

# GOING **FWD** FORWARD

FRIENDS WITH DIABETES

ניסן תשס"ט Spring '09

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# רעים מתוקים FRIENDS WITH DIABETES INTERNATIONAL

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# FOREWORD

ת"ס

Just recently, my father Shlit" a reminisced, "Do you remember Erev Pesach? That was unquestionably the hardest day to deal with your diabetes!"

His comment jolted me into a sea of memories and I suddenly did remember what Erev Pesach was like. I remembered the feeling of trepidation as my etched-in-stone-dinnertime of 7:00 came and went, and the Seder had just barely begun. I remembered the sweaty shakiness that would overwhelm me as the NPH insulin I had injected hours ago kicked into action... but food was still a long time away. I remembered gobbling up far more than the recommended amount of potatoes for karpas, seeking to quell my hypoglycemia. And I remembered, as well, the high blood sugars that came later, after consuming so many "unscheduled carbohydrates" in the form of matza and grape juice.

Just a few short years ago, diabetes was so regimented that it could hardly accommodate a Pesach Seder. In fact, our Pesach issue of 5763 devoted significant space toward creative solutions for people taking multiple daily injections. Consider the following excerpt:

"Tziporah, age 7, usually eats dinner at 6:00 p.m. She takes 3 units of Humalog together with 1 unit of Regular insulin... She eats 60 grams of carbohydrates at dinnertime and has a snack of 30 grams of carb at 9:00 p.m.

"After discussing with her doctor the changes [in schedule on] the first night of Pesach, she was advised to eat a snack instead of her usual dinner. She would also take half the amount of Humalog, and no regular insulin. Before eating matza at the Seder, she was instructed to take additional insulin..."

Chances are that you find it difficult to identify with Tziporah's complex predicament, because diabetes treatment has come such a long way in such a short time. Insulin pumps have become standard and new "peakless" insulins are now the norm. Much like the Seder itself, which revolves around the contrasting themes of bondage and redemption, my own painful memories are also sweetened by the pleasant realization that things have changed drastically for the better.

My prayer this year is that some of the instruction in this current issue become outdated as well! Who knows?... In a few years, we might be comfortably seated at our Seder table, reminiscing about the days when we still had to count carbohydrates and treat low blood sugars!

Through it all, FWD hopes to continue lending its steady, friendly support. Some things just never change!

בברכות חג כשר ושמחה!

*Rabbi Hirsch Meisels*

# BUILDING AN ACCURATE LIST OF THE CARBOHYDRATE CONTENT IN WINES

BY RABBI HIRSCH MEISELS

WRITTEN BY M. JACOBS



## FOUNDATIONS FIRST

Determining the carbohydrate content in a cup of wine has never been straightforward. There is no legal obligation to list nutrition facts on an alcoholic beverage, so winemakers are mostly clueless as to how many grams of sugars float about in the depths of their wine barrels. Over the years, FWD has succeeded in compiling the carb counts of a limited number of wines with the kind cooperation of

K e - dem, who had certain wine samples analyzed at a laboratory. But, considering the huge variety of wines on the market, this is obviously far from sufficient.

Mostly, we've found ourselves relying on helpless guesstimation to determine the correct insulin dose to cover kiddush or havdalah. The Seder, however, magnifies our dilemma: How can we ensure ex-

# WINE CARB COUNTS UNDER CONSTRUCTION


cellent blood sugar control if we'll be downing four cups of wine containing unknown amounts of carbohydrates?

## INTRODUCING... A DIFFERENT TYPE OF "BRIX"

This time of year, "bricks" conjure particularly vivid associations. They're the stuff that come to mind when we envision B'nei Yisroel laboring in Mitzrayim, and they're even represented symbolically on the Seder plate, in the form of *charoses*. But let's tweak

the word just a little bit and introduce you to a new kind of "Brix" with important connotations at your Seder table, as well.

Here's a little winemaking secret: Grapes contain varying amounts of sugar, depending on their type, season, and location of growth. This sugar content plays an important role in the art of winemaking, so determining the exact sugar content in each batch of grapes is crucial. Companies do this by squeezing out juice from each new shipment of grapes. The juice, known as 'must' (a beverage many of us are familiar with on Pe-sach), is then placed on a device



WINE	MIN BRIX	MAX BRIX	AVERAGE CARBS FOR 4 OZ
Tokay	11.5	13.35	15
Sauterne	0	1	1
Gold	11	12	14
Blush Concord		11.2	13
Cram Malaga	13.3	15	17
Cream Niagara	11	12.5	14
Cream Pink	11	12.2	14
Cream Red	12	14	16
Cream Rose	11	13	14
Concord Kal	11	15.5	16
Concord Natural	10.5	12	14
Le Blanc De Blanc	0		0
Matuk Kal	12.55	15.5	17
Matuk Rouge Soft	10.5	11.5	13
Blush Chablis	5	6.5	7
Royal Blush	8	9.5	11
Burgundy	0		0
Chablis	0		0
Plum Royale	11.1	13.5	15
Sherry	0	2	1
Kedem Cab Sauvignon	0	1	1
144 Blanc	6.9	8.5	9
144 Rouge	8	9.5	11
Black Muscat	7.0	8.0	9
Cabernet Sauvignon	0.0	0.2	0
Chardonnay	0.0	0.2	0
Chenin Blanc	1.5	2.0	2

called a “Brix hydrometer”, which measures its sugar content. The resulting sugar count is a percentage referred to as a Brix value.

Winemakers use Brix values to achieve just the right delicate balance of alcohol and sweetness in their finished products. But we can use this wonderful device for our own purposes: to determine the amount of sugar in a glass of wine!

## TOOLS OF THE TRADE

Brix hydrometers can be purchased directly from some supply houses,

or via the internet. Note that wine producers (both professional and amateur) should be able to provide the Brix values of their wines as well, so that testing them again should not be necessary.

To convert a Brix value into actual grams of carbohydrates, use the following formula: Multiply the percentage obtained from the Brix hydrometer by 1.2 . This will yield the amount of carbohydrates in 4 ounces of the wine or juice.

$$\text{BRIX VALUE} \times 1.2 = \text{AMOUNT OF SUGAR IN 4 OZ. OF THE BEVERAGE}$$



WINE	MIN BRIX	MAX BRIX	AVERAGE CARBS FOR 4 OZ
Merlot	0.0	0.2	0
Rose Of Cabernet	2.0	2.5	3
Sauvignon Blanc		0.2	0
White Zinfandel	2.0	3.5	3
Syrah	0.0	0.2	0
Zinfandel Red	0.0	0.2	0
Zin Gris	0.0	0.2	0
Late Harvest Chenin Blanc	10.7	12.0	14
Concord wine		17.8	21
Cream white		12.0	14
Kedem classic red		0.9	1
Burgundy		0.0	0
Late Harvest Wht Reisling	10.25	12	13
SR Cab. Sauv. Ltd '01-NM(6)	0	0.2	0
SR Cab. Sauv. Alex Valley	0	0.2	0
Eminent Dry		5.85	7
Mellow Red		4.7	6
Niagara Kesser		12.1	15
Kesser Concord wine	13.9	15.5	18
Kesser 770		9.8	12
Harmony SDR		5.8	7
Melody NSR		13.2	16
Muscattini Red	10.0	12.0	13
Carmel S Wine		17.8	21
Carmel Co-11-		19.2	23
Concord wine		0.0	0

An example: Blush Chablis has an average Brix value of 5.8. If we multiply that number by 1.2, we can conclude that this wine contains about 7 grams of carbohydrate in 4 ounces.

The following chart displays the Brix values of many popular wines. We've even done the math for you (in the last column) and converted the Brix counts into actual carbohydrate amounts.

## DOES IT WORK?

Let's remember that Brix hydrometers were formulated to measure

the sugar content in must, the pure juice of grapes. So what we know with certainty is that anybody who makes (or buys) *heimishe* must for Pesach will find this meter useful. Not only can an accurate carb count for a glass of must be obtained, but this excellent tool can also be used to determine which grapes will produce the lowest-carb juice! Considering that the sugar content of grapes can range anywhere from 30 to 70 grams (Brix value of 12-28%) per cup, this knowledge is extremely useful.

