer Mustafa Hussain, Dr. Vijay Viswanathan & Dr. Gojka Roglic at the function during the release of Education Materials on Primary Prevention of Diabetes

The WHO Collaborating Centre has sought to create awareness on Primary Prevention of Diabetes which will benefit people who are at a high risk to developing this disorder. As part of the programme, Dr. Vijay Viswanathan, Managing Director, announced the campaign on Primary Prevention of Diabetes. A manual on Primary Prevention of Diabetes and a colour poster containing 10 golden rules for primary prevention of diabetes were released at the function at Hotel Taj Connemara by Dr. Meer Mustafa Hussain, Vice-chancellor, the Tamilnadu Dr. M.G.R. Medical University in the presence of Dr. Gojka Roglic, Responsible Officer, WHO Diabetes Programme, Geneva. The colour poster containing 10 golden rules for primary prevention of diabetes was released by Dr. Ananthanarayanan, Deputy Director General, Directorate General of Health Services, New Delhi.

This manual is dedicated to our Founder Director Prof. M. Viswanathan, who started his pioneering work on

Primary Prevention of Diabetes as early as in 1954. His firm belief that it is possible to prevent Type 2 diabetes resulted in a large collection registry of families with Type 2 diabetes for over five decades. It is therefore with a sense of pride that the centre dedicates the manual to this legend in Diabetology.

These education materials are intended to reach out to the general population and health professionals and help in learning and understanding the methods to prevent diabetes.

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நீரிதழ் நோய்

எக்கணா என்பது தீரில்
மேட்டால் கணைக்கி கட்டியது
ஆனால் மீறித்து எதிரிக முடியுமா?
அதே போன்று நான் எக்கணா நோயும்!
எக்கணையும் இரத்தத்தில் இருக்கிறது.
அதைக் குறைக்க முடியுமா?
என் முடியுமா? எம்.வி. சுந்தரன்
முடியும்!

மா. 08/04

Message



Dr. Vijay Viswanathan

Managing Director
MV Hospital for Diabetes

Dear readers of The CRUSADE,

The year 2008 started well for our institution with the visit of Dr. Gojka Roglic and the launch of the campaign primary prevention of Diabetes. These events are covered in this issue. Our team of dietitians and diabetes educators have given you some interesting articles on different subjects. These articles will help people with diabetes to understand their disorder better and know more about what they should do and should not do.

I hope you enjoy reading this issue.

Please write your comments to me at

drvijay@mvdiaabetes.com

Dr. Vijay Viswanathan

Medical Nutrition Therapy in Diabetic Nephropathy

Introduction

Diabetes is a hereditary metabolic disorder characterized by an inadequate supply of insulin due to which the body is unable to regulate blood glucose levels. Diabetic renal disease is a major complication that affects 30-50% of Type I and over 20% of Type II diabetic individuals who have had uncontrolled diabetes for more than 3 years.

Diabetic Nephropathy is also called Diabetic Kidney Disease (DKD). It is a chronic, progressive kidney disease that develops in about one-third of all people with diabetes. It is a complication of diabetes that results in progressive loss of ability of the kidneys to function normally. The Kidney is like a leaky sieve, the kidney initially becomes leaky to proteins such as albumin which are lost in the urine. As the kidney progressively declines, it leads to accumulation of wastes like urea, creatinine, etc.

Diabetic nephropathy can be treated with insulin therapy and dietary treatment. Diet and exercise have major effect on insulin sensitivity in Type I and Type II diabetic individuals.

MNT Goals in Diabetic Nephropathy

- To Maintain near-normal blood glucose levels.
- To achieve optimal lipid levels.
- To provide adequate calories to maintain or attain reasonable weight for adults.
- To correct electrolyte depletion.
- To avoid dehydration or over hydration.
- To reduce and minimize protein breakdown.

- To prevent, delay or treat nutrition related risk factors and complications.
- To slow the progression of renal failure.

Dietary Modification

- Salt restriction.
- Protein modification.
- Adequate non-protein calorie to maintain weight or prevent weight loss.
- Low saturated fat.
- Fluids and potassium as required.

