

Resveratrol Reduces Testosterone and DHEAS in PCOS (Polycystic Ovarian Syndrome)



Resveratrol, a natural polyphenol, reduced serum levels of both testosterone and dehydroepiandrosterone sulfate (DHEAS) in women with polycystic ovarian syndrome (PCOS), in a small double-blind study.

As reported in the *Journal of Clinical Endocrinology*: 1,500 mg of resveratrol, a natural polyphenol, was beneficial at lowering total testosterone levels by over 23%.

PCOS affects an estimated 5 million to 6 million women in the United States, is primarily characterized by hyperandrogenism and ovulatory dysfunction, and is considered the most common endocrine disorder of women of reproductive age.

Source: Medpage Today

Journal of Clinical Endocrinology and Metabolism

The Good, the Bad, and the Ugly: Of Facebook and Forums



THE GOOD

The internet contains a wealth of medical information. You can google just about anything and find what you are looking for. It is also a place to meet others with the same medical condition and get advice. You don't feel so lost and alone when you join support groups and Facebook pages.

THE BAD

On the flip side, the internet can be a huge source of misinformation and a place to encounter the bullies were they reside.

For example, no blogger or organization can post something related to research and new treatments for diabetes without a flood of the following type of comments:

“That’s not good enough”

“WE WANT A CURE!!!!!!”

“Who cares, we won’t be able to afford it anyways”

“It’s just a big conspiracy to make money off their drugs and

devices”

“This stuff can kill you!”

The ironic thing is, when a cure comes to pass – it might be a drug, or it might be a vaccine. Will the same people then be ranting about the cost of the drug, that it’s a conspiracy, or that vaccines will kill you. From the nature of a lot of comments, you can tell that people commented, often negatively so, without even have read the article/news report. The comment had no bearing to what the information was even about. Then there is the ugly.

THE UGLY



One of the most egregious example of “the ugly” I have seen in the internet on support group forums was in the comment sections of the facebook page of a popular blog on Hypothyroidism. A women had come on to say that she was “run off” by bullies just because she had commented that she liked her physician and was happy with her therapy by the conventional medicine way. She was told to go away, that this was a place where people go to to complain about their doctors and complain about their mistreatments.

Negativity was the rule here, no room for someone who had a good experience to report. I am sure most people with something positive to say were already run off and those still there were so in secret, being afraid to make a comment that was deemed to not be negative enough. This woman had left her positive experience, not to criticize or devaluate those who were unhappy, but to let others especially newly diagnosed

people to know that most likely things were going to be ok.

What Can You Do?

The problem with this is that the vocal minority rules. People searching out information are unduly frightened as all there is to read are hyperbolic horror stories. By human nature, there will be less upbeat comments from the happy campers. Happy campers are out there in the world being happy and not taking the time to comment on a blog, forum, or Facebook post. However, their presence is very much needed. Time for the silent majority to not be so silent and help those who are in need of information be able to obtain it in a more balanced and useful manner.

What Will You Do When Disaster Strikes?



Click on the image to go to the checklist

“Advance preparation is a key defense for chronic disease management during emergencies.”

When you're dealing with a chronic medical condition like diabetes, diligence and preparation are key.

But when an emergency situation or natural disaster strikes at your home or workplace – whether fires or floods, hurricanes, blizzards or even something like an unexpected auto breakdown – the disruption of a normal routine and limited access to much-needed resources can create chaos.”

Read more at [My Diabetes Emergency Plan](#)

Before Using Prescription Medication for Diabetic Neuropathy – Try These Supplements



Clinical studies suggest use of benfotiamine (a specific form of B1) and methylcobalamine (a specific form of B12) with right alpha lipoic acid can reduce neuropathy in as little as 3 weeks... Years of clinical studies have proven that these ingredients work at eliminating unwanted symptoms from nerve pain. In fact, many of the studies conclude that these forms of B vitamins and R-Alpha Lipoic Acid actually reverse neuropathy...

– Read more at DiabeticConnect.com

R-alpha lipoic acid on Amazon

Vitamin B12 (Methylcobalamin) and Vitamin B1 (Benfotiamine) on Amazon

Please consult your doctor before undergoing any health treatments or taking new supplements. This post, and all information on this site, is for educational and informational purposes only.*

Going To The Grocery? Making A List Will Help You Make Better Choices.



