

GOING **FWD** FORWARD

FRIENDS WITH DIABETES

סיון תשס"ט Summer '09

VOLUME III ISSUE 5

6

The Dairy Factor

15

Feel Good Food

32

Diabetes Definitions

רעים מתוקים

FRIENDS WITH DIABETES INTERNATIONAL



F.W.D. is under the rabbinical supervision of Rabbi M. M. Weismandl shlit"a of Nitra–Monsey, endorsed by many other renowned Rabbonim, and by leading medical professionals.

The information in this publication is meant to be used in conjunction with, and under the guidance of, your health care professional. It is NOT meant to diagnose or treat medical conditions, nor as advice or prescriptions. It is provided for educational purposes only. In the event that you use the information without your

doctor's approval, you are prescribing for yourself, which is your constitutional right, but F.W.D. and the authors of this publication assume no responsibility. We strongly advise that you inform your doctor of any changes you wish to make.

Please consult your physician for medical questions, and your Rav (Rabbi) for halachic (Jewish law) decisions.

FWD does not assume responsibility for the kashrus of any products advertised in these pages.

PROFESSIONAL ADVISORY BOARD

Dr. Henry Anhalt

Director, Division of Pediatric Endocrinology
St. Barnabas Medical Cntr, Livingston, NJ

Dr. Robin Goland

Co-Director, Naomi Berrie Diabetes Center,
Columbia University, NY, NY

Dr. Joel M. Goldman

Director of Endocrinology & Metabolism
Brookdale University Hospital
Brooklyn, NY

Dr. Martin M. Grajower

Riverdale, NY

Dr. Michael James Haller

Pediatric Endocrinology
University of Florida

Dr. Kevan Herold

Immunobiology and Medicine
Yale University, New Haven, CT

Dr. Irl B. Hirsch

Division of Metabolism,
Endocrinology and Nutrition
University of Washington, Seattle, WA

Dr. BatSheva Levine

Children's Hospital, Boston, MA

Dr. Noel Keith Maclaren

BioSeek Clinics, NewYork-Presbyterian,
The University Hospital of
Columbia and Cornell, New York, NY

Dr. Lyle Mitzner

Joslin Diabetes Center
Boston, MA

Dr. Chayim Y. Newmark

Pediatric Endocrinology,
Saint Barnabas Medical Center
Livingston, NJ

Dr. Alexander Perkelvald

Diabetes, Endocrinology
& Metabolism
Beth Israel Medical Center
Brooklyn, NY

Dr. Robert Rapaport

Director, Division of Pediatric
Endocrinology & Diabetes
Mount Sinai School of Medicine
New York, NY

Dr. Barak Rosenn

Director, Division of Obstetrics and
Maternal-Fetal Medicine
St. Luke's-Roosevelt Hospital
New York, NY

Dr. Desmond Schatz

Associate Chairman of Pediatrics,
Medical Director, Diabetes Center
University of Florida, Gainesville, FL

Dr. Svetlana Ten

Dr. Elka Jacobson-Dickman
Pediatric Endocrine Division
Infants and Children's Hospital
of Brooklyn at Maimonides
Brooklyn, NY

Dr. Roy E. Weiss

Chief of Endocrinology,
Diabetes and Metabolism,
University of Chicago
Chicago, IL

Dr. Don Zwicker

Endocrine Associates of Rockland
Pomona, NY

31 Herrick Ave. Unit B Spring Valley, NY 10977

(845) 352-7532 Fax: (845) 573-9276 RabbiMeisels@FriendsWithDiabetes.org

רועים בריאים

Friends with Health

A UNIQUE WEIGHT-LOSS PROGRAM

OUR CLIENTS CALL IT

THE NO-HUNGER DIET!

A healthy carb-controlled

Fat & Weight Loss program for everyone!

PRIVATE CONSULTATIONS BY:

Estie Weiss, Monsey
Mindy Brull, Monroe

Weekly women's support groups

FOUNDED AND DIRECTED BY

Rabbi Hirsch
Meisels שליט"א



Opening
Support
Group
for Girls

Monthly
Specials

Call for Details

845.352.7532



Triple absorption. Countless benefits.

Not all fish oil supplements are created equal! Maxi Omega-3 Concentrate™ is the purest, most highly absorbed kosher fish oil in the world.

- ✓ **Enteric coated capsules** are released in the intestines, not the stomach. The result:
 - Up to 3X better absorption!*
 - No fishy repeat or breath.
- ✓ **Molecularly distilled fish oil** is completely pure of mercury, lead, PCBs and other toxins.
- ✓ **Concentrated formula** gives you a higher potency of EPA & DHA.
- ✓ **Tested** by independent laboratories.

* Based on a one-year, double-blind, placebo-controlled study by the New England Journal of Medicine.

Clinical studies have shown that supplementing with Omega-3 fish oil may significantly improve:

- Heart & cardiovascular health
- Brain health and memory
- Blood sugar levels
- Prostate health
- Joint health
- Immunity
- Eye health
- Prenatal health
- Skin and hair health
- Depression and anxiety
- Concentration and focus
- More...



Maxi-Health[®]
RESEARCH INC.
Leaders in Nutritional Science



Visit online or call to learn how Omega-3 Concentrate™ can improve your life.

1.800.895.9555

www.maxihealth.com

FOREWORD

ת"ב

We gave our pledge of allegiance to the Torah over three thousand years ago, when all of Klal Yisroel declared “naseh v’nishmah – we will do and then we will hear.” We will obey the Torah without asking questions, and without trying to understand the meaning behind the commandments before fulfilling them.

Our declaration of naseh v’nishmah was the ultimate declaration of complete obedience to da’as Torah. If our adherence to the Commandments would be reliant on our understanding them, we’d be set up for disaster. Human understanding is extremely pliable and can be twisted any which way. Only by bending our will and intelligence to da’as Torah – the Torah rulings of our Rabbanim and Gedolim – can we be assured that we are fulfilling Hashem’s will.

Ironically, sometimes we find it hard to follow da’as Torah when the ruling seems to contradict our initial perception of right and wrong, or our preconceived understanding of a mitzvah. A typical example is a person’s insistence to fast on one of the minor fast days when he has an internal medical condition. In such a circumstance, da’as Torah is clear: the person may not fast. By insisting to fast, the person may be putting his life in danger.

Some people fail to follow the ruling of their Rav and stop taking their prescribed medication on Pesach, with disastrous results. What happened? The person’s desire to do what he thought was right – although he knew it contradicted the Torah ruling of his Rav – forced him into a situation in which

many transgressions had to be performed in order to extricate him from his self-made medical crisis.

The people for whom FWD advocates are often in a unique class when it comes to halachic questions and decisions. As frum Yidden who follow da’as Torah with complete submission, we must disregard the emotional stakes we may have in the halachic issue under discussion. Drinking and eating minimum shiurim of wine and matzah on Pesach may not flatter our ego, but if that’s what the Torah expects of a person because of a medical condition, that is what he must do. When it comes to shidduchim for people with diabetes, da’as Torah must be consulted and the Rav’s ruling followed, even if it goes against our preconceived ideas of right and wrong.

When Hashem instructed Moshe to speak to Bnei Yisroel before giving them the Torah, the second half of the possuk uses the word “v’saged – and tell the Bnei Yisroel.” Rashi defines v’saged as “stern, difficult language.” Sometimes we must be told sternly to listen to our Rabbonim. It’s not always easy to follow da’as Torah, but didn’t we all declare na’aseh v’nishma together?

~><~

We hope you enjoy the articles and information in this issue. As always, we look forward to hearing from you and to share in your experiences. Keep your comments coming!