In fact, the Brix meter should be equally accurate for gauging

**NAME OF WINE**   **CARBS G**   **ALCOHOL%**

144 Peach/Rouge	14/12	9
Baron Herzog Champagne	2	12
Black Muscat	8	11.5
Blush concord	16	7
Burgundy Royale	2	12
Cabernet	0	13
Cabernet Sauvignon	0	13
Chablis	3	12
Chablis Red/Blush	5/6	8
Champagne Pink/White	5/4	12
Chardonnay	0	13
Chenin Blanc/Late Harvest	2/16	12.5/9
Classic Red/ White NYS	1/3	12/10.5
Concord	25	12
Concord Grape NYS	26	12
Concord Kal	17	3.5
Cream Malaga	18	7
Cream Niagara	18	9
Cream Red/Rose/White	9/9/12	
Malaga	26	12
Matuk	14	7.5
Matuk Kal	10	4.5
Merlot	0	13.5
Plum	16	12
Riesling Late Harvest	14	9
Rose of Cabernet Sauvignon	2	13.5
Ruby Red	12	10
Sauterne	5	12
Sauvignon Blanc	0	13.5
Syrah	0	13.5
Tokay	14	12
Zinfandel, White	0/2	14.5/10.5

Blush Spumante	12	7
Concord Grape	18	8
Eminent Dry	5	7
Mellow red	11	9
Niagara Blanc	19	9
Seven Seventy	11	9
Noah Muscat	18	16
MUSCATINI	15	5.5

**KEDEM AND HERZOG**

**KESSER WINES**



Chart reprinted from Going ForWarD Pesach 5764

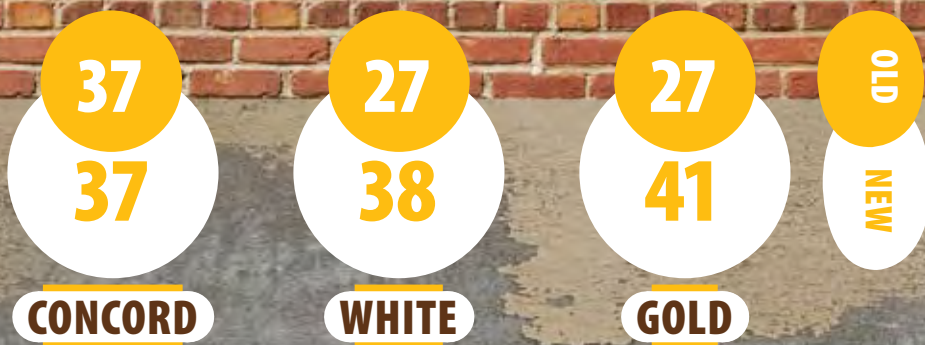
the sugar contents of *heimishe* squeezed orange juice or grapefruit juice (Go ahead and try lemon juice as well!), all of which are not uncommon in Jewish homes on Pesach.

The question remains, however, if this device can accurately determine the sugar content in wine. Because alcohol and sodium can alter the Brix count, measuring wine on this meter will not produce a definitive result.

Let's revisit our Blush Chablis, whose Brix count indicated a carbohydrate content of 7 grams per half cup. Laboratory results are remark-

# KEDEM GRAPE JUICE

SUGAR GRAMS PER 1 CUP (240ML)



ably close, and place the wine's carb count at 6 grams per half cup! However, not all Brix counts are so helpful. Matuk Kal, whose Brix count indicates 17 grams of carbohydrate, really contains only 10 grams of carbs according to a list supplied by Kedem several years ago.

Still, knowing the Brix value of a wine is helpful towards a more educated guess of its carb content. At FWD, we experimented by checking the Brix values of several varieties of grape juice. The numbers we got differed substantially from the sugar contents stated on the grape juice bottles, so we asked

a laboratory to verify how much sugar the juices really contain. To our surprise, results indicated that the nutrition labeling is quite inaccurate. For all of you who will be drinking substantial amounts of grape juice on Pesach (and all year round), above are the updated sugar counts.

We're still searching for a foolproof method to determine the carbohydrate content of wines. Meanwhile, the Brix hydrometer is a uniquely useful component of our diabetes tool box. And remember: every improvement in blood sugar counts as we cement our commitment to better control! ■

# DELICIOUS & HEALTHY PESACH FOODS

By Chana Rubin, RD Author, *Food for the Soul*  
- Traditional Jewish Wisdom for Healthy Eating

*I*f there is one holiday that is especially associated with food, it's Pesach. Most of us have fond childhood memories of the chag, and most of my memories are somehow related to food – my favorite ruby red glass dishes, the wooden bowl and chopper for making charoses, and many happy hours with my mother in the kitchen.

Even now, my more tedious Pesach cleaning is balanced with the excitement of trying new recipes, planning menus and anticipat-

ing familiar, traditional holiday dishes.

In order to enjoy the holiday as much as possible, I plan ahead and keep our meals easy and light. One of my most important guidelines is to serve a variety of vegetables and fruit at every meal. With a colorful assortment of appealing produce out there for your picking, you can use vegetables in more than just fresh salad. Add some diced vegetables to your eggs, or mix them into your potato kugel. It always bears repeating that low carb fruits makes a delicious dessert alternative to sugary cookies and cake. Berries are particularly tasty at Pesach time. For a special holiday treat, you can do as my mother did and add them to cooked rhubarb.

When planning our menus, in addition to chicken and turkey I also make sure to serve fish often. Fresh fish presents an elegant (and simple!) first or main course. One of our favorite Pesach menus includes fresh poached salmon, roasted new potatoes (lower GI)



All  
who  
are  
Hungry,  
*let them come  
and eat...*

and a green vegetable. It is helpful to think creatively with seasonings during Pesach. When the choice of dry spices is limited, use fresh herbs, such as parsley, cilantro, oregano, mint, tarragon, chives, sage and dill. You can also boost flavor by adding fresh herbs to salads, vegetables, eggs, fish and poultry.

Here are some Pesach (and year round) recipes featuring fresh vegetables and herbs, fish and poultry. Enjoy a happy and healthy Pesach!

*(Ed. Note: For those who do not use olive oil or other oils on Pesach, chicken schmaltz can be substituted in the following recipes.)*

# Nut-Crusted Baked Fish



*(Pareve) Nuts and fresh herbs give a flavorful boost to baked fish. Start with your choice of fresh fish fillets. Choose from walnuts or almonds. Match the nuts with herbs of your choice, such as parsley, cilantro, oregano or basil.*

**3** pounds fish fillet (one whole fillet or pieces)  
**2** tablespoons olive oil  
**1** cup raw, shelled unsalted nuts  
**¼** teaspoon salt  
**¾** cup packed fresh herbs  
Freshly ground black pepper to taste

# Italian-style Braised Fennel

**3-4** fennel bulbs  
**2** tablespoons olive oil  
**½** cup water  
Salt  
Freshly ground pepper

Preheat the oven to 400 F.

Line a roasting pan or large cookie sheet with foil or parchment paper. Place the fish on the pan and pat dry.

Chop the nuts coarsely in a food processor. Add the herbs, olive oil, salt and pepper and process until the mixture forms a paste.

Spread the nut paste evenly over the fish. Bake for 15-25 minutes, until the fish is cooked through.

**Serves 10-12**

*(Pareve)* Trim the root and stem ends of the fennel. Remove any tough outer leaves. Slice the fennel in half lengthwise, remove the core, and rinse well.

In a large sauté pan, heat the olive oil and then add the fennel in one layer. Cook the fennel until it turns golden brown, turning occasionally. Add the water (it should barely cover the fennel) and salt and pepper to taste. Bring the water to a gentle boil and cook, uncovered, until the fennel is tender and most of the water has evaporated.

Serve warm or at room temperature.

**Serves 6**

*Nutrition Info per serving (approximately 6.5 ounces): 11 grams carbohydrate, 88 calories, 4.8 grams fat*



# Turkey Breast with Fresh Herb

*(Meat) Transform ordinary turkey breast into holiday fare with lemon juice, olive oil and lots of fresh herbs. For a large crowd, use a whole turkey breast and double the amount of marinade ingredients. Just be sure to start the recipe well in advance, as the turkey needs to marinate for 24 hours.*

$\frac{1}{4}$ cup fresh parsley leaves	$\frac{1}{4}$ cup fresh lemon juice
$\frac{1}{4}$ cup fresh mint leaves	$\frac{1}{2}$ cup dry white wine
$\frac{1}{4}$ cup fresh coriander leaves	$\frac{1}{2}$ teaspoon salt
1 clove garlic, peeled	$\frac{1}{2}$ teaspoon freshly ground pepper
$\frac{1}{4}$ cup olive oil	Half a turkey breast, about 2 pounds

Process all of the ingredients except the turkey in a food processor until the mixture is fairly smooth.

Put the turkey in a glass or other non-metal container and pour the marinade over it. Make sure that the marinade covers all of the turkey. Cover and refrigerate for 24 hours.

Preheat the oven to 425 F. Remove the turkey from the marinade and place it on a roasting tray. (Save the marinade for the sauce; see below.) Cook for 20 minutes. Reduce the oven temperature to 400 F and cook until the turkey reaches an internal temperature of 160 F. Let it rest for 10 minutes before slicing.

Pour the marinade into a small saucepan and cook for 15 minutes or until it's reduced by about half. Serve with the sliced turkey.

**Serves 8**

# Sweet and Sour Braised Carrots



(Pareve) This recipe (and the fennel recipe) uses a technique called braising – first sauté the vegetables in oil and then add a small amount of liquid to finish the cooking. The result is a crisp-cooked vegetable in a flavorful sauce.

