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FOREWORD

ת"ס

Pesach is fast approaching, along with all of the beautiful mitzvos that we perform on this holy night. Let us think for a moment: in what way is Seder night different from all other nights? We are required to remember Yetzias Mitzrayim every single day of the year. We mention it every time we recite Kiddush and while performing many other mitzvos. What, then, is the special significance of Pesach?

One of the special mitzvos of Pesach is to tell the story of the Exodus to our children. Although we are always required to speak to our children about Yetzias Mitzrayim, on Pesach we are required to tell the story in a question-and-answer format. In other words, we are required to do unusual things that will inspire our children to ask questions. It is not enough to sit down with our children and relate the story of Yetzias Mitzrayim. Instead, we prepare unusual food, we dress up in different garments, we sit differently and do so many strange-looking things just so that the children should ask.

When a person is puzzled by something and thinks deeply enough about it to ask questions, he will usually not be satisfied until he receives a proper answer. When you ask a question and receive an answer, you've learned much more about the subject than by simply reading or hearing about it. This is why we want our children to ask. If we tell them about Mitzrayim, they will have learned something nice and will probably remember some of it, but if they are prompted to ask about it, they will completely absorb the information that is provided as an answer, and this will remain with them forever.

This shows us the importance of asking questions. We Jews are brought up to ask questions whenever something needs an explanation. We are always encouraged to speak our minds, to think about our studies and bring up anything that seems to need more clarification. Every truth is able to withstand the most penetrating questions, so there is never anything wrong with asking! Since our Torah is emes, there is never a problem with asking about it, as long as we ask with sincerity.

The same rule should apply to healthcare. When a person visits his doctor and receives a diagnosis, an update, a prescription, or is told to change his diet, he should never be scared to ask questions. In fact, he should always ask as many questions as he wants to! "What is this medication supposed to do? Why is it being prescribed? What are the side-effects? How soon am I supposed to see results? If I avoid this food, will I see a change on my next blood-test?" If there are answers to these questions, you are entitled to know them, and if there are no proper answers, you are also entitled to know that!

How many questions would you ask before buying a car or signing contract on a house? Would you ever go into a major deal without asking many questions and receiving satisfactory answers? Of course not! So why do people sometimes follow a healthcare plan without asking any questions?

Please be an active participant in your healthcare! Take part in the decisions about your treatment, educate yourself as much as possible, and make sure to ask your doctor everything you'd want to know. Be an involved patient, and you will see much better results, with Hashem's help.

Our wonderful doctors appreciate patients who speak their minds, ask questions and want answers. Qualified doctors will gladly keep their patients informed, because they have only your best interests at heart. So speak your mind, and ask more than just four questions!

Let us remember that eating matza is a segulah for good health, and eating marror is a segulah to be spared taking bitter medications. May we all be healthy and well and merit the final redemption, when the painful question of "why is this galus different from all other exiles?" will finally be answered!

Wishing everyone a kosher and freilichen Pesach,

Rabbi Hirsch Meisels

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GLUCOSE VARIABILITY

UNDERSTANDING THE CONTROVERSY

Irl B. Hirsch, M.D. Professor of Medicine,
University of Washington Seattle, WA



We all know how important it is to achieve “tight control” of blood sugars as indicated by excellent A1C levels. But... did you know that there’s more to great control than a great Hemoglobin A1C? With gratitude to Dr. Hirsch, *Going Forward* present this eye-opening article which should change the way you look at your blood sugar results!

It is difficult to believe, but until 1993 there was no “proof” that good blood glucose control had any impact on who would develop the devastating complications of diabetes.

The Diabetes Control and Complications Trial (DCCT), which began in the mid 1980’s, finally showed that tight blood glucose control could prevent or slow the complications of type 1 diabetes. Indeed,

the study was a huge success and in fact ended early as there were improvements in eye, kidney and nerve complications due to upgraded blood glucose control. In the study, patients who checked blood glucose frequently and received multiple injections or insulin pump therapy were able to maintain an A1C of about 7%. Those who did not check blood glucose levels and took insulin only once or

twice daily kept their A1C at about 9%.

This landmark study sent shockwaves throughout the medical community and spurred new and tighter standards of diabetes control. After the initial report of the DCCT, there were dozens of papers announcing more detailed results. In fact, the follow-up for the DCCT called EDIC (Epidemiology of Diabetes Interventions and Complica-

TRYING TO MEASURE YOUR GLUCOSE VARIABILITY?



tions) continues to report results today. One of the results published in 1995 presented a graph showing that for any level of A1C, those patients in the intensive therapy group had about a 60% reduction in complications rate compared to those in standard therapy. So if someone ended up with an A1C level of 8% in the standard therapy group, he still had a 60% greater

chance of eye or kidney disease compared to an individual in the intensive therapy group with the same A1C of 8%. This astounding phenomenon was attributed by some to **glucose variability, or fluctuations in blood sugar**. The thought was that the people in the standard therapy group had more variability in their glucose levels since they were only taking

insulin once or twice daily, while the intensive therapy group had less variability in their blood glucose since they were taking insulin at each meal. [Recall, during the DCCT the only insulin available for mealtime insulin was regular insulin and in those patients using pumps (about 40% of the inten-

sive therapy group) regular insulin was used exclusively.].

Very few people saw the graph from this 1995 report, and in fact the researchers of the study never even commented on it in the paper. Meanwhile, scientists in both Europe and the United States showed that in the laboratory in cells, "oxidative stress" occurred

DR. HIRSCH RECOMMENDS THE FOLLOWING FORMULA:

$$SD \times 2 = < \text{MEAN}$$

Multiply your standard deviation by 2.

If this number is still less than your meter average,

then you're doing well!

