

Introduction

As in our previous issues, we once again present a variety of diabetes related articles which we feel would be of interest to our readers. We wish to reiterate that the ideas and suggestions expressed in these articles are not "one size fits all". Experiment with the various approaches and see what works best for you.

What will you learn in this issue's "In Control"?

1) Our colorful collection of winter tips and tidbits will ensure that you approach the new season fully confident and prepared.

2) Fluctuating morning blood sugars are probably among the most confusing and misunderstood aspect of BG control. You'll find a clarification of many morning blood sugar phenomena, as well as suggestions for avoiding the A.M. highs.

3) A good food scale is an essential tool for any diabetic (especially when using the ECF method), but you may be overwhelmed by the number and variety of available scales. Our thorough and comprehensive guide will aid you in understanding and choosing the right scale.

In this issue, you'll also find some fascinating ways to maximize the features of the "Diet Computer Scale" as an aid in your diabetes control. You'll surely join in the enthusiastic "Wow" that vibrated in the room when I first introduced this scale to our group.

4) If you are considering the low carb diet (and certainly if you are already an avid follower), here are some important points to consider.

5) Finally, we once again present our long awaited and much enjoyed column "Friend to Friend". Thanks to all those who have shared their tips and experiences so that others may benefit. We are waiting to hear from the rest of you!

RHM-FWD

Your Meter and Strips

Every blood glucose meter has a temperature range within which its results will be valid. Some meters will not work at all if the ambient temperature is outside of the range, while others will do worse; they will work but the results may not be accurate. The chemical reactions the meters perform (to read glucose levels) are affected by both altitude and temperature.

Check your meter manual to find out what the temperature range for your meter is. You can also refer to the table below.

Strips are even more susceptible to extreme weather. They like staying at room temperature, out of dampness. The chemical reaction that takes place on the strip will be slowed down in cold weather, and can give a false low reading.



A variety of winter tidbits

During a cold-weather activity, it is advised that you keep your meter and strips in a pouch. You should be wearing several clothing layers in the cold, and the pouch should be placed in the middle of those layers. If it's directly touching the skin, it could get too warm. If camping in cool weather, store your meter in your sleeping bag.

If you live in an old, drafty house, temperatures may drop too low for proper meter function even indoors. Many meters cannot work below 55 degrees Fahrenheit, a common occurrence on winter nights.

(continued on next page)

Before you go, know your meter. Here is a guide to the operating guidelines of some popular meters.

Meters and Strips

	OPERATING TEMPERATURES (FAHRENHEIT)	RELATIVE HUMIDITY RANGE	ALTITUDE RANGE	STORAGE TEMPERATURES (FAHRENHEIT)	RELATIVE HUMIDITY RANGE
Bayer	Glucometer Elite and Glucometer DEX: 50-104°, Glucometer Encore: 63-86°	Elite: 20-80%, DEX: 10-80%, Encore: <85%	Altitude does not affect meters	All: 59-86°	Keep in foil packets until ready for use
LifeScan	One Touch Basic, One Touch Profile and FastTake: 59-95°, SureStep: 50-95°	All: 10-90%	All: tested up to 5,280'	All: below 86°; if strips get below freezing, use control solution to test	Keep in vial until ready for use
MediSense	Precision QID, ExacTech, ExacTech RSG: 64-86°	All: 20-80%	Precision QID, ExacTech RSG: tested up to 7200'; ExacTech not tested	39-86°	10-90%
Roche Diagnostics	All AccuChek meters: 50-100°	All: 20-80%	All: tested up to 10,000'	All: similar to meters, 50-100°	Keep in vial until ready for use

For the Gluconorm to operate, skin temperature must be 68F-104F (20C-40C). AutoSensors should generally be stored in a refrigerator at 36F to 46F (2C-8C). AutoSensors cannot be stored in a freezer, but if needed, they may be kept at room temperature (below 77F or 25C) for up to one month.

Mail order Insulin in Cold Weather

Insulin sent through the mail is routinely exposed to temperature conditions far exceeding the manufacturers' recommendations. Two manufacturers of insulin, Eli Lilly & Co. and Novo Nordisk, recommend that their insulin be stored at temperatures between 35 and 85 degrees Fahrenheit. One study showed that nearly 92 percent of the medicines delivered by mail are exposed to extreme temperature conditions, which can affect their potency. One insulin pump trainer reports, "Unfortunately, I have had patients whose blood sugars seem to go out of control for no apparent reason. When I have them purchase replacement insulin at local pharmacies, often their control returns. The insulin they replace is the insulin that comes through the mail with no special packaging to protect it." Craig Burrige, executive director of the Pharmacy Society of the State of New York, relates: "We had a report of a woman in Schenectady, New York, whose insulin was left in the mailbox on a cold day. When she went to use the insulin, she found particulate matter in the vial because it had frozen. How long would this patient have used the vial with sub-potent insulin if she had had poor vision? She ended up buying new insulin at a local pharmacy, since she could not wait for more to come through the mail." The cold in an outdoor mailbox on a winter day, or the heat of the metal on a summer day has the potential to decrease the potency of insulin. Buyer, Beware!!

Adapted from an article by Marty Irons, R.Ph., CDE.

(Frostbites — continued from previous page)
If you experience a seemingly strange reading while in extreme weather, a calibration check should be the first step.

Keeping Active in Winter

The winter weather might have you feeling like hibernating. But you don't have to hang up your sneakers until spring. With some common sense, there's usually no reason you can't exercise outdoors year-round.

To keep yourself motivated, focus on what you'll gain if you keep exercising from fall straight through winter. You'll continue to reap the short- and long-term benefits of exercise. You'll be in better shape come spring. Plus, exercise can help shake those winter blues, improve your mood, increase your energy level and help you sleep better.

Try to set aside 20 to 30 minutes a day for exercise. You can even count a little on the non-strenuous activities you do daily. Make a workout of household cleaning or walk the stairs in your home. You can try joining a health club in the neighborhood or purchasing your own exercise equipment. You may also find that working out in water is easier on your joints than other forms of exercise.

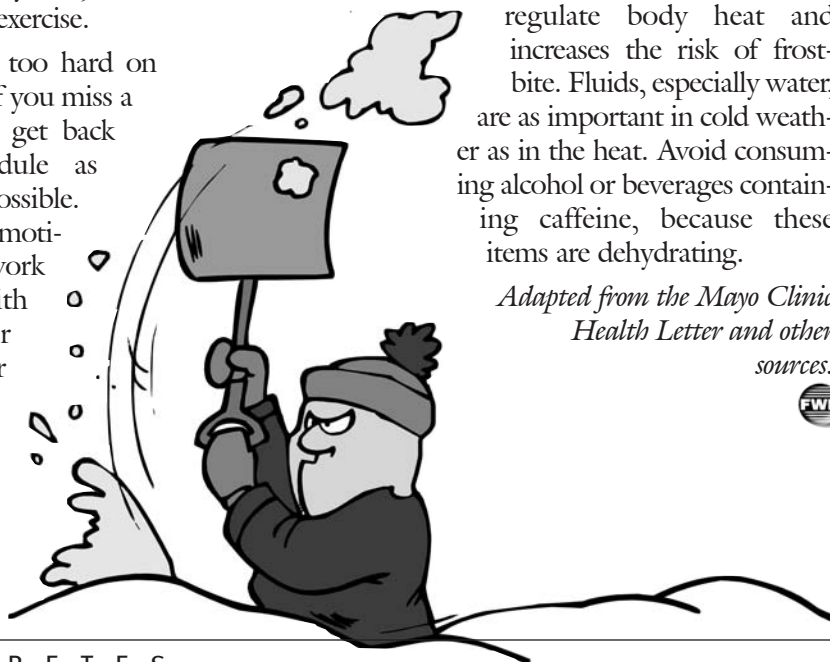
Don't be too hard on yourself if you miss a day! Just get back on schedule as soon as possible. For extra motivation, work out with your spouse or a friend.

How should you prepare

yourself for an outing on a cold, wet, and windy day? To improve your comfort and safety while exercising in the cold, the American College of Sports Medicine recommends the following:

- ❖ **Layer Clothing** — Several thin layers are warmer than one heavy layer. Layers are also easier to add or remove and thus, better regulate your core temperature. The goal is to keep the body warm, minimize sweating and avoid shivering.
- ❖ **Cover your Head and Mouth**— Your head should be covered while exercising in the cold, because heat loss from the head and neck may be as much as 50 percent of the total heat being lost by your body. To warm the air before you breathe it, use a scarf or mask.
- ❖ **Stay Dry**— Wet, damp clothing, whether from perspiration or precipitation, significantly increases body-heat loss.
- ❖ **Keep your Feet Dry**— Use a fabric that will wick perspiration away from the skin. Polypropylene, wool or other fabrics that wick moisture away from the skin and retain insulating properties keep the body warm when wet.
 - ❖ **Stay Hydrated** — Dehydration affects your body's ability to regulate body heat and increases the risk of frostbite. Fluids, especially water, are as important in cold weather as in the heat. Avoid consuming alcohol or beverages containing caffeine, because these items are dehydrating.

Adapted from the Mayo Clinic Health Letter and other sources.





Shivering is usually the first sign of dangerous cold exposure, as the body is trying to generate its own heat through uncontrolled muscle contraction. This should be your first warning to seek shelter. The two most dangerous conditions that can result from cold weather exposure are frostbite and hypothermia.

Frostbite describes the freezing of superficial tissues of the face, ears, fingers and toes. Its symptoms include pain, burning, numbness, tingling, and skin which turns hard and white, blistered, or firm and shiny with a grayish tinge. To treat, get the victim to a warm, dry place, raise affected areas and apply warm, moist compresses to them (but do NOT apply direct heat or rub frostbitten areas).

Hypothermia is a more severe response to cold exposure that is defined as a significant drop in body core temperature. Symptoms include goose bumps, shivering, confusion, sluggishness, lack of coordination, and ultimately, unconsciousness. To treat, take the person to a dry, warm place and provide extra warmth with blankets or clothing.



Are you experiencing fluctuating blood sugars during the morning hours? The first blood sugar of the day is usually the most important one for controlling the entire day's readings. "If I wake up high, my whole day is shot!" is a typical complaint because an early morning high is often quite difficult to bring down through the day.

Diabetes educators are constantly hearing the question, "How come I went to sleep with an in-range BG number and I woke up with a much higher number? I didn't eat anything in middle of the night; I didn't even dream about food!"

The answer is that diabetes does not always stick to the rules, or more accurately, it sticks to its own set of rules. Once you learn these rules and how to identify them, things will start to make sense and you will be better able to deal with your morning blood sugars. In this article we will attempt to show you some of these "non-rules", which will aid you in taking control of your diabetes. There can be predictable reasons for your unpredictable and "brittle" BGs! The secret is to learn how YOUR body reacts in different circumstances.

As stated in our disclaimer, never make a change in diabetes regimen without prior discussion with your health care provider. We are specifically reiterating this warning here, as the following article discusses making insulin changes. These tips have been collected from individual experiences, and some may be rare exceptions to the rule; others, however, occur very frequently (up to 70% of diabetics experience them). Remember, "If it isn't broken, don't fix it". We have only provided this information with the hope that if you are among those experiencing unpredictable blood sugars, this additional knowledge may

RISE and Shine!

Controlling Morning Blood Sugars

give you a clue of what's going on and how to overcome it.

If you do think that one of the described phenomena apply to you, please do not jump to conclusions before you check, double check and triple check your blood sugars to verify this. Medtronic Minimed's Continuous Glucose Sensor, or the Glucowatch from Cygnus are excellent tools for tracking blood sugar patterns, as they test BGs automatically at constant intervals. Show your recorded logs to your health care provider to discuss the necessary changes.