Protein

- As renal disease progresses, the ability of the kidneys to excrete urea (nitrogenous wastes) diminishes.
- The load of urea presented to the kidneys is usually proportional to the amount of protein in the diet.
- If there is too much protein in the diet, the blood urea nitrogen (BUN) will rise and the symptoms of uremia (especially nausea and vomiting) will develop.
- If there is not enough dietary protein, there will be inadequate supply of amino acids for the synthesis of necessary proteins.
- So, it is a very crucial task, to provide sufficient protein to prevent breakdown and at the same time avoid an excess that would elevate urea levels.
- The recommended dietary allowance is 0.8g / Kg / day. In selected patients with overt nephropathy and falling GFR, a stricter restriction to 0.6g / Kg / day may be useful.
- There is no significant difference in renal function in South Indian Vegetarians and Non-Vegetarians. The term protein modification is more appropriate than protein restriction.

Fat

- Persons with Diabetic Nephropathy often have higher levels of triglycerides and cholesterol.
- Increased synthesis of VLDL lipoprotein is seen.
- There is decreased clearance of VLDL.
- A fat from vegetables sources (PUFA & MUFA) is preferred.

Sodium

- In patients with Diabetic Nephropathy, the intake of sodium is usually individualized and monitored regularly to avoid hypertension and fluid accumulation. The amount recommended is usually around 2000 mg/day of sodium.
- The recommended intakes for a vast majority of patients is 2-3g of sodium per day.
- Salt also has the effect of increasing thirst, so it makes more difficult for patients to restrict their fluid intake.
- To compensate for the lack of salt, use of lime, vinegar, tamarind, etc., is permitted. Even judicious use of spices and condiments is permitted.

Potassium

Damaged kidneys cannot clear potassium adequately. So, adjustments are made to maintain normal levels.

Kidneys provide the major route for excretion of potassium. In case of renal failure, potassium is retained by the kidneys, which might lead to increased levels of potassium in the body.

A process called leaching of potassium is recommended where meat and vegetables especially green leafy vegetables are chopped into pieces and boiled in water, so that potassium is drained in water.

Patients with kidney failure should not use salt substitutes (e.g. Potassium Chloride) which contain large amounts of potassium.

Similarly, nuts, jaggery, instant coffee, chocolate, cocoa powder & tender coconut water are very high in potassium content & hence must be avoided.

Fluid

- It is necessary to control fluid intake to prevent excess fluid accumulation.
- The required fluid intake (ml) per day is calculated as 500ml water over total urine output (ml) per day. The fluid restriction is adjusted as per the clinician's recommendations.
- Some tips for restriction of fluids – place ice cubes on tongue to quench thirst. Sip small amounts of water throughout the day. Use smaller cups and glasses.

Prevention of Progression of Renal Damage

- Tight glucose control.
- Treatment of high blood pressure with drugs & salt restriction.
- Modifying dietary protein.
- Lipid control.
- Avoidance of nephrotoxins. (Intravenous contrast used in CT Angiogram, antibiotics like gentamycin)
- Prompt treatment of urinary infections and renal stasis.

Conclusion

Evidence now is very strong that diet plays a very vital role in the management of diabetes. A high carbohydrate, high fibre diet with moderate protein of high biological value is the ideal diet for diabetics. High carbohydrate, high fibre diets increase insulin sensitivity and decrease insulin requirements. High fat diets have the opposite effect. Moderate protein intake for patients with diabetic nephropathy helps to reduce albuminuria and kidney failure. The ideal approach in the treatment of diabetic nephropathy is prevention. Prevention can be achieved by early detection of proteinuria and taking appropriate dietary measures.