2 tablespoons olive oil	¼ cup grape juice
2 pounds carrots, sliced diagonally	2 tablespoons red wine vinegar
1/8 teaspoon ground cinnamon	½ cup water
	¼ teaspoon salt
	Freshly ground pepper

Heat the olive oil in a medium-sized saucepan. Add the carrots and cinnamon and cook, stirring occasionally for 5 minutes.

Add the juice, vinegar, water, salt and pepper to the carrots and mix well. Bring to a boil, reduce heat, cover and cook until the carrots are tender, about 20 minutes.

## Serves 8

*Nutrition Info per serving (serving size 1/8 of recipe): 12 grams carbohydrates, 81 calories*

### All recipes were developed and contributed by Chana Rubin, RD.

Chana Rubin, a registered dietician, studied at Oregon State University and Oregon Health and Science University and has taught nutrition and healthy cooking in the US and in Israel. She has worked in a Jewish nursing home, in hospitals and schools and as a consultant to physicians. Chana lives with her husband in Beer Sheva, Israel. For up-to-date nutrition information, holiday ideas and new kosher recipes, visit Chana's blog at [www.healthyjewisheating.com](http://www.healthyjewisheating.com)

Chana Rubin is the author of *Food for the Soul - Traditional Jewish Wisdom for Healthy Eating*; Gefen Publishing House, 2008. Available on Amazon.com.

### About the book:

*"Chana Rubin provides kosher and sound dietary advice in bite-size tasty nuggets. This book gives excellent science-based nutritional counsel in a way that improves your health while enriching your soul. I heartily recommend it."*

**Meir Stampfer, MD, Dr.PH**  
Professor of Epidemiology and Nutrition, Harvard School of Public Health





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If you open a recent newspaper, you're likely to find information about numerous financial indexes – the Standard and Poor's indices, the consumer price index and various index funds. However an entirely different sort of index has also been featured in the news recently. This index, relevant to the world of health and diet in general, and to people with diabetes in particular, is known as the glycemic index.

What exactly is it? The glycemic index (GI) is a measure of the effects of carbohydrates on blood glucose levels. The higher the GI of a food, the more quickly the body breaks it down into glucose, causing a spike in the body's blood sugar. Thus, eating low GI foods may aid in controlling both blood sugar and the body's reaction to rising blood sugar (insulin production, for example). This in turn may help prevent type 2 diabetes, as well as assist in achieving stable glucose control in people with all types of

diabetes. Other health problems that can result from blood sugar spikes, such as obesity and heart disease, may also be prevented or controlled effectively with a low GI diet.

A recent study<sup>1</sup>, which made headlines in the *The New York Times*, compared the effectiveness of a low GI diet versus a high fiber and high cereal diet, with regard to lowering HbA1c levels in patients with type 2 diabetes. Bear in mind that the basis of this entire study corrects a popular misconception: many people assume that all high fiber foods have a low glycemic index, yet that is not an absolute truth. During the study, the high fiber/high cereal diet emphasized "brown foods" such as whole-grain bread and breakfast cereal, brown rice and potatoes with the skin on. The low-glycemic diet included beans, peas, lentils, pasta,

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<sup>1</sup> Published in *The Journal of the American Medical Association*; Vol. 300, No. 23, Dec 17, 2008

# Glycemic

## AN INTRODUCTION

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certain breads, oatmeal and oat bran cereals.

At the end of the study, results showed that a low GI diet did a better job than the high fiber/high cereal diet at lowering HbA1c levels. It should be noted though that all of the declines were small, even in the low GI group. Yet the low GI participants also saw their “good” HDL cholesterol, which seems to protect against heart attack, rise, in contrast to the HDL results of the high fiber group, which declined slightly. The outcome of this particular study underscores the point that low GI diets offers many benefits, as well as the secondary message that not all high fiber diets are indeed low GI (and neither do they offer the benefits of low GI).

In light of the apparent importance of glycemic index values, you may be wondering how the GI of a food is determined. It is generally arrived at by comparing two tests on a given individual: (1) the blood sugar response to a particular food, and (2) the body’s reaction to an equal amount of pure glucose. The portion size generally used is the amount of the food that contains 50 grams of carbohydrates. Pure glucose is assigned a GI value of 100. If a food raises blood sugar only half as much as pure glucose, its GI value is 50.

As a rule of thumb, foods with a GI of 55 or lower are considered to be low GI. These include most fruits and vegetables, as well as pasta and legumes. (Editor’s Note: Fruits are considered low GI because their sugar content is “fructose,” which is not entirely converted

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# *Index*





into glucose once ingested. However some opinions hesitate to recommend eating large quantities of fruit because doing so can cause elevated triglycerides.) Foods with a GI of 56-69 are considered to be medium GI, while foods with a GI of 70 or higher are considered high GI. For a fairly comprehensive list of foods' GI values, see [www.glycemicindex.com](http://www.glycemicindex.com).

Does it seem to you that the GI of a food is like a magic bullet to control blood sugar? Well,

*In real life, there are several difficulties associated with building a diet exclusively upon GI values.*

magic bullets are, as we know, products of fantasy and dreams.

First of all, remember that in order to determine a GI value the portion size used is based on 50 grams of carbohydrates found in a food. Yet this amount does not always jibe with a normal portion size. For example, watermelon has a very high GI. However as the name attests, the composition of watermelon is mostly water. In order to consume 50 grams of the carbohydrates found in watermelon, you would need to eat an enormous amount of it. So just because watermelon

has a high GI does not mean that having a slice of watermelon automatically leads to a sugar spike. To address this problem, another measure has been introduced. This is known as the glycemic load (GL). Fundamentally, what the glycemic load tells us is how quickly a given portion of a given food will affect blood sugar. Therefore the GL of a food may provide a more meaningful measure than the GI alone. It is important to keep in mind that GL will change based on portion size, and naturally a smaller portion will have fewer carbs; in the GI system, lower carbs are always regarded as better for your health. (GL values are also listed on [www.glycemicindex.com](http://www.glycemicindex.com).) So have we rescued our magic bullet? Not quite.

Another difficulty with the GI is that it is a somewhat complicated system. The same foods can have different GI values depending on how they were cooked, how long they were cooked, the precise variety of food (Russet vs. Idaho potatoes, Basmati vs. Jasmine rice), and even their country of origin. Furthermore, even if we snack often, most of our food is eaten in the course of a meal. During a meal, many different foods are consumed together and this may significantly impact how our blood sugar reacts.

# HERE ARE SOME

## *basic tips*

### FOR ADOPTING

### A LOW GI DIET<sup>2</sup>

*Choose stone-ground whole wheat bread (not regular whole wheat bread) or pumpernickel bread (the dense type) over white and plain whole wheat bread options.*

*Prefer basmati rice or Uncle Ben's converted rice to most other types.*

*Al dente pasta is better than overcooked.*

*Sprinkle foods with vinegar - the acid slows down digestion. Fats, such as oil or butter will also reduce GI, as it also slows the rate of digestion. (While the addition of any type of fat will lower GI, not all fats are healthy; for example: trans fats are known to clog arteries and vegetable oils can be pro-inflammatory.)*

*Eat legumes, most fresh fruits (not fruit juices) and vegetables.*

*Oatmeal (not the instant type), bran, and barley are good grain choices. So are milk and yogurt (with high fat options offering a lower GI).*

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<sup>2</sup> Based on information from: [www.diabetes-blood-sugar-solutions.com/free-glycemic-index.html](http://www.diabetes-blood-sugar-solutions.com/free-glycemic-index.html)

Although GI values are generally calculated by testing a number of people, individuals process

*Another key point to a comprehensive understanding of GI is the awareness - as is becoming clearer and clearer - that people's body chemistries vary.*

food in different ways. And even a given individual may respond to carbohydrates differently at different times of the day. Does this mean that GI values have no consistency? Not at all. The GI tests have proven that a given individual's references (best understood according to percentages) to glucose always remain the same. For example, if pure glucose (GI 100) will raise Yaakov's blood glucose (BG) 100 points, then a food with a GI value of 50 will raise Yaakov's BG 50 points. Yet for Moshe, pure glucose may raise his BG only 50 points; accordingly, the same lower GI food that Yaakov ate, will only

raise Moshe's BG by 25 points. On another day, Moshe may find that pure glucose raises his BG only 40 points, and the lower GI food therefore only raises his BG by 20 points. In other words, while the same individual's BG may indeed respond differently to the same foods on different occasions, his personal percentage references remain stable.