For example: If your average blood sugar is 120 mg/dl, standard deviation should be no greater than 60.

when glucose levels had large swings up and down. The term oxidative stress signifies a process generating too many pro-oxidants, and these pro-oxidant chemicals are thought to be the key messenger causing the complications of diabetes. We have known for years that pro-oxidants caused

bad things such as heart disease and stroke in people with and without diabetes. Now we saw a direct link between wildly fluctuating blood sugars and diabetes complications..

So in 2009, we know that high A1C levels result in a worsening risk

for diabetes complications, and many of us think glucose variability causes just as much damage.. The problem is, we don't have the proof of just how dangerous wide fluctuations in blood sugars may be. The analysis of the DCCT data quoted above does not qualify as

a full-fledged scientific study. Furthermore, in a more recent 2008 publication, the DCCT researchers reported a new statistical analysis of the same data and changed their conclusion, now believing glucose variability has no relation-

...it seemed likely that intensive glucose control would reduce diabetes complications, but no one could prove it yet

Today, it seems possible that wide fluctuations in blood sugars are damaging even if the resulting A1C is "okay" ... but we also can't prove it.

ship to the development of diabetes complications.

Where does that leave us today with glucose variability? Similar to where we were 25 years ago with A1C and overall diabetes control. Then, it seemed likely that intensive glucose control would reduce diabetes complications, but no

one could prove it yet. Today, it seems possible that wide fluctuations in blood sugars are damaging even if the resulting A1C is "okay"... but we also can't prove it. What is needed is a prospective study (where one group gets randomized by a computer to "low variability", while the other group gets randomized to "high variabil-

ity”) to definitively prove that glucose variability impacts diabetes complications.

The good news is that we don’t have to wait for proof to emerge about the dangers of glucose variability. We have two wonderful tools to measure variability in blood sugars right now. First, we can download glucose meters. Virtually all meters can be downloaded as they all have memory, and with that download one can see a mean (average) of all blood glucose results in addition to a standard deviation. The mean just tells you what your average blood sugar is, but the standard deviation is a statistical calculation of variability around the mean. In other words, you will be able to tell just how widely your blood sugars are deviating from the average. The lower the standard deviation, the less your blood sugars are fluctuating.

For example: Ari and Chezky both have A1Cs of 7% and meter averages of 150 mg/dl. They may appear to be in identical control, but the standard deviation (SD) tells otherwise. Ari’s SD is 50, indicating that his blood sugars are generally clustered in the 100-200 mg/dl range. But Chezky’s SD of 90 reveals that he is prone to much wider blood sugar swings (from about 60 to 240 mg/dl).

The other way to even more objectively measure variability is

with a new blood test called “Glycomark®”. This is a measure of a chemical in the blood that goes down as variability increases. It can also be measured by your doctor now, and is another tool to help us determine the relationship between variability and diabetes complications. For more information on Glycomark, see www.glycomark.com. It is important to appreciate that the Glycomark test won’t work if the A1C is above 8%.

Even though the scientific literature is still not clear about the relationship between variability and complications, what is known (and not surprising!) is that the greater the variability, the greater the risk of hypoglycemia, especially severe hypoglycemia. This is important for everyone with type 1 diabetes. So, to return to the example above, Chezky’s SD of 90 indicates a greater risk of hypoglycemia than Ari’s more benign standard deviation of 50. . This is why looking at your standard deviation with your doctor can be so vital, even though we don’t yet know how important glucose variability is in causing diabetes-related complications.

What we know about understanding and measuring glucose variability is exciting, but the story is obviously far from complete. Hopefully within the next few years, many more questions on this topic will be answered. ■

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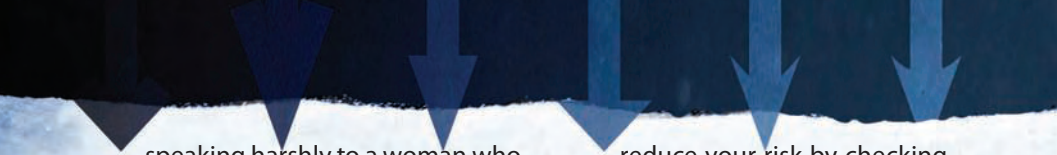
DOWN UNDER

The short & sweet on hypoglycemia
with Pesach suggestions

“The strangest thing I ever did when my blood sugars were low,” confides my friend Penina*, “was nod off to sleep as I was listening to an inspirational speech. And please understand that I had a front row seat, and the speaker was a personal acquaintance of

mine! Boy, that was embarrassing!”

“My own most humiliating diabetes moment,” Bluma* eagerly chimes in, “came when I completely lost it with a student’s mother on the phone. The 48 I was experiencing at the time just wiped out my usual equilibrium and I found myself



speaking harshly to a woman who wasn't seeing eye-to-eye with me on her daughter's progress. Later, after I called to apologize, I firmly resolved never to pick up the phone again if I felt my blood sugars were low!"

If you're reading this article, chances are you're familiar with that shaky, exhausted, bottomless sensation that's hypoglycemia. Defined as a blood sugar level under 60 to 70 mg/dl, hypoglycemia is one of the most common side effects associated with diabetes. So, instead of authoring this article ourselves, we turned to all you pros out there for input (in the form of a survey posted on our FWD email list) on this topic that you're so closely acquainted with. In essence, we all wrote this article together, because there's a little bit of all of your experiences in here.

And, who knows? Read on, and you might just learn a thing or two about low blood sugars that you didn't know yet!

WHO'S AT RISK

In a diabetes context, three categories of people are most susceptible to experiencing low blood sugars.

▼ People with diabetes who inject insulin: If you fit this description, you'll probably never eliminate occasional hypoglycemia, but you can greatly

reduce your risk by checking those numbers often. With your doctor's help, consider lowering your basal insulin and paying closer attention to carbohydrate bolusing, to help you achieve smoother and less hypoglycemia-prone control.

