

Hamari Meethi Zindagi

Great Life Despite Diabetes!

WORLD DIABETES DAY EDITION



Your strength to speak out!

Meethi Zindagi—A Quarterly Magazine

The Voice of People with Diabetes

Issue 1—November 2015

The Power to Change Lies With You!

Meethi Zindagi believes in the power of people with diabetes, as advocates and change influencers.

Empowerment of people with diabetes (PWD) is its first and foremost mission.

Meethi Zindagi relies on its empowered PWD advocates for realizing its vision of a great life despite diabetes!

Be the Change You Wish to See!

Speak Out!

Let the World See The Realities of Living With Diabetes!

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Message From the President

“Can people with diabetes live a healthier life?” This is a question which a person with diabetes, especially young insulin dependents, often ask. The question becomes more valid in low-and- middle-income countries with limited education and health facilities. Non-communicable diseases have become a burden not only on the developed economies of the world but also for the developing countries like Pakistan. Two-thirds of deaths globally occur because of these diseases. Diabetes is amongst the top four.

The Secretary General of United Nations said, “Diabetes, cancer and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations, even more than infectious diseases. This represents a public health emergency in slow motion”. (Ban Ki-Moon, US Secretary General, 2009)

The prevalence of diabetes is increasing globally, with a more rapid increase in developing countries. It is estimated that currently, 382 million people are living with diabetes and this will rise to 471 million by 2035.

Diabetes is a common cause of sudden death, amputations, kidney failure, heart attacks, stroke and blindness. Although hospital care is available to people with complications of diabetes, yet it is available to less number of deserving candidates, and at some places is far from satisfactory.

In government policies, health care is still at a low priority. This has resulted in helplessness amongst the less privileged persons on one hand, and increasing rate of complications on the other. Poor quality medicines and quacks with misinformation are yet other problems in our country.

We educate, prevent and manage diabetes. We must strive to make essential drugs available at an affordable price. Meethi Zindagi strives to fight ignorance amongst the masses and seeks Government’s help in achieving other goals. Besides distributing reading materials among masses; Meethi Zindagi has been arranging symposia and camps, carrying out surveys and doing other research works. In 2015-16, Meethi Zindagi’s focus is on empowerment.

I am sure this humble effort from our side will empower many people with diabetes to live healthier lives



Dr. Hamid Shafiq,
President Meethi Zindagi

Educate,
prevent and
manage
diabetes.
Make
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available at an
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price.



AIMS AND OBJECTIVES OF MEETHI ZINDAGI

Patient organizations are instrumental in bringing about changes to the health care systems, by being a unification platform and voice for the people who are affected by a health condition.

Meethi Zindagi aims to be an instrumental factor in moving people with diabetes from the bottom to the top of patient-centered health-care systems. It envisions a strong partnership between care providers (including health care professionals, industry, families and the society) and people with diabetes, for patient empowerment, peer support, awareness, health education, and advocacy for the rights of those living with or at risk of diabetes and its complications.

Our mission is:

- ♦ To empower people with diabetes to take up leadership roles as advocates for improving diabetes care and quality of life.
- ♦ To be an advocate and platform for Patient-Centered Diabetes Care
- ♦ To raise awareness, promote prevention, education and accessible quality care, and
- ♦ Promote the responsibilities and protect the rights of people living with diabetes and its related problems.

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YOU & ME—PARTNERS IN DIABETES CARE

An interview with Dr. Fauzia Moyeen — A Leading Diabetologist of Pakistan

Dr. Fauzia Moyeen is one of those doctors who do not talk only about diabetes management, but rather focus on the overall wellness of her patients. Dr. Fauzia Moyeen is a graduate of Fatima Jinnah Medical College. She got her diabetes education training from Arizona and the famous Boston Joslin Center. She did her Masters in Diabetes from Warwick University UK. She worked as an attachment fellow in the UK and Holland with special focus on Insulin Pump and CGMS. She is a Certified Insulin Pump trainer for Medtronic Minimed. Dr. Fauzia has a very special interest in juvenile diabetes (Type 1). She developed the very first juvenile diabetes club in Pakistan. She worked as the head of Intensive Insulin Therapy Unit for 11 years in University Diabetes Center, KSU, Riyadh Saudi Arabia. She is now the CEO of Diabetes Wellness Center in Lahore, Pakistan, running her private setup.

What are your special areas of interest in diabetology?

My special interests are intensive insulin therapy, modern technologies in diabetes and juvenile diabetes, which is also known as type 1 diabetes. Insulin is the only treatment for people with type 1 diabetes. It is crucial to manage insulin dose and carbohydrate intake for juvenile diabetics. Intensive insulin therapy is an art in itself. It requires sound knowledge, careful monitoring and adjustment to achieve good blood glucose control.

I believe in modern technologies which have been developed to assist people with diabetes, to manage their blood glucose more accurately and conveniently. I learn and practice the use of such devices.



Juvenile diabetes is usually diagnosed in childhood or teenage. The child has a long and demanding life ahead. We should always be looking at all possible devices and effective treatments that can enable the child to live a healthy and productive life.

What's new in diabetes technology in Pakistan and worldwide?

Worldwide, endocrinologists and people with diabetes believe in very frequent monitoring of blood glucose. CGMS (Continuous Glucose Monitoring Sensor) is a small sensor that is attached to the body of a person with diabetes. It measures your blood glucose level every five minutes (288 readings per day). It can detect any fall or rise in your blood glucose level, warn you about it and help you manage your levels more accurately. CGMS technology is now also available in Pakistan.

“Diabetes care is not only about managing blood sugar levels. It is about the overall wellness of the person with diabetes.”

Sensor Augmented Insulin Pump is another device which helps in micromanagement of blood glucose levels. The insulin pump is a device which delivers insulin 24 hours in a specific pattern. The pump is augmented with a CGMS. The readings from the CGMS are used to adjust the dose of insulin being delivered to the body by the pump. Research and my experience both show that use of an insulin pump helps a lot in management of blood glucose levels, even in the worst management cases.

Naturally, though worth it, the modern technologies are currently expensive and out of reach for many. I hope that the prices will come down



with time, enabling people with diabetes, especially the type 1's, to use such technologies.

Well that's sad, but true. How can the government be involved in improving the access to health care technologies?

The governments need to see the issues first. Organizations working for diabetes should highlight the very basic needs of people with diabetes, especially the children. In Pakistan, many people with diabetes can still not afford to buy a simple glucose meter. Many do not have enough money to check their blood glucose levels on a frequent basis as required by standards of Self Blood Glucose Monitoring (SMBG). Many children with diabetes do not have adequate access to free insulin. This is what needs to be resolved first – that is free or subsidized provision of the very basic rights.

What do you think is the biggest difficulty faced by PWD in diabetes self-management? And how do you think people can overcome this problem?

Lack of knowledge about diabetes is the main culprit. Too many myths about diabetes prevail in our society, which are further strengthened by

quacks and non-medical professionals.

Firstly, the society is not well aware. The society needs to be informed about diabetes prevention, symptoms and management. We need to address the lack of information about health in the general population through awareness walks, TV shows, radio programs, and spreading the word via newspapers and other media. Campaigns in schools and colleges for educating students about healthy life style, are the key to prevention.

Secondly, it is crucial to acquire diabetes management education for people who have been diagnosed with diabetes. People take diabetes management very lightly until they are diagnosed with a complication due to poor management. People with diabetes should ask their doctors questions regarding management. They should visit their doctors frequently and try to feel responsible about taking control of their management. They are the ones who can manage their diabetes, as they live with it 24/7. The doctors and educators are there to give them a helping hand by guiding them. People with diabetes should also stick to the medicine that has been prescribed to them by their doctor.

What message would you like to give to people with diabetes regarding diabetes management?

I will reiterate what I have said before.

Read and learn more about diabetes in order to manage it, and to stay in balance with it.

There is no short cut for diabetes management. People with diabetes need to understand their responsibilities well to stay healthy with diabetes.

There is no short cut for diabetes management.

Treat your diabetes well to get a Treat!

Who are at risk of diabetes?

People with a family history of type 2 diabetes, and people who are overweight or obese are at a greater risk of acquiring it.

For type 1 diabetes, there is no set standard about who are at a risk of acquiring it. It is not strongly related to your family history or anything else.

What are the precautions that must be taken by people at risk of developing type 2 diabetes, to prevent it?

In our society, we need to carefully avoid inter-family marriages as type 2 diabetes runs in the families.

One cannot always avoid obesity, but everyone can avoid unhealthy eating (like junk food, cold drinks, etc.) as much as possible. We can at least reduce the frequency of junk food intake or reduce portion sizes. Obese kids are at a greater risk of developing type 2 diabetes. In our urban areas, we have forgotten all about healthy living.