With best wishes for a simchas Yom Tov and a healthy summer,

Rabbi Hirsch Meisels

The Dairy

By Laura Ruth Rheinheimer

Are you devoted to preparing your favorite cheesecake every Shavuot, or do you deliberate annually over which delicious dairy dish to serve? Whichever dairy food graces your seuda, we hope this brief review of what's in different milk products, and how they fit into diabetes management, will be helpful.

Dairy products, like every food group, vary greatly not only in calorie values, but also in the grams of carbohydrate, protein and fat they contain. Even within one specific form of dairy, there can be different levels of fat, protein and carbohydrate. For example, sour cream comes in non-fat, low-fat and whole fat versions. The same goes for milk, cottage cheese, yogurt, half and half (Ed. note: half and half is unavailable in cholov yisroel) and even many cheeses.

For people with diabetes, the specific type of dairy that is chosen to enjoy is more than an issue of taste, for the impact on glucose control also varies significantly.

Dairy foods have many virtues and when consumed properly can have great health benefits for people with diabetes. Several dairy foods are rich in nutrition and low in carbohydrates, such as strained yogurt and cottage cheese. Many dairy products can also provide a good serving of protein. In fact, dairy is a preferred source of protein, according to the Joslin Diabetes Clinic Nutrition Guideline for individuals with type 2 diabetes. Although the guideline suggests that non-fat and low-fat protein-rich dairy products are ideal, it also recommends that some of the higher fat and whole

Factor



fat dairy products are fine in moderate amounts.

One of the greatest benefits of dairy products is that they are a great source of calcium, which is key in maintaining healthy bones and teeth. Milk is also fortified with Vitamin D, which is essential in the body's absorption of calcium. (Ed. Note: see the article on vitamin D and diabetes, "Preventing Type 1 Diabetes: Two Substances with Substance," in the Winter 08-09 issue, Vol. III, Issue 2.)

For all people, with diabetes and without, milk should not be thought of as a beverage but rather as a food. A glass of milk contains as much nourishment as two eggs or three ounces of lean beef. Dairy additionally contains lactose, which is the sugar found naturally in milk. Dairy products

contain varying levels of lactose. For example, anywhere from 2 to 8 percent of milk is composed of lactose, which raises blood glucose levels much like any other form of carbohydrate. Yet depending upon the amount of fat and protein, the rate of digestion of the lactose is slowed down – rule of thumb is that the more fat and protein, the slower the digestion. For a person with diabetes, this affects the amount of time it takes for the lactose (carbs) to hit the bloodstream and raise blood glucose levels.

Low-fat and non-fat milk can therefore be used to raise blood glucose levels quickly because the contained sugar is processed rapidly. Whole milk is processed slower because the fat and protein it contains slows the absorption of sugar, thereby reducing the blood glucose spike that occurs after eat-

ing foods with high levels of simple sugars.

The same goes for dairy products that have been processed. Often, the more processed the milk product, the fewer carbohydrates it contains. This is because when milk stands for a period of time, the sugar ferments due to the lactic acid bacteria that naturally occurs in milk. The sugar changes form—into lactic acid—and depending on the length of time and temperature, the milk changes into other (lower carb) dairy products such as sour cream or buttermilk.

Making several small changes in the regular lineup of dairy products can therefore have a huge impact on blood glucose levels. The difference between choosing a strained yogurt versus regular yogurt can mean the difference in up to 25 grams of carbohydrate. Strained yogurt, also called Greek yogurt, is carried in most grocery stores and is available cholon yisroel. A whole fat milk yogurt contains around 8% fat compared to its creamier, tastier Greek counterpart, which contains 5% fat. Even more relevant for people with diabetes, Greek yogurt contains lower amounts of carbohydrates, often half as much.

Greek yogurt comes in varying percentages of fat, such as non-fat,

Making several small changes in the regular

low-fat (2%) and whole fat (5%). All of these forms of Greek yogurt have relatively low amounts of carbohydrates per serving, taste very rich, and are well suited for dips and spreads, or tasty and filling snacks. There are similar benefits to cottage cheese, which is a very nourishing and low carb meal or snack option.

In general, when calculating the amount of insulin and the type of bolus to give, it is crucial to check more than the carb count in your dairy food. Pay close attention to the fat and protein grams in the nutritional analysis. Also, dietary fiber (note that some dairy products are now available in fiber-enriched versions) can be subtracted from the total amount of carbohydrate when calculating how much insulin to give. When it comes to bolusing for the protein in all of these milk products, a good rule of thumb is to bolus for half the total amount of protein, as if it were carbohydrate. For example, a one cup

serving of standard Greek yogurt contains 20 grams of protein and 9 grams of carbs, so a bolus would be given as if there were a total of 19 grams of carbs. Many have found this system to be helpful in preventing high blood sugar in the hours following a meal.

Foods with significant amounts of fat and protein can also be accounted for with an extended bolus for pump users. A glass of whole milk

might be accounted for with 70 to 80 percent of the insulin given in an immediate bolus, along with an extended bolus for the remaining 20 to 30 percent over a period of two or three hours.

This Shavuos, instead of a carb heavy kugel, try making a cheese and veggie quiche. Use artificial sweetener in cheese blintzes, and make the dough with more eggs than flour. Instead of a traditional



sugar-laden cheesecake on a graham cracker crust, experiment with one sweetened with Splenda on an almond meal crust, or forgo the crust, (just be sure to grease the pan generously). Keeping in tune with all of this information about how different forms of dairy

affect glucose levels, you can prepare tasty and filling dairy dishes without having a devastating impact on your diabetes. ■

Cheese Snack

LOW CARB MINI-CHEESECAKES

(Submitted by a FWD member)

Ingredients

- $\frac{1}{2}$ lb farmer cheese
- $1\frac{1}{2}$ cups sour cream
- 2 8 oz cream cheese
- $1\frac{1}{4}$ cup Splenda, or 27 packets
- 4 eggs
- 1 teaspoon vanilla extract

Instructions

1. Mix all ingredients with a stick blender until smooth
2. Pour into muffin size tins (bekelas) and bake for about 38 minutes. Enjoy!

10 servings

Nutrition Information

(approximate) per serving:

3g carbohydrates, 11g protein;

these amounts will vary depending upon specific type of cheeses used



FWD Shidduchim
Seminar Imparts New
Perspectives

Support event attended
by over 25 families with
marriageable-age children

ForWarD & Onward

Recent Events *By Mendy Hecht
and FWD staff*

Brooklyn (Hamodia) — On the second day of Rosh Chodesh Adar (February 26, '09), over 50 fathers and mothers of young adult children with diabetes gathered at a shteeble on the outskirts of Borough Park for an evening of chizuk.

The chizuk event, organized by Friends with Diabetes, addressed the challenges faced by families of frum children with diabetes as their sons and daughters reach marriageable age.

The event began at 8:00 p.m. with opening remarks by FWD founder Rabbi Hirsch Meisels. Addressing the diverse crowd in English, the young self-taught diabetes and general-health expert outlined the purpose of the evening: equipping parents with practical information, tips and

Torah guidance on navigating the shidduch-finding process for their children.

In perhaps the most emotional moment of the evening, Rabbi Meisels held aloft a portfolio brimming with several dozen wedding invitations. "These are all the invitations I got over the years," he declared, emphasizing FWD's efficacy. "I saw some glistening eyes in the crowd," he disclosed.

The event's purpose was actually three-fold, Rabbi Meisels later explained to Hamodia: Firstly, to educate parents on preparing children with diabetes for the shidduch process; secondly, to review the important halachos involved, primarily geneivas daas and lashon hora; and thirdly, to highlight FWD's matrimonial sup-



Panel (R to L): Rabbi A. J. Twersky, Rabbi Y. Perlow of Novominsk, Rabbi H. Meisels

Illustrating the absurdity of the fears, Dr. Twerski related how the father of a potential choson rejected a potential kallah because of mental illness in her family. “My family is totally clean!” claimed the father to Dr. Twerski—not knowing that his own wife had been Dr. Twerski’s patient before their marriage.