▼ People who manage their diabetes with oral agents: Some of the medications widely used for treating type 2 diabetes can cause low blood sugars. This list includes, but is not limited to Glucotrol, Amaryl, Prandin, and Starlix.

If you are experiencing too much hypoglycemia, discuss possible changes in your medication regimen with your doctor.

▼ People who do not have diabetes...yet: Way before type 2 diabetes is diagnosed, the pancreas begins to struggle. While insulin production is still normal, cells gradually stop accepting and responding to the insulin appropriately (insulin resistance). The body reacts by stepping up insulin production to overcome the resistance it's up against (hyperinsulinemia) and this excess insulin can cause dramatic drops in blood sugar especially following a meal.¹

¹ Unverified anecdotal information suggests that some people with type 1 diabetes experience periods of hypoglycemia prior to




TREAT HYPOGLYCEMIA RESPECTFULLY!

When low blood sugars are a routine part of life, it's easy to forget that each episode is a serious medical event that must be regarded as such. Keep an updated Glucagon kit in your possession at all times, and may your conscientiousness serve as a protection so that you never need to make actual use of it!

Asked to share their strangest hypoglycemia recollections, too many members told stories related to driving a car. One respondent said she got helplessly lost while driving around with a low blood sugar, and another recalled a frightening episode during which he drove aimlessly along a narrow and dangerous road, lacking the sense to find a safer alternative route. Here at FWD, we're unfortunately familiar with similar cases that ended on a much more sinister note.

Your glucose-deprived brain cannot be relied on to operate a car or heavy machinery! Don't turn the ignition without checking that your sugars are in a safe range, and keep a source of quick-acting glucose handy in your car at all times. Your responsibility can save lives.



It probably won't be a while until (or if) these individuals are actually diagnosed with diabetes, but they are experiencing full-fledged hypoglycemia- complete with extreme fatigue and weakness, shaking, and uncontrollable hunger following a meal. If you know somebody in this category, there's good news: This type of hypoglycemia can be completely eradicated (and the impending diabetes

can be stopped in its tracks) through a low-carbohydrate diet.²

WHAT IT FEELS LIKE

What does hypoglycemia feel like? When we asked you this question, we emerged with one overwhelming consensus: shaky. More than half the respondents identified the jitters and shakes as indicators of low blood sugar. Sweat-

their diagnoses as well. Perhaps we will see more on this intriguing topic in the future.

² Although space does not allow for elaboration, contact Friends With Health at (845) 352-7532 if you are interested in specific details about following a low-carb diet.

ing was also commonly referred to as a symptom, but there was little agreement after that. Several members described dizziness, headache (especially after the low was treated), sudden fatigue, irritability, confusion, hunger, and slurred speech. Some people sense their lows in their legs, as numbness, pain, or weakness. And others said they become uncharacteristically loud or talkative.

If you're at risk for hypoglycemia, you've probably experienced at least some of the symptoms mentioned, at one point or another. Because not only do symptoms vary from one person to the next, but they can actually differ greatly from one low to the next.

Dr. John Walsh, P.A., C.D.E., lists the following among the potential signs of hypoglycemia:

Shaking ▼ sweating ▼ irritability ▼ headache ▼ tingling ▼ hunger ▼ blurred vision ▼ dizziness and confusion ▼ numbness of the lips ▼ nausea ▼ fast heart rate ▼ sudden tiredness ▼ pale appearance ▼ frequent sighing ▼ personality change ▼ confusion or poor concentration ▼ loss of consciousness

Nighttime hypoglycemia presents a distinct set of symptoms as well,

although it so often goes undetected and untreated.

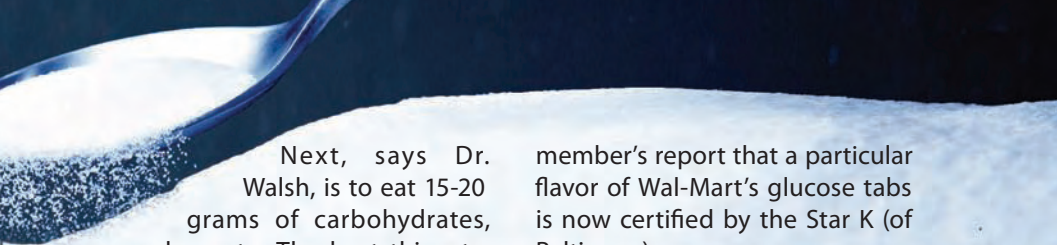
Nighttime Symptoms

Nightmares ▼ waking up very alert ▼ damp night clothes or sheets ▼ waking up with a fast heart rate ▼ restlessness and inability to go back to sleep

What causes all these strange symptoms? The classic signs of hypoglycemia are caused by the body's natural panic reaction, during which large amounts of adrenaline and glucagon are pumped into the bloodstream. Other symptoms are the brain acting funny because it lacks sufficient glucose to behave properly. (Your brain functions solely on glucose, and that's why treating a low blood sugar is so urgent.) Unpleasant as they may be, the good news is that we really need these warning signs so that we can treat hypoglycemia promptly and avoid potentially dangerous outcomes.

WHAT TO DO

So you've caught the symptoms. If possible, try to confirm that you really do have hypoglycemia on your trusty meter, because sometimes the body will react with hypoglycemia-like symptoms if blood sugars fall rapidly (even if they don't fall too low) within a short span of time. What's next?