Children and adults, alike, need to have physical activity and healthy, balanced diets. Mothers need to be careful about not giving junk food to their school going children for school lunch. We must remember that children with normal weights are healthy. Children who are chubby might look cute, but are at a great risk of developing diabetes. Please do not over feed your children. Feed them with good, natural, healthy diet.

Do you think that young people with diabetes in Pakistan and worldwide (esp. the girls) face social discrimination if they have diabetes? If yes, how? How can it be uprooted?

Yes they do!

The underlying cause is a lack of social awareness on part of the society, and a lack of confidence and proper diabetes related education on part of

the young person with diabetes and his/her family. Once the society is made aware, they will not discriminate against a young person with diabetes as they will understand. Also, if a young person understands diabetes well, he/she will manage it properly and be confident in the face of discrimination. Many of my young patients with diabetes are confident in their management, and well braced to face any kind of discrimination.

You are also involved with Meethi Zindagi. Tell us more about it. How is the aim and work of Meethi Zindagi different from other diabetes related organizations in Pakistan? Do you think organizations like Meethi Zindagi are the need of the day?

Meethi Zindagi is an organization that believes in a partnership between people with diabetes and their care providers (including families, friends, doctors, educators, society, and industry). The focus of Meethi Zindagi is empowering people with diabetes to take up key leadership roles, for influencing change at both social level and governmental level.

It is a peer support and advocacy platform where we have united to influence a change for betterment of people with diabetes.

Meethi Zindagi's board is a just mix of people with diabetes, people who have diabetes in their families and health care providers. We believe in patient centered diabetes care. We involve in ways to bring people with diabetes to the top of diabetes care systems by empowering them, where they take responsibility for managing their health, support their peers in doing the same and also advocate for their rights. Our projects and decisions are governed by the needs and wants of people with diabetes, making it different from most professional organizations.

Meethi Zindagi completely endorses the International Diabetes Federation's charter of rights and responsibilities for people with diabetes.

Patient's organizations are the key stakeholders in health policy making and this is what Meethi Zindagi envisions to do for people with diabetes in Pakistan.

Is that Correct?

People with diabetes are often confused due to the misconceptions regarding diabetes, that exist in the society.

It is important to know what is correct and what is not.

Many of us believe that people with diabetes should eat special diabetic foods. Is that correct?!?

Fact:

A healthy meal plan for people with diabetes is generally the same as a healthy diet for anyone – low in saturated and trans fat, moderate in salt and sugar, with meals based on lean protein, vegetables low in starch, whole grains, healthy fats and fruit.

Diabetic and "dietetic" foods generally offer no special benefit. Most of them still raise blood glucose levels, are usually more expensive and can also have a laxative effect if they contain sugar alcohols sweeteners that produce a smaller rise in blood glucose than other carbohydrates. Their calorie content is about 2 calories per gram. Examples of these sweeteners includes erythritol, hydrogenated starch hydrolysates, isomalt, lactitol, maltitol, mannitol, sorbitol, and xylitol.

Honey & Diabetes - Is Honey a Better Choice?

by Mahwish Shiraz, Senior Clinical Dietician & Diabetes Educator

Diet is a main concern of people with diabetes. There are many myths regarding diet for people with diabetes. The only truth is that the diet should be a healthy eating plan that helps manage your blood sugar and weight, while is also nutrient-rich. Diet for a person with diabetes should not be a restrictive one.

People usually ask if a person with diabetes should consume honey as a replacement for sugar. Let's look at some dietary facts to help you make a healthy choice.

Composition and Nutrition Value Honey and sugar are both made up of a combination of glucose and fructose. In sugar, glucose and fructose are bound together to form sucrose. In honey, fructose and glucose are primarily independent of each other. Additionally, other sugars and trace elements have been detected in the composition of honey.

One tablespoon of sugar contains 49 calories, while one tablespoon of honey has 68 calories, which is the cause of honey having a higher density and weight than sugar. Dietary Guidelines for Americans (2010) and American Heart Association (2009) recommends "Reduce intake of added sugars", without singling out any particular types, such as sugar or honey.

Glycemic Index of Sugar and Honey The glycemic index (GI) is a measure of how quickly a certain food can increase glucose in the blood. A lower GI means that the food will take a longer time to increase your blood sugar level. The average glycemic index for honey is 55 ± 5 and this can be compared to the glycemic index of sugar, which is 68 ± 5 . Honey is a lower GI than sugar.

Use Less for More Taste One of the biggest benefits of honey for people with diabetes is its concentrated flavour. You can add less of it for same taste. It's recommended that people with diabetes treat honey like any other added sugar, despite the possible benefits associated with honey. The American Heart Association recommends limiting added sugars to no more than 6 teaspoons (2 tablespoons) for women and 9 teaspoons (3 tablespoons) for men. You should also count your carbohydrates from honey and add them in to your daily limits. One tablespoon of honey has 17 grams of carbohydrates.



Important — Points you should remember Before you decide to make the switch, make sure to first consult your doctor or dietician. An important fact you should keep in mind while using honey, is to be sure that you are using pure honey and not an adulterated one. Also, monitor your intake of honey to avoid any health complications due to excess consumption.

Amount and timings of your medication and exercise need adjustment with the type and amount of food you eat!

Travelling With Diabetes

Do's	Don'ts
Carry a medical identification that says "I have diabetes". Also carry a card or paper with your doctor's name and phone number.	Don't put your medicines, insulin, and blood sugar testing supplies in checked-in bags, or in the boot of your bus / car. You may need them during travel.
Carry some extra supplies for medicines, insulin, needles and testing strips. Your travel may be prolonged, or supplies may go bad.	Don't expose your insulin, medicines and testing strips to direct sunlight, or extreme temperatures. Remember that the temperature is not controlled in the cargo section of an airplane.
Keep candies or juice handy for quickly fixing hypoglycaemia. If the airline does not allow you to carry a juice pack, ask the staff on board to provide you with one.	Don't wait to be offered something if your sugar levels are going low. Ask for your meal right away!
Discuss medicine time adjustment with your doctor, especially if you are going to travel across time zones.	Don't leave without a proper plan for medicine dose and timing adjustment. This is specially important if you use insulin.
If you have special meal requirements, talk to the airline, hotel or hosts before taking the trip.	Don't eat anything that is offered to you. It may contain foods that you are allergic to, or that may disturb your levels.
Ask the air hostess to tell you approximate timings for serving meals and the menu.	Don't forget to take your medicine in the correct dose and at the right time.
Check your levels frequently during travel. They may fluctuate a lot due to so many factors changing around you.	Don't make guesses about your levels and amount of carbohydrates in meals.
By international laws, you can carry all your supplies on board. You may be required to show a doctor's prescription note for the satisfaction of the security agent. Make sure you carry one.	Don't worry about getting your supplies passing through the x-ray scanner. As far as present day knowledge and technology goes, they don't harm the supplies.
Stay hydrated.	Don't sit for long hours. Move about. Exercise your feet and toes while sitting.

Karachi in Spot Light

Karachi is the economic hub of Pakistan, with a population of over 23.5 million people. According to the World Diabetes Atlas's 6th edition, published by the International Diabetes Federation (IDF) in 2013, approximately 6.8% of people in Pakistan have diabetes. With the huge population of Karachi, this creates a burden of roughly 1.6 million people with diabetes living in Karachi alone.

The state of government hospitals where consultation is free of charge, is extremely poor. Due to a large patient to doctor ratio, proper diabetes education, examination and consultation become very difficult. Insulin, which is the safest treatment for diabetes, and the only treatment option for many, is expensive. It also requires constant dose adjustment and proper diabetes management education, which in turn takes time and effort on part of both the care providers and people using it.

Access to insulin, both in terms of easy availability and affordability, is a right of everyone using it. To provide this service to people with diabetes in Karachi, a number of organizations have been playing an active and effective role. A few of them are listed below.

Insulin My Life (IML) :

Insulin My Life is a joint project of Baqai Institute of Diabetology and Endocrinology (BIDE) and the World Diabetes Federation (WDF). It provides consultation, self management education, human insulin, HbA1C testing, urinary ketones testing strips, and glucometers and strips, free of charge, to non-affording people with type 1 diabetes. IML has 34 clinics all over Sindh. In

Karachi, IML clinic is in Nazimabad. Visit www.insulinmylife.com for more details.

Jinnah Post Graduate Medical Center (JPMC):

JPMC, located on Rafiqui S.J. Shaheed Road, Karachi, provides similar services as IML, to non-affording people with any type of diabetes. JPMC also provides free analogue insulin, which is expensive and unaffordable for many, if a non-affording type 1 needs it. Tough human insulin is effective and cheaper, a shift to the more expensive insulin analogues becomes a need for some people with type 1 diabetes. JPMC, to the best of our knowledge, is the only organization in Karachi, that provides free analogue insulin to deserving type 1's.