## SO WHAT IS THE *bottom line?*

EVIDENCE WOULD SEEM TO INDICATE THAT TAKING GI/GL INTO ACCOUNT WHEN MAKING ONE'S FOOD CHOICES IS WISE, AS GI/GL VALUES ARE A GOOD WAY TO SORT CARBS AND MAKE SMART CARB DECISIONS. EVEN IF IT'S NOT THE MAGIC BULLET WE WOULD LOVE TO DISCOVER, GI/GL MAY VERY WELL HELP WITH BLOOD SUGAR CONTROL AND OFFER POSITIVE HEALTH BENEFITS. ■



# Brown Sugar Heaven

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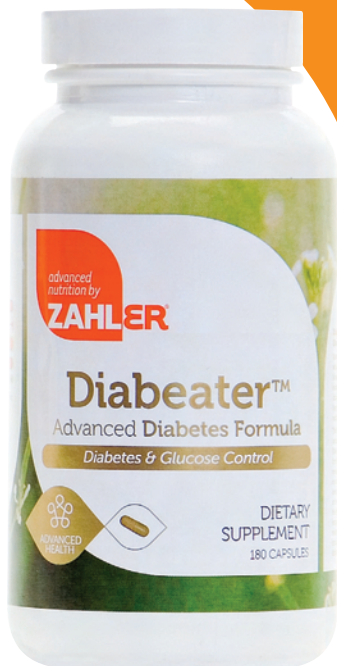
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# SUCCESS

## WITH GLYCEMIC INDEX: A PERSONAL TALE AND A WAY OF LIFE

I have been overweight my entire life, and I have been dieting about that long. Even in pre-school when my pint-sized peers were noshing on potato chips and popcorn, my mother was packing fruits and vegetables in my lunch bag. With a strong family history of obesity and type 2 diabetes, I guess you could say I was doomed. It was therefore no great shock when I was diagnosed with type 2 just after my eleventh birthday. I was put on insulin, as well as a whole array of oral medications to control my diabetes. It was at that point that my dieting efforts increased. Yet although I knew that if I lost weight I would probably be able to go off insulin, somehow I still couldn't stay on a diet for long. The turning point in my personal battle with food came when I stumbled across an online ad for the Glycemic Index diet. I looked into it and eventually bought the book (by Rick Gallop).

I discovered that the GI is a rating of how fast or slow the food gets digested. So what does all this mean to a dieter? If a person eats a meal comprised of high GI foods, there is a rapid increase in the level of glucose entering the bloodstream, which causes a blood sugar spike. In turn, this causes the body to release a large amount of insulin, which then causes the blood sugar to drop again. The result of this chain of events is that the blood sugar drop makes the person feel hungry all over again, quite soon after they finished eating. In contrast, when a person eats a low GI food, glucose entering the bloodstream is absorbed at a slow and steady rate. That familiar "hungry feeling" is then prevented from creeping up again.

In order to lose weight, it is imperative that a person address *all* aspects of their eating. As far as carbohydrates are concerned, we know what to do. Additionally,

we must take into consideration our two other main sources of nutrition, protein and fat. Fat is an important part of a person's diet. (Actually, it slows digestion, lowering the glycemic index rating of a food.) Rather than eliminate

this staple, the key is to make wise decisions regarding the fats you choose. Stay away from trans-fats, opt instead for healthy fats. This includes polyunsaturated and monounsaturated fats such as olive oil and canola oil.

**The diet I follow (by Rick Gallop) makes it simple to make food choices by using a traffic light system as his model:**



## **GREEN LIGHT FOODS**

Low GI carbs

Very lean  
proteins

Healthy fats

## **YELLOW LIGHT FOODS**

Medium GI  
carbs

Semi-lean  
proteins

## **RED LIGHT FOODS**

High GI carbs

High fat pro-  
teins

Less healthy  
fats

# IF YOU THINK THIS DIET SOUNDS HARD, THINK AGAIN.

As in a traffic light, green means go full speed ahead, or eat these foods to your heart, or rather your stomach's content. Yellow indicates to us that we must slow down. These foods may be eaten, but sparingly. The way I look at

yellow foods is that whichever ones I can live without, I avoid, and whichever ones are important to my lifestyle, I eat in small quantities. As it is in a traffic light, the red light warns us to come to a complete stop. These are foods which should be avoided completely while on the GI diet.

After originally perusing the book I decided that I wanted to eat this way for the rest of my life. One Monday morning I therefore began this diet. It may sound unbelievable, but instantaneously my blood sugars went from being completely uncontrolled (over 250 all the time) to being in the low 100s. It was that easy.

If you think this diet sounds hard, think again. I have learned how

to cook delicious things with the food that I am allowed. In fact, non-dieting members of my family don't mind, or even notice that they are eating healthy food. Over time I developed my own flexible GI "meal plans," adapted

to my personal tastes. Among other tasty foods, my meals include low GI cereals, low fat dairy products, stone ground whole wheat bread and pasta, tuna, poultry, brown rice, grilled vegetables, legumes... etc. The great thing is that if you get hungry you are not only allowed to eat, but you are SUPPOSED to eat. You simply choose from among the many delicious green foods.

Two months into my GI diet I went to the endocrinologist with happy anticipation rather than dread. I think it was the first time I felt that way before an endo appointment since my diagnosis. I was not disappointed. In two months, my A1c went down from 8.9 to 7.9! And that was only after two months!

By now, I have learned not to call this a diet. A diet is something you go on when you have a simcha coming up and you want to look good, and then you go off. I have begun to think of this as a way of life. It's been about half a year now and I'm down 2 sizes. I keep getting compliments on the way I look, and I feel so energetic and healthy. As I have been telling my friends lately: "you are going to be seeing a lot less of me from now on". ■



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Shabbos Parshas  
Vayachi, 5769

Reflections  
of  
Friendship

# ForWARD & Onward

Recent Events

Thirty three girls, ranging from ages 12-22 years, buzzed with excitement as they gathered together in the Meisels home just before it was time to welcome Shabbos. The theme of the Shabbaton, כמים פנים אל פנים כן לב האדם, לאדם, was announced and accentuated by reflective silver letters on light blue posters decorating the walls. As the girls all greeted each other, with both new and returning participants, smiles bounced back and forth across the room. Rabbi Meisels brought everyone together with an inspiring opening speech that connected the number of girls present with a vort by his Zeide, the Veitzener Rav: the number thirty-three was instrumental in the *zechus* for the

*Yidden* to leave *Mitzrayim*, due to the tremendous *zechus* of Rebbe Shimon, whose *yahrzeit* occurs on Lag b'Omer (day thirty-three of *sefiras haOmer*). This message tied in appropriately with the week's parsha, *Vayechi*, which marks the start of the *galus*. A new level of meaning thereby united the thirty-three girls who came from both near and far to be together for this special Shabbos.

After davening, Dr. Elka Jacobson-Dickman, from the Pediatric Endocrine Divisions, Infants and Children's Hospital, Maimonides and SUNY Downstate, Brooklyn, gave an illuminating presentation that called upon her knowledge of managing diabetes.



*Dining Room*



*The Raffles*

*"While laughter flooded the room (and winkies flew through the air!), all I could think about was how unique and wonderful this experience was turning out to be."*

Not only did the girls feel privileged to learn from Dr. Elka's expertise with managing diabetes, but in the true spirit of a Shabbos focused on relationships, Dr. Elka expressed how much she too learned from the girls. After the Shabbaton she was moved to write to Rabbi Meisels: "[Your recent girls' Shabbaton] was such a beautiful experience..."

I was so impressed to see how, without any provocation, the older girls naturally became mentors to the younger girls and likewise the more experienced ones with those newly diagnosed. They shared so generously with each other from their knowledge about diabetes, nutrition and technology, to how best to check your sugars on Shabbos in a kosher way. I hope that I contributed, but more than anything I gained insight into your beautiful communities, which I believe will enable me to improve the care I give to my patients, many of whom are Orthodox Jews..."

Scents of Shabbos filled the air and scrumptious food filled the tables as the girls had a chance to social-

ize throughout the *seuda*. Small mirrors imprinted with each girl's name were placed at the table settings, beautifully and creatively highlighting the theme of the Shabbaton, "reflection of friendships". Afterwards, Rabbi Pinchos Jung joined the crowd as the guest speaker. He explained all about the vital life skills of communication, with specific points about how to be an active listener. He stressed the importance of validating the position of others before expressing disagreement. Appropriate timing and environment are also crucial to the success of communication, and he urged the girls to always involve a third party when a mediator is needed.

While the scheduled events of the Shabbaton were certainly enjoyed and appreciated, many of the girls' best experiences also came about during impromptu happenings. As described vividly by Malka\*, "One of my favorite moments of that Shabbos happened after dinner Friday night. It was very late and a few of us went downstairs to take a break from all of the excitement going on upstairs. We began by just sitting around and talking, but soon more and more girls joined us. Soon enough, there was a whole circle of girls sitting in the conference room, from all different backgrounds, sharing their funniest high and low blood sugar

stories. While laughter flooded the room (and winkies flew through the air!), all I could think about was how unique and wonderful this experience was turning out to be. Where else could I have such an experience?"