The event’s keynote address was delivered at 9:15 p.m. by no less than the Novominsker Rebbe, shlit”a, whose unplanned and unannounced attendance profoundly inspired the crowd.

The Rebbe, who attended along with his rebbetzin, shetichyeh, delivered approximately 30 minutes of emunah, halachah and hashkafah. He discussed the million-dollar questions: At what point should the child’s condition be disclosed, and to whom? In addition, the Rebbe helped parents and other relatives formulate appropriate responses when pinned against the wall by a pointed question.

After the Rebbe’s speech, a panel discussion with the Rebbe, Rabbi Dr. Twerski and Rabbi Meisels was held.

For over an hour, the three panelists fielded a range of pressing questions from the crowd. These included such issues as what neighbors and physicians of frum children with diabetes are halachically and ethically permitted—and prohibited—to disclose as shidduch references.

port services. “But we’re not a shadchanus service,” Rabbi Meisels says. “We come into the picture to do the explanatory work once a shidduch is redt.”

After his opening remarks, Rabbi Meisels introduced Rabbi Dr. Abraham J. Twerski, whose speech centered on thinking positively and coaching children with diabetes to think positively. He spoke passionately about how the parents’ attitude regarding their child’s condition impacts the shidduchim process. “Your confidence makes the difference,” he proclaimed.

Rabbi Dr. Twerski discussed the stereotypes and fears plaguing the frum community with regards to illness, disease and hereditary transmission—a fear that hinders shidduchim not only for families of frum children with diabetes, but for families with the presence of any illness or medical history, too.

"When you have to reveal something about the diabetes, there are questions of geneivas daas or loshon hora," Rabbi Meisels explained about the session. "What are you and aren't you allowed to say? That's why the Novominsker Rebbe was there."

Rabbi Meisels explained where FWD can step into the picture to give prospective mechutanim a fair idea of what the condition entails. He did make it very clear to the audience, though, that anonymous calls will not be accepted on the shidduchim help-line. The names of the potential match must be fully disclosed, and FWD will keep all information in the strictest confidence.

"We've had too many mishaps when anonymous callers requested information," Rabbi Meisels explained, illustrating his point with several recent anecdotes. "In order to properly help a shidduch along, it is necessary to know who the parties involved are."

After the panel discussion, the crowd was asked to join a mass Tehilim-recitation project which divided the entire Book of Psalms into five-chapter sections. The chapters were to be recited by participants over a 40-day period, having in mind members needing shidduchim. Dr. Twerski himself signed up for the first five kapitlach.

Rabbi Meisels reports that participants are receiving daily text-message reminders—and that "Boruch

"So many questions were answered, so many fears dispelled, so many issues discussed... I feel that I now have the right tools and the confidence to face shadchanim, with Hashem's help."

Hashem, one engagement happened in the past 40 days."

The event dissolved into an informal discussion around tables laden with fruit platters and seltzer, as attendees shared experiences and discussed what they had just learned.

"I am most grateful for this event," a mother of a 17-year-old girl with diabetes told FWD after the seminar. "So many questions were answered, so many fears dispelled, so many issues discussed... I feel that I now have the right tools and the confidence to face shadchanim, with Hashem's help."

"It was unbelievable! I have no words!" wrote the father of a 20-year-old boy. "I've never before attended such an eye-opening forum. You dealt with a sensitive topic professionally and tactfully. May you continue guiding us oif simchas!"

Tapes of the seminar are available for parents of shidduch-age children with diabetes. ■



DR. GOLDMAN'S CARB-ONE

Dr. Goldman's Carb-One products are specifically formulated for people with diabetes, and are guaranteed not to raise blood sugar levels.

- Dr. Goldman's Carb-One breads, muffins and cakes substitute almond flour for regular grain flour.
- They do not raise the blood sugar level
- They are low in starch (carbs)
- No trans fat • No sugar • No grain (wheat, rye, barley, etc.)
- No dairy products

To order visit www.carb-one.com or call 718-258-1300



Shavuos, also known as Zman Matan Toraseinu, Chag ha'Bikkurim and Chag haKatzir, is a festival that celebrates the giving of the Torah, as well as the first fruits of the season and the wheat harvest. So while our recipe boxes may be full of cheesecakes and other dairy delights associated with Shavuos, the chag naturally boasts a strong association with agricultural products, too. In addition, Midrash tells us that Har Sinai was adorned with beautiful flower blossoms for Matan Torah, in the midst of an otherwise barren desert.

The following three recipes, excerpted from "Kosher by Design Lightens Up," were chosen for

their low carb and/or low glycemic index values, healthful ingredients and unique ties with Shavuos. The Summer Harvest Quinoa is chock-full of nutrient rich vegetables and grains, and the Greek Farro Salad offers similar benefits along with the addition of dairy. The Bouquet of Smoked Salmon and Beets is a colorful low carb appetizer, lending a creative floral touch to your Shavuos seuda. ■

Recipes and graphics were reprinted with permission from Kosher by Design Lightens Up, by Susie Fishbein and in collaboration with Bonnie Taub-Dix, MA, RD, CDN; (2008; published by Artscroll/Shaar Press, Mesorah Publications, Ltd.)

This cookbook is Susie Fishbein's sixth project in her Kosher by Design cookbook series.

FEEL GOOD FOOD

A NEW CROP OF RECIPES

SERVE THESE NOURISHING "AGRICULTURAL" DISHES ALONGSIDE YOUR SHAVUOS CHEESECAKE THIS YEAR

BOUQUET OF Smoked Salmon AND Beets

Although arugula looks like a type of lettuce, it's actually a member of the cruciferous family, like broccoli and cauliflower. It has similar potent health benefits, including reducing the risk of several types of cancer, in addition to providing only 2 calories for a ½-cup serving.

Beets are a low-calorie food and are an excellent source of folate. If your diet is poor in potassium, bananas are not the only rich food-source for that mineral – try beets.

This dish looks gorgeous as a Shabbos first course.

Ingredients

Parve 6 servings

3 medium-large beets, rinsed, roots and stems trimmed

1 tbsp. extra-virgin olive oil

1 tsp. prepared white horseradish

⅛ tsp. fine sea salt

1 tsp. red-wine vinegar

12 oz. smoked salmon, pre-sliced

2 c. arugula leaves, rinsed

1 tbsp. chopped fresh dill, for garnish

Instructions

Preheat oven to 450°F.

Wrap the beets in foil and roast for 1½ hours. With paper towels to protect your hands from the heat and from staining, slip the skins off the beets and cut the beets into 1-inch chunks. Place into a medium bowl. Drizzle on the oil. Mix in the horseradish, salt, and vinegar. Toss to coat and set aside.

Take a slice of salmon and fold in half lengthwise. Roll it up. Pull

back and open up the cut side to look like rose petals. Repeat with remaining salmon.

Arrange 3 salmon roses on each salad-sized plate. Arrange ⅓ cup arugula between the roses. Surround with beet chunks and garnish with dill. Repeat for remaining servings.

Nutrition information per serving: 2.6g carbohydrates, 15.5 g protein, 130 calories



BOUQUET
OF SMOKED
SALMON AND BEETS



GREEK
FARRO
SALAD

After thousands of years, farro has made a comeback! Farro is the “mother grain” from which modern grains descend. It was first cultivated thousands of years ago in the Middle East and is still popular in Italy, but it has been discovered in a big way and is a hot item in restaurants right now.

Interestingly, although it belongs to the wheat family, many people who are sensitive to wheat are able to tolerate farro. A close cousin to spelt, farro is rich in fiber, magnesium, and Vitamins A, B, C, and E.

Farro is harvested by hand, so the soaking allows any debris to come to the top. Wheat berries, although darker and firmer, can be used as an alternative to the farro, as they too will stay firm and not get mushy. Pearled barley or spelt can also be used. For a parve version, omit the feta cheese and add 1 small kirby cucumber, seeded and cut into small dice.

