

diabetes aware

The Diabetic
Support
Group
Costa del Sol
Newsletter
2010

www.lacaladiabetics.com

Knowledge is Power - get to know your body!



Frank Bowles, co-founder of the Diabetic Support Group

Of course being diabetic is no joke, but don't let diabetes get you down - you can still lead a happy life with this condition - however old you are. Frank Bowles is still playing golf at 77 years old. He has had diabetes for 20 years, had a quadruple by-pass and prostate cancer during this time and still finds life great. 'You have to keep busy,' he says. 'Unhappy thoughts depress you and really get you down. Get out there, join a group, help a charity - anything to keep you active. It works!' Remember! Knowledge and good control are vital to your well-being.

ARE YOU DIABETIC?
Do You Know Someone Who Is?

You are invited to call Anne Bowles
HELPLINE 952 464 184

Newsletter
Written and
Compiled by
Anne &
Frank
Bowles

Mijas-La Cala Lions Diabetic Support Group

Our **HelpLine - 952 464 184** – continues to be a success in supporting diabetics : we are willing to meet and support any diabetic outside our normal monthly meeting times in Fuengirola, Puerto Banus and Alhaurin de la Torre, visiting them at other locations if necessary - we will contact the relevant doctor on the caller's behalf or refer on to our specialist.

If you cannot make a meeting and would like a copy of the Newsletter, you can pick up the Newsletter at the Lions' Shop in La Cala.

Background - The group was founded in 2003 with much help from the local Lions. News was reaching us of newly-diagnosed diabetics who were rarely given the correct information at the local doctor's surgeries. They were often told 'You're diabetic. Take these tablets!' Language barriers did not help and so we decided to begin our support group. The aim was to create a forum where diabetics could meet in a friendly and supportive atmosphere with others who are living with the same issues. It can be frightening to find out you have diabetes but with good control you can learn to live with it... or let diabetes learn to live with you ! Information is essential for all-important self-management so the emphasis has been on education and information about diabetes and related issues e.g.. foot-care and risks of amputation, and other risk factors such as heart and stroke problems and eye care. Important also are the social gatherings and fund-raising in order to be able to assist diabetics. Spain is at present behind the times in some ways with regard to diabetes: the medication offered is often not the latest – to say the least – and a visit to the specialist is rarely offered. With good luck we were introduced to a specialist in diabetes, Dr Francisco M Gomez Trujillo of the Beafranin Clinic in Fuengirola, who had studied in USA. He was saddened by the level of expertise in diabetes care of the local doctors and was hoping to re-educate them and provide his own centre. Bureaucracy is delaying his efforts up to this moment in time and so in the meantime he offers a great deal of information to us as well as specialist consultations with our members. We also have a Finnish Doctor, Dr. Matti Tolonen, a nutritionist, who gives us regular updates on the latest news on nutrition for diabetes and Dr. Pernille Knudtzen who also lectures on well-being and nutrition.



DIABETIC SUPPORT GROUP

Grateful thanks to our team of diabetic nurses who are always on hand to help, Tony, Finola and our Paramedic Georgina. Phone the Helpline if you need their personal attention.

Events & Activities - 2010 -

Meetings

Meetings are open to all those interested in discussing diabetes.

FUENGIROLA

The Ark Fellowship
Las Rampas
Last Friday of the Month
10.30 for 11am

PUERTO BANUS

Sanyres Senior Resort
Avda. Naciones Unidas
First Friday of the Month
11am Start

ALHAURIN

DE LA TORRE
Sol Andalusi Resort
Second Friday of the Month
11.00 for 11.30am

NEWS FLASH!

We have managed to obtain the use of the conference room at the Sanyres Senior Resort in Puerto Banus (opposite the Helicopteros Sanitarios building.) Any new members living in the area should contact Anne Bowles on Tel: 952 46 41 84 or Mobile: 607 879 450 or E-Mail: abowles@terra.es

“GOLF CAN BE A VERY FUNNY GAME”

by Frank Bowles

Retail at 5 Euros

This publication has been sponsored by The Gemini Masonic Lodge allowing all the proceeds to go to the Mijas La Cala Lions Diabetic Support Group. Copies available locally including the Lions Charity Shop in La Cala.



Other generous sponsors include the staff and patrons of SomePlace Else in La Cala Hills and Martin McAteer with his Irish Classic Golf Tournament. Elite Golf Services are holding a 3-day golf event in January 2010 – call Mobile 637 078 880 to enter. Closing date 18th. December 2009.

Getting Started... *Anne Bowles, administrator of the Diabetic Support Group and the Helpline, provides some pointers for the newly-diagnosed diabetic...*

– You are your own doctor ! Your doctor may not always be easily available, so learn to become your own doctor... being informed is the key to control by self-management...

You may feel that, having been recently diagnosed with diabetes, you are bombarded with information, advice and instructions. But the right tips can help you to work out the levels of importance of the actions that have to be taken...

The most important first bit of advice is... Don't panic, Don't get stressed...with good, consistent self-management you will be in control of your condition and able to live a normal life...

Learn about the importance of a healthy lifestyle and how to achieve it and then don't let diabetes get in the way of reaching your goals..

We have many newly-diagnosed diabetics telephoning our Helpline and we always try to meet them for a coffee locally to discuss their condition. Up to then, most of them have had nobody to talk to as unfortunately the local GP only has 5 minutes to allocate to each patient; by contrast in USA the new diabetic would get 3 hours with a doctor and 1 hour with a psychiatrist to help them get into the right frame of mind. There are lots of tips we can offer but here are some of the main ones; come to the meetings for more !