– Mrs. Sheela Paul
Ms. Hamsapriya









Dept. of Nutrition & Dietetics

INDIA – Initiating Diabetes Awareness

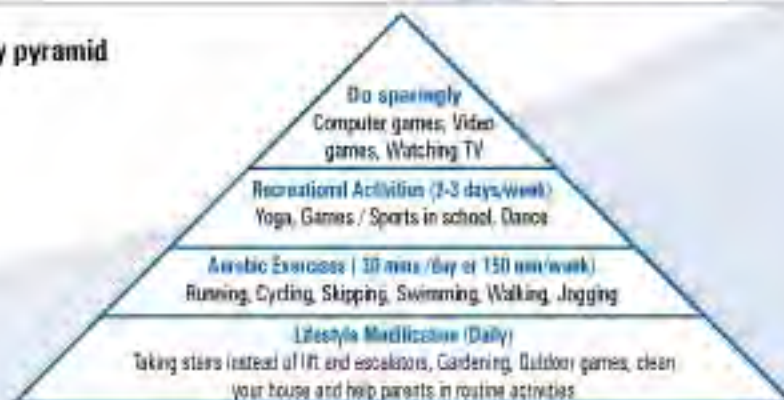
Enough and more has been said on the increasing prevalence of diabetes among Indians and India being the diabetes capital of the world. Every year November 14 is observed as World Diabetes Day to increase awareness of diabetes around the world. But how much of these awareness messages are percolating down to the common man is yet to be seen. It has been found that Asian Indians are more susceptible to diabetes than other populations. One of the reasons is the increased tendency to accumulate fat around the organs and beneath the skin especially in the abdominal region which can result in insulin resistance, glucose intolerance and ultimately lead to diabetes. Sedentary lifestyle and unhealthy eating habits have contributed much to promote this tendency. Since overweight and obesity is on the rise among the youth particularly in the urban areas, diabetes is also on the rise especially among those with a family history of

diabetes. It has been found that 50% of the population who have diabetes are not aware of the condition. Hence it is imperative that awareness campaigns focus on children and the youth with emphasis on increasing physical activity and adopting healthy diet as inculcating a healthy lifestyle now will ensure that they follow it throughout their adult life. This will go a long way in arresting the progress of this debilitating and chronic disease.

Henceforth, this column will be featured in every issue of 'Crusade' and different topics related to diabetes will be discussed. The topic discussed in this issue is "**Prevention of Childhood Obesity.**" Childhood obesity can lead to life-threatening conditions including diabetes, high blood pressure, heart disease, sleep problems, cancer and other disorders. Studies have shown that overweight children are more likely to grow up to be overweight adults. Here are some tips regarding physical activity and diet that can help prevent childhood obesity.

To Do	To Avoid
 Children should be physically active for a total of 60 minutes and up throughout the day.	 Children being inactive for extended periods of 2 to 3 hours during the day time.
 Adolescents should be active for 30 minutes everyday as part of play, games, sports, etc. and engage in moderate to vigorous physical activity for 20 minutes at least 3 - 4 times a week.	 Sedentary activities like TV watching, playing video games for more than 2 hours a day.
 Take a Balanced Diet which includes <ul style="list-style-type: none"> • Plenty of vegetables, legumes and greens. • Plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain. • Lean meat, fish, poultry and/or pulses. • Milk, yoghurt and / or alternatives. • Plenty of water. • Fruits. 	 Foods that contain <ul style="list-style-type: none"> • Saturated fat and trans fat that are found in industrial snacks like biscuits, chips, wafers, chocolates, instant and ready-to-eat meals, etc. • High salt like chips, etc. • High sugar like aerated drinks, packed fruit juices. • Foods rich in calories but with zero nutritive value.  Frequent consumption of fried food, ice creams and milk shakes.  Eating regularly from restaurants and fast food outlets.

Physical activity pyramid



– Dr. Shabana Tharkar
Dept. of Epidemiology

Hi! I Am Interesting..... Omega-3 Fatty Acids

EPA – EICOSA PENTANOIC ACID

DHA – DOCOSA HEXANOIC ACID

ALA – ALPHA LINOLEIC ACID

Omega-3 fatty acids are considered as essential fatty acids. They are essential to human health but cannot be produced by our body, therefore it should be obtained from food.

SOURCES OF OMEGA-3

VEGETARIAN SOURCES

Vegetable oil, Flax seeds and Nuts especially Walnut and its oil, Canola oil, Soya beans, Whole grains, Olive oil, Garlic.



NON-VEGETARIAN SOURCES

Fish such as Salmon, Tuna and Halibut, Mackerel, Herring and Sardines.



IMPORTANCE OF OMEGA-3 DURING PREGNANCY

Fatty acids are found in all cell membranes. They compose of 60% of the dry weight of the fetal brain, half of which is omega-6 and half is Omega-3 (Arachinodic acid and DHA). DHA is important for the growth and development of fetal central nervous system and retina.

Other Benefits and Uses

Omega-3 may be helpful in treating a variety of health conditions as follows–

High Cholesterol

Omega-3 supplement from fatty fish and also fish oil (EPA and DHA) has been reported to reduce low density lipoprotein (LDL or 'bad cholesterol') and tri glycerides.