Next, says Dr. Walsh, is to eat 15-20 grams of carbohydrates, and pronto. The best thing to use for treating a low is glucose, also called dextrose, which enters the bloodstream immediately as 100% sugar. Despite their popularity, fruit juices (like orange juice or box drinks) are relatively poor choices for treating hypoglycemia, because they contain mostly fructose, a type of sugar which is absorbed more slowly by the body. Table sugar is literally the in-between choice, as 50% of it will be available immediately as glucose.


It's important to treat hypoglycemia with the quickest-acting carbohydrate you have, so that blood sugars can speedily return to normal, and so that you feel better sooner as well. Realize that treating hypoglycemia with anything other than glucose will hurt you twice: once immediately, when you continue to feel low despite eating a hefty sum of carbs, and then again later when the sugar finally kicks in and you land a very high reading. So what foods do work best?

Glucose tablets, produced especially for raising low blood sugars, are the first and most obvious choice for treating hypoglycemia. However, these are not certified kosher, and they are also pricier than more widely sold candy. You may be excited to hear of one

member's report that a particular flavor of Wal-Mart's glucose tabs is now certified by the Star K (of Baltimore).

Or, you've probably already discovered the Jewish community's "glucose tabs": the humble aspirin candy. Like the specially formulated tablets, this nifty nosh is made of almost 100% glucose, and it's conveniently packaged in easy-to-carry "dosages". Our member survey revealed that aspirin candy tops the list as the most popular, well-priced, and portable sugar-on-the-go. Available from several well-known kosher candy manufacturers (commonly as Winkies, Rockets, and more) these do have the disadvantage of being candy, which means that they can sometimes disappear if children are around. (And I hope that candy manufacturers don't catch on to the fact that we are direly dependant on their product. Can you imagine what would happen if they began marketing aspirin candy exclusively in drug stores for triple the price...?)

Beware of foods like chocolate that contain a lot of fat. The sugar in these foods is held back by the fat, and absorbed at a rate that is too slow for safety. (For this very same reason, they are actually a pretty good food choice to help an individual with pre-diabetes stave off hypoglycemia. They cannot be used to treat a low, but they may help you avoid one.)



At this opportunity, let us also expose an outdated diabetes myth that is still sometimes recycled. You may have come across the “advice” to consume foods with additional protein and complex carbohydrates (like granola bars) after you treat a low blood sugar. This suggestion dates back to the era of NPH insulin when steep peaks in insulin action needed to be aggressively countered at times. Thankfully, this advice does not apply to most of us these days, and it would most likely lead to needless high blood sugars.

AND HOW MUCH

15-20 grams of glucose is the rule of thumb for treating hypoglycemia. However, you will be able to treat your lows much more precisely if you are aware of how carbohydrates affect your body specifically. For example, if you know one gram of carbohydrate generally raises your blood sugar by about 5 mg/dl, then you will know exactly how much to eat when your blood sugar is 70, and how much to eat when your sugar is 50. You may need to consume more glucose than usual if you’ve just recently taken a large amount of insulin, or if you’ve been extremely physically active. But always beware of overdosing on the sweets! Many of us have experienced the intense panic and hunger associated with a low blood sugar, which easily

leads to a blind eating binge. And, soon thereafter comes that annoyingly high through-the-roof reading that completely deflates us (referred to as the rebound). Says Dr. Walsh, “If your blood sugar frequently goes high after a low, you are overtreating [the low].” Other medical professionals blame the rebound effect on hormones released during hypoglycemia.

While you’re at an increased risk for high blood sugars following a bout of hypoglycemia, look out for additional lows as well. Misery loves company, and this seems to be peculiarly true about hypoglycemia! In one study, 46% of people who experienced a low blood sugar had another one that very same day. And to make matters worse, the subsequent low is harder to catch because symptoms are usually milder. Each low blood sugar depletes the body of stress hormones, leaving you less responsive to the next low. And that’s one of the reasons why too many lows can lead to the dangerous condition called hypoglycemia unawareness.

So the best advice we can give is this: Be extra vigilant about checking your blood sugars for the next day or even two after you experience a low blood sugar.

Many doctors also recommend that you check your sugars 30 minutes after treating a low, to ensure

(continued on pg 18)



DO YOU GO LOW ON PESACH?

For many of us, Pesach presents the same diabetes challenge as all year round. But some of us find that Pesach lowers our blood sugars in a puzzling way. Diabetes touches every individual in a very unique manner, and Pesach seems to be one of those mysteries.

"I was diagnosed with type 1 diabetes and started taking insulin at age 30," shares Shmuel*. "When that first Pesach arrived, I didn't know what hit me. My blood sugars were dropping all over the place! I ended up taking significantly less insulin for the duration of Yom Tov."

Fraidy*, on insulin for over ten years, agrees that her blood sugars are overall lower on Pesach. "I love Pesach!" she confides, "I can eat plenty of carbohydrates- mostly matza and potatoes- and still keep my sugars in a beautiful range."

Many theories have been suggested to explain this "Pesach Phenomenon". It's been blamed on increased physical activity, consumption of alcohol, and even the absence of caffeine. One interesting proposal cited by Wikipedia concerns the bleaching agents routinely added to white flour. There is some evidence that certain additives react negatively with the protein in flour and may actually be a cause of diabetes. During the week of Pesach, the only wheat flour we are exposed to (in Matza) is unbleached and contains no additives. Perhaps this is the reason why some of us find a dramatic improvement in blood sugars over Pesach.

We wish all our readers good health and great blood sugars on Pesach and all year round!



that they have risen sufficiently. By that time, your brain function should have returned to normal as well.

HYPOGLYCEMIA ON PESACH

Pesach presents a serious stumper: Aspirin candy is not allowed for most of us (all brands contain at least kitniyos, and some are actual chametz) and the limited food choices offer precious little that is ideal for treating hypoglycemia. Fruits like apples and oranges, while abundant in Jewish homes this time of year, will raise blood sugars dangerously slowly. And fruit juices, which are more readily absorbed into the blood stream, are still made up of fructose.

