A final note about irregular morning blood sugars: Although it might seem that reading about the various morning phenomena would make it harder to pinpoint your exact problem, the opposite is true. During the day, it is much harder to isolate the exact source of BG fluctuations; you may wonder if a high blood sugar is due to your basal or last bolus. But in the morning, you know that a long time has past since your last meal or bolus. Morning trends are much easier to identify if you know what to look for!

If you are not yet a pump user you can enjoy this article as well. Just translate the word 'bolus' to 'pre meal short acting insulin', and the word 'basal' to 'long acting insulin'.

(continued on next page)

TYPE TWOS CAN DO IT 2

Metformin/Glucophage XR may be taken at dinnertime to help improve morning BG

(Rise & Shine — continued from previous page)

The Dawn Phenomenon

Some 50% to 70% of people with Type 1 diabetes find they need more insulin in the early morning hours to offset a rise in blood sugar. This rise, called the Dawn Phenomenon, is created by a normal increase in the production and release of growth hormone, and to a lesser extent by cortisol and adrenaline, which trigger the production and release of glucose from the liver. If this need is not met by an increase in insulin delivery, the blood sugar rises as daylight approaches and is high when the person awakens.

A typical adjustment for a person with a Dawn Phenomenon usually provides slightly more basal insulin before and during the early morning hours.

People who have a strong Dawn Phenomenon find that it's difficult to control the morning blood sugar with any injected insulin regimen. On a pump, however, controlling the morning blood sugar becomes a simple insulin adjustment. The basal rate can be adjusted precisely to prevent the blood sugar from rising during the night. Easy programming allows each pumper to set basal rates to meet individual needs at each hour. "I usually wake up in the morning with a normal blood sugar!" is a joy shared by many new pumpers.

For instructions on testing your basal rates, refer to page 97 in the third edition of "Pumping Insulin". Or, use the charts provided in the book "The Medtronic MiniMed Insulin Pump Worksheets". There is also a very good web page on setting basals on the Insulin-Pumpers website, www.insulin-pumpers.org/howto/baslr.html.

For some people, adjusting basal rates

or long-acting insulin is not enough. You can experiment with the following:

- ❖ Same Basal, Larger Bolus: Instead of changing the basal rate, you may need a higher insulin-to-carbohydrate ratio for breakfast.
- ❖ A Unit of Prevention Is Worth a Pound of Correction! Another trick for controlling the Dawn Phenomenon is to raise basal rates 0.1 to 0.2 u/hr at 1 a.m., as opposed to making a larger insulin increase at 3 a.m. or 4 a.m.

An equal or even larger percentage of people with Type 2 diabetes find their pre-breakfast reading is the hardest of the day to control. Even though their problem also occurs at dawn, the source of the problem is different from the Dawn Phenomenon. Most people with Type 2 have an excess of fat cells in the abdomen, referred to as an apple shape. During the night, these fat cells release fat, which is picked up by the portal vein going to the liver. This fat makes the liver less sensitive to the insulin passing by.

Because of this insulin resistance, more insulin is needed to do the job of stopping the liver in its production and release of glucose. If insulin production fails to keep up with the rising need because of aging and weight gain, the liver will make more and more unneeded glucose during the night. For people with Type 2, an insulin pump is often the ideal way to deliver the precise, small insulin doses needed to stop the liver from increasing glucose production. Other ideas suggested in this article can also be adapted for Type Twos.

The Wake Up Phenomenon


Others find that they experience a rise in blood sugars each time they wake up in the morning (that has nothing to do with the time of day). The solution for this one would be to admin-

ister a bolus every time one wakes up.

If this phenomenon appears even upon awakening from a short nap, try to program an extended (square wave) bolus before napping. Or, how about exchanging the nap for a relaxing afternoon stroll? Again, the best we can do is to learn our body's individual patterns, so that we can anticipate them and, hopefully, prevent them.

The Break-Fast Phenomenon

A common occurrence is a steep incline in blood sugars following the first meal of the day. This phenomenon persists at all meals eaten after a stretch of fasting; this can mean an early breakfast, a midday brunch, or supper following a Yom Kippur fast. Many people find that they cannot properly deal with



Sweet (and Sour) Dreams

Did you know... ... that your dreams could be a reflection of nocturnal blood sugars? If you are having bad dreams at night and waking up high in the morning, check it out! You may be experiencing nighttime lows and morning rebounds. Nightmares, or emotional and involved dreams, could sometimes be a symptom of low blood sugars. Or, it is possible that the chemicals involved in the dreaming process are actually causing the pattern of lows and highs. Set your alarm clock for 2 a.m. and find out what's happening with your BGs overnight!

(Rise & Shine — continued from previous page)

the sudden ingestion of carbohydrates if the regular insulin dose is administered.

One would have to experiment with higher insulin-to-carb ratios at the first meal eaten every day. Or, if the high blood sugars appear only after a high carb meal is eaten, then the amount of carbohydrates in your breakfast may need to be reduced. (See our "Breakfast Smarts" article for more breakfast tips.)

The Motor Start Phenomenon

An interesting trend that some people experience has been informally dubbed the "Motor Start Phenomenon". This is when blood sugars spike sharply following breakfast, no matter how many or how few carbs are consumed. This phenomenon tends to be inconsistent, surfacing and then disappearing in the same individual. Its' causes are unclear, but it may be stress and hormone related. It differs from the dawn phenomenon in that it appears only after food is eaten. Many people also find that it does not kick in when they sleep in longer than usual, maybe because they are more relaxed on those days.

To test for the "Motor Start" Phenomenon: Go to sleep and wake up at your usual time, but skip breakfast. Test consistently to get a fasting morning BG profile. On another typical day, eat a protein-only breakfast and test BGs constantly. On a third morning, eat a lower carb breakfast and record your blood glucose readings. Finally, eat a high carbohydrate breakfast and log your blood sugars. If you are experiencing the Motor Start phenomenon, you will likely have high blood sugars on all mornings that you ate any food, except on the day you fasted.

The best method we have found for dealing with this blood sugar rise is to administer an extra fixed amount of insulin, usually about 1.5 to 2 units, upon awakening or before eating breakfast. (It may be necessary to take this insulin some time before eating to give the insulin a chance to begin working before breakfast is eaten.) Just remember that as soon as your body's tendency changes, this extra insulin must be eliminated. Otherwise, it can cause serious low blood sugars.

The Rebound Phenomenon

Undetected low blood sugars in middle of the night followed by a rebound (commonly called the somogyi effect) can cause stubborn highs and unpredictable blood sugars for the whole day, especially in the morning. Checking once during the night at 2 a.m. will not always catch the low, as it can be fairly brief (based on reports from people who have used the CGMS). One option would be to do hourly checks spread out over several nights. For example: the first night you check at 10:00, 1:00 and 4:00. Take a rest the next night, and then you check another night at 11:00,

2:00, and 5:00. And so on, until you covered every hour of the night. If you still can't catch the low, talk to your doctor about using a CGMS or a GlucoWatch biographer.

The Caffeine Phenomenon

If you are accustomed to your daily cup of morning coffee (or a few daily cups of coffee in the morning), then here's one more reason to break the habit: Although caffeine has no carbs, some people have noticed that it causes their blood sugars to rise. This may be due to the insulin resistance which caffeine triggers in some people.

As with so many diabetes-related issues, every person is unique. Interestingly enough, some people have noted that they have a "Reverse" Dawn Phenomenon, meaning that their sugars go low at the time of morning when most people are insulin-resistant. These individuals would actually need to decrease their basal or long-acting insulin to compensate for this BG drop.



Some parts of this article are adapted from "Pumping Insulin" and the Insulin Pumps mailing list.

On the Glycemic Index...

There has been much media opposition to the Glycemic index (see our article on "Glycemic Load" in our Pesach issue). It is interesting to note, however, that all opinions do in fact support the glycemic index, without realizing it. For example, EVERYONE agrees that one has to eat glucose tablets or another FAST ACTING carbohydrate to treat a low blood sugar. Why not eat a piece of chocolate to bring up the low blood sugar? Because, when we need an immediate response in blood glucose, we need a high GI food!

[On the same topic: it is important to note that when milk is suggested for treatment of hypoglycemia, it refers only to low fat milk which is higher on the GI than regular milk. The fat in the regular milk slows the absorption of the carbs (lower GI), which makes it less recommended for treating a low.]

Some of the following tips might work only for those on insulin pump therapy ☺, some will work for those on multiple daily injections and flexible insulin therapy ☺, and others might work even for those on the conventional regimen ☺.

Cereal is a universally favored breakfast food. There is no preparation involved, it is quick to serve and consume, many nutrients are added, and of course, many of us enjoy it!

Which cereal should one select for a healthy breakfast, and how can we avoid the high BG peaks caused by these rapid acting cereals (high glycemic index)?

❖ When it comes to choosing a cereal, it would seem probable that the sugarcoated variety would produce worse BG results. Interestingly enough, this may not necessarily be the case because the sugars used are complex and require time for the body to process before they can be converted into glucose. The opposite is true of the "plain" cereals, which include products like Cheerios, Corn Flakes, Cream of Wheat, etc. Highly refined grains are converted to glucose very rapidly, much faster than the sweeteners used in the "sugary" stuff; therefore they are extremely high on the glycemic index. The solution might actually be to let the kids eat junk food!

❖ You might also try squirting a little honey on a "plain-er" breakfast cereal.

The above two tips were shared by Michael Robinton, executive director of Insulin Pumpers.

CAUTION: They may not work for everyone! Some people do find that they react best to the plainer cereals.

❖ Don't forget to count the milk; it has a lot of carbs. Milk contains 12 grams of carbohydrate per 8-ounce cup (1.5 grams per oz.).



❖ Adding almonds to the breakfast cereal might also prove beneficial. Fat slows down digestion and lowers a food's glycemic

Breakfast Smarts

index (GI). Adding a protein to your breakfast menu would have a similar affect, especially if you eat the proteins first.

❖ Try eating a high-fiber cereal such as Fiber One to lower the glycemic index of your breakfast. At the June 2002 ADA conference, research was announced showing that the glycemic load of breakfast affects the midday meal metabolic responses in individuals with Type 2 diabetes. In other words, through changing just your breakfast habits, you may see an improvement in both post breakfast AND lunch blood sugars. Your entire day will be brighter!

Some say that cereals made from finely ground whole wheat flour would have a glycemic index similar to that of its white counterpart, but oats would have lower GI values.

❖ Many diabetics substitute bread with rice cakes, thinking that the rice cake will have a better affect on their blood sugars.

Here are the facts: Rice cake has a higher Glycemic index (110) than bread (101).

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Weight vs. Volume

When reading cereal labels, you might wonder about the varying serving sizes. Why do some products list 3/4 cup as a serving, some record a full cup, and some even list 1 and 1/4 cup? The reason is because the serving sizes that have to be displayed on nutrition labels are determined by the USDA and not by the manufacturer. According to the USDA, a serving size must be 1 oz. in weight. Each cereal results in a different amount in cup measurements for the same amount in weight. Cereal measurements should always be done by weight of the dry cereal. Most cereal changes volume dramatically as the box is moved around and the cereal settles. The investment in a good quality kitchen or food scale is definitely a must.



(Breakfast Smarts— continued from previous page)

Mixed grain bread with a GI of 69, or Sourdough bread which also has a lower GI, would be much better choices. Rice cakes are also hardly lower in carbs, as one cake has at least 9 grams of carb, while one small slice of bread contains about 13 grams. If you come across a brand of rice cakes whose label states that it has just 5 grams of carbohydrates per cake, you have stumbled on an unfortunate mistake (unless it's a thinner slice than usual)!