On Shabbos morning, Rabbi Meisels delivered a lecture with tips on the proper ways to lose weight. His main messages pointed to the dangers of fad diets and the importance of eating adequate protein. A married Shabbaton alumna, who attended in order to help lead the program, commented afterwards, "It was a joy to witness the wonderful maturity and astounding amount of knowledge many of these girls possess. And, I must admit that the

\*Names have been changed

Shabbaton was a wonderful learning experience for me as well. I particularly enjoyed Rabbi Meisel's speech about the benefits of eating protein."

Tehillim were recited with special *kavana* by the girls on Shabbos afternoon. Each girl davened from her own new engraved sefer, which was designed in advance for each participant and distributed on Shabbos.

"I knew it would be great, but I didn't realize how amazing it would feel to know that I really am not alone with this, and really do have FRIENDS WITH DIABETES"!!!

Soon after havdala, a unique Chinese Auction capped the Shabbaton. Prior to Shabbos, each girl had been presented with thirty-five raffle tickets, which they were encouraged to grant to every girl who gave them diabetes assistance. "Assistance" included any tips, such as answering a diabetes question, helping to review a bolus amount or determine a carb count...etc. The girl who gave over the ticket also kept her own copy. At the Chinese Auction, each girl

then placed her raffle tickets on the prizes of her choice. The grand prize was a digital camera, and some of the other prizes included jewelry, books and cookbooks, and a leather siddur. When the separate raffles were drawn, each winning ticket also served as a winning ticket to the original girl who dispensed the ticket. She was then entitled to receive a smaller wrapped gift chosen from a grab bag. This whole system highlighted the theme that when you give – you also gain, an important principle in all friendships. At the end of the event, every girl was delighted to receive a complimentary customized self-inked name stamp, and a wrapped basket of souvenirs, complete with hand-painted mirrors, and a travel jewelry case – perfect for packing for the next Shabbaton!

After the crowd of girls dissipated and everyone returned home, messages of appreciation began to flow back to FWD. Their words really *say it all*. In addition to the attractive gifts and helpful information each girl toted home from the Shabbaton, many participants attested that new friendships were the most valuable gift they received. As one parent wrote in appreciation, "Thank you so much for the Shabbaton. My daughter...enjoyed herself immensely and made new friends... it was very eye-opening for her to see so many other girls her own age



going through what she's going through..."



*Mirror Centerpiece*

With much enthusiasm, Sorele\*, a veteran FWD member, summed up her whole experience, "This was the third time I attended the FWD Shabbaton and I have to say that the Shabbos has become the highlight of my year. As soon as the Shabbaton is over, I start anticipating the next one... For me, the best part is always making new friends and meeting old ones. We share so many ideas, tips and support, talking to each other way into the night!"

A few weeks after the Shabbaton, Malka shared that "since the Shabbaton, I have been keeping close contact with a few of the

girls; we check up on each other a few times a day to help get each other's numbers under control... It has been so helpful for all of us and fun as well!"

Leah\* seconded those sentiments when she wrote, "I would like to thank you very much! I had the best, most inspiring Shabbos ever! I knew it would be great, but I didn't realize how amazing it would feel to know that I really am not alone with this, and really do have FRIENDS WITH DIABETES!!!"

In keeping with the inspiring Shabbaton theme that was spotlighted in so many ways, the friendships that were sparked over this FWD Shabbos will, iy"H, continue to give and receive light for all of the girls for a long time to come. ■

***This review was written based on comments and feedback from participants and event organizers. Thank you very much!***

Did you participate recently in a FWD event? We invite you to write a review, or share your comments and feedback. Submissions may be anonymous, and may be edited prior to publication. Please email: [executiveeditor@friendswithdiabetes.org](mailto:executiveeditor@friendswithdiabetes.org)

# I'm Right Here

The following poem was composed and read by one of the girls who joined in the Shabbaton. The message of heartfelt emunah was inspiring to all of the participants. As a description of the Ultimate Relationship that we all strive for with HaKadosh Baruch Hu, it was also a perfect touch to a Shabbos focused on the many aspects of relationships and friendship.

Where are you? I cried,  
I cannot see.  
Don't worry, My daughter,  
Behind everything is Me

Sometimes Hashem hides himself,  
It is a time of night.  
There's pain, confusion, despair,  
Nothing seems to go right.

We struggle through darkness  
Against the hide of nightfall.  
Helpless and alone,  
Don't leave me! We call.  
Soft and kind,  
He replies, "My daughter dear!"

I'll never let go,  
Have no fear!  
Your pain is My pain,  
You struggle and I struggle too.  
You cry and I cry along,  
How you feel - I feel too.

I am your Father,  
In the Heavens above.  
You're so precious to Me,  
For you - I give, I care, I love.

I give you the struggle,  
To bring out your best.  
Come close to me, My daughter,  
Pass the test!

The little bits of good that is,  
Are My flickering lights.  
A reminder how much I care,  
To show you I'm here, through  
the night.

And just like I brought you in,  
And gave you confusion and pain.  
Never give up,  
The sun will rise again!

I'll pick you up when you fall,  
It can be part of going uphill.  
Part of the growth process,  
Don't be discouraged - continue  
ForWarD still!

As long as there is life, there's hope,  
Try and try again, I'm here, right  
beside you.

Gently and lovingly, I'm guiding,  
I'll help you in all that you can do.

I wait to hear your voice,  
Turn to Me with your pleas.  
I can do everything in the blink of  
an eye,  
Have no fear - just trust in Me!

And when things get so difficult,  
That you cannot see.  
Just know that whatever is,  
Behind everything - is Me.

I'm always here for you,  
Whether you fall or you grow.  
I will always love you uncondition-  
ally,  
I will never leave you go.

Go My child, go forth, take the  
plunge,  
Right beside you, I stand.  
Have no fear, I'm right here,  
I'm holding your hand!

# PUMPING INSULIN

IF YOU HAVE TYPE 2, DON'T TURN THE PAGE -  
THIS ARTICLE IS FOR YOU!

By Jan Chait

## A NEW PERSPECTIVE

“Just hurry up!” I snapped at my husband as our *seder* guests pretended not to notice my irritation. We didn't appear to be anywhere near *hamotzi*, but suddenly the frenzy of cleaning and cooking that accompanies Pesach had caught up with me. Again.

Earlier that day, I'd caught myself standing in the kitchen, befuddled, as I separated eggs and tried to count out nine yolks and 12 whites. Or was it the other way around?

Welcome to my old world of insulin injections. Adjusting dosages of intermediate or long-acting insulin to handle any of a variety of the unexpected (or even expected) details that make up our



lives are nearly impossible. For me, even deciding to scrub the front porch had to be preceded by a checklist of necessary diabetes-related conditions for the time to be “right” to physically tackle the job.

Thankfully, those days ended more than 10 years ago when I traded in my insulin syringes for an insulin pump.

It wasn’t an easy journey. You see, I have Type 2 diabetes and in those days insulin pumps were considered by most to be only for people with Type 1 diabetes. In fact, it took me nearly a full year to convince my endocrinologist to agree to prescribe a pump for me.

### **FIRST VISIT:**

**ME:** “I want an insulin pump.”

### **ENDOCRINOLOGIST:**

“You’re a Type 2.”

### **SECOND VISIT:**

**ME:** “I want an insulin pump.”

### **ENDOCRINOLOGIST:**

“You’ll eat more often and give yourself insulin.”

**ME:** “What makes you think I don’t do that now?”

### **THIRD VISIT:**

### **ENDOCRINOLOGIST:**

“Would you like an insulin pump?”

**ME:** “Sure!”

I think he finally realized I wasn’t going to give up, so he decided to offer the pump and let my insurance company turn me down.

My insurance company approved the pump within five days.



Today's Type 2's may not even have to beg. "My doctor actually recommended the pump," says Jack, a 38-year-old Type 2 who lives in Mukwonago, Wisconsin, a suburb of Milwaukee. He recently joined a growing list of people with Type 2 diabetes who are using a pump to deliver their insulin. At present, David Kliff, publisher of "Diabetic Investor," estimates the total number of pumpers worldwide at 500,000. In the United States, approximately 320,000 pump users have Type 1, and approximately 30,000 pumpers have Type 2.<sup>1</sup>

"We were both pretty frustrated with the way things were heading [on injections]," Jack says, referring to both his doctor and himself. "He said to me, 'We need to do something more aggressive. You're relatively young and in good health otherwise. I think

you're a great candidate for a pump.'"

"I believe more providers are recommending pump therapy for Type 2's for the same reasons they prescribe them for the Type 1's," says Ray Hoese. "The two fundamental concepts: fast-acting insulin, and tight control of dosing." Hoese, marketing director of the University of Texas School of Medicine in San Antonio, Texas, worked for many years in the insulin pump industry and has a daughter with Type 1 diabetes.