Americans are increasingly shopping from places other than grocery stores – like warehouse clubs and convenience stores – and have been purchasing unhealthier foods, according to a new study.

According to Dr. Ichiro Kawachi, chair of social and behavioral sciences at Harvard School of Public Health in Boston, “The typical supermarket these days is carefully engineered so that they are constantly tempting customers to make impulse purchases and unwise food choices (e.g. placing candies at the checkout.) Having a plan and sticking to it is a good start to pre-committing yourself to a healthy purchase pattern.”

Researchers surveyed more than 1,300 mostly overweight and obese residents in two poor, primarily African American communities and found that shoppers who regularly made grocery lists also made higher quality food choices and had lower body weights.

Grocery store chains consistently had the lowest caloric profiles and had better nutrient densities. Convenience stores had the food with the most sugar – more than 35% of all calories purchased there came from gum and candy – and warehouse clubs had the most sodium.

Sources:

www.medpagetoday.com

www.reuters.com

The Google and Diabetes Connection



Technology platform giant **GOOGLE**, via their Life Sciences division, is using their expertise in electronic miniaturization along with their data collecting/ sharing abilities to team up with Dexcom, makers of a popular Continuous Glucose Monitoring Sensor shown above (CGMS) to make much smaller continuous monitoring device that might be as small as a dime and worn like a bandage like patch. The data collected will be transmitted to a smartphone. The data can undergo analytics to help direct therapy, not only for the individual, but also due to large data collection, might help with care population based.

Google is also working with pharmaceutical company Novartis on the **Google Contact Lens** that obtains glucose readings through your tears. They have already received the patent on this and it's in the works.



Why is Google in on the **diabetes** monitoring game (besides it being an estimated 17 billion dollar industry)? For one thing,

currently the Dexcom as well as the Minimed/Medtronic pump with continuous glucose sensor have iPhone applications available. Though Minimed is working on getting their app on Android, Google being in on it “ground floor” obviously will help promote Android and the Google brand.

Source: Google Developing Bandage Sized Glucose Monitor

Double Diabetes – An Increasing Epidemic



From the NY Daily News

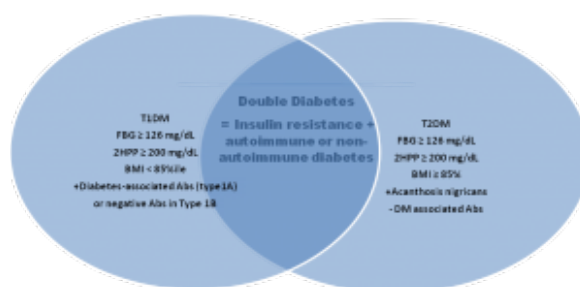
As reported on ABC News, there has been a recent brouhaha over an inappropriate tweet made by the CEO of CrossFit and the ensuing Twitter exchange between him and singer/Type 1 diabetes advocate, Nick Jonas, regarding consumption of sugary beverages and developing diabetes. Some people misinterpreted the ensuing exchange as if CrossFit was claiming that sugar *causes Type 1 diabetes*. (It doesn't. Type 1 diabetes is an autoimmune disease where the pancreas gets attacked by antibodies and can no longer produce insulin.) CrossFit then put up a Facebook post clarifying what they meant, saying

their intention was to warn people that drinking sugary beverages *can lead to* **Type 2 diabetes** and wanted to help prevent people with Type 1 Diabetes from *also developing* Type 2 Diabetes.

Once again, CrossFit got pounced on by people misreading what they said and interpreting it as “Type 1 diabetes can ‘turn into’ Type 2 diabetes.” Hold on! “Can lead to” and “can turn into” are **not** the same thing.

Can a person with Type 1 diabetes **also develop** Type 2 diabetes? YES. It is becoming an increasing epidemic and is referred to as “Double Diabetes”.

From the Medscape article listed below: “It is quite possible to have a patient who develops DM1 due to autoimmune destruction of beta cells who also has the genetic predisposition for insulin resistance. Therefore, if this patient gains weight and becomes more sedentary, insulin resistance and features of the dysmetabolic syndrome could occur.”