❖ Although the newer, rapid acting insulin (Humalog and Novolog) allow the freedom of injecting or bolusing right before the meal, if one anticipates a blood sugar rise after breakfast then it might pay to administer the insulin a little earlier. This gives the insulin a chance to start

working before the food kicks in. The recommendations are to administer the insulin between 5 and 15 minutes prior to eating, but some people have seen greater benefits by taking the insulin even earlier, as much as 15 -20 minutes before eating breakfast. Just make sure you don't take it too early, to avoid hypoglycemia.

❖ Although both insulin analogs (Humalog by Eli Lilly, and Novolog by Novo Nordisk) are said to have similar affects, many people have noted that switching from one brand to another, has eliminated their post meal spikes. This benefit was observed in children as well as adults. Needless to say, that changing insulin brands should only be done by the recommendation and supervision of your health care team. (At the time of this writing, Novolog is the only

rapid-acting insulin approved for use in insulin pumps.)

❖ Keep in mind that some people might require a higher insulin-to-carb ratio for breakfast, due to some of the phenomena mentioned in the article above. For example, one's insulin-to-carb ratio might be 1:12 for breakfast, while it is 1:20 for lunch.

❖ Alternatively, you might find that increasing the insulin dose specifically for cereal will do the trick of keeping BGs in range. You may require a different amount of insulin for a breakfast consisting of toast, for example, than for a breakfast consisting of cereal with the same carb content.

❖ Recent studies have shown that taking a walk after breakfast worked well in avoiding the high BG spike post breakfast.



Have you always refused to wear traditional medical alerts? Are you on the lookout for a comfortable, high-fashion, and useful alternative?

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When exercising in the cold winter, the body will burn more calories than in the summer, in order to maintain a stable temperature. This extra energy is taken mainly from glucose in the blood. Therefore, when exercising in cold temperatures, beware of falling blood sugar levels!

Quick Carb Facts

Corn on the Cob: You can figure roughly 4 grams of carb per ounce of corn. The definitive method is to strip the kernels with a knife and measure by volume.

The figures from USDA are:

Volume	1 ear (lg)	1 ear (avg)	1/2 cup
Weight	100 gm	77 gm	82 gm
Carbs	25.11 gm	19.34 gm	20.59 gm



Baby Carrots: 10 large baby carrots contain 12 grams of carb, while 10 small baby carrots have 8 grams of carbohydrates. To obtain a really accurate gram count, use your gram scale! The effective carb factor for carrots is 0.10.



Low Carb Dieting:

If you do it, do it right!

We constantly hear the statement, "I would like to start the Atkins diet; I heard that it keeps blood sugars under siege." We will not enter the argument of whether the low carb diet is indeed the safe and healthy way to go for the greatest short and long-term benefits. But here are a few important and helpful points on dieting:

1. If you are taking oral [Type 2] diabetes pills that stimulate the pancreas to produce more insulin (such as Glyburide, Glucovance, Starlix, and Prandin), you may be asking for trouble if you simply begin a low-carb diet without first reducing your medication dose. These meds were prescribed with the assumption that you would be eating a regular or high amount of carbohydrates and they will cause dangerous low blood sugars if the carbs are absent. You will need to discuss your change in diet with your doctor and he/she will choose to reduce, eliminate, or change your medications.

Insulin sensitizers like Glucophage, Actos and Avandia do not usually have this blood sugar lowering effect. (Glucophage has even been reported to aid in weight loss on a LC diet.)

2. DO NOT follow a low carb diet on the basis of what you heard from a relative or friend. DO read a book describing such a diet before you attempt to undertake

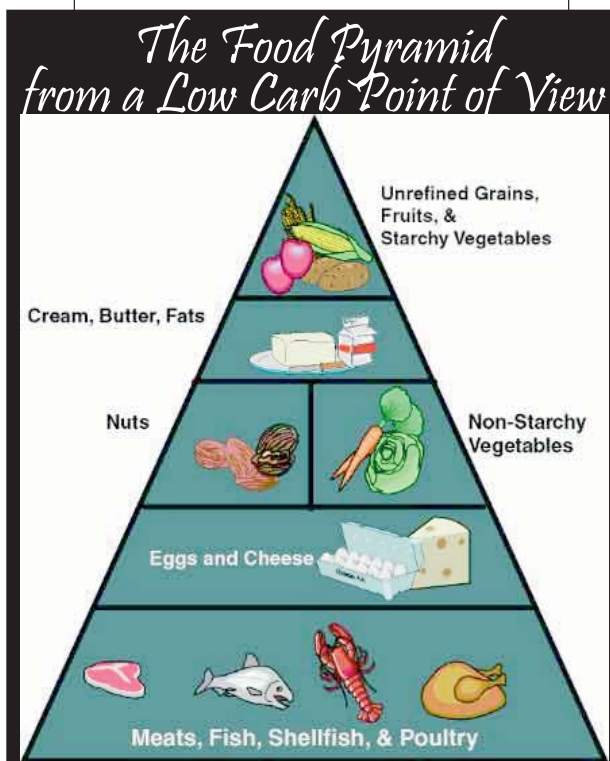
it. We've heard this incorrect statement numerous times: "The LC diet is very simple; you just eat meat, fowl, fish, and eggs."

Wrong! Even the most stringent of low carb advocates, such as Dr. Atkins when describing the strict "induction" diet, does not endorse the diet as stated above. The human body does need some carbohydrates, and exact amounts are detailed in those books. (The induction diet, which is very carb-limited, is only

and is more straight-forward, without the complicated calculations necessary for the Atkins diet. Dr. Eades also provides a formula in his book for figuring the minimum amount of protein one MUST eat. [Please note: Dr. Eades in not a yid and his views on evolution should just be skipped!]

3. The large amounts of fat consumed on a low carb, high protein diet raises the concern of many people about cholesterol and triglycerides. The following is the theory of low carb advocates: Insulin is the body's "fat building hormone". Reducing the amount of carbohydrates ingested means that insulin levels in the body are also automatically lowered (as Type 1s will testify), so the body cannot store too much fat. It doesn't matter how much fat you eat; if there is no insulin available to store that fat then your lipids will indeed improve and decrease. According to this theory, dietary cholesterol and fats are not the ones that raise blood lipids, but it is actually carbohydrates and their insulin friends who play the leading role.

Please do not accept this theory as fact! Make sure your lipids are checked before you start the diet, and then again after you've followed the diet for a while, and see for yourself.



prescribed for two weeks.) Unless you read up on it and you know what you are doing, you might be headed for serious disasters.

A good book for those who wish to follow this type of diet is "Protein Power" by Dr. Eades, in companion with his "Protein Power Lifeplan Gram Counter". Dr. Eades's diet is a little more liberal than Dr. Atkins's,

Warning: If you are an "experienced" yo-yo dieter who is constantly on and off diets, the low carb diet may not be safe for you. By eating a low carb, high fat diet, then taking a detour and eating foods high in carbohydrates, you will have high fat in combination with the high carbs present in your body, and this could be very harmful to your

(continued on page 34)

To join our Kosher Low-Carb discussion list visit <http://groups.yahoo.com/group/Kosher-Low-Carb> or simply send and empty e-mail to Kosher-Low-Carb-subscribe@yahoogroups.com and then reply to the introductory e-mail.

Limit your carbs, not your Menu.

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PECAN-CRUSTED SALMON

HOT CEREAL



MOUSSE

CHOCOLATE CAKE

STRAWBERRY SHAKE

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MUFFINS

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(Low Carb Dieting — cont. from page 32)

health. (Some people were able to manage a low carb AND lower fat diet, but they admit it's hard!)

4. Most of the LC diets include recommended vitamin supplementations. Those who oppose this diet have used this point to prove that the low carb diet deprives the body of essential vitamins from natural sources. Dr. Atkins claims that the vitamins he recommends are not due to the diet, and he would advise that everyone take them. (According to him, it's even more vital for the low fat dieter to take these supplements.) We don't know which view is correct, but do take those vitamins! At the very least, a good Multi vitamin is helpful for ANYONE, regardless of which diet he or she follows.

5. Be aware that when starting a LC diet, you may be cutting out most fiber-rich foods from your meals. This is especially true during the first two to three weeks of most low carb diets (certainly with Atkins induction), where you won't even be eating enough natural fiber. Fiber is a very important nutrient for the body, especially for the colon. However this fiber deficit lasts only for that short period, and you can mend the problem rather easily. A tablespoon or two of psyllium husks, wheat bran, or ground flaxseed will help you meet your fiber requirements during this time. *For a more practical and tasteful idea, buy any of the Expert Foods products (see ad in this issue) and you get a whole lot of fiber in your favorite recipes.*

Once you're past the induction phase of your diet, you'll be adding in addi-

tional veggies, nuts, seeds, and berries, and you'll be getting plenty of fiber. In fact, most low carb dieters eat far MORE fiber than those eating the standard American diet (of white bread, sugar, and processed foods).

6. Whatever diet you choose, just don't forget to keep on smiling!!



Bad Fats



Butter or Margarine? The Truth about Trans Fats

For years, it was believed that saturated fats were to be avoided at all costs. Many conscientious consumers began opting away from butter, loaded with saturated fat, and choose items such as margarine instead. However, let the truth be known: Trans fatty acids, found in a frightening number of foods, including margarine and vegetable oils, are among the worst food choices you can make. The statistics are mind boggling, with trans fats lurking in 40% of food products available in supermarkets.

There's much confusion about the various types of fat, and which are to be avoided more than others. However, one fact is definite: trans fats are really bad for your health. They are processed fats, a product of technology, not of nature.

Why is it bad?


Careful studies show that trans fat raises LDL (bad) cholesterol and substantially lowers HDL (good) cholesterol. It also has other effects that lead to clogged arteries, and more heart disease ch"v, the leading cause of death among adults in the United States. Consumption of trans fat was also associated with the risk of developing type 2 diabetes.

Who knows? It may even be possible to completely eliminate cases of Type 2 diabetes by obliterating trans fats from our diet!

Where are trans fats found? Am I consuming too much of this deadly fat?

According to the FDA statistics, trans fat can be found in 95 percent of cookies, 80 percent of frozen breakfast foods, 75 percent of salty snacks and chips, 70 percent of cake mixes, and almost half of all cereals. Among the products with the most trans fat are vegetable shortening, doughnuts, margarine, French fries, and microwaved popcorn.

How can I know if a food contains trans fats?

The FDA will soon require all food manufacturers to list trans fats on the nutrition label, just as they are required to list the amount of saturated fats. Until then, the best way to avoid trans fatty acids is to become a devoted label reader. Look for the words "partially hydrogenated," or "fractionated" and avoid any products that contain them. 

Some parts adapted from Rick Mendosa's website at www.mendosa.com

Choosing a Food Scale

Make sure it Measures Up!

Do I really need a Scale?

Next to your meter and lancing device, your most important diabetes tool is an accurate food scale. Whether you use the conventional methods of carb counting (checking carb amounts in gram counters and on food labels), and certainly if you use the effective carb factor we have elaborated on, the best way to accurately determine how many carbohydrates you will be eating is by weighing your portion on a scale. Except for certain foodstuffs such as cereals and pasta which are best measured in cups, a scale is by far the measuring tool of preference.

Aside from the obvious, there are many creative ways you can use your scale to enhance your diabetes control. Scales today come equipped with advanced features that make carb counting easy, no matter where you are. Built-in calculators, computer food databases, memory, and compact size are just a few of these.

A scale is especially crucial if you are very sensitive to even small amounts of carbohydrates (as many people are at breakfast and during the morning hours) or are the parent of a young child with diabetes. A parent can weigh his/her child's portion on the scale before serving, and then after the child finished eating to see how much of the food was actually eaten.