Diabetic Association of Pakistan (DAP):

DAP, located in Nazimabad, provides insulin, medicines, consultation and laboratory investigation facilities absolutely free of charge to all type 1's and the deserving people with type 2, or gestational diabetes. It also provides free eye-examination (fundoscopy) and free treatment of retinopathy (eye complications) to the non-affording people with diabetes (all types of diabetes).

Visit www.dap.org.pk for details and directions.

There are other institutions like **Memon Diabetic and Diagnostic Center**, located in Memon Colony Hussainabad, Karachi, that provides free services and medicines to the deserving people.

Access to Insulin is a Basic Right!

by Elizabeth Rowley

Life with diabetes is challenging for anyone with the condition, but it is more-so for some. Having spent the last few years connecting with people from around the globe, I've heard various insights and stories about what it is like to live with diabetes in the places where access to medicine and treatment is a struggle. I often hear that today a diabetes diagnosis is no longer a death sentence. While that statement may be true for many wealthy, insured, and reachable communities, it is simply and unfathomably not the case worldwide.

The excerpts below are from full interviews on T1international.com. They paint a picture of some of the challenges faced by people living with Type 1 diabetes in places that many people do not often think about. These stories are not always happy, but they demonstrate huge opportunities for the diabetes community to rally together – using its collective compassion, determination, creativity and skill – to work with people living with diabetes across the globe and find solutions to these unnecessary hardships.

Olafimihan Nasiru lives a difficult life with Type 1 diabetes in Nigeria.

“Having to depend on insulin has brought a financial burden on me, especially now that I am without work. It has become necessary for me to secure all the medications and materials I need on my own. Additionally, the myths associated to diabetes in Africa, mostly due to ignorance, have not helped encourage me to typically disclose my diabetic status to people. For instance, I have gotten several words of advice, ranging from direction to seek a spiritual cure to suggestion to abandon my insulin injections, with no logical alternative provided. Based on my experience, I believe that much is still needed to be done in terms of diabetes education, access to insulin, care, etc. to address the problem of diabetes globally, particularly in poor countries.”

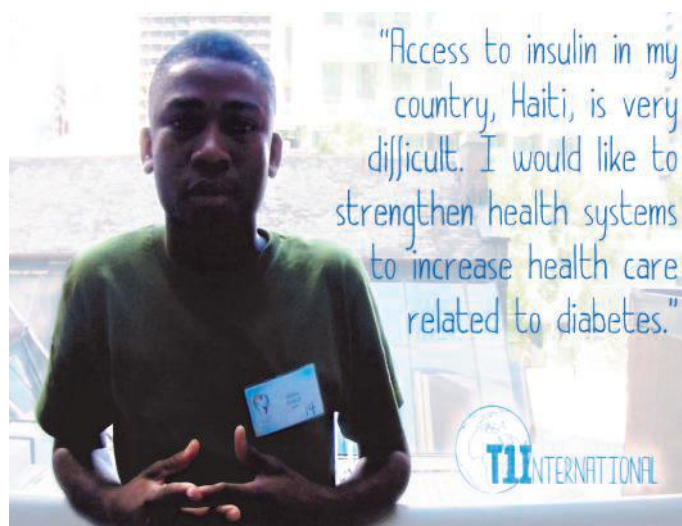
Widney Dorce is a young person with Type 1 diabetes from Haiti, who hopes to strengthen health systems there to increase health care services related to diabetes.

“The healthcare system is working badly. The medical facilities are difficult to find, because there isn't much that has been invested in the domain. Materials and supplies to control our blood sugar, as well as visits to the physician for medical supplies, are also costly. Access to insulin for people with Type 1 diabetes is another



**Life with diabetes is complicated.
Access to vital insulin, diabetes supplies
and medical care should not be.**

Visit www.t1international.com to learn more about the issues.



Widney Dorce—Haiti

er big problem because it is very expensive. Getting access to insulin is one thing, storing it is another. Non-access to insulin and supplies often results in death among the Type 1 group. Sometimes Type 1 diabetics who can't afford their insulin and supplies just turn to traditional medicines. They use tree bark, aloe, bitter coffee, and so on. Of course these cannot treat diabetes.

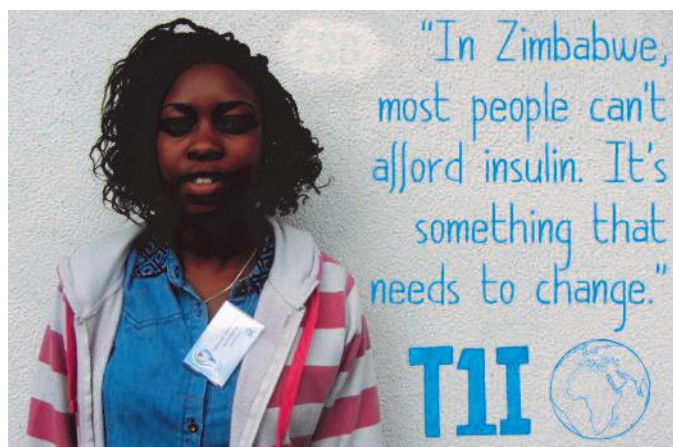
Yemurai Machirori is a young person with Type 1 diabetes from Zimbabwe who explained the injustices for people with diabetes in her country.

Access to medicine is definitely different across the country, as well as diabetes care. The nurses in small towns sometimes have no education at all about diabetes. Some clinics in the small towns even lack diabetes care instruments such as glucometers and insulin, and people with diabetes have to travel to the big cities for these regular check-ups. The price of insulin and other diabetes supplies is definitely a problem that needs to be adjusted in Zimbabwe. It doesn't make much sense to me that a person will not inject themselves for more than two days, all because they cannot afford to buy insulin. I think insulin prices must be made affordable to

the general public and given for free to those that cannot afford it. In this day and age, I believe that no one must die because they cannot afford insulin.

Of course there are challenges faced by many in Pakistan. Those of you reading this can probably speak to the many obstacle faced with diabetes in your country better than I can. I do know that for many living with diabetes, insulin and testing strips are hard to come by. This should never be the case. In conversations with Sana Ajmal about diabetes in Pakistan, she has shared the following: "Many people with Type 1 diabetes lose their life in the very early stage of the problem, due to self-medication/alternative medicines. Rural areas are a special problem, where due to lack of health facilities, education and government initiatives, people might never even know what their child died of. Death registration and investigation of reasons is rare, esp. in case of children!"

Clearly there are a lot of obstacles. People living with diabetes in resource-poor settings are facing multiple challenges such as the unaffordability of insulin, lack of access to care and diabetes education, political strife, and more. So what can we do for these people with Type 1 diabetes and



Yemurai Machirori - Zimbabwe

the thousands of others around the world? I think it comes down to determination, collaboration and taking that first action step. By creating a united front with existing initiatives we can raise awareness about these challenges within the diabetes community, and the rest of the world, and together we can work with those closest to the issues to find creative and powerful ways to address them. You

can do something now by simply sharing this article with others, by telling your friends or family about the issues, or by forming an action committee to fight for a cause you believe in. It's not going to be easy to fix these overwhelming problems, but I am resolute in my belief that we can all help bring a positive end to everyone's diabetes story, no matter where they live.

About the Author:

Elizabeth Rowley works as the London Regional Fundraiser at the Juvenile Diabetes Research Foundation (JDRF) and is the founder of T1International. She was born in the United States and has lived with Type 1 diabetes for over 20 years. Elizabeth moved to London in 2011 to complete her Master's degree in International Humanitarian Emergencies at the London School of Economics and Political Science. It was during her course of study that she gained the skills and confidence to address the fact that many people with type 1 diabetes are fighting for their lives daily due to lack of supplies, care, treatment, and education. Elizabeth is confident that by working together we can find creative and sustainable solutions to the complex problems faced by people with diabetes.



Ask the Expert Panel:

For all our subsequent issues, we have formulated a multi-disciplinary group of professionals whose are experts in diabetes education, treatment, and delivery of services to people with diabetes or at risk of diabetes. This includes consultant diabetologist, certified diabetes educator, registered dietitian, and psychiatrist. You can send us your questions related to diabetes management, which will be answered in the “Ask the Expert Panel” of the magazine.

Disclaimer: All information contained in this magazine is intended for informational and educational purposes only. Our Expert Q&A is not intended to be a replacement or substitute for consultation with a qualified medical professional or for professional medical advice related to diabetes or another medical condition. Please contact your doctor or medical professional with any questions and concerns about your medical condition.

