

DIABETES WATCH

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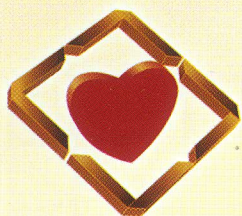
Freddie Santos
- *On top of the world!*

**Sick on the job
with diabetes**

**Endocannabinoids
-the brain's marijuana**

Diabetes and alcohol





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1. Cuzi K, Consoli A, DeFronzo RA. Metabolic effects of metformin on glucose and lactate metabolism in non-insulin dependent diabetes mellitus. J Clin Endocrinol Metab 1996; 81 (11): 4059-67.
2. Landin K, Tengborn L, Smith U. Treating Insulin Resistance in hypertension with metformin reduces both blood pressure and metabolic risk factors. J Intern Med 1991 Feb; 229:181-7
3. UK Prospective Diabetes Study (UKPDS) Group. Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34). Lancet 1998; 352: 854-865.



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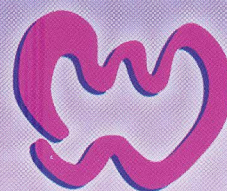
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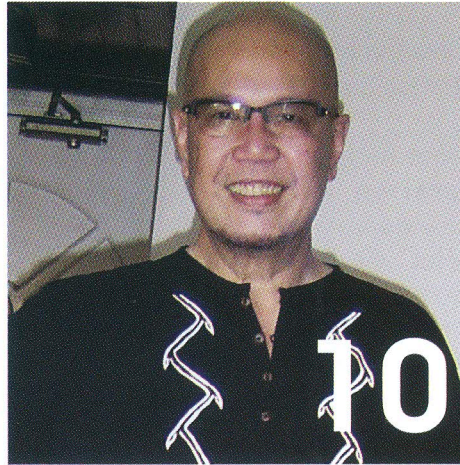
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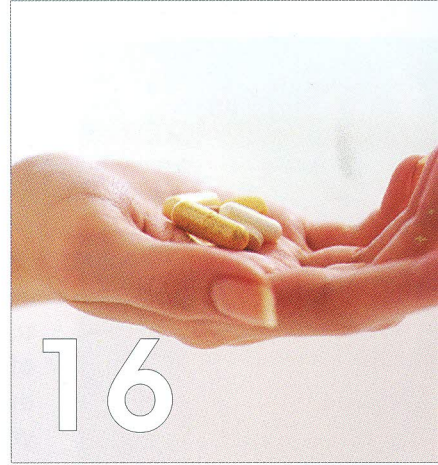
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-- Write a 50,000 word novel in 30 days!



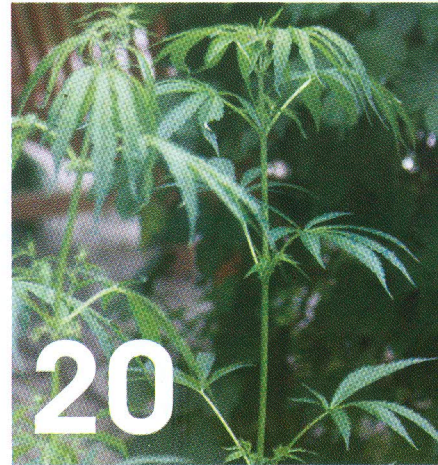
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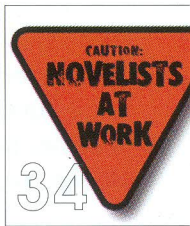
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FROM THE EDITOR'S DESK



The International Diabetes Federation and the IDF-WPR

The International Diabetes Federation (IDF) is a worldwide alliance of 200 diabetes associations in 158 countries, who have come together to enhance the lives of people with diabetes everywhere. For over 50 years now the IDF has been the global advocate for diabetes. It is the mission of IDF to promote diabetes care, prevention and a cure worldwide. The Federation is committed to raising global

awareness of diabetes, promoting appropriate diabetes care and prevention, and encouraging activities towards finding a cure for the different types of diabetes.

IDF has seven regions based on the regional structure of the World Health Organization. These regions are Africa, Eastern Mediterranean and Middle East (EMME), Europe(EUR), North America (NA), South and Central America (SACA), Southeast Asia(SEA) and Western Pacific (WPR).

The IDF Western Pacific Region (IDF-WPR) is the largest of the IDF Regions in terms of population and is the most diverse economically, politically and culturally. At present the IDF-WPR consists of 22 member associations from East Asia, the South-East Asian Peninsula and Oceania. The current chair is Gordon Bunyan, Australia and Vice-Chair Yutaka Seino, Japan. The Regional Office Manager is Esther Ng and the regional office is located at 17, Ang Mo Kio Avenue 9#02-12, Ang Mo Kio Hospital, Singapore.

The Philippine Diabetes Association has been an active member of the IDF and has sat on the General Council of the IDF-WPR for more than a decade now. As the country advocate for diabetes it will continue to be a strong force caring for concerns of people with diabetes nationwide.

Ma. Teresa Plata-Que



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Be the prime mover of excellent diabetes care and prevention in the Philippines

OUR VISION

A diabetes-free Philippines.

OUR VALUES

Integrity Above all, the nobility of our purpose. We serve patients, pursue education and conduct research with passion and without regard for personal gain. Honesty and transparency rule our behavior in relating with fellow members, partners, supporters and other stakeholders of our association.

Excellence Obsessed perfectionists, we expect from ourselves only the best effort. We continuously upgrade our knowledge and skills, adopt ever-improving technologies, and expand the reach of our services to attain a diabetes-free Philippines. Our mentors, generous with their knowledge and time, model excellent leadership.

Cooperation we work as one for the common good, enjoying the camaraderie, observing politeness and maintaining loyalty even in dissent. We partner with companies and other specialties that reach for the same goal. Caring for everyone's well being, we make work pleasant for members and staff.

Commitment Persistent in our search for solutions to diabetes, we have selflessly devoted over four decades to the improvement of diabetes care, education and research to prevent the onset of the disease in high risk individuals and the complications in those already afflicted by it. We take on responsibilities with diligence until their successful conclusion. We shall not rest until we achieve a diabetes-free Philippines.

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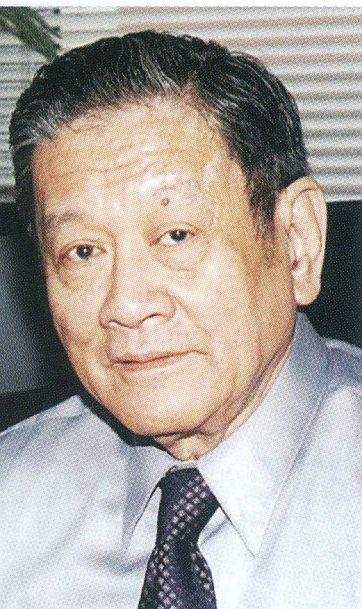
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MEANDERINGS



Coffee, anyone? - It may reduce your risk for diabetes!