Walnuts rich in ALA tend to lower total cholesterol and triglycerides.

High Blood Pressure

Supplementation with 3 or more grams of fish oil daily can lead to significant reduction in untreated hypertensive patients.

Heart Disease

Daily intake of omega-3 supplement reduces the risk of death, subsequent heart attack and stroke.

Diabetes

Diabetics tend to have high triglyceride and low HDL levels. Omega-3 can help to lower triglyceride and apoproteins (markers of cholesterol) and increase HDL (High density lipoprotein).

Weight Loss

People who are in a weight loss program that includes exercise and a low-fat diet tend to achieve better control over blood sugar and cholesterol when salmon, mackerel, etc. are included in diet.

Arthritis

Omega-3 supplements reduce tenderness in joints, decrease morning stiffness and inflammation, etc.

Osteoporosis

Omega-3 fatty acid such as EPA help increase levels of calcium in body, deposit calcium in bones and improve bone strength.

Depression

Omega-3 helps the nerve cells communicate with each other, which is an essential step in maintaining good health.

ADHD (Attention deficit hyperactivity disorder)

Omega-3 supplements help to decrease physical aggression in school children.

Eating Disorders

People with Anorexia nervosa have low levels of PUFA. Therefore, rich sources like fish and organ meats should be included.

Skin Disorders

Omega-3 supplement provides less sensitivity towards UV rays in people with particular sensitivity to sun ('photo dermatitis'). Flax seeds are useful for acne treatment.

Other benefits of Omega-3 supplements have been revealed in Asthma, Muscular degeneration, Menstrual pain, Colon cancer, Breast/Prostate cancer, etc.

Precautions

Because of some potential side effects and interactions with medications dietary supplements of Omega-3 should be taken under the supervision of health care professionals.

Deficiency

Deficiency of omega 3 fatty acid leads to extreme tiredness, fatigue, poor memory, dry skin, heart problems, mood swings or depression and poor circulation.

— Miss. M. Indhumathy,
Dept of Education

I am obese, How should I Prevent Diabetes Mellitus!

Introduction

Many years ago, being chubby was considered a sign of prosperity. But now obesity itself is considered a disorder. Globally, there are more than 1 billion overweight adults, at least 300 million of them are obese.

When we look into magazines, newspapers, television, etc., experts keep talking about obesity but does the news really reach the community? Do people feel that being obese pre disposes them to chronic disease.

Pooja

I have a doubt whether obesity can affect my future and lead to Diabetes Mellitus.

Dietitian

Yes, there is no doubt about it. Overweight and Obesity are abnormal. Excessive fat accumulation may impair health. Obesity promotes insulin resistance. The main causes of obesity are increased consumption of energy dense foods, food high in saturated fats, sugars & reduced physical activity. Obesity can increase the risk of chronic diseases such as Type 2 Diabetes, Heart disease, Hypertension, stroke, Arthritis & some types of cancer.

Pooja

How is it possible to diagnose obesity and what is my desirable body weight?

Dietitian

With your height and weight calculate your BMI using the following formula –

$$\text{BMI} = \frac{\text{Weight in kgs}}{(\text{Height in meters})^2}$$

Criteria for obesity

BMI upto 25 is Normal

BMI = 25-29.9 – Overweight

BMI = 30-34.9 – Obesity

BMI = 35-39.9 – Extreme Obesity

BMI = ≥ 40 – Morbid Obesity

Ideal Body Weight = Height in cm – 100
for e.g. 160 - 100 = 60 kg is the Ideal body wt.

Pooja

Can I reduce my weight, if so how many Kilos and within how many months?

Dietitian

Weight reduction should be slow, steady and maintained. Try to reduce 10% of the present weight within a 6 month period. i.e. 1/2 - 1 kg within a week

Pooja

What is junk food and how frequently can I eat it?

Dietitian

Junk foods are energy-dense foods which are high in saturated fats & sugars and very less in vitamins & minerals. They can be taken occasionally.

Pooja

Because of my weight I am having knee pain. So what exercise is suitable for me?