To send us your questions:

Email: contact@meethizindagi.org

By Post: 33/57, Lake View Homes, Opp. new CSD, Sher Shah Road, Multan Cantt., Pakistan.

Challenges Are Backed By Opportunities!

This is how Anum Anwar lives with diabetes!

"We are what make, from what we have around us". This isn't only a story about dealing with diabetes. This is a story of what happens when we let ourselves free and rebel against the stereotypes in society. This is a story about strength and determination.

I am Anum Anwar - a person with type 1 diabetes for the last 18 years. This fact is an important part of what defines me.

The first 5 years of my life were like those of any 5 year old- care free, healthy, and fun. My likes and dislikes too were similar. I distinctly remember I had a sweet tooth. I loved chocolates, ice creams, birthday cakes, colas and everything sweet. However things changed quickly once I touched five. I started getting weak, losing weight, being sick most of the times. Visits to the doctors became a routine for me. The reason stayed a mystery until the very end.

For months, I was treated for an undiagnosed problem. At that young age I was prescribed loads of irrelevant medicines to subsidize the symptoms - instead of treating the condition that they pointed to. The possibility of diabetes



was over ruled by the doctor for four months. In the end, my body reacted severely to the negligence. I developed keto-acidosis – a life threatening condition in people with type 1 diabetes. My mother found me unconscious in the middle of the night and rushed me to the hospital. The doctors told her what had happened and finally diagnosed me with type 1 diabetes.

I must clarify here that Type 1 diabetes is NOT caused by eating too much sugar. The reasons for developing Type 1 diabetes are not yet fully understood by science.

Back to my story—the news came as a shock to my family. I was the only child of my parents back then; and the eldest grandchild of a loving family. Though I belonged to a well educated background it was hard for family and friends to accept the fact that a toddler could face a painful condition like that. My parents were told by people, about a supposedly huge possibility, that I would not make it to the age of ten. They were often bluntly advised to stop my education and to refrain from spending large amounts of money on me; because all of it will go in vain.



Hailing from a small city, three hours away from Karachi; I faced difficulties in getting proper medication and advice from doctors on immediate basis. Our visits to Karachi became frequent and sometimes in emergency. The diagnosis was a life changing point for me. It changed my perception of the world, and it changed my reality. I was now, not looked at as the brilliant student in school, or the adorable girl in the neighborhood. I was defined with one single word- "Diabetic". These perceptions did not disable me from achieving what I wanted in life. But I cannot deny these pity filled words did often did blur my vision. I feel blessed that my parents not only accepted the fact strong headedly, but also strived with me in overcoming all the challenges.

My mother had always been an independent, strong woman. My diabetes redefined her. Though she did not give up, but I sensed the change in her. She now looked at things differently. Her priorities changed from planning for my strong future to just counting on the present



moments. She stopped encouraging me for activities and studies. I must admit I enjoyed being left to my free will. I was not forced to do things I was not fond of. I guess that is every child's dream! But one of the things about growing up is - our perspectives are gradually altered. Our experiences and observations work as chisels to form our unripe thoughts into proper, bigger

and well defined judgments. We understand the mechanism of things and how what we take pleasure in, is not always what we could keep doing with.

I made it to a university in Karachi, surpassing the expected *lifetime*. Karachi is a vibrant city. Karachites firmly believe the best way to fight chaos is with chaos. In such a city it's difficult to retain your identity and not to get lost in the crowd. As I was always taken care of and was quite dependent on others, so it was difficult for me to adjust there. I had to take care of myself on my own as my parents were living in another city. The studies, people, everything seemed so hard to understand and hard to adopt because I hadn't seen the world like this before. With time, I learnt a different perspective of life and people.

The thing which left a bad impact on me was the feeling of being alone throughout my childhood and teenage. There were two main reasons for that. Firstly, I had a lifestyle altering medical condition that no one in my circle had. The second was that nobody ever told me that diabetes should not be the paradigm of my life. I always searched for friends, who were dealing with the same condition. I wanted to share and talk my heart out! I wanted to get inspiration and motivation!

Unfortunately at that time I could not find any one and always dealt with the feeling of being special and different. It was only in this big city that I got a reality check. I was thrown out of the fool's paradise I had been living in. Amongst people with vast experiences and backgrounds, I learnt that life was much more than diabetes. I learnt I was not different or special. I also found out there were many others like me. Karachi woke my competitive spirit and brought me out of my comfort zone. I was finally among people who did not stop to look at me with pity. I was finally being treated like a normal part of the society and being denied special treatments. This changed my views about life. Most importantly I started taking responsibility for myself.

I have done now my masters in Biotechnology and am currently doing M.S. I have participated in every event I saw as an opportunity to prove myself - from sports to doing volunteer work, organizing campaigns and conducting seminars.



I won the national science Olympiad and I was one of the selected young leaders from Pakistan in International Young Leaders' Assembly 2014, co-convened by UNESCAP, the UNESCO, the Global Peace Foundation, and the Global Young Leaders Academy. I went to Thailand to Promote Participation, Development and Peace at Asia Pacific forum, where I was certified as a Global Ambassador.

I believe it is possible to live your life in whatever way you want. Diabetes can't stop you. I know it's easier said than done. I also know that you will always have people around you who, because of their misconceptions about diabetes, will keep confusing you. If you are a female then it leads to false beliefs that you can't marry or have kids.

In the end, it all depends on you - how you deal with people and yourself. If you choose to take control of your life, success will definitely be yours indeed.

Diabetes has become a cause for me. I started searching for people who have diabetes. Now I have many of them around me. I feel inspired and strengthened when I talk to them, because they are dealing with same condition and can completely understand me. Peer support can do wonders for people with diabetes.

Living with diabetes is challenging partly be-

cause there are certain moments when you really feel helpless and de-motivated. But it's up to you how you take this challenge. For me it is an experience which taught me a number of things. I think it's your perception which matters more than the condition. There will be moments when you pit yourself—"why me"? Why not others? But faith can help you get through these thoughts. There is good in everything and wisdom in everything. The bravest thing we could do is to be patient and make the best of what we have.

We are never burdened with more than what we can endure. We are capable of a lot more than what people think - and, at times, what we think of ourselves. We are what we do with what we have around us.

Things do get out of my hands even now. But I have learnt to accept them & make peace with the situation.

WORLD DIABETES CONGRESS 2015

World Diabetes Congress (WDC) is the largest biennial gathering of global leaders in diabetes—be it clinical management, research, public health, diabetes education, advocacy, industry or living with diabetes. This year, it will be held in Vancouver, Canada, from the 1st of Dec—4th Dec, 2015. Approximately 12,000 delegates will participate in the event, representing over 230 diabetes associations, from 170 countries.

The WDC presents an opportunity for all the players in the field of diabetes to connect, share experiences and best practices, and learn from one another. WDC hosts six streams of scientific sessions, appealing to a wide range of audiences. These six streams including Basic and Clinical Science, Diabetes in Indigenous Peoples, Education and Integrated Care, Global Challenges in Health, Living with Diabetes and Public Health and Epidemiology.

Pakistan, with its growing efforts in diabetes education and diabetes advocacy by people living with diabetes, has a number of esteemed speakers on the WDC programme.

Meethi Zindagi, with its focus on empowering people with diabetes, is hosting a session on diabetes advocacy by people who are living with it. Dr. Sana Ajmal, founder of Meethi Zindagi and a person living with type 1 diabetes, will speak about the importance of involving people with diabetes in decision making.

Another speaker from our beloved homeland, a senior diabetes educator at Baqai Institute of Diabetology and Endocrinology, Ms. Erum Ghafoor, will talk about whether public messages for prevention of type 2 diabetes address real life issues or not. Dr. Asim Rasheed (Meethi Zindagi) will share experiences of how hypogly-



Vancouver Convention Centre, Vancouver, Canada, venue for World Diabetes Congress, 1st—4th Dec 2015.

cemia (low blood sugar) affects the marital relationship, and how to best manage it. Dr. Fauzia Moyeen (Diabetes Wellness Centre, Lahore) will share her views on how the family has a role to play in hypoglycemia unawareness.

People with diabetes are not the only stakeholders in the diabetes paradigm. Stakeholders also include care providers, policy makers and industry. However, it can rightfully be said that in countries like ours, people with diabetes are the stakeholders, whose opinions and wishes have been largely ignored in the past. Similar to customer centric businesses, patient centered approach to health care is a must for better management of lifestyle modifying diseases, like diabetes. At the same time, patient led advocacy, is required to bring this fact to lime light.

“People with diabetes have a right to be able to participate in and lead any decision making efforts that affects their lives and health”.

Visit www.idf.org/worlddiabetescongress for more details.