Augusto D. Litonjua, MD
Editor Emeritus

"Past and current coffee drinkers had a lower risk for 'incident diabetes' (no diabetes at the start of the study, and a positive glucose tolerance test at the end of the study)".

Recent years have seen the proliferation of coffee shops in the metropolitan area, as well as in the rest of the country as a whole. What does this have to do with diabetes? Plenty! - if the findings of a large prospective study reported in the November 2006 issue of Diabetes Care is to be believed. Of course the study confines itself to the consumption of pure coffee - without the additives which coffee shops offer. So what does the study conclude? - that coffee consumption reduces the risk for type 2 diabetes by 60 % compared with those who do not drink coffee!

The study took place between 1984-1987 and 1992-1996. The investigation followed up 910 adults aged 50 years or older without diabetes at the start of the study - by history and by oral glucose tolerance test (blood sugars are obtained before and after the intake of a pure glucose solution). They were followed up for 8 years after assessment of coffee intake, when they were made to undergo another glucose tolerance test.

The results?

1. Past and current coffee drinkers had a lower risk for 'incident diabetes' (no diabetes at the start of the study, and a positive glucose tolerance test at the end of the study).
2. About 300 participants who had glucose abnormalities at the start of the study not falling in the category of diabetes (blood sugar levels between the normal and the diabetic values, or impaired category) did not proceed to manifest diabetes at the end of the study.

The results in coffee drinkers were compared with those of subjects who never drank coffee during the study. The authors conclude, "The study confirms a striking protective effect of caffeinated coffee against incident diabetes and extends these findings to incident diabetes based on OGTT (oral glucose tolerance test) independent of multiple plausible confounders."

Of course, other earlier studies also reported the beneficial effects of coffee drinking, dating back to 2002 and 2004, although the earlier studies did not use the oral glucose test as confirming the absence or presence of diabetes.

How does coffee confer its protection against the development of diabetes? The exact mechanism is not known. An earlier study by Wu and colleagues (Diabetes Care, June 2005) showed that coffee reduces the C-peptide levels in coffee drinkers, especially in overweight and obese American women. C - peptide is a marker for insulin secretion and for insulin levels in the blood, as it is co-secreted with insulin by the beta cells of the pancreas. Too much C - peptide (and therefore of insulin) in the blood suggests that the beta cells are over-producing insulin, because the tissues are not responding to normal levels - a state of insulin resistance. When this happens, there will come a time when the beta cells will become exhausted, and their ability to produce insulin (or C-peptide) will diminish and diabetes ensues. Thus, low levels of C-peptide suggest that the tissues have regained their normal sensitivity to insulin, and could therefore prevent diabetes, if there was insulin resistance before, such as what exists in overweight and obese individuals.

“The study confirms a striking protective effect of caffeinated coffee against incident diabetes and extends these findings to incident diabetes based on OGTT (oral glucose tolerance test) independent of multiple plausible confounders.”

Several questions come up.

Is there a relationship between the degree of protection against diabetes with the amount of coffee consumed? There is no relationship between the number of cups of coffee consumed and the protection against diabetes.

Is there a relationship between the kind of coffee and the protection against diabetes? Arabica coffee beans are the preferred coffee in most countries, whereas, robusta coffee is the choice in France, Italy, Portugal and UK. There is less diabetes in the latter countries as compared to the rest of the world.

Is there preferred way of preparing coffee that imparts greater protection? Drip filtered coffee seems to be more



protective against diabetes than boiled coffee, as suggested by 2 Finnish studies.

Do all caffeinated drinks impart the same protection as caffeinated coffee? The 2005 study showed that the reduction of the C-peptide occurred whether what was ingested was caffeinated or decaffeinated coffee. However, tea did not produce such lowering of the C-peptide.

How long does one have to drink coffee to get the protection against diabetes? The consumption of coffee must be chronic, i.e., within one year or several years.

What in coffee is protective against diabetes? The 2005 study showed that it is not caffeine that does this, since the decrease in C-peptide occurred also with decaffeinated coffee. The reduction in risk for diabetes with coffee must reside in other compounds in coffee. Candidates include quinides, trigonelline and chlorogenic acid. Chlorogenic acid is a particularly strong antioxidant. Antioxidants may improve insulin sensitivity in human type 2 diabetes and decrease insulin levels in rats. Chlorogenic acid may combine with other antioxidants in coffee to decrease oxidative stress.

Coffee, anyone? 



EVERYTHING YOU'VE ALWAYS WANTED TO KNOW ABOUT DIABETES (BUT WERE AFRAID TO ASK...)

Roberto C. Mirasol, MD
St. Luke's Medical Center



Hypoglycemia or low blood sugar is such a common occurrence in diabetes. In fact, because of the recent large studies that advise physicians and patients to keep sugars as close to normal as we can get them, the incidence of hypoglycemia has increased tremendously. This is the price of tight control of blood sugar. Fear not! We should learn to recognize it and treat it. Read on to learn more.

Q

What is hypoglycaemia?

Hypoglycemia is when your sugars go down too low. The manifestations of hypoglycemia can vary from person to person. The degree of hypoglycemia also is different from one person to another. Usually the symptoms resolve once treatment is instituted.

Q

How do I know if I'm experiencing hypoglycemia?

You may feel heart palpitations, tremors, shakes, anxiety, excessive sweating and hunger pangs. These symptoms are rather non specific and you may need to check your blood sugar levels. If you do not have a meter and strongly suspect your sugar is getting too low, eat or drink something sweet. If the symptoms resolve, that is hypoglycemia. Anyone who has experienced an episode of hypoglycemia describes a sense of urgency to eat and resolve the symptoms. They act as warning signs. The symptoms provide a person the opportunity to raise blood glucose levels before the brain is affected.

Q

If I do not recognize it, what then happens?

The symptoms are now more pronounced and you may feel confused. You may exhibit abnormal behavior and may not be able to do routine tasks. In severe cases, you may lose consciousness or develop seizures. This is the reason why we need to recognize it early. Family members should also know the symptoms and know how to treat it.

Q

I thought high blood sugars are bad, is low blood sugar also bad?