GREEK Farro Salad

Greek Farro Salad

Ingredients

Dairy 6 servings

- 2 c. farro
- 8 c. water whisked with 2 tbsp. parve chicken-flavored consommé powder
- $\frac{1}{4}$ c. red-wine vinegar
- 4 cloves fresh garlic, minced
- juice of 1 lemon
- 1 tbsp. fresh chopped parsley
- $\frac{1}{2}$ tsp. dried oregano
- $\frac{2}{3}$ c. extra-virgin olive oil
- 2 tbsp. water
- 2 plum tomatoes, seeded, cut into 1/4-inch pieces
- 10 Kalamata olives, pitted and chopped
- $\frac{1}{2}$ small red onion, cut into 1/4-inch pieces
- 3 oz. feta cheese, crumbled

Instructions

Place the farro into a medium bowl. Cover with cold water and soak for 30 minutes. Drain and place into a pot. Cover with the consommé-flavored water. Whisk. Bring to a boil. Turn down to a simmer and cook, uncovered, for 30 minutes.

Drain the farro and return it to the pot. In a medium bowl or container, whisk the vinegar, garlic, lemon juice, parsley, and oregano. While whisking, drizzle in the olive oil and water.

Pour the dressing over the farro. Add the tomatoes, olives, and red onion. Mix well. Gently fold in the crumbled feta cheese. Transfer to a serving dish. Serve warm or at room temperature.

Nutrition information per "main dish" serving (if using as a side dish, divide the recipe into more servings):

47g carbohydrates, 12g protein, 5g fiber, 27g fat, 485 calories



SUMMER
HARVEST
QUINOA

Pronounced "keen-wa," this seed can be found as a cereal and in the form of flour, grain, or pasta. Of all grains, quinoa has the highest protein content, and the protein contained is of excellent quality, which enhances other foods within the dish. Other benefits of eating quinoa include its ability to fight cancer and lower cholesterol levels. And don't forget about the iron, potassium, riboflavin, Vitamin B6, niacin, and thiamin you'll be providing your body with too ... all from this little grain!

SUMMER HARVEST Quinoa

Ingredients

Meat or parve 6 servings

- 1 c. uncooked quinoa
- 2 c. chicken stock or water
- 1 tbsp. olive oil
- ½ zucchini, with skin, cut into ½-inch dice
- ½ yellow squash, with skin cut into ½-inch dice
- 1½ c. sugar snap peas, threads removed, quartered
- ½ c. red grape tomatoes, halved

- ½ c. yellow grape tomatoes, halved
- ½ tsp. fine sea salt
- ½ tsp. freshly ground black pepper
- ½ tsp. freshly minced ginger
- ¾ tsp. garlic powder
- 6 large fresh mint leaves, very finely chopped
- 6 large fresh basil leaves, very finely chopped
- juice of 1 lemon

Instructions

Rinse the quinoa thoroughly either in a strainer or in a pot and drain. Do not skip this step or a bitter-tasting, natural, soap-like coating will remain. Once the quinoa is drained, place it into a medium pot with the water or stock. Bring to a boil. Reduce heat and simmer, uncovered, until the liquid is absorbed, about 10-15 minutes. You will know when it is done as the grains turn translucent and the outer layer pops off. Drain any excess water that may remain.

Meanwhile, prepare the vegetables. Heat the olive oil in a large skillet over medium heat. Add the zucchini

and squash. Sauté for 2-3 minutes, tossing to coat with oil. Add the snap peas and sauté for 2 minutes longer. Add the red and yellow tomatoes and sauté for a final 2 minutes. Season with salt and pepper. Add the ginger and the garlic powder. Stir in the mint and basil. Add the quinoa. Mix until all the colors are distributed. Squeeze in the lemon juice. Transfer to a bowl or container to cool. Best served at room temperature.

Nutrition information per serving:
22.5g carbohydrate, 5.3g protein,
147 calories



Pumped Up for Fitness

By Ben Shlimovitz



ON YOUR MIND *Friend to Friend*

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. Please send your submissions to: executiveeditor@friendswithdiabetes.org.

Ever since I moved to Israel over three years ago, my doctor at the diabetes clinic has been bugging me to try the insulin pump. I have a very close relationship with my doctor and dietician at the diabetes clinic. They show deep personal concern for each patient and recommend regular visits. They always tell me that I am a model patient; I test my blood sugars 5-6 times daily, eat relatively healthy and exercise regularly, particularly through training and teaching martial arts despite being in yeshiva full time. All of this apparently made me an ideal candidate for the pump. Still, I couldn't get used to the idea of being hooked up to a machine 24/7. What am I, a cyborg? Besides, the idea of essentially carrying an internal organ on my belt seemed like a major liability.

Perhaps the reason for my stubbornness was more simple: not being attached to any device allowed me to live with a higher level of denial. Regardless, after several years of managing type 1 diabetes with insulin therapy and multiple daily

injections, I was used to what I was doing and resistant to any change. For over three years I insisted that the pump was not for me.

Over the years, I struggled with honing my dosage of basal insulin. The peaks and valleys of the insulin never seemed to match my own physiology. With a once or twice a day basal injection, I could never seem to manage the higher insulin sensitivity I experienced at nights and greater insulin resistance in the mornings. Additionally, managing my exercise schedule has been a major challenge. Since the injected basal insulin remained in my bloodstream all day, rigorous exercise put me at risk of hypos. I found that I generally had to prepare for a workout way in advance by elevating my glucose levels to a degree that made me uncomfortable and sluggish during the workout in order to avoid a major drop during or afterwards.

My difficulty in managing the highs and lows during exercise became apparent to my martial arts

teammates in the USA. Those around me came to attribute my successes and failures to the state of my blood sugar control. I came to a realization that was counter-intuitive at first: that being on the pump could help me to be more active. It could enhance my lifestyle, rather than inhibit.

When I told my doctor that I had decided to give it a try, he was so happy that his three years of nagging had finally paid off. He immediately picked up the phone and made an appointment for me to meet the pump representative. When we met a few days later, the product rep seemed like a real Israeli hipster, dressed in jeans and a brown vest. I noticed that he also wore a pump. We joked around as he explained the various high-tech features. It seemed almost like I was getting a new toy, until the moment of truth. He asked me to stand up and lift up my shirt so he could connect me to the machine. I complied, and he began to hum atonally. He prepared my skin with rubbing alcohol, cocked a spring-loaded device and held it over me, and pressed a button.

With a sharp jolt, I was reminded of an acupuncture

treatment given to me by my best friend (a qualified doctor of acupuncture, don't worry) when I lived in China. As he was inserting needles into my back, I felt as if they would come out the front. When I asked how far he would go, he told me not to worry, he would only go about one and a half inches in. I was about one and a half inches front to back in those days. When I asked the pump rep how long the needle connecting me to the pump was, he replied that it was only 8 millimeters. Déjà vu.

What the pump rep didn't mention at the time was that the needle is only inserted to install a rubber catheter. The needle is removed and the catheter remains. The machine can be removed from the small round catheter port for showering or exercise, but that little port is a constant companion. At first, I thought I would be reinstalling constantly, since the port is attached to the skin only by an adhesive that at first glance looks just like a band-aid. My doctor assured me that in order to be functional for most people's lifestyles, every aspect of the machine and its attachments are incredibly

“Not being attached to any device allowed me to live with a higher level of denial.”

durable. Therefore, I set out to perform my own quality control test.