A Journey Through Life -The Birthday!

A Serial by Sameen Hamid—Episode 1

“Aliya”, Ammi whispered as she gently caressed her daughters’ forehead. Aliya opened her eyes a little, trying to adjust them to the light. She looked at her mother and smiled. “Happy Birthday dear”, Ammi said, as she kissed Aliya on the cheeks. “Thank you Ammi” she hugged her mother.

The door flew open with a thud. “Wake up Aliya! Wake up!” Ayyan came running into the room. It was evident that he was very excited. He climbed up the bed and bounced excitedly. “Baba said we’ll go and order your cake after breakfast” he said animatedly. “Can we please order a chocolate cake? Please! Please!” he begged as he hugged Aliya.

Ammi and Aliya couldn’t help but giggle at the 6 year old’s excitement. “Aliya, he’s right. Your father is waiting. Freshen up while I get the breakfast ready. Here’s your insulin. Don’t forget please”. Ammi got up hurriedly handing Aliya the pen like instrument. Aaliya took it from her, hesitantly. Five years down the line, she still was uncomfortable with the prick of the needle. However much she tried to appear strong, it did hurt a little. And she so much wished that a day will bring a cure for her condition, which had no other treatment than injecting insulin.

She was just five when she was diagnosed with diabetes. She had no clear memory of how it happened, just vague flashbacks. And even those often brought feelings of pain. She had often heard Ammi narrate the event in front of doctors or friends. She had heard from those narratives that just before her diagnosis, she was quite weak. She often fell sick. Ammi and Baba spent a lot of time taking her to doctors. It was Fariha Khala who first suspected Aliya might have diabetes. Of course the idea sounded naive at that time and Ammi refused to take it seriously. Baba too had reasons to ignore Khala’s suggestion; they had no family history of the condition.

Aliya’s health kept deteriorating, and one night Ammi found her unconscious in the bathroom. They urgently took her to the hospital where she was diagnosed with ketoacidosis – a life threatening complication in people with insulin dependent diabetes mellitus. It was almost a miracle that Aliya was saved.

She was in the hospital for the first few days after that. It was a hard time for the whole family. Ayyan was just a new born baby back then.

Aliya still remembered the first time she was in-



jected with insulin. The nurse used to come with the injection before every meal. She wailed and cried every time the inch long needle was injected in her body.

“Aliyaaa!”, Ammi called her. Ammi’s voice shook her out of her muse and she got up to get ready for breakfast.

After breakfast, they went to the bakery to order her cake. She knew she should not be eating much of it so she let Ayyan decide the flavour. Ammi never allowed her to eat much of desserts. She was very fussy about Aliya’s diet due to her diabetes. Though she found it quite frustrating initially, Aliya was now sensible enough to understand it was for her own good. Her stubbornness and love for food had often put her in difficult situations and she would rather give up on her desires than go through another phase of hyper glycaemia or as Ayyan put it – high sugar.

What in fact made her excited about the big day was, the party they had organized for the evening. She had invited all her friends from school and the neighborhood. She and Sara had planned a lot for the party. They intended to organize the whole thing by themselves. Even the invitations were handmade. Ammi had evidently been hesitant in permitting that. However Aliya knew Ammi had to say yes in the end. Ammi and Baba had stopped forcing their wishes on her a long time back. They had given her more freedom on one hand, and restricted her freedom on the other.

On their way back home from the bakery, they stopped at the store to buy some party accessories. She looked at Babas’ watch as they got back into the car. It was 11 am already. “I hope Fariha Khala and Sara have reached home”. She thought aloud. “They must have”, Baba assured her as he started the engine.

She rushed inside to check as soon as they reached home. He was right. Fariha Khala was there in the kitchen with Ammi. Aliya ran and hugged her cheerfully. Khala wished her a happy birthday and told her that Sara was waiting for her in the living room.

Sara was her favourite cousin and best friend. They were both of the same age. Sara supported

her in everything they did. Aliya loved that support. With Sara she could be herself, she could be free.

This was a special friendship for Aliya. She generally only had friends who would pity her or treat her with particular care. Sara did not treat her this way. She never considered diabetes a hurdle in their plans. They took part in sports, debates and all kinds of co-curricular activities in school. And Aliya knew she would never have had the courage to swim the waters without Sara’s non-discriminatory friendship.

“Sara! we brought the accessories!”, Ayyan said cheerfully as soon as he saw his cousin. “Happy Birthday!”, Sara said as she hugged Aliya. Patting Ayyan on the head playfully she continued “let’s get to work young man.” They laughed and went to the drawing room.

They spent the afternoon decorating the room. It was an enjoyable experience indeed. The girls loved planning and organizing events. Aliya had suggested a “frozen” theme for the day. She loved the movie and often imagined herself as Elsa, the princess from the movie. Poised calm and reserved from the outside, while wrestling mighty fears inside.

The drawing room looked lovely when they were done. Blue and white Streamers hanging on the walls and a striking happy birthday banner on the entrance. They taped more streamers on the tables and chairs too. Baba had somehow managed to find birthday caps matching the theme. Aliya also made sure the paper cups, plates and napkins were all in shades of blue and white. They looked gorgeous once all set on the dining table. Aliya was proud of herself once they were done. The drawing room looked lovely.

“You forgot to blow the balloons!” Ayyan pointed out as they started to leave the room for lunch. It was 3 pm already and their stomachs were churning for food.

Ayyan tried to help them by blowing up balloons, it was extremely amusing to see him puffing and blowing hard till he gave up. The girls laughed and laughed. This annoyed Ayyan and he ran after them with the snow spray. The three of them went running towards the kitchen



giggling.

However, what she saw in the corridor stopped Aliya on her track. Samiya aunty was standing there, talking with Ammi and Khala. Sara and Ayyan stopped too. It was impossible to be oblivious to aunty's presence there. Samiya aunty was Aliya's neighbour. She was short heighted and overweight, with a loud and shrieking voice. She often reminded Aliya of the cruel principal she had once seen in a movie. However, this was not why Aliya dreaded her presence. Samiya aunty had a tongue so sharp it could cut through steel. *Aunty Acid*, was what Sara used to call her.

"We're having Aliya's birthday in the evening today", Ammi was saying as she handed her a bowl of sugar. "Please do come".

"Oh I wish I could come but I have to go shopping today", she replied. "Why are you wasting so much money on Aliya's birthday celebration? She's not well anyways. Just get her a few gifts. What if the guests contract the disease from her at the birthday?", she continued. "I am always scared of bringing my kids here. I ask her to send Ayyan to my place sometimes", she was now talking to Fariha Khala.

Aliya's eyes welled up with tears. She just stood there with her feet firm on the ground although she just wanted to run away. Every word of Aunty Acid burnt her inside like acid.

Sara pulled her at the arm, trying to get her out of the corridor before Samiya aunty could notice them. She dragged her to the stairs.

"Don't listen to her Aliya", Ayyan whispered timidly as they climbed a few stairs.

"Aliya is perfectly fine Samiya". They heard Fariha Khala say. "And diabetes is not contagious. She goes to school. Didn't baji tell you? Aliya scored highest in her class this term", her tone was firm. "Now I think you should go back home quickly or you'll be late for your shopping." She opened the front door for her and led her to the gate. Samiya aunty, tongue tied for the first time, left silently.

"Children!", Ammi saw them going upstairs as she returned to the kitchen. Her eyes were watery. Seeing tears in her mother's eyes made Aliya want to hit Samiya aunty. "Come down for

lunch." She said. "Aliya dear, your insulin is on your dressing table." She instructed as she turned into the kitchen.

The three went upstairs to get Aliya's insulin. Aliya picked up the pen and threw it angrily on the floor. She was red with anger and frustration now. Tears rolled down her face, and she sat on the floor. "Why me!" she wailed.

Sara and Ayyan stood at the door, taken aback with Aliya's tantrum. They sat down besides her timidly. Ayyan hugged his sister in an attempt to make her feel better. Sara just sat there quietly. She knew no words could comfort her.

They sat in silence quite a while when Ayyan at last blurted, "Samiya auntys getting fatter and fatter day by day". Aliya and Sara burst out laughing. Ayyan smiled shyly. He felt embarrassed for saying that out loud, but he was happy it lit up his sister's mood. Sara got up and started to mimic Samiya aunty. They had a good laugh. Finally Aliya got up, picked up the insulin and injected the liquid into her body. No matter how much she disliked it, it was necessary to keep her alive and well.

Ammi and Fariha Khala had already had lunch by the time they went downstairs for lunch. They served lunch on the kitchen island, and went to check the arrangements.