- Taking the blood sample: prick the fingers around the edge of the top. Hold the hands together as though praying and take the blood sample where the pads of the fingers don't touch. Then it should be painless – or nearly!
- Take glucose readings at different times – not just before breakfast. Good time can also be at midnight. Do buy a glucose monitor from the chemist. Don't rely on the visits to the nurse at your Dr's surgery. Sometimes you may be feeling faint or tired – or just not well. This is the ideal time to take your glucose reading, as you are either too high or too low. It is no good having a sweet drink if you are too high or going for a brisk walk if you are too low. You must be your own doctor and you must know what to do.
- Make sure you know what medications your doctor is giving you and ask him what they are for and how to take them. For example some tablets fight the carbs in a meal but you don't take them if you have just had a salad and no carbohydrates.
- Make sure your Dr. orders an HbA1C test for you to assess your blood over the past 3 months. If you are worried you can get this done for a nominal amount at our meetings.
- Make sure the chemist gives you the correct medication. Look at name of product and dosage. Know the shape of each tablet and remember what it is used for. Remember you can change your doctor if you are not happy with him or her! You just have to ask!

What is Diabetes ?

Diabetes Mellitus is a non-contagious condition that develops when the body is not able to convert sugar into energy in the normal way. This is either because not enough insulin is produced by the body or the body is unable to use the insulin properly to process the sugar, called glucose, in the blood.

Glucose comes from the food we eat and is also produced by the liver out of the reserves of food stored in the body.

Insulin is a hormone made by the pancreas, the organ situated just behind the stomach – insulin is needed for the glucose to get into the cells where it is used to provide energy.

Type 1 diabetes is the condition where not enough, or no, insulin is produced by the pancreas – it has to be supplied from outside, usually by injection.

Types 2 diabetes, normally occurring in older people, and often called late-onset diabetes, is the condition where the body cannot use the insulin properly, **insulin resistance**, or not enough insulin is produced.

“**Borderline**” diabetes is not possible – just as “borderline” pregnancy is not possible.

Uncontrolled diabetes can lead to heart attack, stroke, kidney problems, blindness and possibly amputation. The diabetic who controls the diabetes by self-management of lifestyle and decisions about food, medication and physical activity can live life in the normal way but understanding and handling the condition correctly is needed to avoid complications developing.

Causes of diabetes: People tend to think that diabetes is caused by eating sugar, but that is not correct: inherited genes, being overweight and being physically inactive are the main causes of diabetes.

Symptoms of diabetes, or high blood glucose levels, are : frequent urination, extreme thirst, extreme hunger, unexplained weight loss, fatigue, blurry vision, frequent infections. Be aware though, many people have no symptom at all and develop diabetes 2 as many as ten years before it is diagnosed.

For this reason people aged over 45 and especially those overweight should be sure to have **blood glucose tests**.

Correct treatment of diabetes is about not only feeling well day to day but also preventing or delaying long-term health problems which may arise as complications.

Check-ups are important

Check-ups are an essential part of effective self-management, for reassurance that all is under control and to ensure early awareness of any developing conditions.

Please note: the frequency and type of check-ups should be continually reviewed, in consultation with the diabetic's doctor.

As with any project diabetes should be managed correctly and effectively with a written record - a useful way to help do this is to open up a file and keep an ongoing, and up-to-date, note of useful information, contact details for health-care and diabetes-care specialists and an appointments diary with those specialists.

It also a good way to keep a track of physical events, such as changes in blood-sugar readings, blood pressure etc.

The main health and diabetes care specialists which should be consulted on a regular basis to check and maintain good condition of body and mind, and the main tests to be made, are: Endocrinologist, Ophthalmologist, Dentist, Podiatrist, Physiotherapist, Chiropractor, Psychiatrist, Blood-tests.



YOUR DASHBOARD

Keeping an eye on your body's control figures is as important as being able at a glance to check the figures on the instrument display on your car's dashboard - or your aircraft's or boat's cockpit.

A visit to the chemists provides a quick test check:
In Bold: optimum readings for the "average" person

- BLOOD PRESSURE -

Systolic
100 110 **120** 130 140
Diastolic
60 65 **70** 75 80

- CHOLESTEROL -

HDL : over **60** mg/dl
LDL : under **100** mg/dl
TOTAL: under **200** mg/dl

- HOMOCYSTEIN -
(Levels are age dependent,
i.e. raising by age.)
Age less than 60:
7 to 10
Age more than 60:
11 to 13

- BLOOD GLUCOSE -

Fasting
80 - 120

-TRIGLYCERIDES -

under **150** mg/dl

- BODY MASS INDEX -

Men : under **25**
Women : under **22**

Getting Blood-Tests right

When going to the doctor for a blood-test, be sure to ask for the test to cover the following aspects, listed here in Spanish to assist new diabetics, as supplied by the Support Group's specialist:

Dr Francisco M Gomez Trujillo at the Beafnanin Clinic, Fuengirola:

Glucosa: Insulinemia basal; Urea; Creatinina; Acido Urico; Na; K; Colesterol total; Colesterol HDL; Colesterol LDL; Trigliceridos; GOT; GPT; GGT; FA; CPK; IDH; PCR; Fibrinógeno; TSH; Hemograma HbA1c; Ferratina; Homocisteina; B12, Acido folico;

Orina: Bioquímica y sedimento. Urocultivo, si procede; Microalbumina

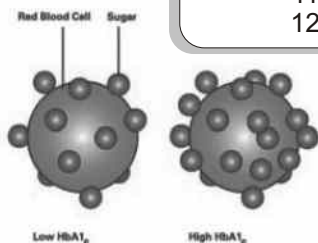
Your three-monthly HbA1c glucose reading:

This is the chart showing how your three-monthly HbA1c glucose reading corresponds to your average daily blood-glucose reading:

Daily reading: **5.5** mmol/l (= **100** mg/dl Spanish) is optimum within a daily range of 80 -120