For example, one mother served her finicky four-year-old with

diabetes a forty-gram portion of pretzels. When he was done with his snack, she weighed his portion again and discovered that there was still 15 grams worth of food on his plate. She simply subtracted these leftovers from the original serving [40-15=25] and knew that her son would need insulin to cover 25 grams of pretzels.

The benefits to more precise blood sugar control are endless and your investment in a good and accurate (but not necessarily expensive) scale will reap many dividends.

Which one do I Buy?

Gram increments... tare feature... auto-off... capacity and dimensions... There are so many things to look out for when buying a food scale! Just as you can not buy a car if you are not aware of the various parts and features you need to look out for, so too with scales. This article was designed to clarify some unfamiliar terms and help guide you in deciding which of the many scales

(continued on next page)

Scale Safety

- *Avoid lengthy exposure to extreme heat or cold. Your scale works best when operated and stored at normal room temperature.*
- *Allow sufficient warm up time. Turn the scale on and wait several seconds to give the internal components a chance to stabilize before weighing.*
- *Avoid shaking, dropping or otherwise shocking the scale. It is a precision instrument and must be handled with extreme care. Gently apply all items to be weighed onto the tray top. Although a good scale is designed to be quite durable, try to avoid rough treatment as this may permanently damage the internal sensor and void your warranty.*
- *When turning the scale upside down, such as during battery replacement, do not use excessive force and don't press on the tray.*
- *Remember: You can permanently damage the scale by overloading it! Check how many grams your scale can hold and never exceed this maximum weight.*
- *Only operate the scale on a stable, vibration free surface.*
- *Do not operate your scale near cell phones, radios, computers, or any other electronic device. These devices emit RF and can cause unstable scale readings. If your scale ever performs poorly, try moving the scale to a different room or location.*
- *Your scale may need to be recalibrated every once in a while (to ensure that the measurements it is giving are accurate). To check if it is still weighing accurately, place 20 nickels onto the weighing tray. These should weigh exactly 100 grams.*
- *Save your purchase receipt in case you'll need to make use of the warranty.*
- *Remove the batteries if you plan to store the scale for more than ten days.*

S C A L E S

NAME/ MODEL	MANU- FACTURER	PRICE	CAPACITY	INCREMENTS	DIMENSION	PLATFORM DIMENSION	DIGITAL	TARE	TRAY	FOOD DATABASE	AUTO OFF	BATTERY	WARRANTY	NOTES
Diet- Health Computer Scale	Soehnle	\$125.95*	2,000g (4.5 lb)	1-2g (1/0oz)	8"x11"x 2"	7"			Stainles s steel	425		3V included		Program your own foods! Plus, has a port to connect it to your comput- er (software and cable not included).
MX-200	My Weigh	\$34.95	200g (7.05oz)	0.1g (0.01oz)	4.7"x3.1" x0.8"	3.1"x4.7" open- ended wighing platform (cover)					60 seconds	3 AAA included	1 Year	Low battery indicator; black or blue; sliding cover that doubles as a weigh- ing tray. MX-120 is only \$38.95
Proscale 500	My Weigh	\$64.90	500g (17.635oz)	0.1 (0.005oz)	5.2"x2.9" x<1"	5.2"x2.9" x<1"						2 AAA included	5 Year	Black or clear
H 250	My Weigh	\$11.95	250g (8.5oz)	2g (1/8oz)	2.75", 3" 4.5" tall	Removable Platform is 6.24"x4. 25"								In black, red, white, marble; may be hard to find since it's a discontin- ued item.
Penscale 100g	My Weigh	\$9.95	100g	2g	size of a large pen	Clip								Pen Shape, the Penscale 50 weighs in 1g incr.
Nutri- Balance Nutrition Scale		\$69	2,200 grams or 4 lbs. 135/8oz	1 gram or 1/8oz	10½"x 8"x2¼"					413				Foods can not be added to the databae.
1475T	Tanita	\$80	1200g	1g	5¾"x3 1/2"x 5/8"						3 minutes	3 pcs.x LR44 alkaline battery included	180 days	Handy tray doubles as protective cover. GRAMS ONLY
Touch Scale	My Weigh	\$87.95	200g	0.1g	4.9"x3.2" x 0.8					Make your own data- base of 4 items		3 3-V included		Built in touch calculator
6001	My Weigh	\$45.95	6050g	1.0g	6.2"x7.2" x1.6"							9-V included	2 year	Good kitchen scale. Holds the weight even after food is removed. The 3001 is \$39.95 and comes in many colors
ex3	Royal	\$29.95	1400g (3.1lb)	1.0g (0.1oz)	5.8"x1.4" x 7.4"							9-volt battery (not included)		HOLD function; Even a Fold-up stand
Palmscale	My Weigh	\$59.90	200g	0.1g	4.7"x3.3" x 0.8"								5 year	Opens with the touch of a button

*at Diabetes Mall (800) 988-4772 www.diabetesnet.com

We would like to thank **Joshua Kesselman** from **My Weigh Scale Co.** (www.myweigh.com)
for donating scales for this review.

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(Choosing a Food Scale — cont. from previous page)

out there would be the right choice for you. Be an educated consumer!

What to Look Out For When Buying a Scale:

INCREMENTS: First off, make sure the scale you are planning to buy measures in grams (the standard when weighing food and using effective carb factors) and not just in ounces. You will also want a scale that is accurate and precise; one that weighs in 10 gram increments will not fit the bill. On the other hand, you don't necessarily need a super-precise scale that weighs in a tenth of gram increments either.

CAPACITY: An important point to consider is the maximum weight a scale can handle. Remember that 100 g. might not always be enough; one typical bilkele weighs more. If your scale has a very small capacity, you may need to divide a food item into smaller pieces in order to weigh it.

WEIGHT: Yes! A scale can also be weighed! And you don't want one that will be too heavy and inconvenient to use.

SIZE DIMENSIONS: If you are looking for a food scale to keep and use in the house, then size is not such a major consideration (although you don't want something that will be excessively big and bulky). However, what about weighing your food while you are away from home? Wouldn't you enjoy the convenience of a scale that slides into your pocket? Many pocket and travel scales are available today, in handy compact sizes.

PRICE: Before you decide on a scale, check out the price to make

sure it is within your budget. Scales can vary from the very inexpensive, under-twenty-dollar range, to anything above one hundred dollars. Try to get the most and best features for your money. Remember also that there can be quite a discrepancy in price from one scale retailer to the next. Do some shopping around before you settle on a price.

WARRANTY: Does the scale come with a manufacturer's warranty or guarantee? How long does it last?

DIGITAL: We live in a digital world today, the world of clear-display and easy-to-use gadgets. Why not take advantage and buy a digital kitchen scale? Don't forget, however, about Shabbos and Yom Tov, when many halachic authorities rule that digital scales can not be used. While you purchase a digital scale for use throughout the week, do look into an "old-fashioned", inexpensive

food scale as well.

Note: While there are many pocket-sized digital scales available today, the non-digital scales are usually larger. (The pen scale, described in our chart, is an exception.)

BATTERIES: Are the batteries the scale uses easily accessible? Are they included with scale purchase?

TRAY: Does the scale come equipped with its own tray, or will you constantly be faced with the task of finding something to place your portion on before it can be weighed? Lack of a protective tray also means that the scale platform is more likely to become dirty and scratched.

AUTO-OFF: The auto-off is a battery-saving feature built into some scales. It means that when left on with no activity for a certain amount of time, your scale will automatically turn off to conserve battery power.

TARE FEATURE: This is an important and useful feature that many scales are equipped with. The tare feature allows the scale to "zero-set", or return to zero after you placed something on it. This means that you can place a container on your scale and press tare. The display will reset to 0.0. You can then place any food inside the container and get an accurate measurement of just the food; the weight of the holder will not be included in the reading. [Note that any tared value will be displayed as a negative number once all weight is removed from the unit. Depress tare to return the unit to zero.]

Even if the food is already in its container, you can place an identical empty container on the scale, press tare and remove it. Now place the food with its container on the scale and the weight of the holder will not

What do you say to an excellent program that will help you track your blood sugars in the palm of your hand?



Get a complete, easy-to-use diabetes care system which takes the place of traditional logbooks and also records meal details, medications, exercise, and other notes. Some can even estimate your insulin requirements based on meal content, while it aids the user in finding trends in blood sugars. FWD will be conducting a 'review' on some of the popular and sophisticated diabetes management software products for the PDA user such as: ez Manager by Animas corp., Freestyle Tracker by Therasense, Diabetes Pilot 2.0, Logbook DM, Diabetes Now, GlucoPilot.

For more details on these programs visit our web page
www.friendswithdiabetes.org/files/Links_Palm.htm

(Choosing a Food Scale — cont. from previous page)

be included in the scale's reading.

Note that this feature is not exclusive to digital scales. However, you will need to tare a non-digital scale manually, usually by turning a screw.

HOLD FUNCTION: Some scales offer a convenient "Hold" feature. When the "Hold" button is pressed, the scale will keep the reading of the item being weighed even after it is removed from the weighing platform. This is particularly useful when weighing large items that cover up the scale's display.

BUILT-IN CALCULATOR: A new and delightful feature we have discovered on some scales is a built-in calculator. The calculator is very useful for figuring effective carb factors, insulin-to-carb ratios, or adding up the carb contents of a meal. The built-in calculator saves you the hassle of carrying two gadgets around.

COMPUTER DATABASE: The computer database is an advanced and very useful feature that only a select amount of scales come equipped with. These computer scales are preprogrammed with the carb contents and other nutritional values of many common foods you might eat. All you have to do is weigh the foodstuff, enter an appropriate food code, and you will immediately receive a reading of the amount of carbohydrates contained in your portion! (Keep in mind that as these amounts are averages, they are not always so accurate. However, you can change the values stored in your scales computer! See our instructions in this issue.) The Soehnle computer scale can also memorize what you've eaten during the day and give a readout of your entire day's intake of carbohydrates and other nutritional values.



Smart Scale Tricks

The Soehnle Diet Computer Scale can do much more than just weigh your food. It can, when the correct food code is entered, give you an instant reading of the amount of carbohydrates in your specific meal. But if you use your own brain and FWD's tips, this clever scale can be a really spectacular tool. Let's explore some of the ways you can take advantage of your scale.

Adding New Foods to the Soehnle Scale

You baked your favorite cake. You figured out the carb amounts of each ingredient, weighed the finished product, and discovered the cake's carb factor. Now, there is even a way you can add this food to your Soehnle diet computer scale. Whenever you feel like having a slice of the cake, you will be able to cut any portion size, enter the correct code number onto your scale, weigh it, and know instantly how many carbohydrate grams the slice contains.

Instructions:

Note: The words that appear in italics are from the scale's manual. Our comments and examples follow.

➤ *If you wish to change the foods programmed into the diet computer, first of all enter the code number of the food to be changed.* You will have to choose an existing number of the scale's database; you can not add new code numbers. Choose the code number of a food you never eat, one that isn't kosher, or one that contains only protein and fat, as it is not necessary for us to know the nutrition values of these foods. This will now become your personal code number for this particular cake.

For example, you might choose to use the meat section of the Soehnle database. Since meats contain no carbohy-

drates, you can change all code numbers for meat to reflect the nutrition values of your own homemade recipes.

A time-efficient idea is to find the code number of a food you don't eat that has a carbohydrate value which is the same or similar to the food you would like to add. Simply write down the code number and use it for the homemade food. For example, potato latkes have an ECF of 0.15. You will find that code #089, potato salad with mayonnaise dressing, also has a carb factor of 0.15. You can simply weigh your potato latkes and enter code #089 for an accurate reading of its carbohydrate content. (It is true that any other nutritional values for the latkes, such as its protein and cholesterol content, probably differ greatly from those of the potato salad. But that's okay, since we are only concerned that the carbohydrate reading be accurate.)