They had been quite hungry an hour ago; however Aliya didn't feel like eating now. She ate a few spoons of pasta unwillingly, when Sara and Ayyan forced her. The two kept talking animatedly during the lunch. They discussed the games they could play in the party. Little Ayyan tried hard to include Aliya in the conversation. However Aliya didn't talk much; her thoughts were preoccupied with Samiya auntys' words.

It was 5 pm already when they went back up to get ready for the party. Aliya wore her blue dress. It was just like the one princess Elsa wore in the movie. She looked stunning in it. "Wow! Aliya you look beautiful", Ayyan hugged her. "You are our Elsa", he said. Aliya grinned. She looked at her brother, lovingly. He was six only, yet he always tried his best to make her smile when she was down.

"Let's try to braid your hair like Elsa's", Sara excitedly suggested. She was wearing a pretty

green dress with her long hair tied back in a pony tail. Aliya chuckled, "I should ask Ammi if she can do that". She sure loved the idea. "No, let us try", Sara said as she picked up the brush confidently. Sara started working on Aliya's mane, tugging and brushing unsuccessfully. The three laughed at the final results. It looked nothing like a braid at all. It was quite funny. "We should leave them open." Aliya giggled. Her mood was back to normal now. Somehow she was no more worried what Samiya aunty thought about her.

She took the brush from Sara. Her hands felt weak now. She wondered if her sugar level was low. She should've eaten her meal properly. She tried to focus on her reflection in the mirror but it was not clear enough.

"I think the mirror is not clean." She thought aloud. Taking out a tissue from the box in front she started cleaning it. Her hands were quite sweaty.

"Aliya!", she heard Ayyan shout. "Why are you screaming Ayyan?", she was confused. "Help me clean this", she said. Her feet were now shivering with weakness so she sat down with her eyes closed and shoved the tissue in to Ayyan's hand.

Whatever happened next was all blurred and confusing. When she could think clearly again, she saw the empty juice bottle and her glucometer on the table in front of her. She understood - she was going through a hypoglycaemic condition. Her blood sugar was very low and her cousin and brother had helped her when she could not think clearly.

It was 6:30 pm already. "What are you both doing!!! It is my birthday today! My friends must be waiting", she said angrily, trying to get up. Her body did not respond though, it was still weak and recovering.

"Don't worry! No one has arrived yet", Sara replied. "I'll go and check while you and Ayyan stay here."

"Don't tell Ammi", Aliya mumbled. "I won't", Sara replied, though she seemed quite worried.

After eating some more snacks, she finally felt better. She went downstairs by 7 pm. A lot many of her friends had already arrived and Sara was giving them company.

"Happy birthday Aliya", they sang as she entered the drawing room. Ammi and Baba hugged her.

The birthday was full of fun and entertainment. They talked and played games. They watched a movie. The food was amazing. Ammi and Khala had done a great job.

Aliya looked at the two sitting in the corner, talking. "Aliya is grown up now", Ammi was telling khala. "And she is much more responsible. I didn't have to follow up for her sugar levels today", she continued with a twinkle in her eyes. "And she took care of herself Masha Allah !"

Aliya's heart jumped a beat. She felt a tinge of guilt. I hope she doesn't find out, she thought to herself, her eyes searching for Sara. Sara and Ayyan were standing just behind her. They had overheard Ammi too. They exchanged a knowing look. The three broke into a giggle as they went back to play games with the rest.

Aliya soon got over whatever had happened that day. Aunty Samiya did not matter to her. With her ignorance and bad attitude, Aliya did not understand why Ammi put on with her anyway!?!

Is there a way to make her see the light? Aliya wondered....Perhaps the only way is to show her by example. I must show her the truth by succeeding. One day she will realize whatever she said was wrong... one day she will change her view point and stop being so nasty.... Aliya dozed off to sleep thinking about what she could do to change Samiya aunty's attitude towards her.

Solution to Crosswords:

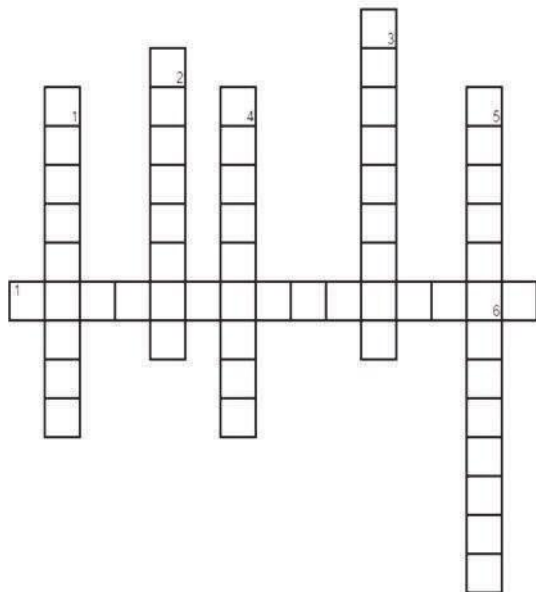
Across: unconsciousness

Down: shakiness , sweating , dizziness, headaches, chills, seizures



FUN AND GAMES

HYPOGLYCEMIA SYMPTOMS



Across

- Lacking awareness and the capacity for sensory perception; not conscious.

Down

- Trembling or quivering
- To excrete perspiration through the pores in the skin; perspire.
- Having a whirling sensation and a tendency to fall.
- A pain in the head.
- A sensation of coldness, often accompanied by shivering and pallor of the skin
- a single episode of epilepsy, often named for the type it represents

Answers on page no. 21

FIND THE SIMPLE CARBOHYDRATES THAT CAN BE USED FOR FIXING LOW BLOOD SUGAR

G F D L V V N C V M I L K W S
A T S P A V Q X H L B J U I X
A V P P K V D P K F V I J R N
R A R Y W A J G G C S O D A H
Y V O D U N E A J U V I Y B Q
D Q K T Q B T H W P N S J O L
P R N Y U U R F Q J U U D K M
F V N T S H R C U V F L F Y N
B X L N A I J O D S S L N B Y
X E R C A Y E N O H T P N K I
G R A X J H S N I S I A R L M
T U G D X O L V S E I D N A C
Q R U N L Q I R J U I C E B J
D M S I V D Y D O D P Q C J O
R N N T V X T D S G D W L C B