3-monthly reading: optimum reading is between **6%** and **7%**

<u>3 mth reading</u> HbA1c %	<u>Daily reading</u> Gluc (Sp) mg/dl	<u>Daily reading</u> Gluc (UK) mmol/l
6	126	7.0
7	154	8.6
8	183	10.2
9	212	11.8
10	240	13.4
11	269	14.9
12	298	16.5



Tips and info for care and use of insulin

- When travelling, keep your insulin with you as cabin baggage, don't leave it in the suitcase that goes in the aircraft's hold – the cold will freeze the insulin. Equally, don't leave your insulin in a hot car, or in your pocket on a hot day
- Make sure you do not inject the air-bubble in the pen. Going up and down mountain roads can also possibly change the position of the air in the pen
- If your diabetes is unstable, or brittle, keep a food log for a couple of weeks, noting down when and what you eat, and your readings after each meal and after physical activity
- Alcohol raises the glucose level and if there is no carbohydrate to support it then it will fall to a low level. This is why some poor diabetics appear to be drunk when they are actually having a hypo! Always have something to eat with alcohol, easy to do in Spain with the tapas system

**some diabetics are still getting prescriptions
for tablets and insulin which went into
production 50 years ago!**

- If you just cannot keep your levels between 80 and 120 then you are probably needing different medication. According to recent reports some diabetics are still getting prescriptions for tablets and insulin which went into production 50 years ago !
- Sometimes your readings can be high because you have an infection or stress. Even a gumboil can put you into the high zones. Think about your health and stress levels - you may find the answer there
- Read up on the G I Index and G I Load - the Glycemic Index tells you how each food is rated in terms of glucose release speed and the Glycemic Load will tell you the amount of glucose in each food type, essential guides to help monitor the impact of your meals on your blood sugar levels

*And here are useful web links to continue
accumulating knowledge about your condition –
of which you have taken charge!*

*www.diabetes.org
American Diabetes Association*

*www.diabetes.co.uk
Diabetes UK*



How often to test...

In addition to your regular tests there may also be other times when you should monitor your blood glucose. For example, when you think that your levels are going too high or too low, which could lead to problems such as diabetic ketoacidosis – very high blood glucose levels with a lack of insulin causing poisonous ketones in the blood – or hypoglycaemia.

It is also important to test more regularly when you are unwell because levels can rise even if you are not eating very much.

Other situations include:

- when you are driving; you should always test before you set off and when on breaks from journeys that last two hours or more
- if you are experiencing night sweats or early morning headaches as you may be having hypos during the night

Testing will help you to appreciate how various factors such as food, physical activity and other actions affect your diabetes control. As your levels become stable, you may reduce the number of tests. Ideally, you should test at different times of the day to get an idea of how your levels change during a 24-hour cycle.

If you are not on insulin or certain diabetes tablets that could cause hypos, you should probably be testing twice a day on two or three times a week. As your levels become more stable this may be reduced to testing twice a week at different times.

How often you test will depend on a number of factors:

If you are urine testing, many people test before each meal two days a week. The result should always be negative – a positive result indicates that your blood glucose is probably more than 10mmol/l.

If you are blood-testing and are newly-diagnosed, on insulin or certain diabetes tablets that could cause hypos such as sulphonylureas or prandial glucose regulators, you may need to test about four times a day, before or after meals and before bed. Remember! Test is best – don't leave it to the nurse at the surgery. Do it yourself.



Clinic to work with DSG members

Members of the Diabetic Support Group will be able to access the facilities offered by Clinica Medicare, a “centre of excellence that provides both an innovative holistic approach to healthcare and brings the traditional values and practices of a British Health Centre to the Costa del Sol”.

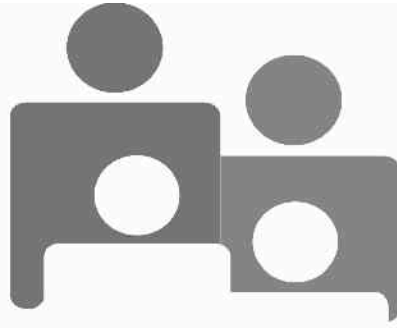
The clinic is a fully legal, regulated and authorised company offering:

- A comprehensive service catering for all your health needs
- Access to highly trained Doctors, Specialists and Nurses
- The latest equipment and facilities
- Highly-skilled complementary therapists
- A care co-ordination centre



Members of the team at the Medicare Clinic

David Donaldson heads the team of highly experienced nurses and complementary therapists along with Lorraine Holywood, the practice manager, who is a nurse with 24 years experience. Nurse consultant, Lisa Hahn, who leads the practice nurses providing a full range of services explains “We work together with the team of therapists to compliment the medical model of care and provide a service that works on every aspect of your being, not just the symptoms, so that you can achieve the most optimum state of wellbeing. All of these therapies are tried and tested and their benefits documented by scientific research”.



Clinica Medicare

A Centre of Excellence for Ultimate Health

A nurse-led service providing an innovative and holistic approach to healthcare that brings the values and practices of a British Health Centre to the Costa del Sol, enabling you to access a service that is familiar.

Community Mental Health Team
Wound Care Clinic
Health Assessments
Weight Management
Dyslexia Assessments
Alternative Therapist
Counselling Service

Care Coordination Centre
Well Women's Clinic
Men's Health Clinic
Asthma Clinic
Hypertension Management
Vaccination Clinics
Nutrition

Diabetes Management

Tel. 952 835776
www.clinicamedicare.com

Located at Edif. Butibamba No. 13
La Cala de Mijas (behind BP Garage)

Glossary of Diabetes Words & Phrases

A1C - A blood test that measures average blood glucose over the previous 2 to 3 months and is the best way to measure overall glucose control. It should be measured 2 to 4 times a year and the goal is less than 7%.