Dietitian

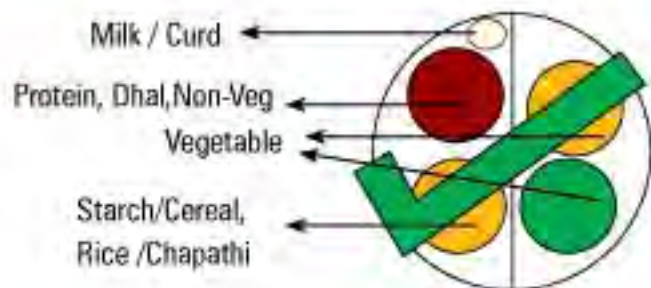
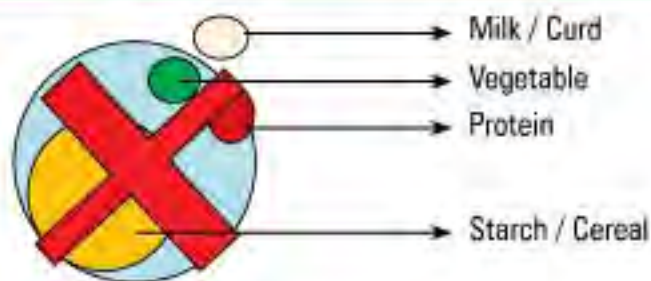
If you are really suffering from knee pain learn exercise from a physiotherapist. Otherwise gradually start walking, increase the speed & time limit slowly; choose any aerobic activity.

Pooja

Will taking honey in warm water help me in reducing my weight?

Dietitian

If it is that easy to reduce weight then nobody will be obese. Taking honey in warm water and then taking excess calorie rich food will not help in weight reduction.



Pooja

How frequently should I check my weight?

Dietitian

Check your weight twice a week – maybe monday and friday and keep recording it. Even if you have reduced 0.1gm, take it as a positive sign. But even if there's no change in weight don't give up. Keep trying. Maintain a food diary – record daily food intake and exercise. By the end of the week check the diary & you will know what mistakes you have made.

Pooja

I am always hungry. How can I control my food intake?

Dietitian

Try to have 3 main meals & 2-3 small snacks in between. Choose a smaller plate, have an equal quantity of vegetable in proportion to rice. Start your meal with soup or buttermilk then go for vegetables, salad, and then have your main meal, so that it gives a feeling of fullness.

Pooja

If I follow all these instructions will I reduce my weight?

Dietitian

Weight reduction is a long term goal. Regular physical activity when combined with dietary modification leads

to more significant weight loss and may also help in long term weight maintenance.

Healthy Tips

- Avoid fasting and feasting.
- Enjoy variety of food.
- Eat small regular meals at frequent intervals.
- It is better to use low fat milk.
- Nibbling between the meals should be avoided.
- Eat slowly & take more time for chewing so that consumption of food will reduced.
- Don't eat left over food.
- Leave the table as soon as you have finished eating.
- Do not combine eating with other activities, such as reading or watching television.
- Stock your house with healthy food choices.
- Keep all food in cupboards where it cannot be seen.
- Shop for groceries after a full meal.
- Limit the amount of money you take when you go shopping.

A Story on Exercise Plan

"Making a plan will help your goal, step by step. Think of your plan as a deal that you make with yourself"

Now let us read on, to see how" MARY "made a plan for adding exercise to her daily routine.

Self evaluation of Mary as follows

1. What's my goal for exercise?

I want to be more active so that I can control my blood sugar level and also feel better.

2. Why haven't I exercised before?

I did not exercise before because I thought I did not have time.

- Plan meals and snacks.
- Snack on fresh vegetables and fruits.
- Do all the household activities in your home.
- Reduce TV watching time.
- During leisure time instead of watching TV, try walking in the terrace.
- Do gardening.
- Go to the nearby temple and small distance by walk instead of using a vehicle.
- Pick up your children from school.
- Do small exercises like skipping, jumping, jogging at home.
- Do not sleep during the leisure time.
- Climb stairs instead of using the lift.

For weight reduction, gradual changes in activity, eating pattern and family support is very important, since obesity is a chronic problem that requires life-long attention.

– Mrs. Sheela Paul, Ms. Vimala
Dietitians

3. How can I work around this problem?

I will choose exercise that I can do at home and that will not take a lot of time.