Our body needs energy to function. One of the sources of energy is sugar in the form of either simple or complex carbohydrates. Lack of sugar will make us weak. Our brain likewise needs sugar to function. The brain does not make its own sugar. That is the reason why in very low sugars the symptoms are due to brain dysfunction.

Q

Am I at risk for hypoglycemia?

Diabetic patients are always at risk. Those at risk are patients who have multiple oral medicines for diabetes, those on insulin, elderly patients, those with chronic kidney disease. Missing your meals, wrong timing of food, insulin or oral tablets, excessive exercise and excess alcohol intake may make you more prone to hypoglycemia.

Q

At what level of sugar should I be concerned?

The body's biochemical response to hypoglycemia usually starts when sugars are in the high/mid 60's. At this point, the liver releases its stores of glucose to check the low blood sugar. Insulin secretion decreases and hormones that promote higher blood glucose levels, such as glucagon, cortisol, growth hormone and epinephrine, all increase. This process occurs without any clinical symptoms. While there is some degree of variability among people, most will usually develop symptoms suggestive of hypoglycemia when blood glucose levels are lowered to the mid 50's.

Q

How should hypoglycemia be managed?

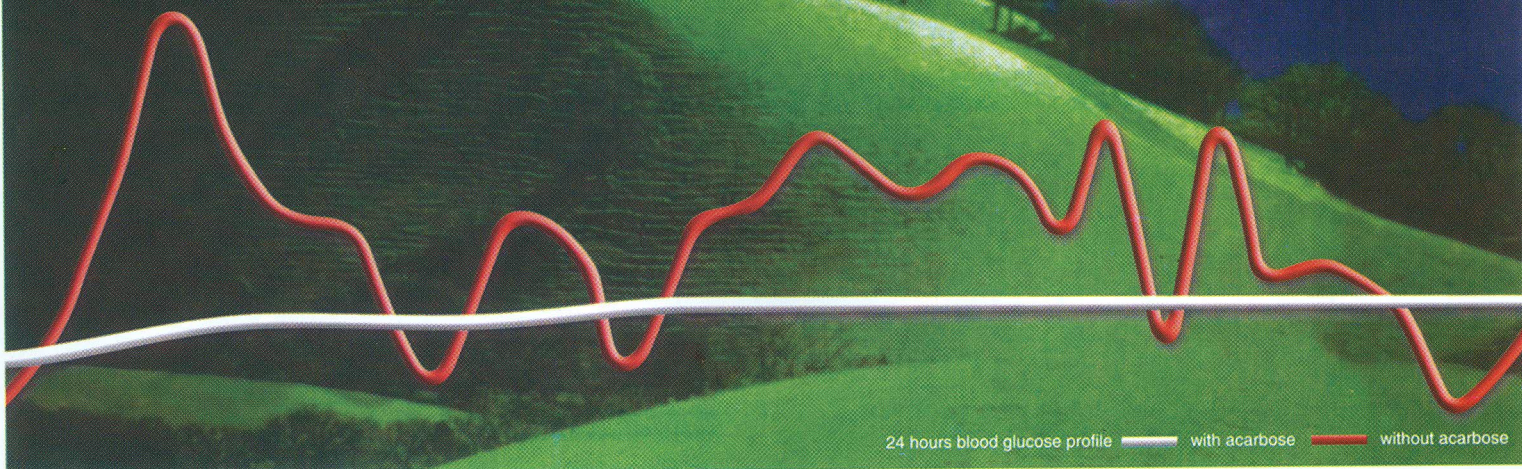
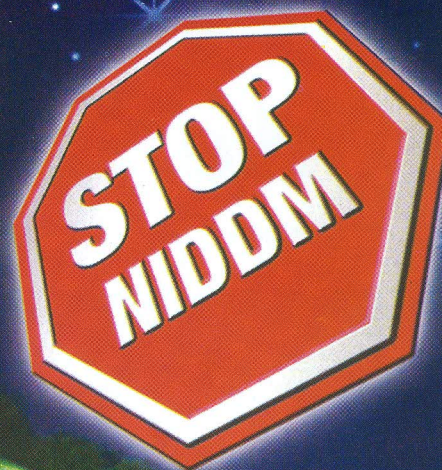
Give a source of easily absorbed sugar. Regular soft drinks, juice, candies, table sugar, and the like are good options. If after 10 minutes there is no improvement, another source of sugar should be given. This can be repeated up to 3 times. Be guided by blood sugar levels on your blood glucose meter. If you are nearing a meal and you experience a hypoglycemia reaction, eat the carbohydrate portion of your meal. It is advised that you eat three main meals with two or three snacks. If a patient is unconscious then you have to bring the patient to the emergency room immediately.

We hope that we were able to give you useful information on hypoglycemia.

For any more queries, suggestions or comments, please call us at PDA 5311278 or e-mail me at mbmirasol@yahoo.com.

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¹Mertes G Diabetes Research and Clinical Practice 52 (2001) 193-204; ²Chiasson J-L et al. JAMA 290 (2003) 486-494; ³Hanefeld M et al. Eur Heart Journal 25 (2004) 10-16; ⁴Chiasson J-L et al. Lancet 359 (2002) 2072-77; ⁵Menelly GS et al. Diabetes Care 23 (2000) 1162; ⁶Yang WY et al. Chin J Endocrinol Metabol 17 (2001) 131-136

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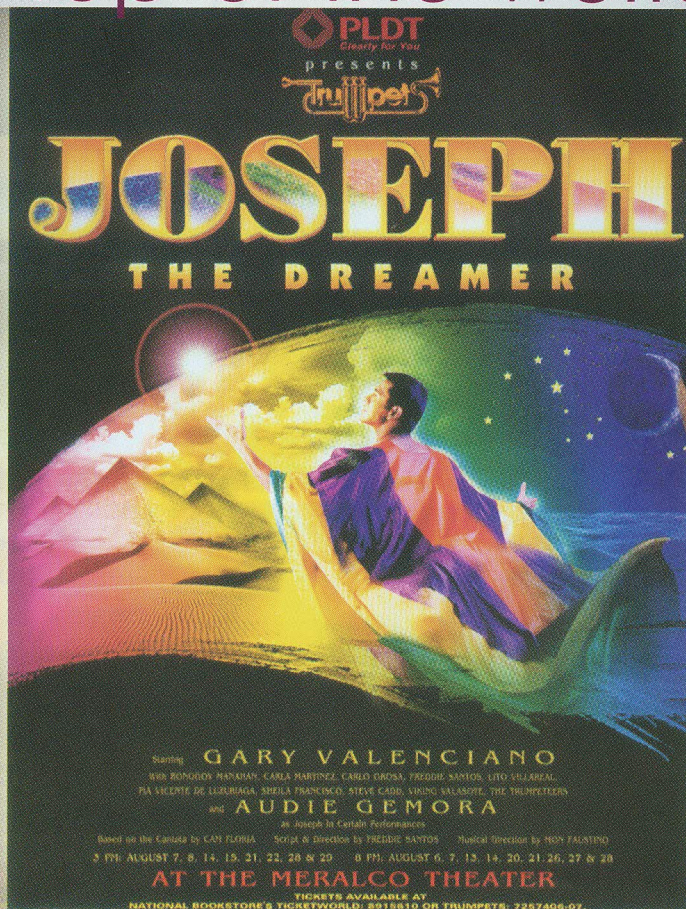


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Freddie Santos - On top of the world!