Acanthosis nigricans - a thickening and darkening of the skin in patchy areas in the skin folds of the armpits, neck, or groin, ranging from tan to dark brown. This is usually a sign of insulin resistance.

ACE inhibitor (angiotensin-converting enzyme) - a type of medication used to lower blood pressure and help treat kidney problems related to diabetes.

Basal insulin - the insulin that controls blood glucose levels between meals and overnight. It controls glucose in the fasting state.

Beta cells - cells that produce insulin. They are located within the islets of Langerhans in the pancreas.

Blood glucose (or just glucose) - a type of sugar that is created when the carbohydrate that one eats is broken down in the body. During digestion, glucose passes through the wall of the intestine into the bloodstream to the liver and eventually into the general circulation. From there glucose can then enter individual cells or tissues throughout the body to be used for fuel and provide energy.

Blood pressure - the pressure against the walls of the blood vessels. High blood pressure is more common in persons with diabetes and increases the risk of stroke, heart attack, kidney and eye diseases. Optimum level is 120/70 mm Hg or lower.

Body mass index (BMI) - a method of determining by the relationship between height and weight whether or not a person is obese, overweight, underweight or of normal weight.

Bolus insulin - the insulin that is released when food is eaten. A bolus is a burst of insulin that is delivered by injection or by the insulin pump to “cover” a meal or snack or to correct for a high blood glucose level

Charcot foot - a condition in which the small bones of the foot become mis-aligned, leading to foot deformity. It is a problem that can evolve as a result of nerve damage

Cholesterol - a type of fat that is manufactured in the liver or intestines, but is also found in some of the foods we eat. Only animal foods, such as eggs, milk, cheese, liver, meat and poultry contain cholesterol

Conventional insulin therapy - an insulin therapy in which the insulin regimen is decided first and the person with diabetes has to eat and engage in physical activity according to the time actions of the injected insulins

Creatinine - a waste product derived from the activity of the muscles. Normally, kidneys can remove this substance from the blood but a build-up of creatinine in the blood signals that the kidneys are losing their ability to function normally

Dawn phenomenon - a rise in blood glucose levels that occurs in the early morning hours

Diabetic ketoacidosis (also called **ketoacidosis or DKA**) - an extremely serious and life-threatening condition that may lead to coma and death resulting from a lack of sufficient insulin in the body, leading to high blood glucose levels and ketone formation. The symptoms of ketoacidosis are nausea, stomach pain, vomiting, chest pain, rapid shallow breathing, and difficulty staying awake

Diabetic macular edema - a condition that can occur in either stage of diabetic retinopathy (nonproliferative retinopathy, and a more serious stage called proliferative retinopathy) in which fluid collects in the central part of the retina resulting in blurred vision.

Endocrinologist - a doctor who specializes in diseases of the endocrine system such as diabetes

Fasting blood glucose test - a blood test in which a sample of your blood is drawn after an overnight fast to measure the amount of glucose in your blood

Fructosamine test - a blood test that can detect overall changes in blood glucose control over a shorter time-span than the A1C test

Gastroparesis - neuropathy affects the nerves controlling the digestive tract and causes difficulty processing or disposing of food

Glucose - (see also Blood Glucose) - a simple form of sugar that is created when the body's digestive processes break down the food we eat.

Glucose tolerance test - blood test done every hour or at the 2-hour point after drinking a sugar-filled liquid, used to diagnose diabetes.

Glycation - the binding of a protein molecule to a glucose molecule resulting in the formation of damaged, non-functioning structures

Glycogen - glucose that is stored in muscles and liver

Hyperglycemia - high blood glucose levels. Blood glucose is generally considered “high” when it is 160 mg/dl, or above your individual blood glucose target

Hyperosmolar hyperglycemic state (HHS) - a serious condition resulting from extremely high levels of blood glucose, causing excessive urination and severe dehydration, but without ketones. It is not very common

Hypoglycemia - a blood glucose below 80 mg/dl with or without symptoms or below 90 mg/dl with symptoms

Impaired fasting glucose (IFG) - a fasting glucose level between 100 mg/dl and 125 mg/dl. Fasting blood test results between these levels mean that you have a pre-diabetes condition

Impaired glucose tolerance (IGT) - a blood glucose level after a 2-hour glucose tolerance test between 140 and 199 mg/dl. This means you have pre-diabetes condition

Insulin - a hormone made in the pancreas that helps glucose pass into the cells where it is used to create energy for the body

Insulin Resistance - a reduced sensitivity in the tissues of the body to the action of insulin. The body attempts to overcome this resistance by secreting more insulin from the pancreas, leading to type 2 diabetes

Nephropathy - serious kidney disease that can occur in people who have had diabetes for a long time, poorly controlled

Neuropathy - damage to the nerves. It is a condition that can be very debilitating and painful, and can result from poorly-controlled diabetes

Pre-diabetes - a condition in which the fasting or two-hour post-meal blood glucose levels are higher than normal, indicating development of type 2 diabetes



Nutrition Update

Why are the GI and GL indexes important?

We strongly recommend you try to study these indexes as they are a great way to help you control your glucose levels and also your weight.

Details of the indexes plus the GI and GL cookbooks can generally be obtained from us or from Bookworld and Hemmingways in Los Boliches.

The Indexes allow us to know the speed at which different food enters the bloodstream.

Food which leaves the stomach quickly is generally high GI – for example mashed potato, drinking whilst eating, small pieces of food, alcohol.

Food which leaves the stomach slowly is low GI.....large pieces of food like baked potato.

However if you mix high GI and low GI at a meal then the food will release slowly from the stomach. A small salad before a meal will also be the perfect foil for the fast GI items taken in the main course.

The GL index gives you the measure of the actual average load (portion) of a particular food you are eating.