4. Here's my plan (What I'll do, when and how long I will do it?)

I have decided to walk in the morning or evening for 30 mins. I will walk to the market everyday. I am a beginner so I will cover 1 km in 20 mins and gradually increase my pace and reach my walking target 1 hr after 4 months.

5. What I need to remember before I start walking?

I should not go walking on empty stomach.

I should have light snack (e.g. Coffee or tea with out sugar) and carry a sugar candy in case I have hypoglycemia or low blood sugar.

I should carry an identity card.

I must wear proper, comfortable shoes.

I should check my blood glucose level before going for walk.

6. What do I need to get ready?

I need walking shoes that fit well.

7. What can prevent me from making this change in my lifestyle?

It might rain. If it does I can walk inside the house.

8. How will I reward myself?

If I meet my goals this week, I will go on outing with my family.

– Mrs. Anu JiJi, M.Sc.
Patient Educator

Footwear for Diabetic Patients

Diabetic foot problems cause more amputations than any other pathology despite modern advances in the management of diabetes. Most diabetes related foot amputations are preventable.

The diabetic patient is especially susceptible to foot complications because of the poor blood circulation in the feet. This condition is called peripheral vascular disease and the loss of sensation in the feet due to nerve disease is called peripheral neuropathy. The interaction of these two entities coupled with negligence leads to a variety of foot complications. Special custom – made footwear plays a major role in preventing these conditions to a certain extent.

People with normal sensation in their feet can feel the discomfort from poorly fitting shoes and will attempt to correct the discomfort, whereas diabetic patients with nerve damage may continue to wear poorly fitting shoes without realizing the discomfort thereby causing damage to the skin and the tissues. Even though it appears simple but it is the main reason for foot injuries and diabetic foot infections. A well constructed footwear can protect the diabetic foot from tissue damage and can be very cost effective in the prevention of diabetic foot related hospitalization and amputation.

Simple guidelines for good footwear:

- You should not buy footwear by merely asking for your size. Get your foot measured while standing at the time of buying footwear. Remember your feet undergo changes in shape and size with the progression of neuropathy.



Footwear manufactured at M.V. Hospital in collaboration with Central Leather Research Institute

- The toe box should be sufficiently long, broad and deep to accommodate the toes without pressing on them, so that the toes are not too cramped.
- Diabetic patients should not use footwear with toe grip or toe rings to hold on. It is always advisable to use sandals inside and outside the house. Footwear should be fastened with an adjustable lace, strap or velcro.
- The heel of the footwear should not be more than 1 inch. If it is more, there will be increased pressure on the ball of the feet. This is the area where ulcers develop more frequently.
- The inner lining of the footwear should be made of soft material free of inseam lines which can be abrasive on the diabetic skin causing blisters.
- You should not wear footwear made of nylon or plastic. Leather footwear breathes better than any other material. It absorbs the moisture caused by perspiration and allows the moistures to evaporate, if not the skin can macerate especially in between the toes. Macerated skin can spread infection.

- Footwear should be purchased in the evenings because the feet swells a little during the day.
- Cotton socks should always be worn with shoes to avoid blisters.
- It is always good to wear custom-made footwear which has been prescribed by the podiatrist.
- Shake out any pebbles, sand or any foreign objects that may have found its way into the footwear, before putting them on.
- Run a hand around the inside of footwear to detect rough worn off places. If there are any, then replace the footwear.

- If the footwear is wearing out, get them changed immediately.
- Always use walking shoes or sports shoes during exercise.
- Never wear new footwear continuously; instead use them slowly. ie, wear them 1 to 2 hours each day for the first few days.
- Please remember to show your feet and footwear to your doctor whenever you meet him.
- Good control of blood sugar can prevent loss of sensation and blood circulation to the feet.

– **R. Seena**, *Research Assistant*
M. Sivagami, *Research Assistant*
 Foot Care Department

Staff News

- Dr. Shabana Tharkar was awarded the Poster of Appreciation in a National Conference – All India Association for Advance Research in Obesity, held at Hyderabad in March 2008, for “Obesity & Cardio Vascular risk factors among Police Personnel.”



Dr. Shabana Tharkar (on the right) and Dr. K. Satyavan during the poster competition.