Ideas shared by our members for treating lows on Pesach are pre-

sented here, with the best suggestions first:

- ▼ Powdered glucose, purchased directly from a food supplier.
- ▼ Commercial glucose tablets, used with specific rabbinic permission (Note: These are not kosher-certified even all year 'round, so do not use them without asking your Rav.)
- ▼ Grape juice box drinks
- ▼ A tablespoon of honey
- ▼ Sugar cubes
- ▼ Pesach'dig candy
- ▼ Matza meal muffins or rolls, for gebrochts eaters. ■

**Of course, no actual names were used. A special thank you to all of you who took the time to contribute to this article!*

Matza Portions for The Seder

	HAND SHMURAH MATZA						MACHINE MATZA	
	SHIUR IN WT.	6 per lb.	7 per lb.	8 per lb.	9 per lb.	10 per lb.	14/15 per lb.	SHIUR IN WT.
MOTZI MATZA	29g	38% 	45% 	51% 	58% 	64% 	96%/1 MATZA 	31g
KORACH*	11.2g	15% 	17% 	20% 	22% 	25% 	37/40% 	12g
STRINGENT SHIUR FOR KORACH*	16.7g	22% 	26% 	29% 	33% 	37% 	55/59% 	17.9g
AFIKOMEN	21.9g	29% 	34% 	39% 	44% 	48% 	72/77% 	23.4g

*Sefardim use this shiur for Motzi Matza.

Carbohydrates in One Matza

MATZA TYPE	HAND SHMURAH MATZA					MACHINE MATZA
	6 per lb.	7 per lb.	8 per lb.	9 per lb.	10 per lb.	14/15 per lb.
WHITE WHEAT	60g	52g	45g	40g	36g	26/24g
WHOLE WHEAT	54-51g	46-44g	40-39g	36-34g	32-31g	19-18g
SPELT	50g	43g	36g	33g	30g	25/23g

The Four Cups of Wine



LARGEST SHIUR:

5.1 ounces

Drink most of this amount, or 2.7 ounces, for each cup.

SMALLEST SHIUR:

2.9 ounces

Drink most of this amount, or 1.5 ounces, for each cup.

(The last of the four cups must be consumed in its entirety so that a *bracha acharona* may be recited.)

MIXING WINE WITH WATER:

Strong-flavored wines (like Classic Red wine and dark grape juice) can be mixed with 1/3 water. Weaker-flavored wines (like Kedem Cream wines and light grape juice) may be mixed with 1/4 water.



Start here. ↴



Nip your allergies in the bud.

The best allergy defense is an early one. Begin taking one of our powerful allergy relief formulas **before** you experience any symptoms, and continue supplementing throughout the season. These natural products will help keep your allergies under control, without any of the side effects of medication.

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Start loving spring!**

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SAILING FORWARD

Travel all the way from Denver, Colorado to New York for a boat ride?

Sure! If it's FWD's summer cruise we're talking about, that is. Thirty children with diabetes (under age 12) and their parents arrived from not only from Denver, but also from Canada, Baltimore, and the greater New York area for this event, which was uniquely different from any FWD has staged in the past.

For starters, there were many new faces in the crowd; faces like Aryeh's, who was just recently diagnosed with diabetes. "For the

first time since Aryeh's diagnosis we didn't feel alone," his father divulged afterwards in a stirring thank you note, "it was comforting and relaxing to be with others [who] really understand and don't just think they do. It was also a time for Aryeh to feel 'normal' and be just one of the crowd."

In addition, participants were able to access a special extension on the FWD hotline for day-by-day updates on this much-anticipated event. "It's getting exciting!" exclaimed the pre-recorded voice of Rabbi Meisels on August 3rd, "[just] one week left to our great adventure, for the cruise on the



Hudson IV“H... We can't wait for this exciting trip to [take place]!” Special details regarding scheduling and entertainment were also disclosed in this innovative way.

And finally, there was the venue of the event: a real, honest-to-goodness, World War 1 era navy vessel. The Commander, docked at Haverstraw Marina (about 25 minutes from Monsey, NY) proudly welcomed the FWD crew that boarded on August 10, 2009. It was a glorious, sunny, and very hot Monday on the Hudson River, as Friends With Diabetes proudly hoisted their banner and set out for a two-hour cruise.

Despite the originality of the event, it still boasted FWD's trademark attention to detail. Upon arrival, all participants received gaily-colored caps imprinted with “Sailing Forward”. Adorable diabetes-themed games (computer printed and downloaded from www.grand-masandy.com) were distributed in neat bags. Children were delighted with their battery-operated handheld fans, while parents were grateful to receive higher-end paper fans which were rather helpful as they awaited boarding in the dripping heat.

But a pleasant breeze accompanied them as the boat set sail and the real fun began. First, Steven A. Beauchamp, territory manager at Aminos Corporation, performed an exciting magic show complete with an exclusive diabetes trick.



...YOUR ORGANIZATION IS SUCH AN INSPIRING ONE FOR PEOPLE WHO DESPERATELY NEED SOME HELP.

Steve, who was diagnosed with diabetes 25 years ago, received only one insulin shot before going on the insulin pump, which he's sported ever since. Still, he shared with Rabbi Meisels, “When I was diagnosed, I didn't know anyone who had [diabetes] so I had no one to turn to. I wish I would have been able to find an organization like yours to realize that I was not alone. Diabetes is such a tough transition for people, and your organization is such an inspiring one for people who desperately need some help.”