In most cases, too, an insulin pump will allow you to take smaller amounts of insulin, will result in either weight loss or stop further weight gain, and will cut down considerably on the number of times you experience hypoglycemia.

An insulin pump is, basically, a mechanical pancreas. Small and discreet (mine is smaller than my

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<sup>1</sup> Statistics supplied by Medtronic

cell phone), it contains a reservoir to hold insulin. Most deliver insulin to your body via an infusion set: a thin length of tubing that connects to the reservoir at the pump end and has a short cannula that you insert into your body—any place you would use to give yourself an insulin injection—at the other end. You insert the nearly hair-thin, flexible cannula into your body with an introducer needle, which is then removed.

Adjusted properly, an insulin pump most closely matches the way your own body works. Your pancreas excretes steady amounts of insulin all day long. In a pump or with injections of intermediate or long-acting insulin, that steady secretion is called basal insulin.

“Basal insulin’s job is to offset the liver’s secretion of glucose into the bloodstream,” Gary Sheiner, MS, CDE, and author of the book “Think Like a Pancreas” wrote in the Fall 2007 edition of “Voice of the Diabetic.” “Everyone’s liver does it, mainly to supply the brain and nervous system with a steady supply of energy, and mainly in response to the many hormones that are in circulation.

“Because the liver is secreting sugar into the bloodstream continuously, a lack of insulin would result in a sharp rise in blood sugar levels.”

An insulin pump’s delivery of basal insulin can be adjusted to meet your own body’s needs. After I began pumping, I found out that my basal needs were nearly twice as high overnight as during the day. Since my basal insulin dosage on



injections was adjusted so that I woke up with blood glucose in a good range, it's no wonder I had problems with low blood glucose during the day. I had too much basal insulin in my body then!

After the pump is programmed, basal insulin is delivered automatically based on your personal needs. Most pumps can be programmed to change the basal rate up to 48 times a day.

When you eat or when you need to correct a high blood glucose, you can program a bolus, a short burst of insulin, in much the same

**"...IF IT'S  
NOT THAT  
LOW, JUST  
SUSPEND  
YOUR PUMP.  
PROBLEM  
SOLVED."**

way the pancreas delivers a burst of insulin when a person who does not have diabetes eats.

Just as your body only makes one kind of insulin, a pump only uses one kind of insulin. Most people use one of the three rapid-acting formulations, marketed as Humalog, NovoLog and Aprida. Both the pancreas and the insulin pump deliver tiny amounts of insulin to the body continuously. Pumps can deliver insulin in amounts as small as 0.025 unit per hour, up to as many units as you need. One of my basal rates is 7 units per hour, which makes my endocrinologist's face turn pale, but it's what I need at one point during the night.

"Fast-acting insulin has the lowest variability in absorption and action," Hoese says. "It is predictable: All other insulins are not. Plus, fast-acting is gone quicker. If you make a mistake, you only have to live with it for a few hours," not the eight or 12 hours it takes for longer-acting insulins (depending on the types of insulin and its absorption profile).

With rapid-acting insulin, Hoese says, "if your blood sugar is too low—because you went for an unplanned walk, or you worked in the garden more than you had planned—eat a few carbohydrates and it's coming back up. Or, if it's not that low, just suspend your pump. Problem solved."

Too high? Say you just had to have more of that crispy *matza*, as I frequently do, "you can precisely

dose," Hoese says. With practice and with lots of checking, you'll learn what it takes to get into your optimal range without going any lower. That's not always possible when you have long-acting insulin with its frequently variable absorption rate working in your body.

"Pumps offer more tight control—not just of insulin, but of your life," Hoese adds.

I'll second that. As an example, my endocrinologist once asked me what my favorite thing was about using an insulin pump. The last thing he expected me to say was, "I can scrub the front porch when I want to."

I like to wake up by having my coffee on the front porch in the mornings—weather permitting—as I watch the day arrive and breathe in the fresh air. "This porch needs scrubbing," I'll sometimes think as the sun rises and details come into view.

Before I began pumping insulin, it would sometimes take me up to two weeks to schedule porch-scrubbing. There were so many questions to consider: How much insulin did I have in me? What kind? What was my blood glucose? Did I need to eat something first?

Now I just program a temporary lower basal rate on my pump—or suspend it for a little while—and scrub away.

**"PUMPS OFFER  
MORE TIGHT  
CONTROL—NOT  
OF INSULIN,  
BUT OF  
YOUR LIFE,"**

If my blood glucose is too high, I know how much insulin it will take to bring me back down to my optimal level. There is no long-acting insulin in my body acting in concert with the rapid-acting to make my blood glucose go too low.

I almost feel as if I don't have diabetes. Almost. Of course there is still blood glucose to check, carbohydrates to count and other things that go along with having diabetes.

My energy level went up, both when I started taking insulin and again when I began pumping. And this happened even though I was in good control when I was on multiple injections - with A1Cs in



the low 6<sup>th</sup> percentile. It's a feeling that's echoed by Jack.

"I have more energy and I don't feel as 'draggy' late in the day," he says. "My mental outlook is better too, now that I feel in control. People have also commented that I've lost weight and my face is less puffy."

Today's insulin pumps do more than deliver insulin. Most will calculate how much insulin you have left working in your body and will take that into consideration when

you program a correction bolus. They'll calculate how much insulin you need when you enter the amount of carbohydrates you'll be eating. They'll deliver insulin both immediately and spread over a longer period of time (for example, when you are eating a high-fat food such as pizza). One of the newer pumps doesn't even have tubing: it attaches directly to your body.

Besides choosing the amenities you like, you'll need to take one important thing into consideration: How much insulin the pump will hold in its reservoir. The market seems to demand smaller pumps, but smaller pumps mean smaller reservoirs. As a Type 2, I need more insulin than somebody who has Type 1 diabetes. I switched brands the last time simply because my former company's new pump only held 200 units of insulin. I need at least a 300-unit reservoir.

Hopefully, the day will never come when larger reservoirs are unavailable. As people with Type 2 diabetes continue to join the ranks of insulin pumpers, however, pump companies should be convinced we're a market that can't be ignored.

An insulin pump has freed me up to lead a busy and varied lifestyle and still maintain good blood-glucose control with much fewer incidents of hypoglycemia. ■



Right back at ya  
with the insulin dose for that.

You're the peanut butter  
to my jelly.



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# FRIENDLY

Professional  
Profile

# FACES

## *In the Kitchen with Joy*

Joy Bierman Pape is a registered nurse who is board certified in diabetes education. Her work experience in healthcare settings spans the gamut, from home health to intensive care units, and everything in between. She publishes regularly in several diabetes publications, and is the co-author of *The Real-Life Guide to Diabetes* (published by the American Diabetes Association; March, 2009).

In a wide scale effort to educate as many as possible – both health care professionals and people

with diabetes – Joy also travels the country presenting highly informative and practical diabetes programs. She has opened many eyes to take serious notice of the effectiveness of low carb meal plans and diabetes. As columnist for “Lower Carb Options,” in *Diabetes Health Magazine*, and as the contributing medical producer for *dLife TV*, Joy was able to reach readers around the globe. Joy continues to write and has a busy practice in New York City, where she personally follows and teaches her low carb plan to PWD.

## ***A personal note of intro- duction from Joy Pape, RN:***

I met Rabbi Meisels and Friends With Diabetes (FWD) through my writings about low carb meal plans. Over ten years ago, before the “low carb craze,” I realized the benefits of eating low carb.

I have had blood glucose problems all my life. Two of my doctors told me to look into the low carb way of eating. They said, “With your diabetes background, this will make sense to you.” At the time, it went against all conventional diabetes wisdom, which included the way I ate and what I taught my patients. Yet, the information made sense. Fat was not the problem, carbohydrates were.

## **EAT LESS CARBS, NEED LESS INSULIN, WHETHER YOU TAKE IT OR YOUR BODY MAKES IT.**

Boom! I tried it and I felt like a new person. My blood glucose finally stabilized. My lab results improved dramatically. And the food I was eating was delicious! No more “no fat,” no more fake food that tasted like cardboard. Real food! Food I hadn’t allowed myself to eat for a long time - such as real eggs, butter, cheese, nuts, peanut butter and yes, red meat. Sure, I continued to enjoy fish, chicken, and turkey. And I eat everything in moderation, except when it comes to non-starchy vegetables... these I eat a lot of. I just needed to cut back on the carbs to make this work for me, and it can work for you too. I am thrilled and honored to share some of my low carb cooking tips with you to ENJOY!



# EGGSTATIC!

By Joy Pape, RN

**T**here's been a lot of static about eggs. It has left many to wonder, "Are eggs good for me or not?" There are health benefits and there are some concerns.

Eggs are packed with nutrients, such as high quality protein, folate, iron, vitamin D, choline, lutein, zinc and more. Yes, eggs also have cholesterol, but what most people don't know is that your cholesterol is not simply raised by what you eat, but also by how much cholesterol your body makes - whether you eat it or not.