A balanced diet will include a range of foods with different ratings on the Glycaemic Index. Including foods from the five groups means that you are meeting your requirements for nutrients -

1. Bread, cereals and potatoes
2. Fruits and vegetables
3. Milk and dairy foods
4. Meat, fish and alternatives
5. Foods containing sugar or fat



Guideline Daily Amounts (GDA) are guideline figures recommended by healthcare professionals for intake of calories, fat and saturates for adult men and women. These are average figures and personal requirements will vary with age, weight and levels of activity.

Manage your weight... eat less, move more...

Excess weight can be a result of a slowed metabolism and decreased energy needs and obesity poses an even greater health risk in later life than it does in youth. It is important therefore for all older people to be sure to exercise regularly to keep the weight down - those with diabetes need to exercise not only for weight management but also as part of the control of blood sugar.

The term overweight is used specifically to mean that the ratio of body weight to height as measured by the Body Mass Index is, for male adults, over 25 but under 28. Obese means that the BMI shows 28 and over.

Calculate your BMI by dividing
your height squared into your weight :
WEIGHT divided by HEIGHT squared = BMI

**“If you don't have time for physical activity,
you will have time for illness”**

Active people have a 27 % lower risk of having a stroke, or dying if they had one, because physical activity reduces the likelihood of a blood clot compared with people who get little or no physical activity. Moderately active people have a 20% lower risk

In addition to weight loss and diet changes health authorities recommend at least 30 minutes of exercise most days, which could be made up from two 15-minute walks. Although the definitions of highly active varies from study to study, jogging 15 to 20 minutes a day on most days would qualify as highly active.

Heart disease and stroke result from damage to small blood vessels and physical activity protects against damage to those vessels by such means as lowering blood pressure and cholesterol levels, improving the ability of the vessels to widen when more blood flow is needed, and reducing the likelihood of a clot inside a blood vessel. The findings demonstrate that “one of the most simple, natural and cheapest ways of preventing a stroke is to exercise regularly “ – for those who find walking or exercising in the heat is too much for them, the best solution is a few circuits of the local air-conditioned shopping centre!!

To be a pilgrim... and a happy one!



Dino Tosef received a very unusual gift from his daughter when he celebrated his 60th birthday... a Pilgrimage! He duly made the route from Paris to the famous Spanish City of Santiago de Compostela walking 1900 kilometres. He was truly hooked! Then began a number of yearly pilgrimages walking along the famous 'Camino' towards Santiago de Compostela. This year he has again completed 2000 kilometres – beginning this time in Portugal. He averaged 50 kilometres per day. There are many hostels and hotels along the various routes and there is a great camaraderie amongst the pilgrims. 'People come from all walks of life and in the evening there is time for lots of discussions. During the day, whilst we are walking, there is plenty of time for reflection and to absorb the wonderful natural scenery through which we walk,' he explains.

Dino carries a back-pack weighing 4 kilos with a change of clothes and wash gear plus plasters and first-aid items – and of course his medication.

The Diabetic Support Group is very proud of his achievements as Dino is a diabetic, aged 67 years old. He has well-controlled diabetes... thanks to the care from his lovely wife Lillian. 'I have Type 4 diabetes' she laughingly says! 'This is the one for partners, carers and long-suffering wives!'

It's a good job Lillian did not meet him as he arrived at his destination because he celebrated with lobster and chilled white wine! Maybe she would have overlooked his eating regime for once though!

Well done Dino. May you make many more pilgrimages in the future.



*Helping to give children
a hope and a future*

Mrs Judy Smith

C/ Maestra Angeles Aspiazu, Fuengirola, Málaga
Telf: 952 588 255 or 634 495 945
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www.thearkchristianschool.com

Christian School
Academia de Enseñanza



Let Food be thy medicine!

Hippocrates said "Let food be thy medicine, and medicine thy food". That statement is more relevant today than ever before! Slowly, we diabetics are understanding the role food plays in creating our diabetic state, feeding our diabetes and most importantly "reversing our diabetes".

Dr Gabriel Cousens book; "There Is A Cure For Diabetes", is the most exciting book I have ever read on diabetes, and I recommend, that anyone who has any interest in diabetes, should obtain a copy. In this book, Dr Cousens explains the enormity of this pandemic, what caused this disease to become the world wide plague it has become, and what happens to us when we are diagnosed with diabetes. You will also receive all the information you need, to "reverse" this condition, from within its pages.

After following Dr Cousens recommendations for an anti-diabetic diet for just over two months, I was able to stop all my medication, and have recorded a normal fasting blood sugar each morning since September 14th 2009. My weight loss brought me back to a normal BMI and the most important and exciting thing, is in knowing that I took total control of my diabetes.

There are several important things to understand when making a decision to reverse your diabetes through diet. Firstly, you should understand how you became diabetic, what food and drink contributed to this condition. Secondly, what influenced the breakdown of your normal bodily function of insulin production. Thirdly, what will bring your pancreas back to a normally functioning, oxygenated, healthy organ.

So what is so magical about raw, live food? Well, you get to eat some phytonutrients, an almost forgotten essential nutrient these days. Then when you start to juice in the mornings, you will be adding chlorophyll to your diet, and that balances your pancreas. You will activate enzymes by eating raw, live food as well and your weight will normalize naturally and here's the big plus, you will feel fitter than you have in many years.

Whatever you decide to do to manage your diabetes, you will only be a telephone call away from the Diabetic Support Group, and they will be able to walk you through the medication route or the healthy diet route. The choice will always be yours and help will always be close.

I would be more than happy to discuss this with you, so just call or e-mail me. If I can be of help, I will be delighted.