Mr. Chaim Hartmann, a Brooklyn resident and Mekimi volunteer, then staged his own stunning magic routine, which had many fathers riveted as well! At the same time, the mothers gathered around another special guest, Mary Ellen Meyer, RN MPH CDE, manager of clinical services at Animas Corporation. She discussed “Diabetes in the Family:

It Affects Us All”, addressing the challenges of caring for a child with diabetes at different ages. Excited conversations ensued as parents shared precious nuggets of information and advice. “I felt privileged to work with your group and I had the sense that the moms really appreciated the time we had together,” Mary Ellen reported afterwards. In fact, she has since received requests for an ongoing support group from some of the inspired mothers.

The food was a most spectacular and well-planned part of the program. Catered, prepackaged meals were served at the start of the trip, with all carb counts carefully noted. Dessert was freshly cut up fruit with individual-sized cheesecakes. In addition, popcorn (dispensed in cup-sized scoops to allow for accu-



rate carb counting) and sugar-free slush were constantly available.

The boat gently slid along the dreamy waters and, like all good things in life, it seemed to return to port much too soon. But the elated families who disembarked appeared very different from the shy, somewhat nervous individuals who had boarded just two hour prior. For they were no longer thirty random families spending a day on the water.

Now they were Friends With Diabetes.

SWEET MOMENTS MAZEL TOV CORNER

Members upon their engagement

BOY 16 268 1129 823
GIRL 605

Members upon their Bar Mitzvah

5 872 2848 1118 (and for his
Siyum Mishnayos)

Members and their husbands upon the birth of their baby

BOY 233
GIRL 65 151 3150

Members and their wives upon the birth of their baby

BOY 116 672 530



The Newest Additions to The Shibolim Family



As we ask Hashem to bless us
with a year of health & prosperity,
let us do our part and keep a healthy diet.



Shabbos Parshas B'shalach
Tu b'Shvat 5770

A Fruitful
Shabbos

ForWard & Onward

This past Shabbos Parshas B'shalach was a wonderful Shabbos indeed. In addition to being Shabbos Shira and Tu b'Shvat, FWD hosted a special weekend for young boys with type 1 diabetes.

About 20 boys, aged 13-15, gathered from many different Jewish communities to participate in this special Shabbos. The group was limited to a very specific age in order to give the boys the opportunity to feel comfortable with each other and form meaningful and lasting friendships.

Some of the boys who came from out of town began arriving on Thursday, and they were made to feel right at home. On Friday night,

with the entire group assembled for davening, the boys introduced themselves to each other and got acquainted in a fun way. It was touching to see Yeshivish and Chassidish boys interacting without any reservations. When their voices joined together in tefillah and zemiros, their individual Hebrew pronunciations blending beautifully together, the very air was full of Ahavas Yisroel and Kidush Hashem.

Rabbi Meisels addressed the boys with a dvar Torah. "Hashem is promising us that if we will guard every chok of the Torah, we will adhere to the mitzvos, then we will be spared from being inflicted by disease. The word chok can also



The Dining Room

enjoyed the challah and fish, the soup and matza balls, the farfel and zimmes, with no restrictions whatsoever. The only catch was that the carbs were pre-counted for every portion, making it easier for the boys to make smart decisions about their insulin intake.

Since it was Tu b'Shvat, the boys were treated to a lavish fruit-party with over ten types of fruit and five different types of nuts. Rabbi Meisels taught the boys how to calculate the average

mean mezonos. We can now interpret this to mean that if we will guard our intake of mezonos - carbohydrates, we will be spared from being inflicted by disease. We do not have to limit our intake of beneficial carbohydrates more than any other person, but we must guard our intake carefully in order to be healthy."

Rabbi Meisels then explained to the boys that one of the main goals of getting them together for Shabbos was to show them all how good their blood sugars can be when they put in the effort. Although the boys ate regular food, without any restrictions on carbohydrates, every single one of them had perfect blood sugar levels throughout Shabbos!

The Friday night meal was absolutely delicious, thanks to Mrs. Meisels' culinary skill. The boys



The Shul a.k.a. Rabbi Meisels' Seforim Shtieb

carbohydrates value of all the fruits together, and then he showed them how to figure out the exact carbohydrates value of each piece of fruit, using a detailed chart that he created several years

ago for this purpose. Although the boys filled up on fruits, they were well advised on how to handle it and all of them had perfect blood sugars during the meal and in the morning, too!

The boys had a great time singing together and schmoozing non-stop, so the meal lasted for over three hours. The at-

The atmosphere was extremely relaxed and comfortable, and the boys enjoyed every moment.

mosphere was extremely relaxed and comfortable, and the boys enjoyed every moment.

Throughout Shabbos, Rabbi Meisels encouraged the boys to come over to him to discuss every health-care decision they were about to make. The participants were rewarded with raffle tickets for each "consultation" – regardless of their actual blood sugar levels.

On Shabbos morning, it was once again most heart-



One by one, welcomed with warm food

warming to listen to the beautiful davening, where the various nusachays of the tefillahs blended together in one united song of praise to Hashem – the most beautiful "shira" indeed!

Before Kriyas Hatorah, Rabbi Meisels spoke to the boys, mentioning among others the upcoming Yom Tov Purim and the dangers of alcohol consumption for people with type 1 diabetes. He clearly emphasized that it is absolutely unsafe to drink alcohol during the day, unless there is a dependable, non-drinking person who takes responsibility for blood-sugar control. Rabbi Meisels then discussed the greatness of collecting tzedaka on Purim, and mentioned that after doing their rounds for their own Yeshivos, the boys should have in



Finding it hard to depart from Shabbos, an extended Seuda Shlishis



Fabrenging ...

mind Friends With Diabetes and its huge operating budget.

The daytime meal was of course heimish and delicious, accompanied with songs and divrei Torah. Mr. Itzkowitz, a neighbor of the Meisels and a natural entertainer, came over after the meal to the boys' delight.