Ma. Teresa P. Que, MD
National Kidney and
Transplant Institute



"I have never felt depressed over my diabetes. This is God's answer to bring discipline back to my life."

These words, so confidently expressed by Mr. Freddie Santos, tv/stage and events director, boomed across the sala where we were cozily settled for our interview.

"There is no cure for diabetes. Treatment consists of diet, physical activity, and medicines and if you are careful you will die of other causes. This is what my doctor told me when I was diagnosed to have diabetes at the age of 33." Freddie has taken this to heart judging from his lean and trim appearance, his cozy home and his

string of successes in his chosen field. Diabetes has certainly not gotten in his way. For instance, he is able to take in his fair share of vitamins and anti-oxidants because he has always liked vegetables as a kid. For snacks he can eat lettuce with a glass of water. He is not picky about food. He emphasizes that a person with diabetes can eat anything. It's the when and the how much which will determine whether blood sugars will go up. He also adds that breathing (through exercise) and drinking lots of water is very important.

He recounts that diabetes is really in his genes. His paternal grandfather was diabetic. Of his paternal aunts and uncles no one had diabetes. However, in Freddie's generation, of 41 first cousins, 5 have developed



It is now his 35th year in the industry and after 500 shows and 10,000 performances, it sure looks like his diabetes has been boon rather than bane. His Valentine day's show this year with Zsa Zsa Padilla and David Pomeranz was a big hit!



diabetes in their 30's and two are now pre-diabetic. He is convinced that the lack of physical activity and the increased amount of stress in today's lifestyle has much to do with the increase in diabetes.

Freddie thrives on discipline having studied theatre arts in the United States. Then only 16, he finished the three year course in 9 months. It is now his 35th year in the industry and after 500 shows and 5,000 performances, it sure looks like his

diabetes has been a boon rather than a bane. His Valentine Day's show this year with Zsa Zsa Padilla and David Pomeranz was a big hit!

Do you intend to slow down after 5 years?

"I don't know. I have no plans of retiring. I will be journeying until I die."

Reviewing Freddie's work day shows that he keeps work stress to minimal levels. Starting his day at 6:30 am

spending time with the Great Director himself, he enjoys quiet time working in his office at home. After lunch he starts to receive guests and hold meetings. By 10 pm he is once again quiet and ready to retire. He does not seek after show parties to unwind. For Freddie "there is no party in party, my party is the show."

There was a time though two years ago when because of a traumatic incident in Melbourne, Freddie's diabetes went spinning out of control. While enjoying a leisurely walk as a tourist, he was accosted and mugged by an assailant who was after his watch and mobile phone. Mercifully, he lost consciousness, after putting up a fight and that is what he thinks probably saved his life. He woke up in the emergency room and was released that same night. Having put all this behind him, Freddie has now recovered from the trauma of that day and found his moorings once more.

Freddie knows how to manage his diabetes by learning as much about it as he can. With much optimism and confidence he can guide a newbie person with diabetes on what to do. He thinks all patients should own a glucose meter. He also advises physicians to really "feel" for their patients and give advice on how patients can live with and survive diabetes. Physicians should learn to tone down their technical talk and get down and experience diabetes with their patients.

Wouldn't it be nice if there was a blog site for people with diabetes where they can share experiences?

Maybe one day I will ask Freddie to direct an event for people with diabetes. No doubt it will be lots of fun!



Is it important to monitor postprandial blood sugar levels?

Nemencio A. Nicodemus Jr., MD
Philippine General Hospital



Diabetes is one of those diseases that requires the patient to be actively involved and participate in its management. The American Diabetes Association promotes diabetes self-management education (DSME) as a very integral component in the effective management of diabetes. The experts in diabetes management recognize the patient to be the key player in the diabetes care team and should be trained and empowered to prevent and treat hypoglycemia, as well as to adjust medications with the guidance of health care providers to achieve glycemic (blood sugar) goals.

The part in diabetes management where patients can help their physicians and healthcare providers is

in the area of self-monitoring of blood glucose (SMBG). SMBG is required to determine recent patterns of preprandial (before meals including fasting) and postprandial (after meals) glucose. A global consensus even recommends SMBG for all patients with diabetes as an integral part of the overall diabetes management program because it provides real-time blood glucose concentrations and has the ability to assess pre- and postprandial hyperglycemia. SMBG also improves safety of patients through detection of hypoglycemia and timely therapeutic adjustments. A meta-analysis showed that SMBG, as part of a multi-component diabetes management program, results in better glycemic control as shown by the reduction in HbA1C by as much as 0.42%.

One basic question often asked about SMBG is the frequency that patients should do it. The frequency will depend on the type of therapy, degree of glycemic control, risk for hypoglycemia (low blood sugar), need for short-term adjustment of treatment and special situations, like pregnancy and intercurrent illness. For patients whose blood sugars are above targets with oral agents alone, the recommended frequency of monitoring is at least twice a day, while those with good glucose control are still recommended to do SMBG at least once a day to guide nutrition and physical activity, detect postprandial hyperglycemia and prevent hypoglycemia.

Another practical question which needs clarification is the specific timing

“The cardiovascular events that were monitored in the study were myocardial infarction (heart attack), unstable and stable angina, stroke and transient ischemic attacks, intermittent claudication with documented obstruction at iliac, femoral, or popliteal artery, lower limb amputation and revascularization procedures at any site.”

during which SMBG should be performed. Current practice is to monitor postprandial glucose if HbA1C levels are still above target despite controlled fasting and pre-prandial glucose levels.