Sincerely, *Norman Frodsbam.*
Phone: 663 427 447

BENEFITS OF BERBERINE

Berberine, alone and also in combination with metformin and 2,4-thiazolodinedione (THZ), facilitate the uptake of sugar in the muscles, and thus balances the blood sugar readings. On the other hand, metformin may increase the risk of Alzheimer's disease in elderly diabetics, and therefore it would be beneficial to combine metformin with berberine in order to minimize the metformin dosage.

Berberine has also been used for thousands of years in China, India and Morocco with great success for the treatment of diarrhoea.

<http://www.pnas.org/content/106/10/3907.full>

**NEW
PRODUCT!**

Dietary supplements suggested by Dr. Matti Tolonen to improve your well being

These products can be purchased at all well-stocked Health Shops here in Spain including Vitamina Health Shop, Anni's Vitalshop, Dapacris Herbolario and Ecodapacris.

Condition	Recommended supplements
Ageing	Carnosine, E-EPA, Fosfoserine
Allergy, asthma	Omega-3, Carnosine, Zinc
Anorexia nervosa	E-EPA
Arthritis, arthrosis	Nivelamin Plus, E-EPA
Cancer, adjunct therapy	Angiobalana, E-EPA, synbiotics
Cardiovascular disease	CardiOmega, Magnesium Plus, Q10
Depression	E-EPA, Vitamin D, B-vitamins, Q10
Diabetes	Benfotiamine, Carnosine, Magnesium Plus, Q10
Epilepsy	Carnosine, E-EPA
Fibromyalgia	Carnosine, E-EPA, Q10
Hypothyroidisms	E-EPA
Infections, recurrent	Multivitamin, synbiotics
Impotence	Superman
Memory impairment	Carnosine, E-EPA, Fosfoserine
Menopausal symptoms	Carnosine Lady Soya, E-EPA
Migraine	Q10
Obesity	Kilo-Stop, Cla Plus
Osteoporosis	Multi-Calcium+K
Pre-eclampsia	Q10
Psoriasis	Omega-3, Vitamin D3
Urinary infections	Cranberry extract

Disclaimer: These products are only dietary supplements to ensure adequate intake of essential nutrients to boost the immune system in the conditions mentioned. The supplements do not interfere adversely with any medication. This advice is meant for informational purposes only and not an alternative to medical advice.

Dietary Supplements

recommended by Dr. Matti Tolonen

Your doctor may have said that you do not need any dietary supplements. As a matter of fact, the average doctor has not had much education in nutrition or dietary supplements. A doctor is usually so busy prescribing medicines, which of course take priority with them, that they do not have time to study preventive medicine, including the use of dietary supplements. Average doctors do not actually know a great deal about them and consequently do not advise them.

As a matter of fact, what is recommended daily for the healthy average population does not apply to risk groups and diabetics, because their need may be much higher! The reason is that diabetics excrete urine more than non-diabetics and with the urine they also excrete abnormal amounts of nutrients, such as vitamin B1. If you are serious about managing your diabetes to the best of your ability, you cannot afford to do so without dietary supplements. They prevent deficiencies, help balance blood sugar and prevent glycation, thus reducing the risk of complications. Supplements of special importance for diabetics include omega-3-fatty acids, carnosine, vitamins B, C and E, chromium, magnesium, selenium and zinc.

Omega-3-fatty acids and carnosine suppress expression of genetic flaws, oxidative stress and chronic low-grade inflammation. Some supplements, like alpha lipoic acid, benfotiamine, carnosine and vitamin B6 prevent glycation of proteins and fats (e.g., LDL cholesterol). Folic acid and vitamins B6 and B12 prevent accumulation of homocystein. Uniquinone (Q10) and E-EPA prevent the damages in mitochondria caused by cholesterol lowering medication (statins). The outlook for someone who takes supplements is much brighter.

Benfotiamine

Benfotiamine is a lipophilic analog of vitamin B1 (thiamine), which reduces the risk of pathological changes in the arteries, eyes, nerves and kidneys. Recently, researchers led by Professor Paul Thornalley at Warwick Medical School, University of Warwick, have shown conclusively that diabetic patients are thiamine (Vitamin B1) deficient and that the decreased availability of thiamine in vascular cells is linked to micro- and macro-vascular complications. The decreased plasma thiamine concentration in clinical diabetes is not due to a deficiency of dietary thiamine. Rather it is due to 15 times the normal rate of removal of thiamine from the blood into the urine.

Professor Paul Thornalley said: "Supplementing diets could be an effective way of minimising the risk of these complications." The most effective and safe thiamine is called benfotiamine. Professor Jaime Uribarri, at Mount Sinai Hospital Renal Center (NY), suggests that diabetics take benfotiamine daily about 300 mg in long term use, as benfotiamine is an excellent anti-AGE agent, able to block totally the harmful effects of AGE products on the arteries.

Carnosine

Carnosine is an endogenous protein (dipeptide), another anti-AGE agent, which reduces the risk of diabetic complications, such as kidney damage and erectile dysfunction. The content of carnosine in the body declines with age, but it is possible to restore the concentrations by taking carnosine as a dietary supplement. It increases

the beta cell mass in the pancreas and fights oxidation and carbonylation, two pathologic biochemical reactions characteristic to diabetes. Carnosine prevents the glycation of LDL cholesterol thus keeping it in a harmless state. Carnosine also speeds up wound healing. An adult diabetic needs carnosine 800 to 1200 mg a day. The dosage may be doubled during the time of wound healing. Zinc and Vitamin E enhance the beneficial effects of carnosine.

E-EPA (ethyl EPA)

E-EPA is highly purified fish oil (omega-3), which is recommended for diabetics, heart and mental patients (1000 to 2000 mg a day). E-EPA prevents the break down of cardiolipin in the heart and it protects the arteries against stiffness and hardening. E-EPA enhances the positive effects, and prevents the side-effects of statins, and it improves the lipid profile in the blood (lowering triglycerides and improving the omega-6/omega-3-ratio). EEPA is an excellent anti-inflammatory agent. It also balances stress hormones (cortisone and cortisol) and it fights insulin resistance. E-EPA reduces visceral fat, and it enters the brain better than traditional omega-3s, thus preventing memory impairment, depression and dementia.