Step one of my test was the next day. That afternoon I met up with one of my martial arts students to give him a private lesson. This student is a teenage yeshiva *bachur* with a lot of aggression, so I have a rather high-energy curriculum for him. Having removed the machine and leaving only the small plastic catheter attached to my body, I taught a lesson focusing on knees and punching to the body, assuring that the catheter would receive plenty of abuse. After the lesson, I was shocked to see that despite all of the sweat and impact taken directly on the unit, it didn't move a millimeter. As for the machine itself, despite the initial feeling of vulnerability, it has also proven to be remarkably durable holding up to all of the abuse of an active yeshiva bachur.

Fine, so the machine is tough, but what about the numbers? Was there any improvement in my blood glucose control? Initially... no. We started out with a flat setting of basal insulin delivery of one unit per hour. This was essentially the same as the effect of a 24-hour basal insulin, with approximately the same numbers. Over time however, I began to play with the settings, programming the pump to lower my basal insulin at night and raise it slightly in the morning. Over time I found a pattern that - all other factors being equal - would keep me completely even all day. I also discov-

“I would recommend all people with diabetes to give it a serious try and commit to several months in order to learn and experience everything the pump has to offer.”

ered the feature of the “bolus wizard” which helps calculate bolus dosage for meals or correction of highs, taking into account active insulin currently in the bloodstream.

One significant adjustment that I had to make when switching to the pump was that snacking, for which I would not have needed an additional injection when I was on my previous regimen of long-acting basal insulin, could now send my blood sugars soaring without a bolus dose. The same problem can occur when one is detached from the machine for an extended period, since there is no basal insulin whatsoever at that point.

The next question on the mind of any shomer Shabbos yid is naturally, what do I do with the machine on Shabbos? Most of us are already

aware that any *melacha* is permitted for *pikuach nefesh*, and even so it seems that the pump would be less problematic than multiple injections. However questions of how we relate to those around us can often be a matter of concern. When I was first diagnosed with diabetes I resolved not to hide in the bathroom when I needed an injection. After a few months of seeing peoples eyes bug out at the sight of my needles, and having the same conversation at every Shabbos table, I decided that it was within my best interests to be more private. I also recall many times that I was at shul and a concerned member of the community noticed the end of my insulin pen protruding from my pocket, and informed me that I seemed to have forgotten some *muktzeh* in my pocket. This was a



major motivating factor for me to wear a suit more regularly.

With my switch to the pump, for some reason I also switched back to my more public mentality. This was particularly amusing at a friends' Shabbos table when he politely informed me, "Ben, you appear to be operating an electronic device."

"Why, yes, I am operating an electronic device." I replied.

"You know, we orthodox Jews generally refrain from such things on Shabbos."

"I know, but I haven't gotten to the next level of this game yet."

I eventually explained things to him, but also resolved to be more discreet in the future.^{1*} Since then

I have also become more accustomed to using the extended bolus feature at Shabbos meals. Since it prolongs the time of bolus delivery, it can be a real life saver when a *seuda* shleps along.

Sof col sof, what's my verdict? Though I still have a lot to learn about living with the pump and its capabilities, it is apparent that the potential for a person who is willing to put some thought into it is incredible. I would recommend all people with diabetes to give it a serious try and commit to several months in order to learn and experience everything the pump has to offer. These months are a learning curve; as you learn, ease of use improves and your quality of life will likely improve along with it. ■

machines as discreetly as possible, for the sake of preserving the holiness of Shabbos. In addition, one should take care to only operate the pump when needed.

¹ Regarding the pump and Shabbos, Rav Weis - mandl, shliita, instructs pump users to try to operate the

Right back at ya
with the insulin dose for that.

You're the peanut butter
to my jelly.



Meet OneTouch® Ping.™ The power couple of pump therapy.

Say hello to OneTouch® Ping.™ The glucose management system with one thing on its mind: working together to help you perform at your best every day. How?

On the one side, you have a **brilliant insulin pump** with special features—like the smallest increment of insulin available for fine-tuned control and a color screen for readability. It's even been tested and proven waterproof at up to 12 feet for 24 hours.*

On the other side, you have a **supersmart meter-remote** that talks to the pump. It can calculate your insulin dose and even tell the pump to deliver it. (Or you can dose your insulin directly from the pump.) Plus, it has a built-in 500-item CalorieKing® food database for accurate carb counting on the go.

Find out more. Call Animas at 1-877-YES-PUMP (1-877-937-7867) or visit www.OneTouchPing.com.

The conversation continues at OneTouchPing.com.

*The meter-remote must not be exposed to water.
OneTouch® Ping™ manufacturer: Animas Corporation.
CalorieKing® is a registered trademark of Family Health Network Pty Ltd.
© Animas Corporation 06/2008. Rx Only.

More power to you.™

ONETOUCH®

FRIENDLY

Professional
Profile

FACES


STEP BY STEP

Small steps lead to great successes!

By D. Burack; based upon an interview with Janis Roszler

Janis Roszler, RD, CDE, LD/N, has been counseling and motivating individuals with diabetes and other health and nutritional concerns for over 20 years. She is a registered dietitian, certified diabetes educator, insulin pump trainer, author of the popular “Dear Janis” column in *Diabetes Positive!*, columnist for *dLife.com*, contributor to numerous diabetes publications, radio host and health media producer. She also travels internationally as a speaker on diabetes and other health-related topics, and she was recently honored with the title 2008-2009 Diabetes Educator of the Year (AADE). One of Janis Roszler’s publications, *Diabetes on Your Own Terms* (2006, Marlowe & Company), was translated recently into Hebrew and reviewed by Dr. Itamar Raz, Head of Diabetes Unit, Hadassah University Hospital, Ein Kerem, Israel; it is due to be published shortly.

It was a breezy winter day when I met with Janis Roszler in the center of Jerusalem to enjoy a cup of coffee and a great conversation. We began with the obvious preliminary question about how she became so involved in diabetes education.



"It was simply bashert," Janis exclaimed. A number of years back, she was hired as the nutrition columnist for a new diabetes website in order to motivate more hits. After she developed her portfolio through all of her articles for that website, Janis recognized the greater need for quality online diabetes educational material.

"There's a lot of ignorance out there, with large gaps between patients and the medical world," she described. To help remedy this, Janis branched out and went independent with her own site (dearjanis.com), which has become an effective forum for encouraging all people with diabetes. A realistic approach and an attitude of understanding permeates all of her words. "I know how hard it is to introduce healthy behaviors into a busy life. I want to help you [all people with diabetes] take the small steps needed to meet your personal health goals... Your quality of life is my main concern."

Upon the heels of her academic training, an up-close personal experience with diabetes was what finally secured Janis's deep devotion to diabetes education. She was scheduled to take the exam to become a Certified Diabetes Educator (CDE), when she was diagnosed with gestational diabetes. For the first time she was obligated to practice what she preached.

"I wasn't only studying diabetes management, I was living it," she said. "I was pushed straight into my own philosophies on taking care of oneself... I tested my

great jump start to taking charge of your health."

The main principle is to fit 30 minutes of activity into your daily

When it comes to real life with diabetes, every effort – even small efforts, can truly make a big difference.

sugar at least 4-5 times a day, and I trekked to weekly doctor's visits. Diabetes dominated my world and I was hit with a strong realization that maintaining quality of life while managing diabetes was most important for my patients. This experience totally changed my whole perspective."

After she passed the certification exam, Janis returned to work as a CDE with a "redefined" role. She no longer viewed her job from a clinical standpoint with a traditional caretaker-patient relationship, but rather as someone who aimed to translate medical prescriptions into real life and real actions.

"When it comes to real life with diabetes, every effort – even small efforts, can truly make a big difference. If you're looking to get motivated, take your first step with exercise. Exercise, which releases endorphins and also relaxes tension across the board, is an overall

schedule. To stay fit and reap the benefits of activity, you don't need to reserve a half day exclusively for exercise. As Janis put it bluntly, "Move, move, move!... Walk to shiur instead of taking the bus... jump around when you do housework... make movement a part of your normal lifestyle."