You may have heard about a recent study that found an association between egg intake and an increased incidence of type 2 diabetes. Yet what many didn't hear was that these associations didn't prove a direct cause and effect. The people

in the study who reported frequent egg consumption also had other significant health issues going on, like having higher BMIs, being older, being more likely to smoke, having a higher total calorie intake...etc. The list goes on to show that these people probably lead less healthy lifestyles overall. Another concern for some is that eggs do have arichidonic acid, an essential fatty acid, which can increase inflammation. My recipes here, in *Going ForWarD*, are not telling you to eat eggs or not to eat eggs, you should follow the advice of your health care professional (hcp). If your hcp has recommended that you do eat eggs, or perhaps a certain amount of eggs per day or week, here are some delicious and *kosher for Pesach* ways to do it!

# Spinach Cheese Frittata

## Ingredients

**Yield: 6 servings**

2 teaspoons olive oil

1 bunch scallions,  
thinly sliced

10 ounces frozen  
chopped spinach,  
thawed and squeezed  
dry

8 large eggs

1 cup shredded Swiss  
or Muenster cheese

½ cup fresh basil  
leaves, chopped

1 garlic clove, minced

½ teaspoon dried  
thyme

¼ teaspoon salt

¼ teaspoon freshly  
ground black pepper

2 Tablespoons grated  
Parmesan cheese,  
divided

1 Tablespoon butter

## Directions

Preheat oven to 400 degrees. In a nonstick 10-inch skillet with oven-safe handle (or with handle wrapped in double thickness of foil for baking in the oven later), heat oil over medium heat until hot. Add the scallions and cook about 2 minutes or until wilted. Add the spinach and cook about 10 minutes, stirring until moisture has evaporated.

In a large bowl, whisk together the eggs, Swiss or Muenster cheese, basil, garlic, thyme, salt, pepper, and 1 tablespoon Parmesan. Stir the spinach mixture into the egg mixture.

In the skillet, melt the butter over medium heat. Add the spinach/egg mixture back into the skillet and cook for 1 minute, stirring once. Reduce heat to low and cook 5 minutes longer. Mixture will begin to set around the edges. Sprinkle with remaining 1 tablespoon Parmesan. Place skillet in the preheated oven and bake for 10 minutes or until frittata sets. Loosen edges of frittata and slide onto a platter.

**Variations:** Add one half cup of chopped walnuts to your egg mixture, and prepare as above. And/or use a mix of two different cheeses, rather than one kind.

*Excerpted from Kasher by Design, picture perfect food for the holidays & everyday. Published and copyright Artscroll/Shaar Press Publications, Brooklyn, NY.*

*FYI: In case you were wondering what the difference is between an omelet and a frittata (also spelled fritтата), the cooked eggs are folded over only when preparing an omelet.*

**This Italian-style omelet bursts with flavor. It's delicious at any temperature, so there is no need to serve it right out of the oven. Try serving at a dairy lunch or late breakfast.**

**Ingredients**

- 1 eggplant
- 2 hard-boiled eggs
- 1 minced onion
- olive oil
- lemon juice
- salt

**Directions**

Bake eggplant wrapped in aluminum foil at 375° for approximately 1 hour or until peel is black and brittle. Peel and cube eggplant and cook in medium saucepan with 1/4 to 1/2 inch water on bottom. Cook over medium flame until soft.

Mash cooked eggplant together with eggs and onions. Add oil, lemon juice and salt to taste.

*Excerpted from The Spice and Spirit of Kosher Passover Cooking. Published and copyright Lubavitch Women's Cookbooks Publications, Brooklyn, NY.*

# Eggplant Salad

	Chef's salad			Eggplant Salad	Spinach Cheese Frittata
	with Dressing		without Dressing		
<b>Calories</b>	219kcal	89kcal	130kcal	52kcal	223kcal
<b>Fat</b>	16g	9g	7g	3g	15g
<b>Saturated Fat</b>	4g	1g	3g	1g	7g
<b>Trans Fat</b>	0g	0g	0g	0g	0g
<b>Total Carbohydrates</b>	9g	3g	5g	5g	7g
<b>Dietary Fiber</b>	2g	0g	2g	2g	2g
<b>Total Sugars</b>	4g	1g	2g	2g	1g
<b>Effective Carbs</b>	7g	3g	3g	3g	5g
<b>Protein</b>	13g	0g	13g	2g	16g
<b>Cholesterol</b>	131mg	1mg	130mg	54mg	310mg
<b>Sodium</b>	423mg	55mg	367mg	18mg	266mg

## Nutritional Information

**Ingredients** Yield: 8-10 servings

### DRESSING

3 Tablespoons mayonnaise

¼ cup olive oil

1½ teaspoon sugar

¼ teaspoon freshly ground black pepper

1 Tablespoon fresh parsley, chopped

1 Tablespoon scallions, thinly sliced

1 teaspoon Passover imitation dijon mustard, (or omit)

2 garlic cloves

juice of 1 lemon

### SALAD

¼ pound pastrami, sliced into thin strips

¼ pound smoked turkey breast, sliced into thin strips

¼ pound salami, sliced into thin strips

1 small red onion, thinly sliced

1 cup cherry tomatoes

1 pound mixed salad greens

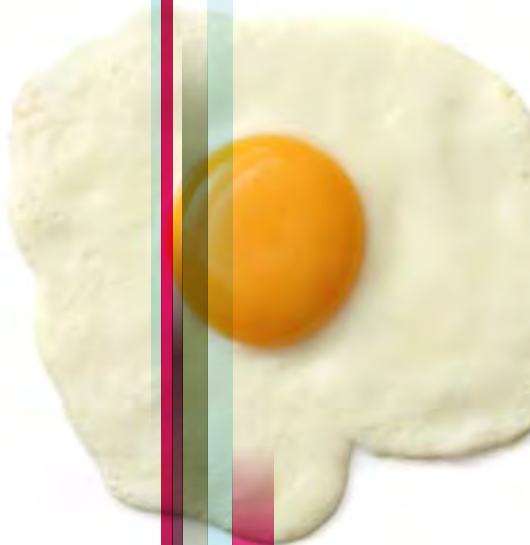
# Chef's Salad

**Directions** In a jar or a cruet, mix the mayonnaise, oil, sugar, pepper, parsley, scallions, mustard, garlic, and lemon juice. Shake or whisk until emulsified.

Toss the pastrami, turkey, salami, red onion, and tomatoes with the salad greens. *(Optional: add in chopped hard boiled eggs at this point)* Lightly coat with dressing.

*Excerpted from Kosher by Design, picture perfect food for the holidays & everyday. Published and copyright Artsroll/Shaar Press Publications, Brooklyn, NY.*

**We're always looking for different ways to make salads. Add 4 hard boiled eggs to this recipe. You can also use your own favorite dressing rather than the one in this recipe.**





# Eggs Easy!

## Hard-Cooked (hard-boiled) Eggs

What's easier than a hard-boiled or hard-cooked egg? Easy for many of us to say, but some people really don't know how to boil an egg, or peel it properly. This one is for them.

### What You'll Need    Preparations

A pan (or a pot) with a lid

Water

Eggs—as many as you want to boil or as many as you can fit

Lay your eggs gently in one layer on the bottom of your pan. Put your pan in the sink. Run water into your pan until the water is 1 inch over your eggs. Put the pan on a burner. Turn it to medium-high heat.

Let the water come to a boil. Put the lid on your pan when the water is boiling. Move your covered pan onto a cold burner for 15 minutes for the large-sized eggs (or for 12 minutes for medium-sized eggs or for 18 minutes for extra large-sized eggs).

Put your pan in the sink when the time is up. Run cold water into your pan until the eggs are cool. Put the eggs into your refrigerator if you're going to use them later or peel them if you're going to use them right away. ■

### To Peel a Hard-Cooked Egg

Gently tap a cooled egg on your countertop, table, or sturdy plate until you see cracks in the shell. Roll the eggs between your hands or on a plate until there are small cracks all over the egg.

Peel off the shell at the large end of the egg with your fingers. To make peeling easier, hold the egg under running cold tap water or dip it in a bowl of water as you are peeling it.

Throw out the shell, or save it for the mulch in your garden.

Eat your egg, or use it in a recipe before a week is over.

There are many ways to hard-cook eggs. This info comes from my experience and from The American Egg Board's [www.IncredibleEgg.org](http://www.IncredibleEgg.org)

This regular  
column offers you,  
our readers,  
a comfortable setting  
to both express yourself  
and to listen to others.



*We look ForWarD to hearing what you  
have to say about life with diabetes!*

# How to Be a Savvy SUPPORTER

## LIFE LESSONS FROM MY GRANDPARENTS

By M. Chetrit

I learnt many of my most memorable lessons in 'living' from my grandparents.