But recent published studies give us better perspectives on the relative importance of pre-prandial and postprandial blood sugar levels. In a cohort of 529 patients with type 2 diabetes, a group of researchers evaluated the relationship between cardiovascular events and baseline values of HbA1c and blood glucose measured: 1) after an overnight fast, 2) after breakfast, 3) after lunch, and 4) before dinner. Patients in this study were followed-up for five years.⁵

The cardiovascular events that were monitored in the study were myocardial infarction (heart attack), unstable and stable angina, stroke and transient ischemic attacks, intermittent claudication with documented obstruction at iliac, femoral, or popliteal artery, lower limb amputation and revascularization procedures at any site. Sudden deaths or deaths before access to the hospital for coronary and cerebrovascular events were also recorded.



Almost half of the patients who were followed-up were women (46%) with ages ranging from 50 to 70 years. As far as blood glucose profiles were concerned, blood glucose after lunch was higher than blood glucose after breakfast ($P = 0.02$ in men and $P = 0.007$ in women). A total of 77 cardiovascular events were observed within the 5-year follow-up period.

The results of the study showed that HbA1c was correlated ($P < 0.0001$) with all BG values in both men and women. Another interesting finding in the study was that blood glucose after lunch predicts the occurrence of cardiovascular events in 5 years in type 2 diabetic patients more than fasting blood glucose. This effect was stronger in women (HR 5.54; confidence interval, 1.45-21.20) than in men (HR 2.12; confidence interval, 1.04-4.32) with a $P < 0.01$.⁵ This confirms previous findings that postprandial, but not

fasting, blood glucose is an independent risk factor for cardiovascular events in type 2 diabetic patients.

This is very important in the clinical setting and in everyday management of diabetes. Focus on the control of blood glucose should not just be in the fasting levels but more so in the postprandial levels, which should be checked 1 to 2 hours after meals. The blood glucose after the largest meal should be checked, in particular. Locally, for most people, this is the lunchtime meal.

Yes, it is important to monitor blood sugar, first and foremost. Given the limited financial resources that patients have in terms of procuring test strips for glucose testing, the frequency and timing of monitoring should be the most cost-effective and cost-beneficial to yield the greatest improvement in cardiovascular risk. **D**

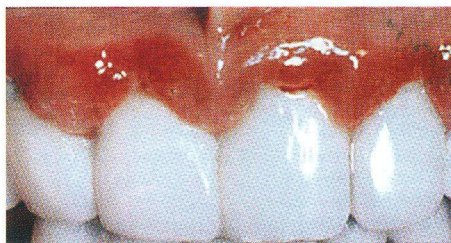
Gingivitis, periodontitis and diabetes

Nannette V. Vergel de Dios, DDM
Philippine Society of Periodontology

The association between oral infections such as Gingivitis and Periodontitis (two main forms of Periodontal disease) with systemic diseases like diabetes and cardiovascular disease has been the subject of dental research over the last few years. Gingivitis and Periodontitis, being inflammatory diseases, may contribute to the entry of mediators of inflammation into the systemic circulation leading to systemic inflammation which in turn has been associated with systemic disease.

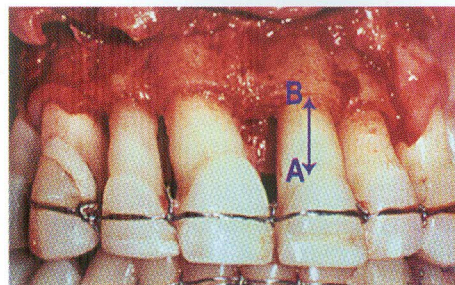
Gingivitis and periodontitis are caused by the accumulation of dental biofilm (dental plaque) that affects the structures that support the teeth collectively called the periodontium. Gingivitis is a reversible oral infection characterized by reddening of the gums, bleeding on even slight provocation, and "puffiness" or enlargement of the gums. Pain may or may not be present. Periodontitis is an irreversible condition that often starts with gingivitis, which if left untreated, can worsen into this condition. In addition to what is seen and felt in gingivitis, periodontitis includes loss of alveolar bone to which our teeth are attached. With this loss of supporting bone, teeth may become loose and patients may feel discomfort in the mouth. In some instances, pus may be seen coming out from the gum margins.

Current evidence shows that there is a relationship between periodontal infections and diabetes. Diabetes was found to increase the risk of periodontitis by two-fold to as much as five-fold. This higher risk of infection in diabetics is believed to be due to



This patient is a 52-year-old woman with uncontrolled type 2 diabetes. Note the extent of gingivitis inflammation.

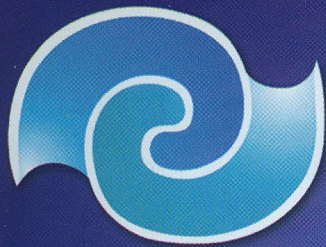
decreased effectiveness of cells that kill bacteria. Both type 1 and type 2 diabetes increase the risk of periodontal diseases and cause more severe periodontal tissue destruction. The exact mechanism for this observation of greater bone loss in periodontal infections among diabetic patients is not known, but animal studies suggest that diabetes may reduce the capacity of bone to repair after bone loss occurs. The association between periodontal diseases and diabetes is two-way. Persons with long standing inflammation like periodontal diseases are believed to have a higher risk for acquiring diabetes.



This patient is a 48-year-old woman with uncontrolled type 1 diabetes and severe periodontal disease. This patient was treated with a combination of flap reflection, scaling and root planing, and splinting of the mobile teeth. In the absence of periodontal infection, the bone levels would be located at position A, whereas extensive bone resorption has taken place with this patient (position B).

Studies also show the link between inflammation and insulin resistance as well as poorer glycemic control.

Thus, dental researchers recommend that treatment of periodontal diseases should be considered an integral part of a diabetic patient's total health care program in the light of these new findings regarding the impact of oral health on the systemic health of patients. **D**



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Sick on the job with diabetes

Patricia B. Gatlinton, MD
Our Lady of Lourdes Hospital

Sick days don't have to be so rough. By understanding how diabetes affects your body and your special needs during an illness, you can help avoid the loss of productivity from sick days.

those of us in the rat race need to deal with.

As adults, most men and women will work a minimum 8-hour day and 40-hour weeks for an average of 35 years. Each profession may have different time requirements, working shifts, or require us to work after hours. We will spend more time at work and with colleagues than we will with our family members.

The stress of the job, exposure to pathogens in re-circulated air, biochemical and physical hazards, strain on backs, necks and other repetitive stress injuries are issues

A regular person finds it hard enough to work feeling sick, how much more our person with diabetes (PWD)? Data from the American Diabetes Association says the average working PWD is out sick nearly five times more than non-diabetics and lost 8.3 days from work in 1997.