Wearing a pedometer can be extremely helpful. People will naturally add more steps and more movement into the day because it is being measured. Janis instructs her patients to first check the average number of steps taken per day, and then add 1,000 more steps per day as the goal.

"I had a patient who found a unique way to raise her number of steps each day, all within her regular daily routine," shared Janis. "She set the table one item at a time – walking back and forth for each fork and spoon. And with

a large family, that added up to a lot of steps!”

For parents with diabetes, managing sugar levels in a home with young children can be challeng-

out of the house. Don't let your kids dominate the food tone ... don't worry, your kids will get their treats somewhere else!”

When it comes to Shabbos, plan-

Put yourself first. This may sound selfish, but you can't help anyone else if you aren't well.

ing. “Put everything in perspective and do the best you can,” Janis tells her patients. “Regimen and strict schedules are not always needed, if sugar swings are avoided and good glucose control is achieved anyway. You need to be comfortable [living with diabetes] in your own skin.”

“Pumps and pump alarms can also help a lot with not getting so caught up with hectic family schedules that you neglect diabetes control...” In general Janis is a tremendous advocate of the pump (which allows more flexibility and less focus on precise timing with food) as a key tool to achieving balance in life with diabetes.

Children should be involved in the positive lifestyle behaviors of a parent with diabetes, such as exercise and eating right. “Dance around the house with your kids... And just because your kids love certain junk foods, if you can't resist these foods – it doesn't mean they have to be in the pantry. These temptations are your red flags, keep them

ning for daily schedule changes can make all the difference. “Be realistic about your Shabbos schedule, with naps and different food, and prepare. Plan to add in a Shabbos walk right after the seuda... even a short walk around the block has an impact.”

When you're standing at the beginning of your own personal road to better health and you need a little push to take that first step, here are a few tips from Janis to keep in mind:

Put yourself first. This may sound selfish, but you can't help anyone else if you aren't well.

Be an example to your family. If you want your children to care for their health, you must show them that it is a priority in your life.

Ignore people who don't support you. Their comments can't stop you from becoming and staying healthy and strong.

Be your own cheerleader. You can do it! ■



When the most important ingredient is "Health"



add "Shibolim" to your diet



Look for our products in your local supermarkets, groceries & health food stores or call us at:

1-877-SHIBOLIM

7 4 4 - 2 6 5 4




di·a·be·tes

DEFINITION

While you're probably an old pro at interpreting the standard list of blood test results, such as glucose, hbA1c and cholesterol, C-peptide results still baffle many people. Jenny Ruhl, columnist and author of the book *Blood Sugar 101: What They Don't Tell You About Diabetes* (2008), provides a basic and comprehensive explanation to enhance your understanding of C-peptide.

What does that
C-PEPTIDE
test results mean?

BY JENNY RUHL



One of the common questions I get [from my readers] is what the result of a C-peptide test might mean and whether it can identify the kind of diabetes they have.

Unfortunately, in many cases, the answer is that it cannot.

C-peptide is a chain of proteins that is spun off in the process by which the beta cell makes insulin.

During this process, a precursor molecule, pro-insulin, is split into insulin and C-peptide. So for every molecule of insulin your beta cells produce, they also produce a molecule of C-peptide.

C-peptide is removed from the bloodstream by your kidneys while insulin is removed by the liver. This makes a difference in how long these peptides stay in the bloodstream. It takes half an hour until C-peptide is removed, while insulin is gone in five minutes. This means that there should be five times as much C-peptide in your blood at any given time as there is insulin and the longer activity period should smooth out the effects of testing at any one particular moment.

However, if there is something wrong with your kidneys they may not remove C-peptide in a normal

manner and the result of a C-peptide test may be misleading.

If a person is injecting insulin, measuring C-peptide is the only way doctors can determine whether they are also making insulin on their own since lab tests do not distinguish between injected insulin and homemade.

Some doctors prefer to measure C-peptide even in people not injecting insulin because of its longer life in the bloodstream which means you won't see as much fluctuation from moment to moment in C-peptide levels as you may find with insulin levels.

The main thing a C-peptide test tells you is whether or not your body is making C-peptide. This sounds like a "duh" kind of statement. But in fact, that really is all that the test tells us. This can be useful in itself-if there is no C-peptide in a blood sample, your beta cells are not making any insulin. A very low C-peptide result is the definitive way to diagnose severe Type 1 diabetes-though many people with Type 1 will continue to have a low level of C-peptide in their blood for years after diagnosis as good control started soon after at Type 1 diagnosis appears to keep a small number of their beta cells alive.

To derive more meaning for the results of a C-peptide test, the lab must know whether it was taken

fasting or not fasting and what the blood glucose level was at the moment it was taken. In theory, a high fasting blood sugar with a high C-peptide value should point to Type 2 diabetes primarily caused by insulin resistance. That is because the high C-peptide value would suggest a lot of insulin was being produced but insulin resistance was keeping it from lowering blood sugar. In contrast, a C-peptide value that was normal or below normal taken at the same time as a high fasting glucose would suggest a form of Type 2 where failing beta cells rather than insulin resistance was the primary thing raising blood sugar.

In theory, testing C-peptide every few years should also give you some idea of whether or not your beta cells are slowly failing.

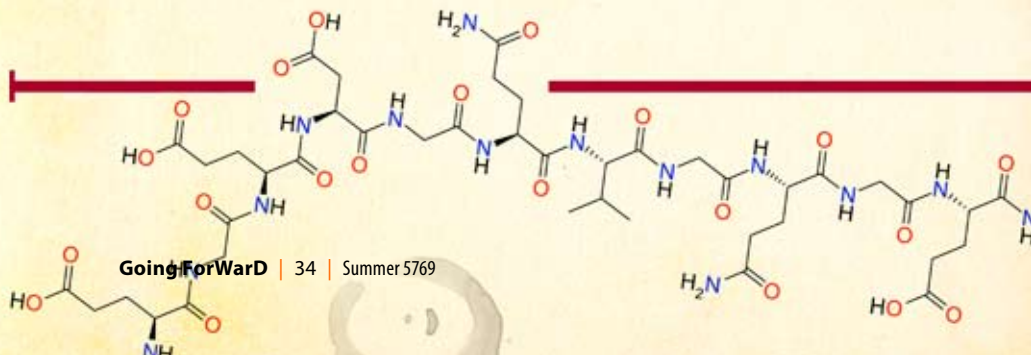
Unfortunately, it is here that things start breaking down. The problem is that there is no standardization in the way that labs measure C-peptide or in the reference ranges they provide. A recent study that sent 40 different samples out to 15

laboratories found nine different techniques being used. The study found that "Within- and between-run CVs ranged from <2% to >10% and from <2% to >18%, respectively."

In short, if you sent the same sample to a different lab, you could get

TESTING C-PEPTIDE EVERY FEW YEARS SHOULD ALSO GIVE YOU SOME IDEA OF WHETHER OR NOT YOUR BETA CELLS ARE SLOWLY FAILING

a very different result. This study concluded this inconsistency was greatest, "...especially at higher C-peptide concentrations. Within-laboratory imprecision also varied, with some methods giving much more consistent results than others."



It is usually suggested that because of the different test protocols and reference ranges in use, you use the same lab to compare C-peptide values, when trying to determine if your C-peptide levels are dropping. But the results of the study above suggest that “within laboratory imprecision” is significant enough to make this a questionable strategy, too.