Although everyone was still pretty full when it was time for shalosh seudos, the boys washed in honor of Shabbos and tried to partake of the delicious spread of salads and fish platters. Rabbi Meisels delivered a touching dvar Torah, based on the words of two separate Gedolim from different communities who both made the same observation: "In Shemona Esrei we recite

the blessing of Rafeinu, where we pray that Hashem should heal the sick. There is another blessing on health, and that is the bracha of Asher Yotzar, which is recited several times per day. What is the difference between these two brachos?

"The blessing of Asher Yotzar praises Hashem for his marvelous creations and for the natural healthy function of our bodies. We thank Hashem for the miraculous processes our bodies perform in the guise of nature. In contrast, the blessing of Rafeinu refers to supernatural healing. Hashem is the supreme doctor; He can perform miracles and cure people from diseases that have no natural cure."



Do I have the winning ticket?



Hurray, you won!

Rabbi Meisels continued with a halachic discussion regarding these two brachos, and concluded by mentioning the efforts of researchers to find a cure for type 1 diabetes. "Although this elusive cure has been promised us for many years, the only thing we can do is pray," he pointed out. "And there are many things we should pray for: We should daven that the technological advancements continue to make our lives easier and safer. We should daven for motivation to maintain proper blood sugar control and that we should succeed at this important obligation. Now when all of us are here together, we are all motivated to stay on top of our sugar levels, but when we come home and find

ourselves among non-diabetic people, we tend to lose our motivation to do our best. We should all daven to Hashem for siyatta dishmaya with this crucial mitzvah that we have."

The beautiful Shabbos culminated with a special melaveh malka. The boys took personal pictures with Rabbi Meisels and with their friends and shared phone numbers and addresses before taking an emotional leave of each other.

On this past Tu b'Shvat, the Friends With Diabetes family gathered a truly colorful "fruit basket" with precious boys from various communities and backgrounds. The pleasant fruits of this get-together will surely last for a long time. ■

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שמעי ותחי נפשכם-

א רשימה פון אונזערע לעקציעס פון די פארגאנגענע יארן

- 1 = מעטאבאליק סינדראם * וויכטיגקייט פון טשעקן צוקער
- 2 = הימאלאבין A1C טעסט * חילוק פון די צוויי טיפס דייעביטיס (טייפ 1 און טייפ 2)
- 3 = ריסק פקעטארס פאר טייפ 2 דייעביטיס * שעדליכקייט פון היי-פוקטאז-הארן-סיראס * האנטראלין צוקער ביים אויספאסטן
- 4 = נאטורליכע היילונגען * שווער צו פארלירן וואג מיט מעטאבאליק סינדראם * וועלכע צייט צו טשעקן דעם צוקער, און וואספארא נומערן דארף עס זיין
- 5 = שורש פון מעטאבאליק סינדראם - צופיל אינסולין און אינסולין רעזיסטענס * טייפ 2 דייעביטיס, איבערוואג, בלוט-דרוק, און הארץ פראבלעמען
- 6 = וויכטיגקייט און עפעקטיווקייט עקסערסייז, און וויאזוי עס ארבעט און וועלכע אויף צענדליגער געזונט פראבלעמען
- 7 = צוקער און קאלעסטרעאל אין האנדא און אין איראפע * ריכטיגע צייט צו מאכן עקסערסייז
- 8 = אינפארמאטיווער אינטערעוויז מיט עקסערסייז סודר איבער אלע פראגעס וועגן עקסערסייז
- 9 = געזונטהייט פונעם מילגרומס אין הארץ דיזיס
- 10 = הלכות פון טשעקן צוקער שבת און יום * הלכות פון פאסטן * זיך צוגרייטן צו א תענית * וויאזוי אויסצופאסטן געזונטערהייט אין דעם וואס די צוקער זאל ארויפשיסן
- 11 = דאס איינציגסטע דיינט וואס היילט מעטאבאליק סינדראם און מעדיצין - נידריגע קארבאהידרעטעס.
- 12 = ציילן קארבאהידרעטעס
- 13 = פארלירן פאטעסיעס * וויינען און צוקער
- 14 = לאטוקעס * גלייסימיק אינדעקס * עפעקטיוו קארבס * שאגער אלקאהאלס
- 15 = ווער האט מעטאבאליק סינדראם? * די וויכטיגקייט פון עסן גענוג פראטין
- 16 = ווייטעמין די - דער גרעסטער מאנגעל אינעם היינטיגן דור און די סיבה פון מערערע מחלות
- 17 = מאגאזינעס און קאלאזיום באלאנס
- 18 = שטודיע וואס האט כלומר'ישט איבערצייגט שעדליכקייט פון עטקינס דייטע
- 19 = בענעפיטן פון סעטשורעטעד פעטנס * קאלעסטרעאל אין מאכלים
- 20 = שיעדליכקייט פון טרענס פעטנס, און פארשעלי היידראזשיעניטעד אוילן
- 21 = מאנא אנעטשורעטעד פעטנס, אמעגא 9 * געזונט בענעפיטן פון אוועקצוראד און פאטעסיעס
- 22 = שאלות ותשובות אויף געזונטהייט פראגעס
- 23 = פסח: אלקאהאל און צוקער פון וויינען * שיעורים פון כויתים מצה
- 24 = שטודיע איבער אייער, פאלטש דורך און אדורך
- 25 = אייקסעניידס * באלאנסירן די פאלי אנעטשורעטעד פעטנס * רעדוצירן אמעגא 6
- 26 = בענעפיטן פון אמעגא 3
- 27 = אמעגא 3 און מערקורי אין פיש
- 28 = זון שטראלן, שעדליכע און נישט שעדליכע
- 29 = שטודיע אין ארץ ישראל ווייזט אז נידריגע קארב דייטע איז דאס בעסטע
- 30 = פאלטשקייט פון שרייבער וועגן טייפ 1 דייעביטיס
- 31 = וויפיל פראטין מען מעגדארף עסן