Word List

Raisins

Juice

Soda

Sugar

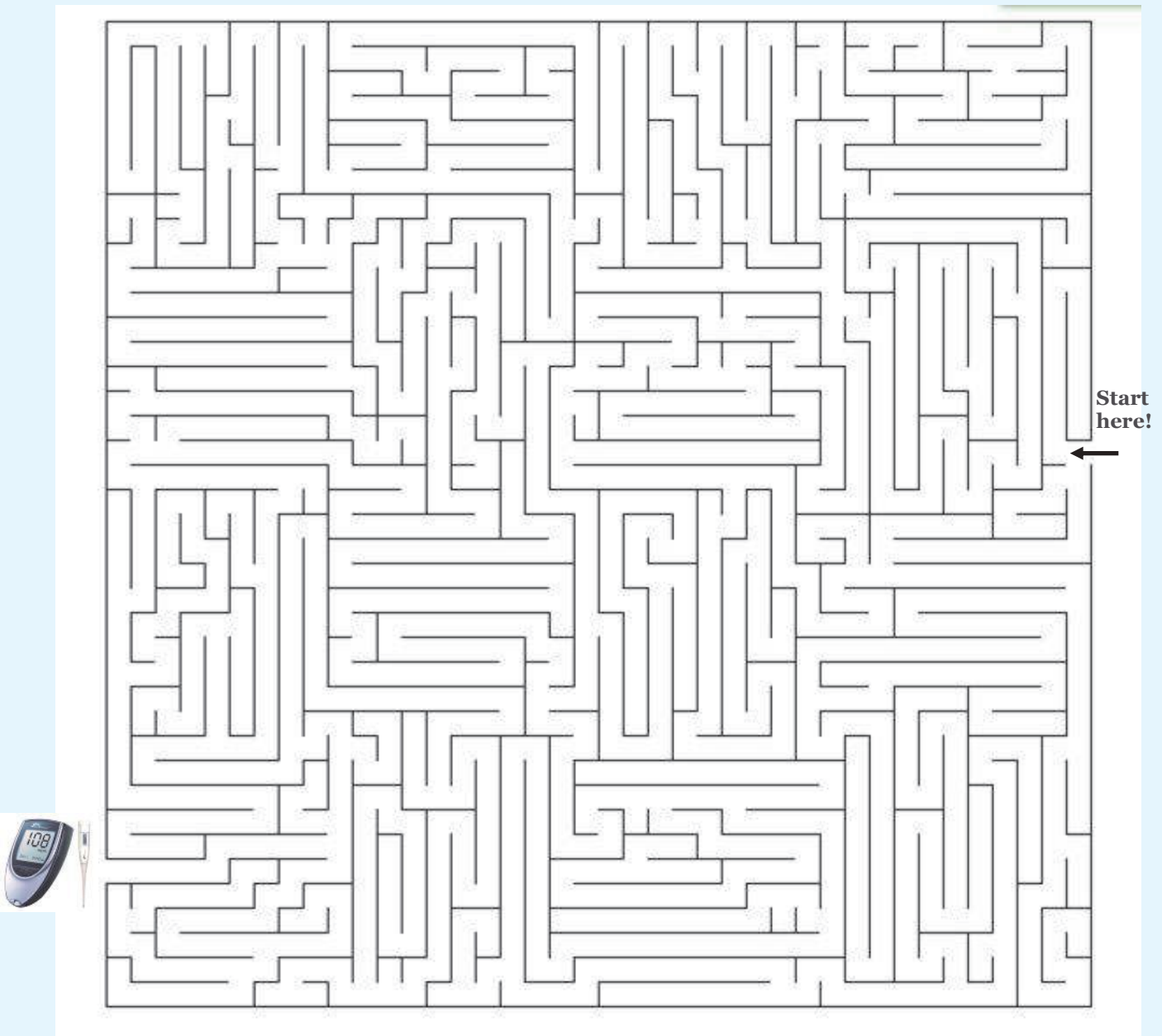
Honey

Milk

Candies

HELP ALIYA FIND HER GLUCOMETER!

Once you feel the symptoms of hypoglycaemia (low blood sugar), you must check your blood sugar levels! Find your glucometer!



Recipe Corner

Winters are fast approaching. Who does not love to have soups and roasts? Find some yummy recipes, that are healthy too! These recipes are low in carbs, and high in proteins. They also contains fruits and vegetables to help you manage your blood sugar levels better.

Spinach and Apple Soup:

Ingredients:

Olive Oil —1 tsp.

Spinach—chopped —1/2 cup

Apple—chopped- 1 (med sized)

Milk—1/2 cup

Onion—chopped—1/2 (small sized)

Chicken Stock—1 and 1/2 cup

Garlic—1-2 cloves (roasted on pan)

Salt and white pepper—to taste

Margarine—chilled—1 tsp

Method:

Heat a non stick pan and place olive oil in it. Add onions, garlic and apples and stir for 2-3 minutes until softened, but not coloured. Then add spinach, salt and pepper. If you like you can add a pinch of nutmeg (jaifal) and cinnamon (daar cheeni) for flavouring. Stir for 1-2 minutes until soft.

Now add chicken stock and bring the mixture to a boil. Blend the mixture in a blender until smooth. Transfer to a to heat until consistency is adjusted. Season with fresh parsley before serving!

Chicken Steam Roast:

Ingredients:

Chicken—1 kg (4 pieces)

Yogurt— 1 cup

Cumin seeds (Zeera)- roasted & powdered - 1 tsp

Coriander (roasted Dhaniya Powder) - 1 tsp

Red chilli flakes—1 tsp

Black pepper (crushed) - 1 tsp

Turmeric powder (Haldi) - 1/4 tsp

Garlic paste—1 tsp

Ginger paste—1 tsp

Carom seeds (Ajwain) - 1/4 tsp

Vinegar or lemon juice— 1 tbsp

Olive oil—3-4 tbsp

Salt—to taste

Method:

Marinate chicken in all the ingredients overnight (or at least for 4-5 hours).

Cook on medium flame until tender. Then cook on high flame until dry. Add olive oil and fry until light brown/ golden.

If you like your meals light, you can skip the last step! Enjoy!

Your Eyes are Precious

Diabetes can harm your eyes. It can damage the small blood vessels in your retina. This condition is called diabetic retinopathy. Diabetes also increases your risk of having glaucoma, cataracts, and other eye problems.

You may not detect a damage to your eyes until the problem has gone very bad. Your doctor can catch the problems early if you get regular eye examinations done.

There are five steps you can take to avoid eye problems.

First and the most important, manage your blood sugar levels properly. In the Diabetes Control and Complications Trial, people on standard diabetes treatment got retinopathy (eye problems) four times as often as people who kept their blood sugar levels close to normal. In people who already had retinopathy, the condition progressed in the tight-control group only half as often.

This shows that you can have a lot of control over what happens to your eyes. Also, high blood sugar levels may make your vision temporarily blurred.

Second bring high blood pressure under control. High blood pressure can make eye problems worse.

Third, quit smoking.

Fourth, It is recommended that you see an eye specialist at least once a year, for a dilated eye exam, even if you don't have an existing eye complication. Having a general practitioner look at your eyes is not enough. Nor is having your eyeglass prescription tested by an optician. Only an optometrists and ophthalmologists can detect the signs of retinopathy. Only ophthalmologists can treat retinopathy.



Ophthalmologist (eye specialist) examining the retina of a patient.

Fifth, see your eye care professional if:

- Your vision is getting blurred.
- You have trouble reading signs or books.
- You see double images.
- One or both of your eyes hurt.
- Your eyes get red and stay that way.
- You feel pressure in your eye.
- You see spots or floaters.
- Straight lines do not look straight.
- You can't see things at the side as you used to.

Your eye exam may include:

- Dilating your eyes to allow a good view of the entire retina (back of the eye). Only a specialized eye doctor can do this exam.
- At times, special photographs of your retina may replace the dilated eye exam. This is called digital retinal photography.

Your doctor may ask you to come more often than once a year. Your eyes are precious. Take good care of them.

14TH NOVEMBER—WORLD DIABETES DAY

World Diabetes Day is a time for all of us to unite and speak out about the realities of living with diabetes. Diabetes is not as simple as ABC. It affects the person's physical and emotional wellbeing, and productivity. With the growing numbers of people living with diabetes, and those at risk of it, the time to act is NOW!

WDD was created in 1991 by the International Diabetes Federation (IDF) and the World Health Organization (WHO) due to the increasing threat to global public health and economy, posed by diabetes. It marks the birthday of Sir Frederick Banting, the discoverer of the method by which insulin could be extracted from a pancreas. Using this methodology, he started the

production of insulin that could be used by people with diabetes, as a treatment.

The international diabetes community (including people with diabetes, diabetes advocates, care givers, health care professionals, policy makers and industry) need to take concrete and coordinated steps to confront diabetes as a global health issue.

In 2015, the campaign focuses on healthy eating. Healthy eating is important to manage diabetes on every day basis, as well as to prevent type 2 diabetes. Healthy eating is important not only for people with diabetes or those at risk of it, but also for people with other types of health conditions.

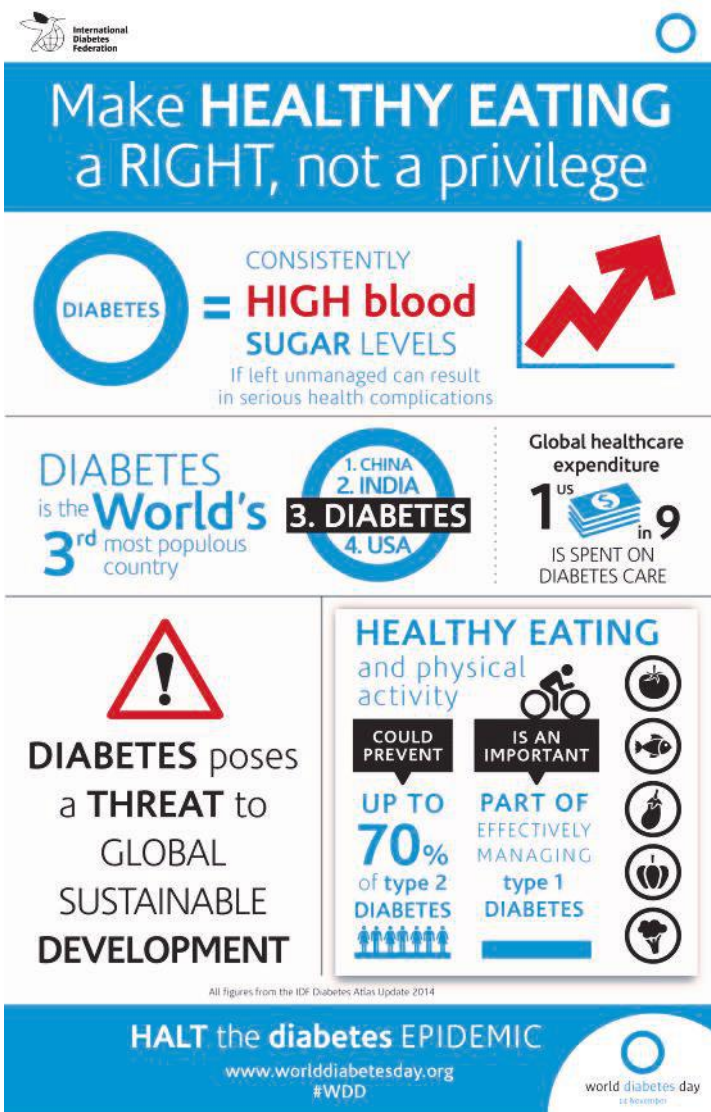
Access to information and healthy food should be a right of every human being, not a privilege of the well educated or the rich.