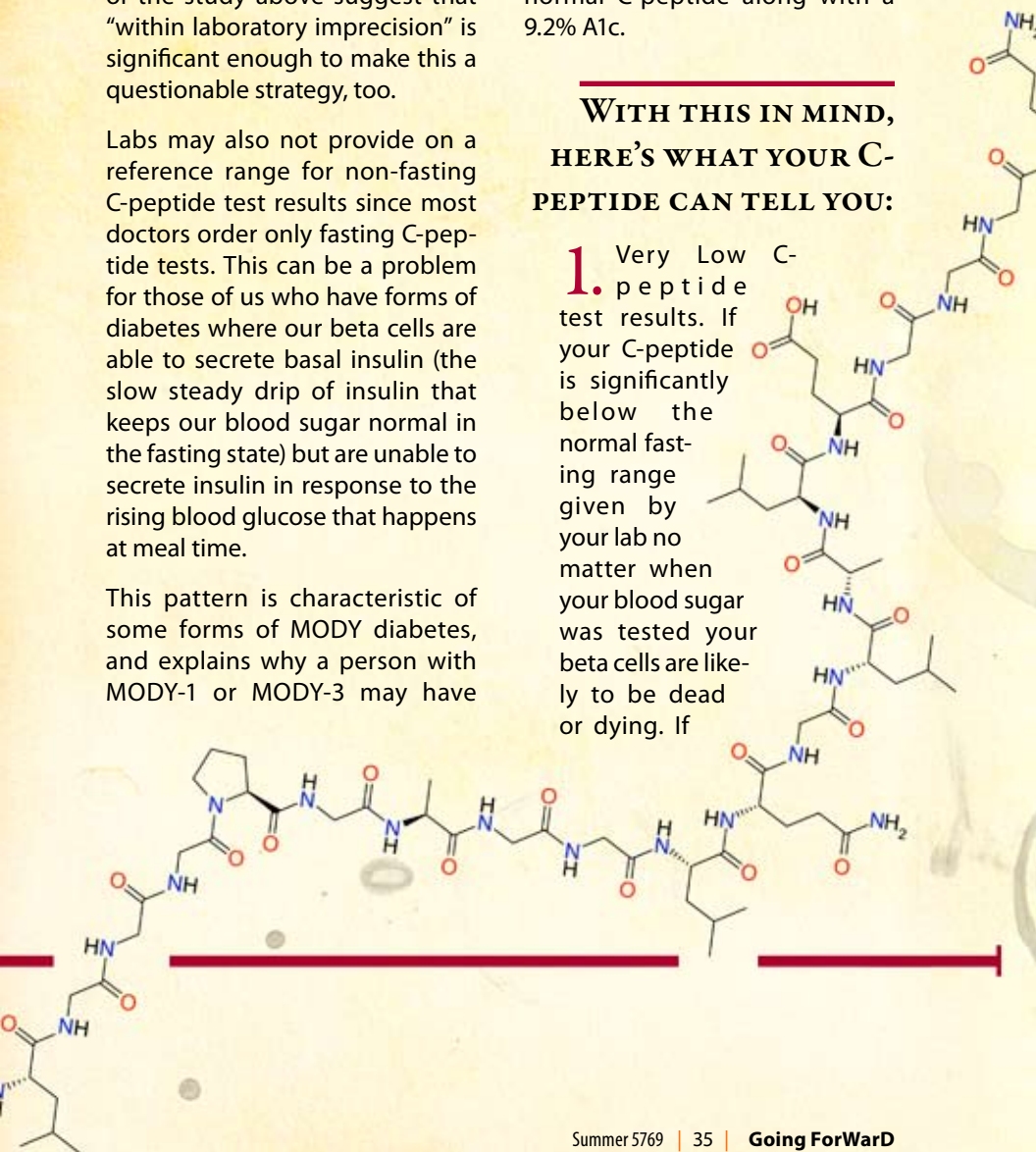
Labs may also not provide on a reference range for non-fasting C-peptide test results since most doctors order only fasting C-peptide tests. This can be a problem for those of us who have forms of diabetes where our beta cells are able to secrete basal insulin (the slow steady drip of insulin that keeps our blood sugar normal in the fasting state) but are unable to secrete insulin in response to the rising blood glucose that happens at meal time.

This pattern is characteristic of some forms of MODY diabetes, and explains why a person with MODY-1 or MODY-3 may have

completely normal fasting C-peptide while experiencing extremely high blood sugars after meals. You can see an example of this in this MODY case history where the young patient whose genetic testing diagnoses MODY-1 has a normal C-peptide along with a 9.2% A1c.

WITH THIS IN MIND, HERE'S WHAT YOUR C- PEPTIDE CAN TELL YOU:

1. Very Low C-peptide test results. If your C-peptide is significantly below the normal fasting range given by your lab no matter when your blood sugar was tested your beta cells are likely to be dead or dying. If



you are young or very recently diagnosed with diabetes of any type, a very low C-peptide value is a good way of diagnosing Type 1 (autoimmune) rather than Type 2 diabetes.

But if you have had Type 2 for decades, and have not kept your blood sugars at normal levels, you may also have a very low C-peptide test value because over the years the very high blood sugars you have been exposed to may have killed off your insulin-producing beta cells.

Some insurers require a C-peptide test result below below 0.5 ng/ml before they will cover the costs of an insulin pump.

2. High Fasting C-peptide Test Results. A high fasting C-peptide test value taken at the same time as a high fasting blood glucose test value suggests that you are insulin resistant though still making lots of insulin. (Unless you have kidney disease, in which case this test result may not reflect your actual insulin levels.)

If your fasting C-peptide level is high, it is very likely that you will be able to control your blood sugar by cutting way down on the amount of carbohydrate you eat.

It also means that you should first try strategies that lower

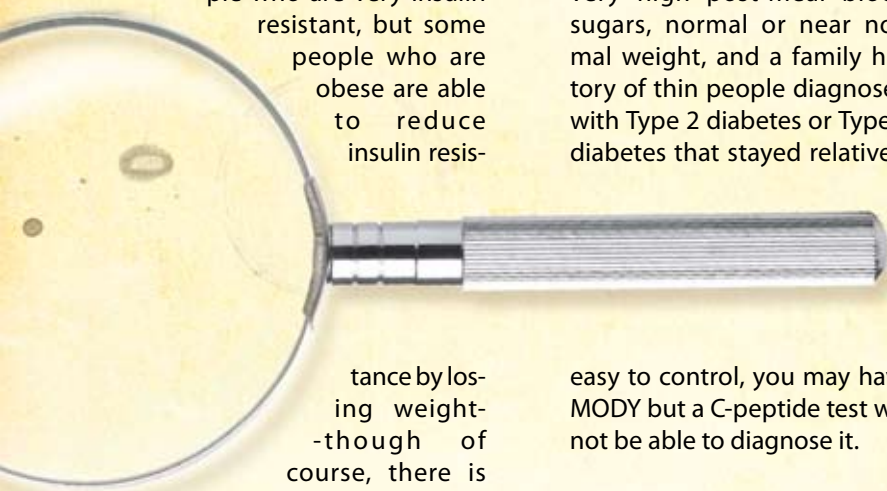
THERE IS SOME RECENT RESEARCH THAT SUGGESTS THAT C-PEPTIDE, RATHER THAN BEING AN INERT BY-PRODUCT OF INSULIN SYNTHESIS IS, IN FACT, IMPORTANT FOR PREVENTING DIABETIC COMPLICATIONS.

insulin resistance [such as Glucophage-Metformin, Actos or Avandia], before trying drugs that stimulate more insulin release, such as Amaryl, Glipizide, Januvia or Byetta.

If you have high fasting C-peptide levels, the drug Metformin, which increases insulin sensitivity, should be helpful in lowering your blood sugar. Exercise may also be very helpful as many people (though not

all) find it temporarily reduces insulin resistance.

Weight loss may or may not help, depending on what is causing your insulin resistance. There are normal weight people who are very insulin resistant, but some people who are obese are able to reduce insulin resis-



tance by losing weight-though of course, there is some circular logic here, since high levels of insulin resistance make weight loss very difficult!