When you are sick, with even just the common cold, your body secretes stress hormones to help the immune system counter the virus or bacteria making you ill. These hormones also cause your sugar to go up and insulin is not able to work effectively. You may also have no appetite, be vomiting or have

diarrhea, which puts you at risk for either very low or very high sugars. Even a minor illness can put you at risk for emergencies like diabetic ketoacidosis or hyperosmolar hyperglycemic state.

Sick days don't have to be so rough. By understanding how diabetes affects your body and your special needs during an illness, you can help avoid the loss of productivity from sick days. To manage sick days, you need a plan of action. The plan should cover medication use, eating, and glucose and ketone monitoring, and most important, have alert flags when to call your doctor.

Medication

Contrary to what you might think, you

“The best thing you can do to remain productive is to stay healthy. Don’t let your diabetes get so far out of control that you’re not able to work.”



should continue taking your pills for diabetes (if you have type 2 diabetes) or insulin, even if you are vomiting and having trouble eating or drinking. Your blood sugar may continue to rise because of your illness and you might even need a higher dose of your pills and insulin than usual. If you cannot take your medications, call your physician and discuss what your options are.

Take over the counter medications only after checking with your physician. There are sugar free alternatives for cough syrups and lozenges. Avoid medication with decongestants like pseudoephedrine which may make your blood pressure go up. Also avoid preparations with caffeine and alcohol.

Nutrition

If possible, try to stick with your regular diet which will help ensure stable sugar levels. If you can not tolerate your

regular diet, you must try to consume your normal amount of calories through soft foods or liquids. Try to take 50 gm of carbohydrate every 3 to 4 hours. (See sidebar for examples.)

You should also drink extra fluids to prevent dehydration, drink 8 ounces of calorie free liquids every hour when you are awake.

Monitoring

You need to keep close track of your blood sugar and urine ketone levels.

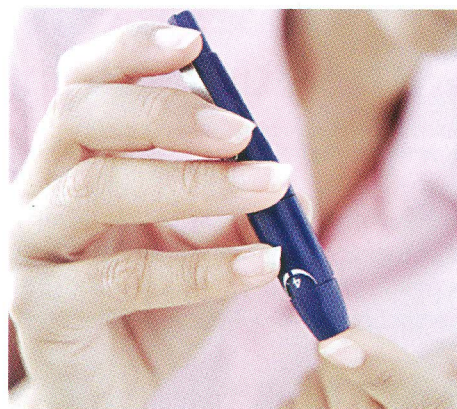
- If you have Type 1 diabetes, check your blood sugar and ketones every 4 hours.
- If you have Type 2 diabetes, check blood sugars 4 times a day. If your sugar level is higher than 300 mg, check urine ketones and let your physician know if you have 2+ or moderate ketones in your urine.

Weigh yourself and check your temperature, breathing rate, and heart rate frequently if your blood sugar is higher than 300 mg/dL. If you are losing weight and your temperature, breathing rate, and pulse are increasing, contact your doctor. You may be getting worse.

Call your doctor

According to the Mayo Clinic guidelines, even if you think you can manage your illness, be sure to consult your physician if you:

- Have been sick for two days and are not getting better
- Have been vomiting or having diarrhea for more than 6 hours
- Have moderate to large amounts of ketones in your urine
- Have a blood glucose more than 240mg/dl even after taking extra insulin
- Have blood glucose readings more than 240mg/dl for 24 hours if taking only oral medications and not insulin
- Have a blood glucose less than 60mg/dl
- Have signs of dehydration such as dry skin or mouth, sunken eyes or weight loss
- Have difficulty breathing, chest or stomach pain, loss or changes in vision



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Endocannabinoids: *the brain's marijuana*

Florence Amorado-Santos, MD
University of Sto. Tomas Hospital

Gotcha! I knew I would catch your attention with my title. And now, you're reading my article.

This topic is likely entirely new for a non-medical reader and it will be a challenge to simplify the terms and the content. In my entire stay in medical school, I could recall that I was able to encounter the term "endocannabinoids," only a few times and can barely remember its physiology. The simplest association is that *cannabinoids=cannabis sativa=marijuana*. Well, this is a good time to recall the topic and walk through the story of the endocannabinoids together and both learn from it.

It was thousands of years ago in ancient India when it was believed that the Hemp plant was sent by the gods so that man may attain delight, courage and heightened sexual desires. One of the "*nectars of delight*" which sprouted from this plant was *Cannabis*. It was the favorite drink of the gods and goddesses and believed to bestow supernatural powers on its users.

The partnership of Cannabis and man started ten thousand years ago with the advent of agriculture. It has served as a five-purpose plant: source of hempen fibers, produces oil, its "akenes" or seeds were consumed by man for food, it has narcotic properties and therapeutically treated a wide

spectrum of ills in folk medicine. Its dried leaves or flowering shoots are pounded with spices into a paste and consumed as candy-known as *maajun*-or in tea form. When the hemp plant spread to the New World, it was known by several names such as *Santa Rosa* and *Rosa Maria*. It was 60 years ago when Mexican laborers introduced smoking of marijuana in the United States.

Since ancient times, Cannabis is considered a "divine nectar," able to give man anything from good health to long life, served as hallucinogen for childbirth, a sacred medium for the communion with the spirits, deterrent of evil and cleansed man from sin.

Cannabinoids are the active principles of marijuana. These substances exert several actions by activating specific cell membrane receptors (part of the body that receive and transmit signals) called the CB1 and CB2 receptors. Further, it was recently discovered that there is an endogenous (produced inside the body) metabolite capable of activating the cannabinoid receptors called the *endocannabinoids* or *marijuana-like substances* whose cells

communicate with each other through chemical signals. Once these substances are formed and have performed their actions, they are rapidly metabolized or degraded. They are not preformed or stored just like the other molecules in the body, instead, they are synthesized only when needed. Hence, understanding the synthesis, inactivation, and possible pharmaceutical application of this compound has opened an area of research. How the different conditions in the body regulate the endocannabinoids may lead to the development of new drugs for the treatment of nervous and immune disorders, cardiovascular diseases, pain, inflammation and cancer.