As you add more and more homemade foods to your scale's database, don't forget to list in a safe place all the foods you have added and their corresponding code numbers.

➤ *Press the 'INP' key.* Pressing this key means that you have entered INPUT mode. You can now add or change values in the scale's computer.

➤ *Press the key for the nutritional value concerned.* The respective value flashes and can now be overwritten. Key in the value

(continued on next page)

(*Smart Scale Tricks — cont. from previous page*)
per 100 g of weight or liquid density. The only nutritional value we wish to enter for this new food is its carbohydrate content. In fact, we have not even figured any other values for this recipe, as we are concentrating only on carbohydrates. So, if you wanted to enter the carbohydrate content of the Yom Tov cake we baked, press the carbohydrate key (represented by a stalk of wheat on the scale) and enter the number 35.

A word of explanation is in order here: Carb factors are a percentage, which means that they represent the amount of carbs a food contains per 100 grams. Any slice of this cake will contain 35% (or 0.35) carbohydrates, but a 100 gram slice will contain EXACTLY 35 grams. Since we are told to enter the carb amount per 100 grams, we will put in 35 without the decimal. [Note that Israeli foods are labeled with nutrition facts figured per 100 grams. So you can enter into your scale the exact amount of carbohydrates stated on the food's packaging.]

Please take care to enter all of the digits when making manual entries, including digits after the decimal point. Carbohydrates must be entered as 3-digit values excluding the decimal point. For example, if 100 grams of a food contains 3 grams of carbohydrate, enter "3.00". (Remember that this is true for carbohydrates. You might need to enter different numbers of digits for other nutritional values.)

➤ Pressing the key once more will confirm the nutritional value in the display. The entered value stops flashing and is transferred into the food memory. Once you have entered the number 35, press the carbohydrate key again. This value is now stored in your computer scale.

➤ If you do not know the nutritional value for a particular component of a food, press the 'MR' key until five horizontal dashes appear in the display. The scale has the capacity to store five nutritional

values for each food entered: Carbohydrates (represented by a stalk of wheat), fat (represented by an oil drop), protein (pictured as a cracked egg), cholesterol and kilocalories. We have put in the amount of carbohydrates contained in this cake, but what happens with the other four values? Since we don't know them, we will follow the instructions given: press a nutritional value key, press the 'MR' key until five dashes appear, and then press the same nutritional key again. Repeat this procedure for all four nutritional keys.



➤ After entering all of the nutritional values, the required food is programmed. In this way you can edit the values for the pre-programmed foods in the diet computer to suit your requirements.

By pressing the 'INP' key you can end the input mode at any time. If nothing is entered within 10 seconds, the scale also reverts to normal weighing mode. The changed values have now been stored.

The next time you feel like tasting a piece of your home baked cake, just place your slice on the scale, enter the code number you had decided on, and then press the carbohydrate key for an instant reading of the amount of carbs contained in your serving!

If you wish to receive instructions in YIDDISH on adding foods to the Soehnle database, please contact FWD at (845) 352-7532.

When figuring the carb contents of a homemade recipe:

Note that your scale can even be of aid when you are in the process of figuring the carb contents of a recipe. Your Soehnle scale comes equipped with an accumulator. This memory feature literally accumulates your food intake of the entire day. You can adapt this feature and use it to add up the total sum of carbohydrates in a recipe. As you figure the carb amounts in each ingredient, enter that number into the accumulator. When you are done, the scale will give you a read-out of the entire amount of carbohydrates in the recipe. (Of course, a standard calculator will offer similar performance!)

A Trick with Food Code Numbers:

This idea is an original twist on the basic functions of the Soehnle scale. It will require some time to install, but afterwards, it should prove to be a timesaver. You will never need to look up a code number again, and there will also be no need to program new foods into your scale's database. Best of all, your scale will now have the ability to give nutrition values for much more than the 425 foods it is programmed to contain.

The instructions are easy, but a bit tedious. (Warning: If you don't enjoy math, this technical trick may not be for you!)

(continued on next page)

➤ Following the directions detailed above, change the carbohydrate values for ALL code numbers in your scale's database. You will be entering all possible ECFs, from 0.01 to 0.99 in order, using their corresponding code numbers. Don't forget, however, that you will not program actual ECFs, as you will be entering the amount of carbs per 100 grams of food.

Do as follows: For code number 001, enter a carb value of 1.00 (representing an ECF of 0.01), for #010, you would enter the number 10.0 (representing an ECF of 0.10), for #050 you would program a value of 50.0, #085 would have a programmed carb value of 85.0, and so on...

➤ Whenever you want to eat something, just look up that item's ECF (or, in the case of a homemade item, figure out the ECF yourself). Then, there is no need to find out or program its code number. If you know the food's ECF, you will instantly know its code number, and your scale will give accurate carbohydrate readings.

For example: When looking at our Tu B'Shevat fruit chart, you may notice that scale code numbers are given for only a few of the fruits. What if you want to eat a pomegranate, which does not come programmed into the scale? This tip would eliminate such occurrences, as you now have every possible food programmed into your scale! You would simply enter code #017 (as the ECF of pomegranates are 0.17) and discover the exact carbohydrate content of your portion.

Another example: Potatoes are being served for supper. Normally, you would need to look up its code number and enter the meaningless #082. But now, you would enter #015- the code number which reflects the ECF of potatoes, 0.15. The numbers should be much easier to remember, as they now carry substantial significance and represent the actual effective carb factors of the food you will be eating.

(Smart Scale Tricks — cont. from previous page)

➤ A shortcut would be to program only 20 new entries, putting in the carb factors in increments of five. So you would change the carbohydrate values for #001, #005, #010, and so on... When you want to eat something, round that food item's ECF, and press the appropriate code number.

If you wanted to eat fresh figs with an ECF of 0.16, you would round that number to approximately 0.15, and enter code #015.

Later, if the opportunity arises, you can take the time to enter all the code numbers so that your readings will be more precise.

Instant Insulin Dosing!

How would you like to press one more "magic" button on your scale so you know not only the amount of carbs your portion contains, but also exactly how much insulin you need to administer to cover them adequately?

Of course, the magic won't work without education! The first step is to know your personal insulin-to-carb ratio. You will program this ratio into the scale using the 'BE'- Bolus Equivalent key, and it will automatically do the math for you. Turn living with diabetes into some high-tech fun!

[Note that the makers of the Soehnle scale really created the 'BE' key to give dieters the Bread Equivalents of the foods they consume. One slice of bread was programmed to equal 10 grams of carbohydrates, so if a dieter was eating a cupcake containing 30 grams of carbohydrate, s/he could press the 'BE' key and find that this treat would count as 3 breads in his/her diet plan. FWD has adapted this feature to aid in insulin dosing, thus the new initials, "Bolus Equivalent". Of course, using the 'BE' key in this manner is not guaranteed by the scale manufacturers, as they had a complete different use in mind. However, common sense tells us that this should work.]

Keep in mind that for the 'Bolus Equivalent' feature, your insulin-to-carb ratio will need to be entered as a four-digit decimal. If you thought elementary school math was boring and unimportant, here's how to do it. Think: how many grams of carbohydrate can you cover with one unit of insulin? Just divide the number one (1) by that number to turn it into a decimal.

For example: You can cover 15 grams of carb with one unit of insulin. You will calculate 1 divided by 15 and see that 15 is expressed as a rounded decimal of 0.067. Enter this number into the Soehnle computer scale.

Likewise, if your ratio is 1:20, divide the number 1 by 20, and enter the decimal 0.050.

Instructions:

➤ If you are using an insulin-to-carb ratio of 1 unit of insulin for every 10 grams of carbohydrate, then you do not need to change anything programmed into your scale. Simply weigh your portion of food and press the 'BE' key. You now know exactly how many units of fast-acting insulin to administer to cover the portion you weighed!

However, if you use a ratio other than 1:10, you will need to change the factory settings of your Soehnle scale.

➤ Turn your scale on and enter INPUT mode by pressing the 'INP' key. Then press the 'BE' key.

➤ Enter the amount of carbs you can cover with one unit of insulin. Remember to convert the whole number to a decimal of four digits!

➤ Confirm your entry by pressing the carbohydrate (stalk of wheat) key.

➤ Now press the 'INP' key once again and you are back to the regular weighing mode.



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Friend to Friend


For the Forgetful Pumper

Parents of very young children with diabetes are often advised to bolus for a meal after it is eaten. Sometimes this is recommended even for adults, especially when eating a high-fat meal, or for those suffering from gastroparesis (delayed stomach emptying). The problem that often arises in such cases is that people forget to administer the bolus. This can have dangerous consequences, especially if it occurs a bit too frequently. Even if there wasn't such a large dose of missed insulin, many people will need an even greater bolus to make up for the missed amount. It seems that when insulin is administered in anticipation of a BG rise, it is more affective than when taken later, when blood sugars are already high. (To quote the well-known wisdom, "An ounce of prevention is worth a pound of cure.") If you find that you or your child is forgetting to bolus after eating, try the following:


W I N T E R ' 0 2 ' 0 3 A S T R O N O M I C A L


-  Remove your pump from your pocket, belt, etc., and leave it on the table as long as you are eating. Having the pump in front of your eyes throughout the meal will surely serve as a reminder to administer the necessary insulin.

-  Alternatively, you can try keeping your log book or even an attractive-looking notebook on the table while you eat. Don't put it away until you have jotted down your meal, its carb content, and the amount of coverage it requires. This trick is also useful for the forgetful BG logger!

-  There are several watches available with multiple alarms that can be preset to sound at the times you usually eat a meal. Some computerized watches can

even be programmed to read "BOLUS". One example is the Ironman watch by Timex that can be bought at major department stores for under \$50.

-  If you have eaten a meal with an unusually high fat or protein content, you may require additional insulin several hours after eating. (Or, you can use a square wave bolus. See "Extending your Bolus" below.) You can use your pump as an "alarm clock" to remind you to bolus. All the pumps have an auto-off feature, meaning that the pump shuts off after a preset amount of time during which no buttons are pressed. The pump will alarm at that time. So, if you will want to take additional insulin two hours after eating a meal, you can program the auto-off to beep after two hours, as a reminder to bolus. Keep in mind, however, that if this alarm is not turned off in time, the pump will go into suspend and you will be missing not just boluses, but basal rates too.

-  If you don't like any of the above ideas, there's still hope! The new Cozmo pump by Deltec which is now in the making features alarms to remind pumpers to bolus.

Missed Insulin

Do you think you missed some infused insulin while taking a shower, etc.? When disconnecting from the pump, you can check the daily total before and after disconnecting, and program a bolus for any amount missed.

Many people also feel more confident if they bolus an extra 0.3 units before reconnecting, and see the drop of insulin come out.


Suspending Silently

Many pumps, such as those produced by Disetronic and Animas, alarm continuously while the pump is in suspend/STOP mode. How can you eliminate these beeps?

-  For the Animas R-1000: Instead

of using the pump's suspend mode, one should use a Temporary Basal set at OFF. If you scroll far enough down the negative numbers, you'll see the OFF option. Be sure to use GO to insure that the pump is using that TEMP basal. Note that this will work for up to 12 hours. If you need to stop insulin delivery for a longer period of time, just remove the pump batteries. (The Animas pump will save all your settings and basal rates even without the batteries.)

Alternatively, just go to the basal setup and set the basal to deliver zero units/hour. If you have a profile that you have not yet set or played with, it should be at zero. This profile will now be your suspend/STOP mode. Just pick that basal profile and GO with it.

-  For the D-Tron: To switch off the STOP (suspend) warning, hold down the "check" button for 3 seconds. At each change to the RUN mode, the STOP warning is automatically reactivated. In other words, you will get the alarm again the next time you STOP your pump, but you can easily switch it off again by pressing the "check" button.