Today, we buy carbonated cold drinks and mineral water at the same price. A bowl of salad is as expensive as a personal sized pizza. Unrestricted promotion of unhealthy food has put all the world at risk!

Join hands with Meethi Zindagi in speaking out loud! Meethi Zindagi calls out to educational institutes, government, food industry, and people:

- Make healthy food easily available at affordable prices, in school canteens, grocery stores and restaurants.
- Curtail unrestricted promotion of junk food.
- Include information about healthy eating as part of the elementary school syllabus!

Let's eat healthy, to be healthy!



The infographic is a vertical layout with a blue and white color scheme. At the top, it says 'Make HEALTHY EATING a RIGHT, not a privilege'. Below this, a circular graphic shows 'DIABETES = HIGH blood SUGAR LEVELS' with a red arrow pointing up. Text below states 'CONSISTENTLY' and 'If left unmanaged can result in serious health complications'. The next section features a world map with 'DIABETES is the World's 3rd most populous country' and a circular graphic showing '1. CHINA, 2. INDIA, 3. DIABETES, 4. USA'. To the right, it says 'Global healthcare expenditure 1 US \$ in 9 IS SPENT ON DIABETES CARE'. The bottom section has a warning triangle icon and text 'DIABETES poses a THREAT to GLOBAL SUSTAINABLE DEVELOPMENT'. It also includes a 'HEALTHY EATING and physical activity' section with icons for a bicycle, apple, fish, egg, and heart, and text 'COULD PREVENT UP TO 70% of type 2 DIABETES' and 'IS AN IMPORTANT PART OF EFFECTIVELY MANAGING type 1 DIABETES'. At the very bottom, it says 'HALT the diabetes EPIDEMIC' with the website 'www.worlddiabetesday.org' and hashtag '#WDD'. A small logo for 'world diabetes day 14 November' is in the bottom right corner.

International Diabetes Federation

Make **HEALTHY EATING** a **RIGHT**, not a privilege

DIABETES = **HIGH blood SUGAR LEVELS**
CONSISTENTLY
If left unmanaged can result in serious health complications

DIABETES is the **World's 3rd** most populous country

1. CHINA
2. INDIA
3. **DIABETES**
4. USA

Global healthcare expenditure
1 US \$ in **9**
IS SPENT ON DIABETES CARE

DIABETES poses a **THREAT** to **GLOBAL SUSTAINABLE DEVELOPMENT**

HEALTHY EATING and physical activity

COULD PREVENT **UP TO 70%** of **type 2 DIABETES**

IS AN IMPORTANT PART OF EFFECTIVELY MANAGING **type 1 DIABETES**

HALT the **diabetes EPIDEMIC**
www.worlddiabetesday.org
#WDD

world diabetes day
14 November



MeethiZindagi (eMZee)

Membership Form

Personal Information:

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Prof. ☐ Dr. ☐ Other (Please specify): _____
First Name: _____ **Middle Name:** _____ **Last Name:** _____
Date of Birth: _____ **Gender:** ☐ Male ☐ Female **CNIC No.:** _____

Contact Information:

Present Address: _____
City: _____ **Province:** _____
Permanent Address: _____
City: _____ **Province:** _____
Phone Number(s): Mobile: _____ Home: _____ Work: _____
Email Address: _____

Work Information:

Occupation: _____
Current Job: _____

Institution / Organization and Address:

Medical Information: *Please note that this information is only required to send you newsletters and activities announcements according to your needs and interest. This information is confidential and will not be shared with any third party.

Relationship with diabetes (tick all that apply):

- ☐ I have diabetes
- ☐ I have a parent(s) with diabetes
- ☐ I have a child with diabetes
- ☐ I have a brother / sister with diabetes
- ☐ I have a close friend with diabetes
- ☐ I have a life partner with diabetes
- ☐ I am a professional, treating/involved with diabetes





MeethiZindagi (eMZee)

Membership Form

If you are a person with diabetes, please specify your own details. If you have some other relationship / interest / dealing with diabetes, please specify the details accordingly.

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Gestational ☐ At risk ☐ I don't know

Treatment: ☐ Insulin ☐ Pills ☐ Homeopathic ☐ Herbal / traditional ☐ Diet and Exercise
☐ No treatment ☐ Other (please specify) _____

Date of Diagnosis: _____

Payment Details: ☐ Cash
☐ Bank Draft _____
☐ Pay Order _____

Membership Details:

- ☐ PWD Membership (for people with diabetes)
☐ Type 3 Membership (for family and friends of people with diabetes)
☐ Professional Membership (for professionals treating /dealing with diabetes)
☐ Patron Membership (Lifetime membership for individuals & corporations sharing eMZee's mission & objectives)

Time Span of Membership:

- ☐ 1 year
☐ 5 years
☐ Lifetime

** I agree to abide by the rules and regulations of eMZee and all its governing laws.*

Signature _____

Full Name: _____

Date: _____

Membership Fee details:

PWD & Type 3 Membership: Rs. 500/- for 1 year
 Rs. 2000/- for 5 years
 Rs. 5000/- for lifetime

Professional Membership: Rs. 1000/- for 1 year
 Rs. 4000/- for 5 years
 Rs. 10,000/- for lifetime

Patron Membership: Rs. 50,000/- for individuals
** For corporations, as decided by the Executive Board*

For Office Use Only:

Received with thanks from _____ on _____ an
 amount of Rs. _____ via cash / cheque / pay order/ bank draft no. _____ for mem-
 bership category / time period _____

www.meethizindagi.org
contact@meethizindagi.org

33/57, Lake View Home, Opp. New CSD,
 Sher Shah Road, Multan Cantt, Multan,
 60000, Pakistan.

+92 308 6770106

Planned Activities for 2015–16:

Quarterly newsletters
Diabetes fun camps & retreats

Benefits of Membership:

- Free subscription quarterly magazine
- News & information about upcoming events
- Free participation in all public events
- Discount on any paid activities (e.g. out of city retreats)
 - ⇒ 20% discount for 1 year members
 - ⇒ 50% discount for 5 year members
 - ⇒ 100% discount for lifetime members

JOIN THE COMMUNITY. SHARE YOUR EXPERIENCE.

www.mydiabetestory.com





میری ذیابیطس کی کہانی MY DIABETES STORY ONLINE COMMUNITY



Sana Ajmal
Diabetes Advocate and Pakistan
Ambassador on My Diabetes Story

My Diabetes Story is an online community for people with diabetes, their families and friends to get together and share their experiences across countries in the Middle East & Pakistan.

My Diabetes Story online community is your platform to ask questions and discuss various topics related to managing life with diabetes.

Endorsed by:



Supported by:



SANOFI

MEETHI ZINDAGI MEMBERSHIP:

If you wish to get Meethi Zindagi's membership please fill and cut out the form on last page.

You can post us the form, along with a bank cheque, draft or pay order, for the mentioned amount on the following address:

33/57, Lake View Homes, Opposite, New CSD, Sher Shah Road, Multan Cantt., 60000, Multan, Pakistan.

For any queries regarding membership, please contact us:

Phone: +92-3086770108

Email: contact@meethizindagi.org

Within 30 days of receiving the form, Meethi Zindagi will send you a membership card.

The membership is renewable but not transferable.

ZANDILE SIGNORIA MZAYIFANI
Zandile has type 2 diabetes



diabetes is changing the world – how can we change diabetes?

To tackle the diabetes pandemic, we need global action. Today, Zandile is one of 382 million people living with diabetes.¹ Unless things change, by 2035, she could be one of 592 million.¹ Through our Changing Diabetes® programmes and partnerships, we are pushing diabetes to the top of health agendas around the world and advocating for practical solutions that will set change in motion.

Learn more about how we are changing diabetes at novonordisk.com

Follow us on    

1. International Diabetes Federation. IDF Diabetes Atlas, 6th edn.

changing
diabetes



Send us your queries, comments, suggestions, articles, poems and artwork at:

Post: 33/57, Lake View Homes, Opposite New CSD, Sher Shah Road, Multan Cantt., 60000, Multan, Pakistan.

Email: contact@meethizindagi.org

Visit our website: www.meethizindagi.org

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