Chromium (Cr)

The daily intake recommendation for healthy people is 50–200 micrograms, but diabetics need at least double, because insulin needs chromium as a co-factor. In a recent study, 63% of the subjects with type 2 diabetes responded positively to the Cr treatment (1000 mcg/day) as compared with 30% with placebo. Adequate chromium supplementation may lower A1C by one per cent. In addition, chromium prevents cravings for sweets. Organic chromium – e.g., as chromium trinicotinate or picolinate – also reduces the risk of depression.

Magnesium (Mg)

Diabetics excrete magnesium in the urine more than non-diabetics, and consequently, up to half of diabetics are magnesiumdeficient. Unfortunately, doctors do not analyse the magnesium content in red blood cells, and therefore the deficiency remains mostly unnoticed and untreated. The deficiency increases the risk of arrhythmias, hypertension, myocardial infarction and stroke. Diabetics need daily 350 to 700mg extra magnesium. B vitamins improve the absorption and effect of magnesium.

Zinc (Zn)

Diabetics need extra zinc for prevention of oxidative stress and inflammation. According to research, many diabetics are deficient in zinc, and the deficiency is an independent risk factor of heart attack. Zinc deficiency is also known to reduce the synthesis of testosterone, which may contribute to erectile dysfunction and impotence. Zinc is known to improve the lowered testosterone levels and immune system against infections, degeneration and ageing itself. Diabetics need 15 to 30 mg extra zinc on a daily basis.

Selenium (Se)

Selenium is a versatile water soluble antioxidant which protects the body against oxidative stress. Organic selenium is more effective than inorganic. We recommend for diabetics a daily dose of 200 micrograms.

Vitamins C and E

These vitamins, too, protect the cells against oxidative stress, which prevails in the body of a person with diabetes. One can safely consume vitamin C 500mg and vitamin E 200 to 500mg daily, long-term. These antioxidant vitamins fight oxidative stress, prevent arteriosclerosis and ameliorate cardiac failure caused by elevated blood sugar. These vitamins intensify the beneficial effects of other supplements mentioned in these guidelines.

Folic acid, B6 and B12 vitamins

Diabetics build up homocystein, a toxic sulphur containing amino acid, which increases the risk of retinopathy, arteriosclerosis, heart attack, memory impairment, depression, dementia and osteoporosis. The laboratory reference values for homocystein are 5–15 $\mu\text{mol/l}$, but the risk of diabetic complications increase already from 7 $\mu\text{mol/l}$ upwards. A combination of folic acid, and vitamins B6 and B12 prevent accumulation of homocystein.

Nicotinic acid (Niacin)

Nicotinic acid, another B vitamin, is the most effective agent currently available for increasing levels of the “good” HDL cholesterol. This is pertinent, as low HDL and high triglyceride levels are particularly problematic in diabetic patients. Niacin lowers blood levels of triglycerides and the bad clotting factor, Lp(a), that may cause heart attacks. Combining nicotinic acid with a statin will produce a greater reduction in cardiovascular risk than statin monotherapy alone. Nicotinic acid is safe for use in patients with diabetes, with no evidence of clinically relevant deterioration in glycaemic control at recommended doses (less than 2g/day). On review of the available evidence, the European Consensus Panel recommends the combination of nicotinic acid and a statin, together with lifestyle modification, as a useful strategy to lower CHD risk in patients with diabetes and metabolic syndrome. Furthermore, niacin may improve A1C significantly. Some dietary supplements contain benfotiamine and niacin-bound chromium (Cr trinicotinate). This triple combination might improve patient compliance when compared with the three substances administered separately. However, some individuals are unable to tolerate niacin.

Alpha lipoic acid

Alpha lipoic acid has been prescribed successfully for diabetics in Germany since 1966, the daily dose being 200 to 600mg. It has many actions similar to carnosine.

Ubiquinone (Q10)

Ubiquinone is a vitamin-like substance, which participates in production of energy in the intra-cellular mitochondria. Q10 also acts as an antioxidant, like vitamin E. Q10 is used to prevent heart attack, myocardial insufficiency and cardiomyopathy. Q10 also fights side effects of statins, e.g., muscular fatigue.

All the aforementioned dietary supplements can be taken continuously on a daily basis, and if need be, together with any medication. These supplements do not cause any side effects, when used according to the guidelines given here.

Live Blood Examination

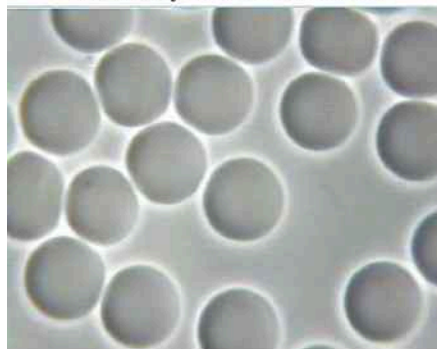
Be as healthy as you want! Get your message about your **Health Condition from your Live Blood Examination**. Optimum function of your blood can **heal the rest of your body!** Nourish your cells, tissues and organs and get rid of the waste products – **your body will heal itself!**

Clinical Microscopy of Live Blood - a blood test for detection and monitoring of metabolic dysfunction - thereby taking the guesswork out of diet determination and the selection of an appropriate supplementation regime.

What do we find when we examine the blood? Normal blood test tells us “how much” and “how many” the *quantity*. **Live Blood Examination** tells us the condition – the *quality* of your blood. Let your Live Blood assist you in finding imbalances in the fat, sugar and protein digestion. See how well the alkaline-acid balance is working. How is the immune defense system working and how is the waste cleared from the body. How the sugar level in the blood is balanced.