- Mrs. Sheela Paul was invited to deliver a guest lecture on “Nutritious Food” by Miacee Teachers Training College.
- Dr. Uma Mahesh delivered a lecture on “Diabetes & Complications” to the HR Professionals of MNES as audience at Pondicherry.
- M.V. Hospital for Diabetes conducted a medical camp at Madurai on 30th March, 2008 in association with Sansar Consulting Group at P.T. Rajan Hall. More than 150 people were screened for diabetes. A lecture on “Prevention of Diabetes” was delivered and leaflets on the subject were given to the participants. Recording of

blood pressure, height, weight & waist measurement and random blood sugar testing were done.

- The department of Psychosocial education and health conducted a panel discussion for the patients of M.V. Hospital. The panelists were from all disciplines of medicine – diabetologist, endocrinologist, podiatrist, dentist, lab investigations, yoga specialist, physiotherapist and dietitian. The patients took an active part in the panel discussion and got their doubts cleared regarding diabetes and its effective control. The patients were happy and contented at the end of the 3 hour long session as they had an opportunity to converse with a multidisciplinary team all under one roof.
- M.V. Hospital for Diabetes in collaboration with Tamilnadu State Chapter of IMA has started FCD course for General Practitioners. About 300 doctors have registered in the first batch. Curriculum includes management of diabetes and its complications.



The doctors attending the first class of the FCD course at M.V. Hospital

CRUSADE



Inauguration of Telemedicine unit by Dr. Roglic Gojka



Dr. Roglic Gojka addressing the audience during the Telemedicine conference at M.V. Hospital



Dr. Roglic Gojka being awarded the citation & Prof. M. Viswanathan Gold Medal Oratorical Award



Prof. M. Viswanathan oratorical competition, held at MMC College campus on the topic "Primary Prevention of Diabetes"



Corporate social responsibility of M.V. Hospital: A free camp for Southern Railway employees



Organizing Committee of the function at the Launch of education materials on primary prevention of diabetes



Our Managing Director Dr. Vijay Viswanathan, being felicitated by IMA - TN State Chapter for starting the FCD - Fellowship Certification in Diabetology

APPEAL FOR DONATIONS

The Diabetes Research Centre Foundation, Chennai is today on the threshold of a major Expansion Programme. We are taking up several research projects for the benefit of the community at large, as part of our crusade against diabetes.

We are sure that you will join us in our crusade against diabetes and extend your whole hearted co-operation and encouragement in this noble venture. This will be a contribution to science and society and help to improve the lives of millions of diabetics.

All your contributions may be drawn in favour of "Diabetes Research Centre Foundation, Chennai". All donations to the Diabetes Research Centre Foundation Chennai, are given 125% exemption from Income Tax under Section 35, Sub-section (i) Clause (ii) of the Income Tax Act, 1961

For the benefit of patients our South Chennai branch in addition to the routine diabetes care, offers the following facilities:

- **Diabetes Heart Evaluation**
- **Preventive Diabetes Foot**
- **Diabetic Eye Care**
- **Dental Care for Diabetic patients**
- **Diabetes Neuropathy Clinic**
- **State of Art Diagnostic Lab**
- **Special Diabetes Counselling**
- **Nutrition and Diet Counselling**
- **Impotence Clinic**
- **Obesity and Lifestyle Counselling**
- **Pain Clinic**
- **Yoga classes**
- **Footwear manufacturing Unit**
- **Dia-Shoppe with products for diabetes treatment**
- **Weight Management Clinic**

For Appointments Contact
M.V.CENTRE FOR DIABETES
 No.51, 2nd Floor, R.K. Mutt Road,
 Opp. P.S. Higher Sec. School
 Mylapore, Chennai 600 004.
 Ph: 24613716, 42102117,
 65850955 / 56
 Email: southchennai@mvd diabetes.com

List of New Life Members

L. No.	Name	Place	L. No.	Name	Place
2138	Mr. Raj Mohan Maheswari	Kolkata - 700 072	2142	Mrs. Indu Bhaskar	West Bengal - 721 301
2139	Mr. Sastry Vvsbsum	Nellore - 524 124	2143	Mr. Gopal Sharma	Arunachal Pradesh - 792 103
2140	Mr. Kamal Karnani	Jaipur - 302 016	2144	Mr. Arun Prakashan	Gwalior - 474 001
2141	Mr. P. Nagesh Nadar	Mumbai - 400 071			