From NY Daily News

Everyday Health has an article on Double Diabetes – published in 2009. This is not something new. You can read it here: [The Double Diabetes Epidemic](#)

While CrossFit’s tweet was uncalled for, and their lack of apology unfortunate – as well as doing a poor job explaining what they meant – the whole exchange did lead to more

awareness of this important topic. Once the brouhaha is over, and the flurry of rants is over on social media, more thoughtful discussion can occur. The diabetes epidemic is real, and the double diabetes epidemic is real.

Scholarly articles:

- Metabolic Syndrome in Type 1 Diabetes from Diabetes Care
 - Adult Patients with Type 1 Diabetes on the Metabolic Syndrome on Medscape
 - Metabolic Syndrome and Type 1 Diabetes: Prevalence and Risk Factors
 - Double Diabetes: The Search for Treatment Paradigm in Children and Adolescents from “Hot Topics in Endocrine and Endocrine-Related Diseases”
-

Have Diabetes, Will Travel

Traveling With Diabetes

Having diabetes should not stop you from doing the things you love, and that includes traveling. Below is a collection of sources on traveling with diabetes:

From Empower Your Health: Travel Check List

To help you pack for your trip, here is a checklist of supplies to take:

1. Diabetes pills, insulin in vials or pens, or other injectable diabetes medicines

2. Syringes or insulin pens
3. Glucose monitoring equipment – glucose meter, lancet device and lancets
4. Snacks
5. Diabetes identification – wallet card, necklace and/or bracelet
6. Emergency supplies – such as quick-acting sugar, like glucose tablets, and ketone test strips. If you use insulin, also bring a glucagon emergency kit.
7. Other helpful supplies in the event of illness – antinausea, anti-diarrhea medicines such as Compazine®.

For further tips on being prepared for travel, including what to do about insulin pumps and CGMS and a sample travel letter, visit [Empower Your Health: Travel Tips for People with Diabetes](#)

From the American Diabetes Association a printable PDF on the TSA rules and your rights: [Travel and Diabetes Fact Sheet](#)

Have questions on how to dose your insulin when traveling across time zones? Good information can be found in this article of [Clinical Diabetes: Have Insulin, Will Fly: Diabetes Management During Air Travel and Time Zone Adjustment Strategies](#)

Can Eating This Healthy Breakfast Help Lower Your Risk for Diabetes?



What's for breakfast?

Yogurt would be a good choice according to a report in BMC Medicine. Having a 1 cup serving of yogurt a day might decrease your risk of developing **type 2 diabetes** by 18%.

Endocrinology's Spin: Yogurt is a staple of the Mediterranean diet which has been shown to have health benefits in the prevention and treatment of diabetes. Inflammation and gut bacteria are hot topics on this subject as well. So we suggest plain low fat greek yogurt with active cultures. Sweeten with stevia or a little honey, sprinkle with ground flax seed, and add a few berries and nuts such as walnuts and pecans. Yum.

BMC Study Details here:
<http://www.healio.com/endocrinology/diabetes/news/online/%7B911926bd-9a5a-4f16-ae83-4b3104749e62%7D/daily-yogurt-consumption-decreased-risk-for-type-2-diabetes>

Mediterranean diet and Diabetes here:
<http://www.webmd.com/diabetes/news/20140327/take-heart-mediterranean-diet-combats-diabetes-study-says>

Lactose Intolerant and Hypothyroid?



Are you **hypothyroid** and have been told your T4 dose requirement is too high?

Lactose intolerance can be one of the reasons you need a higher dose of thyroid replacement than what is typical. A study in the Journal of Clinical Endocrinology & Metabolism reported that those with lactose intolerance required 1.72 mcg/kg of T4 a day to reach a TSH of about 1.3 versus 1.29 mcg/kg in those without lactose intolerance. Patients with additional GI tract problems required 2.04 mcg/kg a day.

“These findings show that lactose intolerance significantly increased the need for oral T4 in hypothyroid patients.”

Source: “Systematic appraisal of lactose intolerance as cause of increased need for oral thyroxine”

J Clin Endocrinol Metab. 2014 Aug;99(8):E1454-8. doi: 10.1210/jc.2014-1217. Epub 2014 May 5.