Many regulatory actions have been attributed to the endocannabinoid system but are still under scrutiny. The CB2 receptor is present in the immune cells whereas the CB1 receptor is expressed in the brain mainly in the hypothalamus (part of the brain that contain the releasing factors of different hormones) and the pituitary (produces most of the different hormones of metabolism). Activation of the CB1 receptor influences the axis from the hypothalamus, pituitary to the adrenals (gland that produces your "fight-and-flight" hormones) and even the control of reproduction by modifying sexual hormones release, fertility and sexual behaviors. The endocannabinoids by acting on specific parts of the brain and being part of an integrated network can also affect

"It was recently discovered that there is an endogenous (produced inside the body) metabolite called the endocannabinoids or marijuana-like substances capable of activating the cannabinoid receptors whose cells communicate with each other through chemical signals."

appetite by increasing food intake (acts as an *orexigenic* as opposed to an *anorexigenic* which causes decreased food intake) and disrupting energy balance. Recently, researches have shown the role of these substances in controlling metabolic functions by acting on peripheral tissues such as adipocytes (fat cells), hepatocytes (liver cells), gastrointestinal tract and to some extent, the skeletal system.

With all these endocannabinoid actions, interfering with the activity of the system by blocking the attachment of these substances to the brain cells may give promise to the treatment of various diseases, including obesity. Compounds that can antagonize the actions of the cannabinoid receptors are currently undergoing clinical trials. An example would be the new anti-obesity agent, "Acomplia" or "Rimonabant" which will soon be launched locally. This drug claims that its action is to block the connection between a pleasure-seeking activity like smoking and overeating, and the reward "feeling" it causes in the brain which is primarily stimulated by the natural endocannabinoids.

Will the discovery of the endocannabinoids and their significant role in the process of maintaining homeostasis counter the unending emergence of risk factors and eventually halt the cascade of complications brought by diabetes, obesity and cardiovascular conditions?

Will its ability to modulate the different body responses be the answer to the disrupted metabolism leading to various diseases?

Since ancient times, *Cannabis* is considered a "divine nectar," able to

give man anything from good health to long life, served as hallucinogen for childbirth, a sacred medium for the communion with the spirits, deterrent of evil and cleansed man from sin. There might be lessons learned from all these obscure beliefs for the *Cannabis* which most scientists can

find in depth answers.

Cannabis had been with us for the longest time and a part of man's past. This "gift of the gods" might be holding the key for modern man to win the battle against obesity and diabetes. 



cannabis sativa



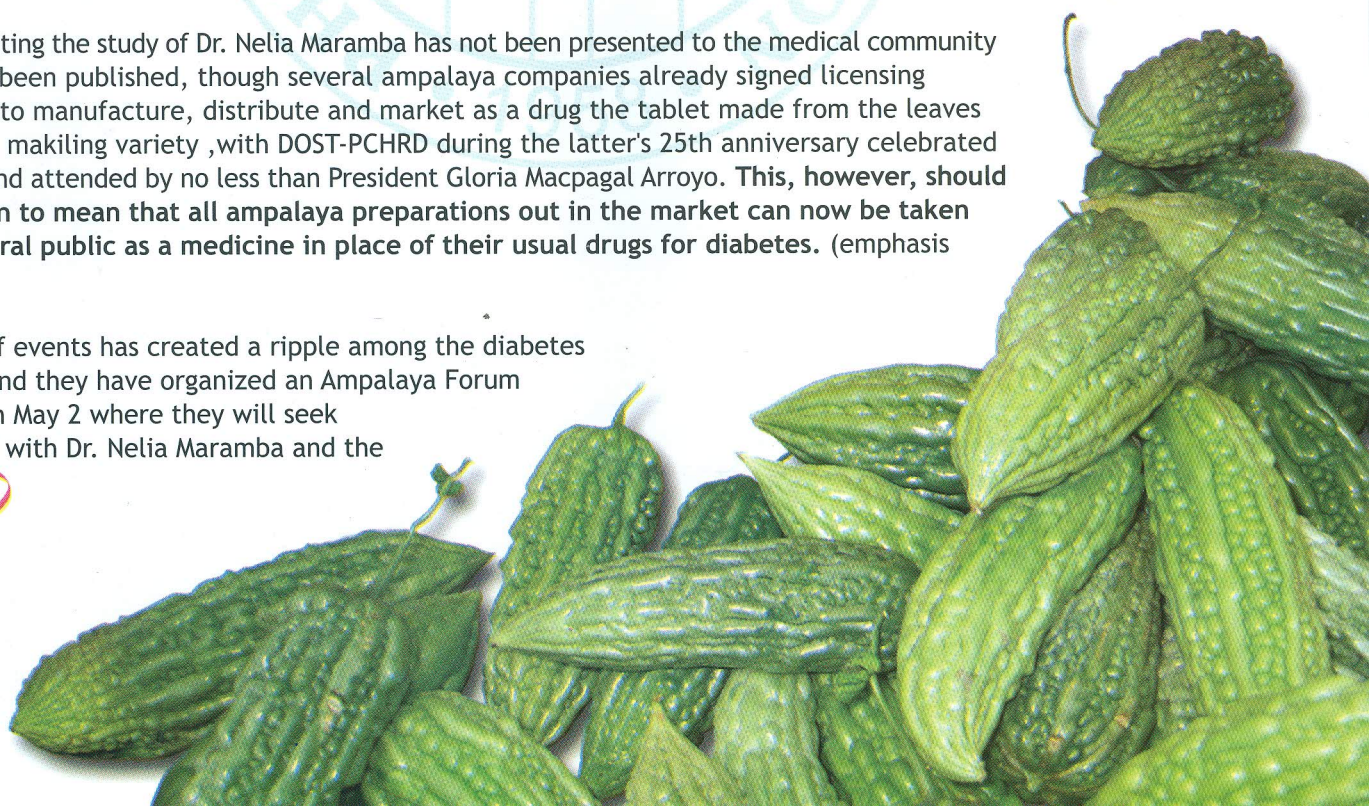
Breaking news: **Recent reinstatement of ampalaya**

Early in March, Health Secretary Francisco Duque issued a circular reinstating ampalaya (*Momordica Charantia* Linn.) as a scientifically validated herbal medicinal plant. The reclassification came out in light of the finish of a 10 year clinical trial conducted by Dr. Nelia Maramba, chair of the National Integrated Research Program on Medicinal Plants (NIRPROMP) under the Philippine Council of Health Research and Development (PCHRD). In this trial, investigators used leaves of the Ampalaya Makiling variety and the dose which was 100mg per day was comparative to the effect of glibenclamide taken at 2.5 mg twice daily.

It will be recalled that in 2003, ampalaya preparations burst into the scene with strong endorsements by celebrities on television and print media. This led to some patients discontinuing their anti-diabetic medicines (tablets or insulin) and some with disastrous consequences. As a result, the four medical societies involved with diabetes care in the country, came out with a position statement advising patients not to use ampalaya as an alternative treatment to diabetes in the absence of enough evidence to merit its use as a drug. Dr. Dayrit also acted in the public interest by issuing Circular No. 196-A s 2003 reclassifying ampalaya from scientifically validated herbal medicinal plant to folklorically-validated herbal medicinal plant. The pharmaceutical companies did not in any way influence this course of events as implied in some of the media reports that came out during that time.