Extending your Bolus

Although you may initially be overwhelmed by the various bolus options on your pump, bear in mind that they may be very useful. As many pumpers relate, the square wave bolus is particularly helpful for covering foods such as pizza and macaroni and cheese that contain large amounts of fat and protein. When munching on nuts, for example, you might program a square wave of one unit over an hour. The square wave is also indispensable when you are eating a heavy meal. Some people have even found that snacking on popcorn requires a square or dual wave bolus. It pays to experiment! The only price you will pay is better BG control!

NovoLog Cartridges

Some people have found that NovoLog


helps control their blood sugars better than any other rapid acting insulin. Many pumpers have therefore used NovoLog cartridges in the D-Tron with no problems reported. However, do bear in mind that the company does not endorse such use, as the cartridges are not sized precisely for fitting this pump.


Your Sites Can Stick Longer


Are your sites coming off too early and too easily? Do standard brands of tape irritate your skin? I first discovered Tincture of Benzoin when my doctor used it to hold steri strips and tape on my skin following surgery. This very sticky spray or liquid is a non-expensive substance, available in many local pharmacies. You will need to get "Compound" Tincture of Benzoin, which is stocked in some pharmacies under the name of "Friars Balsalm". I apply it under my site tape and my sites now hold for much longer periods of time. An additional bonus is that I no longer develop the rashes I used to get under the tape. I did find that Goo-Gone is sometimes necessary to help me remove those sticky sites.

If you are on the GlucoWatch


Some friendly tips from GlucoWatch users:

 I usually wear the watch so the contact pads are not in the center of my arm where they could stimulate the superficial radial cutaneous nerve. This would cause tingling in the back of the hand and wrist.

 I have discovered that the skin irritation from the autoSensor is worse if you remove it according to the manual instructions. The way I did it is to remove the autoSensor from the GlucoWatch first and only then did I remove the sensor from the skin, with the help of Goo-Gone. It came off much easier.

 The GlucoWatch can not be worn on a hairy section of the arm as this interferes with the watch's readings. You

can do as I have done and wear the watch on the bottom, smoother side of the arm.

 I wore the GlucoWatch higher up on my arm so that it didn't become wet when I washed my hands for netilas yadain, leading to a malfunction. Also, as mentioned in the manual, that area of the arm is usually less sweaty, and therefore does not cause the watch to skip readings.

Low Carb Baking

For those who normally use sugar substitutes when cooking and baking, there are times when you will be tempted to use real sugar for reasons other than its sweetening properties. For example, sugar gives cakes their fluffy texture and prevents ice cream from freezing to a solid rock. In these instances, artificial sweeteners simply will not measure up. We have found a product called DiabeteSweet which is a mix of Isomalt (a modified sugar alcohol) and ace-k. It is great for baking, browning, and making syrups and ice cream. Just remember that it does contain some carbohydrates, about 1/4 the amount contained in sugar. It is also a sugar alcohol, which means that it can have unpleasant affects when used in quantity.

Pre-meal Dosing

Many of us have been advised by our doctors not to eat until our pre-meal blood sugars are within an acceptable range. We are told to check before eating, administer additional insulin if BGs are high, and then wait until they have fallen considerably. I frequently find myself just sitting in front of the food, mouth watering, and waiting for my BG to crawl into range before finally allowing myself to partake of the meal. I recently came up with a solution: I regularly check my blood sugars a half hour before meal time. (With today's fast and convenient meters, this causes no interruption in my work.) If my BGs are high, I administer the proper cor-

rection bolus. By the time I am ready to eat, my blood sugars are back in the normal range and I can bolus for the food and eat!

RHM comments: We have seen cases (especially in children) in which a correction bolus given right before eating was only HALF as affective as a patch-up administered not at meal time. In other words, you might need double the amount of insulin to bring down a blood sugar right before eating. It pays to bolus in advance!

A Change in Place, a Change in Luck...

Our sages already divulged to us that "meshaneh makom meshaneh mazel" - changing the place [usually of one's home] may affect a change in one's lot. For us diabetics, this saying may have an interesting application...

For the past few months, my blood sugars were running at a constant high. Despite my numerous attempts at changing pump sites and sets, acquiring completely new vials of insulin, paying precise attention to what I ate, and all those endless insulin patch-ups... there was absolutely nothing I could do to get those numbers into the normal range. Understandably, I was getting increasingly baffled and frustrated, and my medical team began suggesting that I might need to take an insulin sensitizer (such as Avandia or Actos) or perhaps I would need to cut back on insulin dosing to upgrade my insulin receptors. As a last-ditch attempt, my doctor advised changing my pump sites to a completely different area of my body. Wonder of wonders, it worked!!

If you are having unexplained high blood sugars over a period of time that do not respond to site or insulin changes, it may be that the skin at your usual injection area has lost some of its absorption power. You might need to experiment with a different place... and improve your lot!





Special for Parents

Only special parents are blessed with special children with diabetes! This section is dedicated to all those indispensable, irreplaceable parents of diabetic children...

he does not have is regular soda and juice. As far as we are concerned he can eat what he wants, when he wants, as long as he tests and boluses for what he eats to the best of his ability. We feel that this keeps things very honest and above board. We try pointing out to him the foods he really doesn't do very well on and the ones he does better on. Right now we are leaving the choices basically up to him. We find that he doesn't go higher from sugar or nosh when he boluses properly.

A good tip we have learned is to treat lows with Winkies only. This keeps our son from trying to go low in order to be able to eat sugary junk.

We insist he does everything his peers are doing. He goes to camp, away for Shabbosim etc. On Purim he has always been more or less under control. (We haven't had to deal with alcohol or smoking yet, but guess we will cross that bridge when we get there.) He understands that he must wear medical ID and carry a test-kit, Winkies, a small vial of insulin and a syringe wherever he goes. He also leaves a test kit in Shul and anyplace he will be eating or sleeping on Shabbos.

Our son has matured and grown, both despite and because of his illness. We hope that, as he matures further, he will realize the importance of avoiding certain foods that he would be better off without. We would wish that no one ever have to deal with such a condition in the future. Meanwhile, we bask in the Nachas of a son who is such a mentch!

S. and I. S.

From Parent to Parent

A letter from the parents of a diabetic teenager:

Our son was diagnosed at age 10 1/2 over three years ago. It seems almost like yesterday... He was in the sixth grade, but seemed to be lethargic and lazy; it was as if summer vacation had never quite left his system. On Shabbos Shuva, we were arguing. We told him he needed to remain focused on the material we were reviewing, and he agreed. Not five minutes later, he asked to use the bathroom again. We refused to let him go

until he finished the particular Rashi we were discussing. He was done in record time, and then took off like a jackrabbit to the bathroom.

Eventually, we suspected diabetes. A Type Two neighbor, just to reassure us, offered to check our son's blood sugars. He was sure the meter had malfunctioned when it displayed a whopping 540!

We remember the conversation we had about going to the hospital... about what we suspected. We remember holding back our own tears and fears while trying to calm a screaming child. We both felt as if we were handed a sentence of cancer, CH"V. B"H our neighbor, who is also a social worker, was able to calm our son and show him that diabetes is chronic, but not terminal; treatable, though not comfortable.

He went on the pump one year after diagnosis. Our son is to the skinny side, has B"H never had a severe low, and his A1cs have consistently been in the normal range.

We have never limited his sugar or carbohydrate intake at all; the only thing

CELEBRATE CHANUKAH! Design your insulin pump with Animas holiday and birthday 'stickers'. They are vinyl and reusable so you can interchange, depending on your special day or mood.

A multipack of 5 fashioned stickers of your choice is available by Animas for just \$9.95.
See our full ad on page 6

W I N T E R ' 0 2 - ' 0 3 • א " D ש ב ת פ ר ת ט

Excerpts from letters of encouragement written to parents of a newly diagnosed diabetic child:



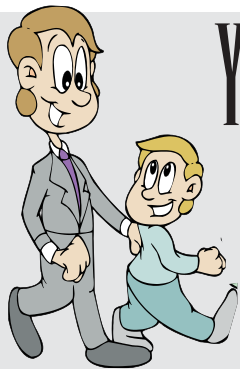
✉ I am a frum Yid with Type 1 diabetes for the past 16 years (diagnosed at age 11), I fully empathize and sympathize with your fears and concerns now that your young son has been diagnosed with diabetes. Being told that your child now has a chronic condition, which he will have for life, is very scary. But at the same time, the knowledge that you can control his diabetes and give him an almost perfectly normal life should be very reassuring. I am sure you are well aware that having diabetes does not stand in the way of anything he could ever want to do, and from personal experience I can assure you that this is true. I've never had a real problem with managing my diabetes even during those most trying work days.

This will be a big period of adjustment for you and your family, but I'm certain that all will go well. Hatzlocha rabba!

A.W.

✉ My son, now 7 years old, has had diabetes since he was 4 and half. He is doing wonderfully, B"H. You are lucky that you discovered FWD so quickly, as it will be a great source of information and support to you. More good news is that your doctor may be willing to give you a pump right away. Although you might be overwhelmed at the thought of a pump, you are being offered the very best standard of care. (You will have to learn how to give injections anyway, so why not just learn how to use a pump right away?) We are seriously considering a pump for our son, as every pumper we know is ecstatic over the change. Im Yirtzeh Hashem, it will get easier, and may your son have many years of health and happiness until 120.

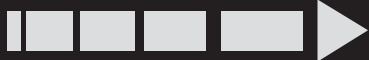
C.L.



You know you're the parent of a diabetic child when...

- ☞ You grab the meter after cutting YOURSELF — that big drop of blood's just too perfect to waste!
- ☞ You don't care about the nutritional content of the food you're buying, just about the amount of carbs per serving!
- ☞ You've forgotten what the phrase "good night's sleep" means.
- ☞ You glance at the digital thermostat, which reads 68, and immediately run for glucose tabs.
- ☞ You look at all children's wrists to see if anyone else is wearing a medic alert bracelet.
- ☞ You base your entire self-worth on your kid's last A1C!
- ☞ Your husband's beeper goes off and the first thing you check is the insulin pump.
- ☞ New diabetes-related technology (GlucoWatch, etc.) is more exciting than a new car or kitchen gadget.
- ☞ Your non-diabetic child complains of a low in order to get some candy.
- ☞ The top shelf in the refrigerator door is reserved for bottles of insulin instead of eggs.
- ☞ You reach for measuring cups as serving spoons, even when the child with diabetes isn't home.
- ☞ You find yourself arguing with your daughter because she WON'T eat her ice cream before she goes to bed!
- ☞ Your child learns to count backwards before learning to count forward — by watching his/her meter countdown.
- ☞ When asked by someone if they can borrow a pen, you reply, "H or NPH?"
- ☞ "An apple a day" is not to keep the doctor away, but to offset the insulin peaking.
- ☞ You clean the lint trap of your clothes dryer and find a bunch of test strips.
- ☞ You're up at 2:00 a.m., trying to coax your child into drinking some juice to treat a low, and you immediately wonder how many other FWD parents are up doing the very same thing.

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Halachah Tidbits



Carrying on Shabbos

There are instances when a Jewish diabetic may- and should - carry certain items outdoors on shabbos, even in areas without an eiruv where carrying would normally be forbidden. The following are some clarifications on the subject:

Surplus Insulin

Moshe asked an interesting question: Rabbanim have ruled that one is allowed to wear the pump outside on Shabbos, even in a neighborhood that does not have an eiruv. However, he wondered, would one be allowed to carry the pump if his reservoir is filled with more insulin than he would need on Shabbos?

Our Rabbanim ruled that this would not be an issue, and one would be allowed to carry the extra insulin, provided that he does not do it with the specific intention that he will use the insulin after Shabbos.