My grandfather was diagnosed with type 2 diabetes when he was older, and a new relationship with food was immediately indicated – for in his younger years one might have described him as very “food-focused.” He traveled the world to experience its gastronomical trea-

tures and even worked, for a short stint, as a chickpea salesman. He found the perfect helpmate in my grandmother, a woman as fond of food as he - and talented in the kitchen, to boot. Their shared passion for food flourished with the years... and then his physician discovered type 2 diabetes and promptly advised him on how to change his dietary habits. At first,

friction ensued as the doctor's healthy food recommendations were tacked on the refrigerator in place of my grandmother's recipes.

Yet slowly but surely, my grandparents began to understand that his medical diagnosis of diabetes and the eating restrictions imposed by it were blessings to save my grandfather's life. Like any pious Jew, they accepted the commandment to choose life, and with this acceptance and understanding of diabetes followed a reasonable shift in lifestyle. Consequently, they started to implement health conscious activities into their routine and their kitchen quickly became the only kosher and diabetes-friendly kitchen on the block! As is customary in our family, my grandfather's personal struggles with diabetes soon enough transformed into a family affair where everybody became involved, including myself.

At a young age, I was informed that my grandfather had diabetes. Clearly, the medical concept and terminology surpassed my years, so I was told simply that anything with sugar was off-limits for my grandfather – and that was the whole picture. I therefore grew up believing (incorrectly) that sugar was my grandfather's only enemy. Due to this widespread misconception, I spent many a week's allowance purchasing sugar-free

muffins and baked-goods so that he could eat with freedom. Years later, when I learned more about type 2 diabetes I learned the truth that excessive carbohydrates of all types are to be avoided, not just sugar. I then clued in on an important life lesson: knowledge is power, especially when it can virtually save a life.

People living with diabetes and those who support them must seek out accurate information on the subject and be well-versed on the condition. Had I known more, I certainly would not have begged my grandfather to taste those muffins. Friends and family of those living with diabetes can often be guilty of committing such faux-pas, mostly out of ignorance. Understanding diabetes and how it is managed is a terrific way to show support. Based on the gaffes I have observed amongst the less-informed supporters of diabetes, I have learnt to be more cautious around those with conditions, and consequently, I have made an effort to learn

more about diabetes. I frequently surf medical websites to expand my knowledge and eagerly read through weekly newsletters I receive directly into my inbox on the subject of diabetes. My grandfather is thrilled by my reports on the topic. Showing interest and understanding is a small effort to demonstrate a very large emotion called love.

My grandparents frequently attend diabetes education classes together at hospitals and local community centers. My grandmother takes notes and my grandfather asks the questions; together they learn and bond. Then we all get a play-by-play account of the lesson on our next visit – to keep us in the know on current diabetes news. There are constant developments and ameliorations. As I gained knowledge about how my grandfather lives with and controls his diabetes, I also learned the importance of taking responsibility for my own health by controlling my personal indulgences and making commitments to a healthy lifestyle.

I, myself, have adopted a more sensible diet - not only to prevent any potential hereditary conditions, but also to show support to my grandfather and be able to share a complete meal with him. My

**Understanding**  
diabetes and how it is  
managed is a terrific  
way to show support

grandparents often include me in meal preparations and I learn simple and delicious diabetes-friendly recipes from that. This involvement has helped me to control my own weight as well, which certainly was a necessary change that I would have unlikely made had it not been for my grandfather.

As young grandchildren, we used to run into our grandparents' home and make a beeline for the box of chocolates hidden behind their best china. Yet one day the box disappeared. Our grandmother explained to us that our grandfather was really a 'chocolate monster' and therefore the chocolates were too tempting to keep in the house because they caused his blood sugar to yo-yo. We were very disappointed at the time. But in retrospect, I believe this was an effective act of kindness by my grandmother. The Torah teaches us not to put a stumbling block before the blind, (Vayikra, 19:14) By always keeping a watchful eye and removing such temptations from their home, my grandmother smoothed the way for her beloved husband to reap the many benefits of observ-

**"EVERY PLEASURE MUST BE ENJOYED IN MODERATION"**

ing  
a  
healthy  
diet.

I learnt the true value of selflessness by watching my grandmother care for my grandfather. She gives one hundred and ten percent of herself every day of her serene retired life – in exchange for helping to keep her life partner healthy and by her side, with the goal of them reaching the 120 year mark together. My grandfather duly obeys all of her “orders,” not just because she is his beloved wife of 50 years, but because she has proven to him that she is a responsible caretaker with his best interests at heart. With my grandparents as the model, I have seen that this sort of trust must reverberate in all relationships in order for the relationship (and the care) to be successful.

My grandparents continue to enjoy life every day despite whatever obstacles are thrown at them – in fact, they appreciate life more than most people I know who are younger and healthier. Nothing is taken for granted. In the wise words of my grandfather, “Every pleasure must be enjoyed in moderation.” This is a lesson that he has applied most directly to his diet, and that I have applied well to many aspects of my life.

All the lessons that I derived from my grandfather and grandmother, and his life with diabetes, can be summed up through a typical Shabbos seuda. As I join my grandparents and gather with my whole family, I am sure to show interest in their daily routine (insulin shots and all). While we all share a wonderful Shabbos together, complete with diabetes-friendly food and lively conversation, I thereby engage in a show of genuine respect, understanding and love. And I smile at the knowledge that this is largely the result of being a part of a family who is unconditionally supportive and encouraging to my beloved grandfather. ■



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- 16 = ווייטעמין די - דער גרעסטער מאנגל און די סיבה פון מערערע מחלות
- 17 = מאגניזיום און קאלציום באלאנס
- 18 = סטודי וואס האט כלומרשט איבערצייגט שעדליכקייט פון עטקינס דייעט
- 19 = בענעפיטן פון סעטשורעטעד פעטנס ■ קאלעסטעראל אין מאכלים
- 20 = שעדליכקייט פון טרענס פעטס, און פארשעלי היידראזיניעטעד אוילן
- 21 = מאנא אנסטעארעטעד פעטס, אמאג 9 ■ אוועקאדא און פאטעסיום
- 22 = שאלות ותשובות
- 23 = פסח: אלקאהאל און צוקער פון וויינען ■ שיעורים פון כזיתים מצה
- 24 = סטודי איבער אייער, פאלטש דורך און אדורך
- 25 = אייקאסענוידס ■ באלאנסירן די פאלי אנסטעטורעטעד פעטס ■ רעדוצירן אמעגא 6
- 26 = בענעפיטן פון אמעגא 3
- 27 = אמעגא 3 און מערקערי אין פיש
- 28 = זוהן שטראהלן, שעדליכע און נישט שעדליכע
- 29 = סטודי אין ארץ ישראל ווייזט אז נידריגע קארב דייעט איז דאס בעסטע
- 30 = פאלטשקייט פון שרייבער וועגן טייפ 1 דייעביטיס
- 31 = וויפיל פראטין מעג מען עסן
- 1 = מעטאבאליק סינדראם ■ וויכטיגקייט פון טשעקן צוקער
- 2 = הימאלאבין A1C טעסט ■ חילוק פון די צוויי טייפס פון דייעביטיס
- 3 = ריסק פקעטארס פאר טיפ 2 דייעביטיס ■ שעדליכקייט פון היי-פרוקטאז-קארב-סיראפ ■ קאנטראלירן צוקער ביים אויספאסטן
- 4 = נאטורליכע היילונגן ■ שווער צו פארלירן וואג מיט מ״ס ■ וועלכע צייט טשעקן דעם צוקער, און וואס דארף עס זיין
- 5 = דער שורש פון מ״ס - צופיל אינסולין און רעזיסטענס ■ טיפ 2 דייעביטיס, איבער וואג, בלוט דרוק, און הארץ
- 6 = וויכטיגקייט פון עקסערסייז, און וויאזוי עס העלפט
- 7 = צוקער און אלעסטעראל נומבערס אין קאנאדא און אייראפע ■ ריכטיגע צייט צו מאכן עקסערסייז
- 8 = אינטערוויו מיט עקסערסייז סוחר
- 9 = מילגרוים און הארץ דיזיס
- 10 = הלכות פון טשעקן צוקער שבת און יו״ט ■ פון פאסטן צוגרייטן צו א תענית ■ וויאזוי אויסצופאסטן
- 11 = דער איינציגער דייעט וואס היילט מ״ס אן מעדיצין - נידריגע קארבאהידראטעס.
- 12 = ציילן קארבאהידראטעס
- 13 = פארלירן פאטעסיום ■ וויינען אן צוקער
- 14 = לאטקעס ■ גלייסימיק אינדעקס ■ עפעקטיוו קארבס שאגער אלקאהאלס
- 15 = ווער האט מעטאבאליק סינדראם? ■ די וויכטיגקייט פון עסן גענוג פראטין

הערט אונזערע לקעציעס איבער דייעביטיס און מעטאבאליק סינדראם? אויף דעם

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