3. Nonfasting C-peptide test results. If your nonfasting C-peptide test is not abnormally low (pointing to completely dead beta cells) there is no accurate way to interpret a non-fasting C-peptide test result. There are research studies where nonfasting C-peptide measurements are taken and studied, but given the nonstandardization of this test across labs and the fact that most labs do not give any lab reference range for nonfasting values,

the meaning of a nonfasting C-peptide test that is normal or high (compared to a fasting reference range) is impossible to interpret.

If you have a normal C-peptide, very high post-meal blood sugars, normal or near normal weight, and a family history of thin people diagnosed with Type 2 diabetes or Type 1 diabetes that stayed relatively

easy to control, you may have MODY but a C-peptide test will not be able to diagnose it.

NORMAL OR HIGH C-PEPTIDE TEST RESULTS MAY BE GOOD NEWS.

There is some recent research that suggests that C-peptide, rather than being an inert byproduct of insulin synthesis is, in fact, important for preventing diabetic complications. This research is in its infancy.

If in fact it turns out that C-peptide is able to prevent complications, those of us who have secretory defects that respond to beta cell stimulation may have to reconsid-

er whether or not to stimulate our beta cells with drugs like Byetta or sulfonylureas or whether to supplement with injected insulin that does not contain C-peptide.

I have been informed by correspondents diagnosed with MODY that they have been told by Dr. Hattersley, who is one of the world's authorities on MODY, that he prefers to stimulate insulin secretion with gliclazide (Diamicon), a sulfonylurea drug that is unfortunately

not available in the U.S., rather than use injected insulin. He believes it gives better long term results. If, in fact, C-peptide turns out to be beneficial, that might explain this finding. Unfortunately I have not been able to find any published research supporting the advantages of beta cell stimulation over insulin supplementation for people with MODY. The sulfonylurea drugs available in the U.S. often cause dramatic hunger and blood sugar swings that make them unpleasant to use and which lead to weight gain.

For people who do not have genetic secretory defects, the disadvantages of stimulating insulin secretion with drugs may be made clear by the most recent follow up to the UKPDS study, where people who used metformin to lower blood sugar had a far better long term outcome in terms of heart attack as those who used sulfonylurea drugs. (Though all groups in this study had many more complications than necessary, since they started out with A1cs of 7% or higher and allowed them to deteriorate over subsequent decades.) ■

This article (first published Sept 22, 2008) was reprinted with permission from the author.

C-pep·tide:
'sE-'pep-'tId
noun, a protein fragment 35
amino-acid residues long pro-
duced by enzymatic cleavage
of proinsulin in the forma-
tion of insulin

שמעי ותחי נפשכם- א רשימה פון אונזערע לקעציעס פונעם פארגאנגענעם יאר

- 1 = מעטאבאליק סינדראום ■ וויכטיגקייט פון טשעקן צוקער
 - 2 = הימאגלאבין A1C טעסט ■ חילוק פון די צוויי טייפס פון דייעביטיס
 - 3 = ריסק פּעקטארס פאר טיפ 2 דייעביטיס ■ שעדליכקייט פון היי-פרוקטאז-קארן-סיראפ ■ קאנטראלירן צוקער ביים אויספאסטן
 - 4 = נאטורליכע היילונג ■ שווער צו פארלירן וואג מיט מי"ס ■ וועלכע צייט טשעקן דעם צוקער, און וואס דארף עס זיין
 - 5 = דער שורש פון מי"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 קאלעסטעראל 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 מי"ס און מעדיצין - נידריגע קארבאהידראטעס.
 - 12 = ציילן קארבאהידראטעס
 - 13 = פארלירן פאטעסיום ■ וויינען אן צוקער
 - 14 = לאטקעס ■ גלייסימיק אינדעקס ■ עפעקטיוו קארבס ■ שאגער אלקאהאלס
 - 15 = ווער האט מעטאבאליק סינדראום? ■ די וויכטיגקייט פון עסן גענוג פראטין
 - 16 = ווייטעמין די - דער גרעסטער מאנגל און די סיבה פון מערערע מחלות
 - 17 = מאגניזיום און קאלציום באלאנס
 - 18 = סטודי וואס האט כלומר'שט איבערצייגט שעדליכקייט פון עטקינס דייעט
 - 19 = בענעפיטן פון סעטשורעטעד פעטנס ■ קאלעסטעראל אין מאכלים
 - 20 = שעדליכקייט פון טרענס פעטס, און פארשעלי היידראזינעטעד אוילן
 - 21 = מאנא אנסעטארעטעד פעטס, אמא 9 ■ אוועקאדא און פאטעסיום
 - 22 = שאלות ותשובות
 - 23 = פסח: אלקאהאל און צוקער פון וויינען ■ שיעורים פון כיתות מצה
- 24 = סטודי איבער אייער, פאלטש דורך און אדורך
 - 25 = אייקאסענידס ■ באלאנסירן די פאלי אנסעטורעטעד 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 טיפ 1 דייעביטיס
 - 31 = וויפיל פראטין מען מעגלדארף עסן
 - 32 = וויאזוי אמעגא 3 און 6 פראדעצורן אייקאסענידס ■ היימישע מייאנעריז רעצעפט
 - 33 = נאטורליכע און ארטיפישעל צוקערסוויטערס
 - 34 = טעכנישער דיפרענץ און אויסשטעל פון אלע סארטס פעטנס
 - 35 = פלאקסיד און פלאקסיד אויל ■ ארגאנישע אייער
 - 36 = ווייטעמין D סטודי: איבערוואג, אויטזם, אלצהיימערס, אסטמא, הארץ אטאקעס
 - 37 = ווייטעמין D: פלו, יענע מחלה, אסטיאפעראסיס, דיפרעסיע, איטא אימיון דיזיזעס, הייפאטיירידי, טיפ 1 דייעביטיס, געהלקייט ביי ניי געבוירענע קינדער (נישטא קיין הוכחה אז בלויז לעקטער איז שעדליך)
 - 38 = ווייטעמין D: ריכטיגע שטאפל, ריכטיגע לעב, ריכטיגע דאזעס, ריכטיגע סארט, ריכטיגע קאמבינאציע
 - 39 = ווייטעמין D: היכע בלוט דרוק, אינסולין רעזיסטענס, מעטאבאליק סינדראום, טיפ 2 דייעביטיס, מייאלדזע/ווייטגו, האר ארויספאלן ■ ווייטעמין די טאקסיסענטי
 - 40 = קאד ליווער אויל, ווייטעמין A, בעטא קעראטין ■ פירות אום חמשה עשר בשבט
 - 41 = ליענען לעב רעזולטאטן: צוקער, ליווער ענזיימס, יוריק עסי-גאט, A1C
 - 42 = סוויט פאטעטא ■ טיריוד הארמאנס ■ סוי באנדלען
 - 43 = קאלעסטעראל, פעטנס, לייפא-פראטין ■ אינסולין רעזיסטענס HDL/Triglycerides
 - 44 = מאכלי פסח ■ קארבס אין וויין און מאסט ■ ור כזית
 - 45 = סעטשורעטעד פעטנס איז נישט שעדליך



הערט אונזערע לקעציעס איבער "דייעביטיס און מעטאבאליק סינדראום" אויף דעם

"קול מבושר" טעלעפאן ליניע

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

דייקט עקסעטענטשאן 3 דערנאך 2, און קלויבט אויס וועלעכע לקעציע צו הערן. הערט און האט הנאה



Brown Sugar Heaven



SPLENDA® Brown Sugar Blend

A spoonful of SPLENDA® Brown Sugar Blend has all the sprinkle, sparkle, and sweetness you love, but with $\frac{1}{2}$ the sugar. For sweet recipes of the season, go to www.splenda.com.

And for your other baking needs, look for SPLENDA® Granulated Sweetener and SPLENDA® Sugar Blend.

imagine life sweeter™