The same would apply for those who find it necessary to carry an insulin vial outdoors on Shabbos. Any size vial or cartridge, containing any amount of insulin, may be carried, regardless of the amount of insulin actually needed on Shabbos.

Syringe or Insulin Pen?

To minimize the prohibition of 'carrying', would it be preferable to carry an insulin pen with the needle attached (1 item) as opposed to separate insulin vial and syringe (2 items)?

Rabbi Weissmandl ruled that the insulin pen would be the better option, if possible and practical.

For Pumpers

A pump's remote control may be used on shabbos the same way one is permitted to use the pump. However, it is not permissible to carry the remote outdoors on shabbos, even with a shinui.

More about Meters on Shabbos

The Freestyle Meter

Claims have been made on the media to the affect that the Freestyle meter would be the preferred option on Shabbos. Our Rabbanim have researched the matter and concluded that the Freestyle would in fact have no apparent advantage for use on Shabbos.

Advantage or Disadvantage

Note that the AccuCheck Advantage meter has a distinct drawback on Shabbos, as it does not turn off by itself. Since this meter requires the user to turn it off manually, it would be advised to refrain from using this particular meter on Shabbos.

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במדרש, אין לך כל עשב ועשב מלמטה
שאין לו מזל ברקיע שמכה אותו ואומר לו גדל

The Midrash says;
Each and every blade of grass is struck by a heavenly messenger who commands it "grow!"

Growing Pains

By B. Gertner

*Stands a field awash in green,
A lively, vivid, luscious scene,
This dancing, swaying, vibrant mass,
Of young and carefree strings of grass.*

*Cautiously, unsure at first,
They struggled through the earth and dirt,
And now, at last, the rays and streaks,
Of friendly sunshine warm their cheeks.*

*The darkness comes, it seems, too fast,
And fear blankets the blades of grass.
Shivering, they now behold,
Brilliant angels bathed in gold.
Wings arch out, inflicting dread,
And firmly hit each frail head.*

*How innocent, these blades so new!
Their tears emerge like pearls of dew,
Pained and fearful, voices bleating,
"Do we deserve this heavy beating?"*

*But, says the Midrash, there and then,
The angels whisper a command of Hashem,
Stronger than hail, gentler than snow,
"Grow my little seedling, grow!"
And comes the early morning dawn,
Growth has touched this tired lawn.*

*The scene takes place in time and space,
That earthly eyes can't penetrate,
But still, I think, it's surely true,
The angels' words can reach us too.*

*Though times are hard, the pain is strong,
Our Master says: "You see it wrong!
You're hurt and scared and weak, but know
That now, my child, you can grow!
The hardships will not last too long,
You'll greet the dawn yet, tall and strong!"*



As you travel through the streets and highways of life we are often baffled at the interesting sights you are left a passenger wondering about the places you observe the phenomena you witness sometimes when the streets turn expectedly when the traffic is heavy when the signs are passed too quickly to read and understand when the road symbols are too difficult to decipher your trusting heart pounds with questions and you sigh even cry for you so wish you could put this puzzle together.

Roads seem to twist without rhyme or reason but passengers don't question sometimes they even fall peacefully asleep for we know without doubt that the driver is a father our father and none other than he alone has made all the highways and roads and signs and signals and only he understands his plan for only he alone is perfect indeed and is ever so carefully driving us all to a beautiful and sure destination!
Have a safe journey!
S.L.

W I N T E R ' 0 2 ' 0 3

I THINK I CAN!

Think big and you'll grow,
Think small and you'll fall behind,
Think that you can and you will,
It's all in the state of mind,
Life's battles don't always go,
With the strongest or fastest man,
But sooner or later,
The man who wins,
Is the fellow who thinks he can!

Everyone has one - a well-intentioned friend or family member who is a master of misinformation. The neighbor who gasps, "You're eating that?!" or the cousin who confides, "At least you don't have the serious kind of diabetes."

Next time, make the occasion an opportunity for education rather than frustration. Pass along the most common diabetes myths and the real story behind them.

1) Eating too much sugar causes diabetes.

There is absolutely no link between sugar consumption and diabetes diagnosis. Obesity is a risk factor for type 2 diabetes and insulin resistance, and overweight individuals may be stereotyped as big "sweet" eaters, which could be one way this myth is perpetuated.

2) People with diabetes can never eat any sugar!

According to ADA guidelines, refined and natural sugars can be enjoyed by people with diabetes as long as the carbohydrates they contain are calculated into the total allowance of carb grams for the day. Many people are surprised to find that a 1/2 cup of potatoes will make blood sugar levels rise about 3 times higher than a teaspoon of refined sugar.

3) People with type 2 diabetes don't have to take insulin.

Sometimes, even with the best efforts, diet, exercise, and/or medication fail to keep blood glucose levels

Top 10 Myths & Misconceptions ABOUT DIABETES

in an acceptable range in people with type 2 diabetes. Insulin injections give these people the control they need to enjoy a healthy and more enjoyable life.

4) Kids only get type 1 diabetes.

Unfortunately, rising rates of childhood obesity have resulted in an increase in the incidence of type 2 diabetes in children, once considered an "adults only" disease. On the flip side, someone may be diagnosed with type 1 diabetes in adulthood.

5) Type 2 diabetes is not as serious as type 1 diabetes.

Both type 1 and type 2 diabetes can lead to the same array of diabetic complications, if not treated properly. Diabetes of any type is controllable and livable, but must be cared for seriously.

6) You can be cured of diabetes if you're able to go off medication. Or, if you have juvenile (type 1) diabetes, you'll outgrow it anyways as you mature!

The only current "cure" for diabetes is a pancreas or islet cell transplant. If someone is able to manage diabetes through diet and exercise and without medication or insulin, s/he is still diabetic. And, unfortunately, while type 1

7 Simple Steps for losing your FRIENDS WITH DIABETES

(Also works great for parents, siblings, etc.)

1. Frequently lecture them on how to manage diabetes properly.
Example: "Should you be eating that?"
2. Dismiss any negative emotions as mere signs of changes in blood sugar levels.
Example: "You seem upset. Maybe you should check your blood sugar."
3. Find ways to treat your friend as if he or she was fragile or stupid.
Example: "While eating dinner away from home, announce that your friend has diabetes and s/he must eat now. In other words, treat your friend as if he or she is a child, without considering his/her desires."
4. Blame your friend for all high or low blood sugar readings.
Example: "Why are your sugars so high now? What did you do this time?"
5. Undercut all attempts to effective self management by being a helpful saboteur.
Example: "You deserve some time off your regimen. Have a piece of pie."
6. Offer meaningless encouragement which is less than helpful.
*Example: "I know exactly how you feel."
Example: "It's going to be better soon."
Example: "You're not that bad compared to..."*
7. Dismiss any concern your friend may have.
*Example: "It could be worse; you could have severe ailments ch"v."
Example: "Diabetes is not that difficult. All that is necessary is to take insulin."*

diabetes often develops in very young patients, it is there to stay until the cure will be discovered.

7) Borderline diabetes or "a little sugar" is nothing to worry about.

With diabetes, it's either all or nothing. The term borderline diabetes actually refers to impaired glucose tolerance (IGT), a precursor condition to type 2 diabetes. Today, the medical community avoids using this as a diagnostic term, in part because it understates the importance and risk of IGT.

8) It's dangerous for people with diabetes to exercise.

Exercise is a basic cornerstone of diabetes management. While strenuous physical activity can drive blood sugars lower, and there are certain precautions someone with diabetes should take before exercising, exercise is critical to long-term blood glucose control and a healthy body, mind, and spirit.

9) Having diabetes means a strict "diabetic diet."

There is no such animal as a "diabetic diet." People with diabetes are encouraged to eat the same variety of healthy foods as the rest of the world. (Or, to put it another way, the rest of the world should be getting just as much encouragement as people with diabetes do, to eat healthy foods.) They do need to pay close attention to food labels and amounts in order to keep their total daily intake of carbohydrates at an appropriate level. However, as long as carbohydrates are properly balanced with insulin, there is no need to restrict carb intake.

10) Women with diabetes shouldn't have children.

A woman who maintains good blood glucose control can enjoy a normal and healthy pregnancy and give birth to a completely healthy baby. Nursing is also a viable option for a diabetic mother.

It's a calm winter morning, the house is almost silent, and the clock is calmly ticking in the kitchen. And then the phone rings.

THE CURE

It's your endo's secretary on the line, but her voice sounds strangely unreal and half hysterical with excitement. In one breath, she exclaims, "Hello?"

CAN YOU COME DOWN TO SCHEDULE AN APPOINTMENT FOR YOUR CURE?"

“Wow! What a question! I'd call up all of my diabetic friends and have a huge party. I'd make sure that everyone ate and ate and didn't worry about their blood sugars, but, I wouldn't just serve junk food, since that is bad for even non-diabetics! Honestly though, I think I'd miss diabetes a little bit. I've been diabetic since I was seven years old. I don't remember not being diabetic. It is a part of my life now. It has taught me a lot of responsibility. I'd be a totally different person if I had never been diagnosed.”

What would be your reaction?

A similar question was asked at a survey conducted several years ago. Here are some of the answers:

“I will try to help those who can't afford diabetic supplies and/or afford to be cured from this sometimes annoying condition.”

“I will probably go out and get a whole load of sugar and eat it until I'm sick. Then I'll stay clear of it for a while.”

“Us at FWD will have just one little technicality to arrange: We'll have to change the organization's name to Friends Without Diabetes!!”

For all diabetics out there who have an incurable sweet tooth: Beware! There are times...

When Ice Cream Isn't Everything

In the days when an ice cream sundae cost much less, a ten-year-old entered a hotel coffee shop and sat at a table. A waitress put a glass of water in front of her. "How much is an ice cream sundae?" she asked.

"Fifty cents," replied the waitress.

The little girl pulled her hand out of her pocket and studied a number of coins in it. "How much is a dish of plain ice cream?" she inquired.

Some people were now waiting for a table and the waitress was a bit impatient. "Thirty-five cents," she said brusquely.

The little girl again counted the coins. "I'll have the plain ice cream," she said.

The waitress brought the ice cream, put the bill on the table, and walked away. The girl finished the ice cream, paid the cashier and departed. When the waitress came back, she began wiping down the table and then swallowed hard at what she saw. There placed neatly beside the empty dish, were two nickels and five pennies — her tip!



Sweet Success

At home, Yisroel is very proficient at carb counting. He uses his reliable tools — eyes, scale, measuring cups and spoons — to figure the amount of carbs in his meals. However, Yeshivah poses a problem. Since Yisroel did not want to bring measuring tools into the lunch room, how could he accurately figure how many carbs his lunch contained?

Resourcefully, Yisroel came up with a solution to his dilemma. Instead of using measuring cups, he estimated food amounts by pouring his portion into regular plastic cups.

This simple and unobtrusive method will surely come in handy for many of us, in various situations. If you know the amount of carbs contained in an 8 ounce serving of a food, you can measure your portion in any sized cup.

Do the following simple calculation: Look up the carb amount of that food per 8 oz. serving. Divide this number by 8 to derive the amount of carbs in every ounce of that food. Then

multiply by the amount of ounces in your portion.

FOR EXAMPLE: 8 ounces of corn flakes contains 24 grams of carb. 24 divided by 8 would be 3. So we know that one ounce of corn flakes has 3 grams of carb. We can now figure 15 grams for 5 ounces, 21 grams for 7 ounces, and 18 grams for 6 ounces. If your portion of corn flakes fills a 7 ounce plastic cup to the top, then you will be eating 21 grams of the cereal.

Yisroel would routinely scoop up his portion of food using paper cups instead of the serving spoons provided.