32 = וויאזוי אמעגא 3 און 6 פראדעצורן אייקסעניידס

* היימישע מייאניז רעצעפט

33 = נאטורליכע און ארטיפיאל צוקער/סוויטנערס, האניג, שאגער אלקאהאל, סוויט ענד לאו, איהוואל און ספלענדא

34 = טעכנישער דיפערענץ און אויסשטעל פון אלע סארטן פעטנס

35 = פלאקסיד הערעלער און פלאקסיד אויל * ארגאנישע אייער

36 = שטודיעס ווייזן אז ווייטעמין די העלפט פאר: איבערוואג, אויטום, אלצהיימערס, אסטמא, הארץ אטאקעס

37 = ווייטעמין די (המשך 2: פלו, יענע מחלה, אסטיאפערסיעס,

דיפרעסיע, אויטא אימיון דיזיעס, היפאטיירוד, טייפ 1 דייעביטיס, געהעליקייט ביי ניי געבוירענע קינדער (נישטא קיין באווייז אז בלויז לעקטער איז שעדליך)

38 = ווייטעמין די (המשך 3: ריכטיגע שטאפל, ריכטיגע לעב, ריכטיגע דאזעס, ריכטיגע סארט, ריכטיגע קאמבינאציע

39 = ווייטעמין די (המשך 4: היכע בלוט דרוק, אינסולין רעזיסטענס,

מעטאבאליק סינדראם, טייפ 2 דייעביטיס, מייאלאזע/ווייטגו, האר ארויספאלן * איז דען דא ווייטעמין די טאקסיסעט?

40 = קאד ליווער אויל, ווייטעמין A, בעטא קעראטין * פירות אום חמשה עשר בשבט

41 = ליינען לעב רעזולטאטן: צוקער, ליווער ענזימס, ויריק עסיד-גאוס, A1C

42 = סוויט פאטעטא * טיריוד הארמאנס * סוי באנדלעך

43 = קאלעסטרעאל, פעטנס, לייפ-פראטינס *

HDL/Triglycerides שטערקסטער סימן אויף אינסולין רעזיסטענס

44 = מאכלי פסח * קארבס אין וויין און מאסט שיעור כזית

45 = סעטשורעטעד פעטנס איז נישט שעדליך

46 = קיינער ווייסט נישט אויף זיכער וויאזוי א הארץ אטאקע פאסירט * שטיקן האט מער קאלעסטרעאל ווי בהמה פלייש * גרויסע שטודיע:

פעט מאכט נישט קיין הארץ אטאקע * פוטער בלענד

47 = די אפגעקן פון פעטנס אויף די פארשידענע סארטן קאלעסטרעאל * יעדער פעט האט פון אלע סארטן פעטנס * בהמה פלייש האט ווייניגער סעטשורעטעד פעט ווי שטיקן

48 = נידריגע פעט דייטע א גרויסע דורכפאל * די סיבה פון איבערוואג פונעם דור איז נישט צופיל פעט * סעטשורעטעד פעט ווערט נישט שעדליך צוזאמען מיט קארבס

49 = וויאזוי קארבאהידרעטס קאנטראלירט דעם שטאפל פון דעם LDL קאלעסטרעאל.

50 = ליצנוד'דיגע סטודי איבער בהמה פלייש

51 = פת שחית

52 = זיילטאל און ספלענדא

53 = LDL חשבון נישט ריכטיג ווען טריגליסעריידס איז אינטער 100

54 = 4 קהילות צייגט ווי נידריגע קאלעסטרעאל פארמיידט נישט הארץ אטאקעס

55 = 2 סארטן LDL פארטיקלס, גרויסע אומשעדליכע און קליינע שעדליכע

56 = דר' היעס גרינדער פון די "דייעט הארץ" שיטה * דאזנאל AJCN די שיטה איז פאלטש

57 = וויאזוי מען קען וויסן וועלכע פארטיקלס מען האט

58 = ליסט פון זאכן וואס פארבעסערט/פארגערט די פארטיקלס * געווענליכע רעקאמאנדירטע דייטע מאכט ערגער



הערט אונזערע לעקציעס איבער "דייעביטיס און מעטאבאליק סינדראם" אויף דעם

"קול מבשר" טעלעפאן ליניע

212-444-1100 718-689-1100 845-738-1100 845-837-9000

דריקט עקסעטענטשאן 3 דערנאך 2, און קלייבט אויס וועלכע לעקציע צו הערן. הערט און האט הנאה





געזונטהייט אינפא-ליין

- 1 געזונטהייט לעקציעס
- 2 נאטורליך און געזונט סופלעמענטס און ווייטעמינס
Weekly Vitamin Lotto – Sponsored by Maxi Health
- 3 SUCCESS STORIES פאזיטיווע רעזולטאטן
- 4 ענטפערס אויף געזונטהייט פראגעס
- 5 אפדעיטס
- 6 קורצע נייעסן

1 <i>Rewind 15 sec</i>	2 <i>Pause/Resume</i>	3 <i>Fast fwd 15 sec</i>
4 <i>Rewind 1 min</i>	5 <i>Louder</i>	6 <i>Fast fwd 1 min</i>
7 <i>Rewind 5 min</i>	8 <i>Softer</i>	9 <i>Fast fwd 5 min</i>
* <i>Return to previous menu</i>		

INSTRUCTIONS

845 738.1999 | 718 819.3030 | 845 351.2440
Local Monroe