The test is carried out by extracting a minute amount of capillary blood from the fingertip and placing it on a microscope slide and then observing it through different optical modalities of a high powered microscope. This technique enables the microscopist as well as the client to observe and analyze the features of the blood terrain. Among the phenomena observed in the *live* blood are:

The Healthy Balanced *Live* Blood



Free moving Red Blood Cells, normal size, form, surface tension and formation.

The Unhealthy Un-balanced *Live* Blood



Red Blood Cells in Rouleaux, waste products, yeast, crystals, signs of latent tissue acidosis.

Let a **Medical Personal Health Check-up** and a **Live Blood Examination** give you know how and tools to improve your **Quality of your blood** – then your body will heal itself!

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ASPARTAME – the Silent Killer



Dr. Pernille Knudtson explains about the most controversial artificial sweeteners. She is a medical doctor of medicine and a nutritionist with a practice in Fuengirola and providing health resort stays at a finca close to Antequera. She is a regular speaker at the La Cala Lions Diabetic Support Group – being an authority on the subject

Whichever way you look at it sweet things are not doing you any good some will have a sweet tooth to feed! In order to get the sweet taste and avoid the calories many people seek products which are sweetened by artificial sweeteners. There are different kinds of sweeteners:



Natural sweeteners like Sorbitol, Mannitol and Xylitol sweetens the food much more than ordinary sugar – but they still provide calories just like ordinary sugar . So even we get less sugar we still get the calories. Diabetics specially have to watch out.

Artificial sweeteners are chemically different to sugar and include Saccharin and Aspartame. They cheat the taste buds by sweetening food up to several hundred times more than sugar but with no calories added!

However one sweet product we cannot afford to eat for our health's sake is Aspartame. Aspartame is one of the most controversial artificial sweeteners and its market is enormous. This sweetener contains worse dangers than natural sugar yet it is to be found in so many things we eat. Many people have been searching the “light” products with less sugar to get less calories chewing sugar-free gum, eating sugar free biscuits, sweets, cakes and drinking all the various soft 'light' drinks thinking that it might be healthier and then it has given us so many other health problems. Users experience many different symptoms ranging from headaches, numbness, joint pain, tinnitus, depression, bowel disorders, panic attacks and various cancers. It acts as a neurotransmitter facilitating the transmission of information from one brain cell to another and it is no surprise there is such an increase in Alzheimer's and multiple sclerosis.

When Aspartame is heated up Methanol is created and it is truly criminal when it enters your body! It breaks down into formic acid and formaldehyde. So never heat up coca-cola light or aspartame sweetened desserts.

You can find sorbitol, mannitol, xylitol, aspartame or saccharine in so many products from your toothpaste to orange juice, ketchup, jam, yoghurt, biscuits, ice cream, prepared foods, salad dressings and even mustard! Do look at the labels when you are shopping.

In the understanding of this using sugar-free products is not recommended and it is better to try to change your palate so you lose your taste for sweet things.

If you need something with a sweetener in it look out for Stevia – a natural herbal sweetener - which is available in Gibraltar and in many health shops in Spain. This is made from organic plants has been used for centuries and is a safe way to add a sweet taste and still preserve your health.



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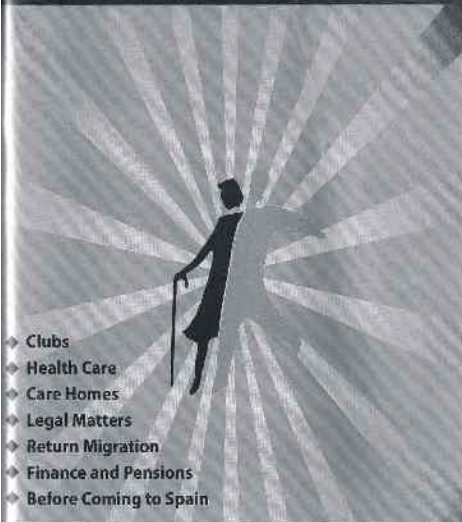


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Dawn Phenomenon or Somogyi Effect? What's the Difference?

You wake up in the morning and check your blood sugar before breakfast. And it's high. Higher than it usually is in the morning. What's going on? It could be one of two causes. Dawn phenomenon and the Somogyi effect both can raise your fasting blood glucose levels in the morning, but for different reasons.

Both occurrences are very similar in some respects and have to do with hormones that tell the liver to release glucose into your blood stream while you sleep. The difference is why the hormones are released.

The Somogyi effect is caused by having too much insulin in the blood during the night. This can happen to people who take long-acting insulins and it can also happen if you didn't eat a snack before bed. The blood sugar drops while you are sleeping and your body releases hormones to counteract the drop. The result? You wake up with a higher blood glucose level than you would like to see.

The dawn phenomenon happens because during the night, hormones are released that trigger the liver to put out glucose. If there is not enough insulin in the body to counteract this, then blood glucose levels rise during the night, resulting in a high reading in the morning.

How to tell the difference?

- The only way to know for sure which one might be making your morning glucose levels high, is to wake up sometime between 2 and 3 a.m. for several nights in a row, and check your blood sugar. If you are low at that time, it could be the Somogyi effect. If you are normal or high, then the dawn phenomenon may be the culprit.

What to do to counteract these events.

- Make sure to have a snack before bed that consists of more protein than carbs.
- Let your doctor know what is happening. He or she may change your medication or insulin dosages.

Additional ways to combat dawn phenomenon.

- Exercising in the evening may help keep morning blood sugars in a better range.
- Eat breakfast, even if your blood sugar is high. Eating something will actually shut down the dawn phenomenon process and let your blood sugar return to normal.



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