Alternatively, he used a soup ladle, which has a half cup capacity, to remove his serving of food.

He devised the following chart for easy reference in Yeshivah:

		OUNCES			
		8	5	7	9
FOOD	Milk	12	8	11	14
	Orange Juice	27	17	24	30
	Corn Flakes	24	15	21	27
	Ferfel	40	25	35	45
	Noodles	35	21	24	39
	Potatoes	36	22	31	40

We have come up with a formula that can be used in a program such as Microsoft Excel. If you know how many carbs a food contains in 8 ounces, use the following calculation:

A = amt. of carbs per 8 oz. cup

B = Formula (see below)

A / B = carbs

FORMULAS:

For 5 oz cup: 1.6

For 7 oz cup: 1.142

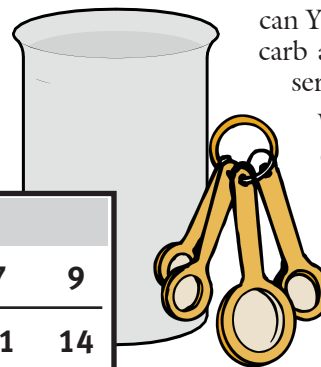
For 9 oz cup: 0.888

FOR EXAMPLE: How can Yisroel calculate the carb amount in a 7 oz. serving of rice?

We know that an 8 oz. cup of rice contains 45 grams of carb. (This is A.)

The formula for a 7 oz. cup is 1.142. (This is B.)

Yisroel would divide 45 by 1.142, to reach the correct number of 39. He now knows that a 7oz. serving of rice contains 39 grams of carb.



א ב ג ד ה ו ז ח ט י כ ל מ נ ס ע פ צ ק ר ש ת

I always knew in the back of my mind that my family had a history of diabetes. I also knew that I was a bit on the heavy side... alright, grossly overweight, and that obesity could lead to diabetes. But, I had always thought I was as healthy as a horse. A forty year old, very obese horse. A forty year old, very obese horse with high blood pressure, cholesterol problems, asthma, and now, diabetes. It was time to face it; most horses in my condition are sold in little bottles labeled Elmer's.

Other problems started appearing. My vision got so bad that I could have been classified as legally blind. I always had joint aches and pains, and

my fingers and toes would tingle and freeze. Combine this with the fact that I was rushing to the restroom every twenty minutes, and I couldn't go anywhere without a bottle of water by my side. I knew I had to see the doctor.

The doctor's visit confirmed my suspicions. My blood glucose was 640 mg/dl and my HbA1c was 17%. My blood pressure was 165/105 and my HDL, the "good cholesterol" which protects the heart, was only 21. The single piece of good news was that I weighed in at 230 pounds - down

Going Forward 2 Success

By D. Weintraub

from 270. Apparently, I had lost 40 pounds due to my diabetes. For the first time in my life, I had to face up to the fact that I was physically very, very ill.

My health today is a study in contrast. My HbA1c is 4.9%. My weight is down to 170 pounds and my HDL is up at 61. My blood pressure averages around 120/75 and my resting

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(Going Forward 2... — cont. from previous page)
pulse rate is 53 beats per minute. In a certain sense, getting diagnosed with diabetes was one of the best things that could have happened to me. The diagnosis woke me up. It made me realize how dangerously ill I had become.

“In a certain sense, getting diagnosed with diabetes was one of the best things that could have happened to me.”

This tremendous changeover in my life did not occur because I possess superhuman strength. I had vowed thousands of times before that I would start exercising, but never followed through. I made constant resolutions to lose weight, but those intentions always lost out to the next order of burger and fries. After a while, I just accepted that I am who I am, and if people didn't like me because I was overweight, that was their problem.

This time, things were different. I suddenly had a clear vision of my future, and it wasn't pretty. Failure was no longer an option, and maybe this provided me with the incentive I needed to stick to my plan, but it also meant that I actually had to have a plan. For the first time in my life, I sat down and analyzed my situation. I asked myself why my previous attempts to lose weight had failed, and what I have to do to succeed.

I can't say I came up with a magic diet plan that will guarantee weight loss, nor did I discover a way to exercise while lying on the couch during a Shabbos nap. There will be difficult situations you will have to go through, and there will be sacrifices to make; there will be times when you will fall, and you will have to be determined to pick yourself up and continue. But that's just part of life, and you've done that before. Below are some tips that I discovered on my way to better health. Maybe they will help you too.

- You are going to be on a diet for the rest of your life.

Sounds scary, doesn't it?

Before I adopted this attitude, diets for me were just a temporary means to lose weight, so I could go back to devouring all the food within reach. Now, I understood that I would have to change my entire way of eating and find a diet that I could stick to. My actual diet is a mixture of low calorie, low fat, and a more moderate carbohydrate intake.

- I began reading nutrition labels and I quickly found that many so-called "healthy items" were much higher in calories and carbohydrates than we thought. I stopped eating that "healthy" 12 grain bread I liked, but which contained over 26 grams of carbohydrates per slice. In fact, I found that I needed to forget about specialized diet food altogether. Most of the time, manufacturers simply replace the fat in diet products with excess carbohydrates. Besides, I

wanted to learn a new way of eating, to get to the point where a syrupy sweet drink is not even tempting. I learned to enjoy the naturally bitter tang of tea and coffee and to associate good flavor with foods that are naturally high in nutrition.

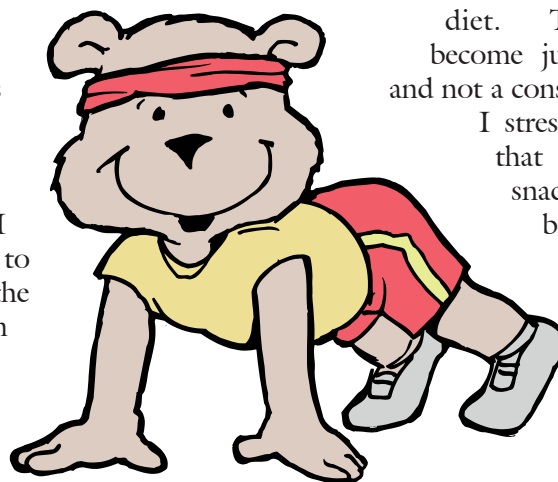
- Everyone in your life is going on the same diet. For years, whenever I was dieting my wife would have to fix me diet food while everyone else in the house ate regular food. I was left feeling constantly deprived. This time, I was determined to change not only the way I lived, but also everyone else's life. I stressed to my family that we weren't going on a weight loss diet or a diabetes diet. We would be eating a healthy diet. Treats would become just that: treats, and not a constitutional right.

I stressed to the kids that if they wanted snacks, there would be plenty of fruit, cereal, and sandwiches to eat.

What really changed was our attitude towards our vegetable friends. Non-starchy vegetable side dishes would no longer be an afterthought, but would become a necessary component of the meal. We found good vegetable cookbooks and started experimenting with new, exotic produce: Chard, mustard greens, broccolini, and others. We learned new ways of cooking vegetables beyond steaming and boiling. To our pleasant surprise, we learned that our kids actually liked vegetables.

- Exercise, exercise, exercise! In his book, *Eat, Drink, and Be Healthy*, Dr. Walter Willet takes on the food

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(*Going Forward 2... — cont. from previous page*)
pyramid. One of the biggest modifications Dr. Willet makes is putting exercise right on the base of his Healthy Eating Pyramid. Reducing your caloric intake without increasing your physical activity will merely put your body into starvation mode. You will be constantly hungry and you will probably metabolize muscle you want to keep and not fat you want to lose. While exercise does NOT replace a healthy diet, it is an essential addition.

Of course, exercise has many other benefits too. Aerobic exercise builds muscle and reduces fat. Since fat increases insulin resistance and muscle reduces insulin resistance, the result is better diabetic control. After just a couple of months of exercise, I no longer needed any diabetic medication.

I found that in order to really benefit from exercise, it must become an ingrained habit. When I first started out, I was too embarrassed by my bulk to work out in a gym, and I certainly wasn't going to jog through the streets. Walking was the obvious solution. A brisk walk can be an excellent cardio-vascular workout, it is gentle on the knees, and most important of all, I could pretend that I was just walking and not really exercising. You can do your walking anywhere: Around the neighborhood, in a shopping mall, at a park, or walking to and from Shul. When I first started out, I could barely walk a mile in 20 minutes, but after a few months, I could cover a mile and a half in that amount of time.

I took at least two walks per day: one right after breakfast and the other following lunch. I decided on this pattern because I figured that I could find the time to do two 20 minute walks per day, but squeezing in a 30 minute walk (30 minutes is the recommended minimum of exercise per day.) would

be much harder. Besides, I also discovered that walking could lower my blood glucose reading by as much as 60 points, and a good walk would keep my post-prandial readings below 120 mg/dl.

Since my blood glucose was the highest right after breakfast and lunch, it was an excellent time to exercise. Sometimes, when the weather was good, I would also take an evening walk to help maintain my blood glucose level.

- Use your glucose meter. My glucose meter became more than a means of testing my blood glucose; it is a means of keeping my entire lifestyle on track. I started testing my blood glucose between eight to ten times per day. A high blood glucose reading would make me trim the amount of carbohydrates I would eat at my meal, or encourage me to put a little more oomph into my walk. It might even encourage me to take a third walk or to go a bit longer than my usual 20 minutes.

I found the meter a great encouragement for exercising since I could immediately see the results. I could watch a pre-exercise reading of 119 mg/dl become a post-exercise reading of 82 mg/dl. The meter reading made

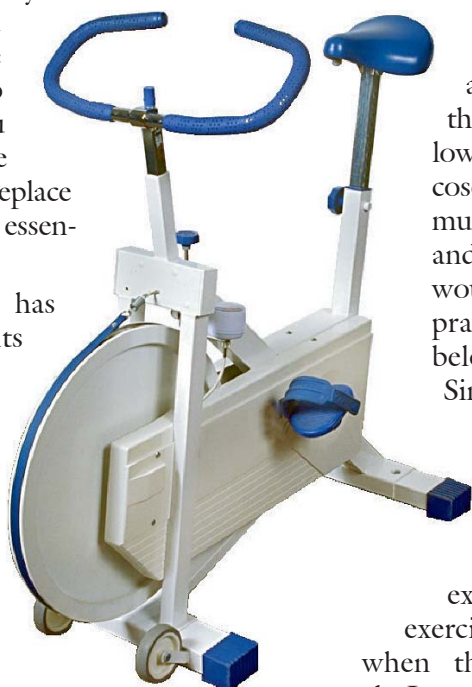
me feel good and gave me the feeling that I was in control of my diabetes.

My life has pretty much changed since my diagnosis. I eat more than I first

“After just a couple of months of exercise, I no longer needed any diabetic medication.”

did when I started my diet because I no longer want to lose weight and I am a lot more active now. However, my diet is still more or less the same as it originally was. In addition, I exercise more intensely nowadays. I run for 25 to 30 minutes and I do a round of weights once per day to help keep my insulin resistance low. I simply don't feel that my day is complete unless I've run at least six miles. Instead of a Shabbos nap, I'd rather take a nice long walk. If invited to a simcha, I no longer make a bee line to the buffet and dessert tables, but spend my time dancing with the crowd.

Most of all, I am happy with my new life. I have more energy and spend more time playing with my kids. My body doesn't suffer from constant aches and pains that I assumed were just signs of getting old. I no longer feel embarrassed of the way I look. Best of all, I am teaching my children good living habits. G-d willing, they will keep on living a healthy lifestyle, and they won't have to go through the distress and pain of getting diagnosed with diabetes in their mid-forties. I'm glad I discovered that I had everything I needed to get my life back under control. All it takes is some reasonable planning and the desire to take that first step ForWarD.



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