As of this writing the study of Dr. Nelia Maramba has not been presented to the medical community and has not been published, though several ampalaya companies already signed licensing agreements to manufacture, distribute and market as a drug the tablet made from the leaves of Ampalaya makiling variety, with DOST-PCHRD during the latter's 25th anniversary celebrated last March and attended by no less than President Gloria Macapagal Arroyo. **This, however, should not be taken to mean that all ampalaya preparations out in the market can now be taken by the general public as a medicine in place of their usual drugs for diabetes.** (emphasis added-Ed.)

This chain of events has created a ripple among the diabetes specialists and they have organized an Ampalaya Forum to be held in May 2 where they will seek clarification with Dr. Nelia Maramba and the NIRPROMP. **D**

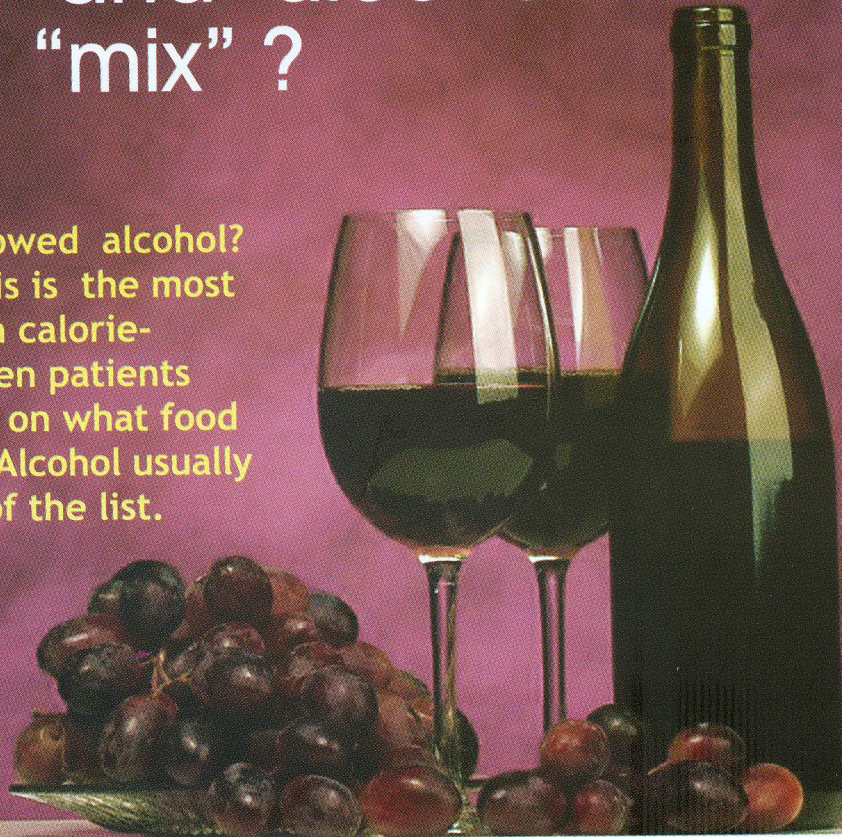


KITCHEN CORNER

Ma. Imelda Q. Cardíño, MSRD
Makati Medical Center

Diabetes and alcohol.... Do they "mix" ?

"What? I am not allowed alcohol? Not even a sip?" This is the most common reaction on calorie-prescribed diets when patients receive instructions on what food and drink to avoid. Alcohol usually appears at the top of the list.



Why is this so? Doesn't alcohol have beneficial effects such as reducing the risk of coronary heart disease and increasing the plasma HDL-cholesterol (the "good" cholesterol)?

Instead of tackling issues to somehow clarify them, it is best to start with a definition ... just to ensure that we "speak the same language."

Alcohol is an organic chemical in which one or more hydroxyl (OH) groups are attached to carbon (C) atoms in place of hydrogen (H) atoms. Common alcohols include ethyl alcohol or ethanol (found in alcoholic beverages), methyl alcohol or methanol (which can cause blindness) and propyl alcohol or propanol (used as a solvent and antiseptic).

The word alcohol is derived from the Arabic word al-khul (in some literature it is cited as al kuhul), meaning "essence." Arabic chemists used al-kuhl to refer to essences that were obtained by distillation as well as to refer to "any fine powder produced in a number of ways, including the process of heating a substance to a gaseous state and then cooling it." The English word alcohol, derived through Medieval Latin from Arabic, was first recorded in 1543 being used in this sense. It was in 1672, however, that this English term was used to refer to essences obtained by distillation. Over time the term alcohol has come to be used to refer to liquor that contains this essence as well as other substances.

The only alcohol suitable for drinking

is ethyl alcohol (C_2H_5OH), also known as EtOH or CH_3CH_2OH or ethanol or grain alcohol. It is a colorless volatile flammable liquid with a slightly toxic chemical compound and a distinctive perfume-like odor. It is produced by fermentation of sugars and starches by yeast. The alcohol content of a particular drink is determined by the amount of yeast and duration of fermentation. Fruits are used to make wines and ciders, while cereals such as barley and rye form the basis of beers and spirits.

Alcohol is rich in energy (29 kJ/gm or 7.1 kcal/gm) and essentially nothing more. The percentage of alcohol in distilled liquors commonly is expressed in degrees of "proof" rather than as a percentage of pure alcohol. Proof is approximately double the



percentage of pure alcohol (An 86 proof whiskey is 43 % pure alcohol by weight.). Alcohol being an unpalatable and simple chemical, needs to be "dressed-up." It is made to look, taste, and smell appetizing by combining it with water and various substances called congeners. Congeners make bourbon whiskey taste different from Scotch whiskey or to distinguish one brand of beer from another. Most congeners are harmless in trace amounts but their consumption has been linked to the severity of hangovers and other central nervous system symptoms including sleepiness.

BITS AND PIECES ABOUT ALCOHOL

According to the US Civil Aeromedical Institute, the average healthy person eliminates pure alcohol at a fairly constant rate of about 1/3 to 1/2 ounce of pure alcohol per hour regardless of the total amount of alcohol consumed. Hence, the more alcohol one takes, the longer it takes to rid the body of it. Alcohol is rapidly absorbed from the stomach and the small intestine and is transported by the blood throughout the body. The body weight and gender of the person, rate of

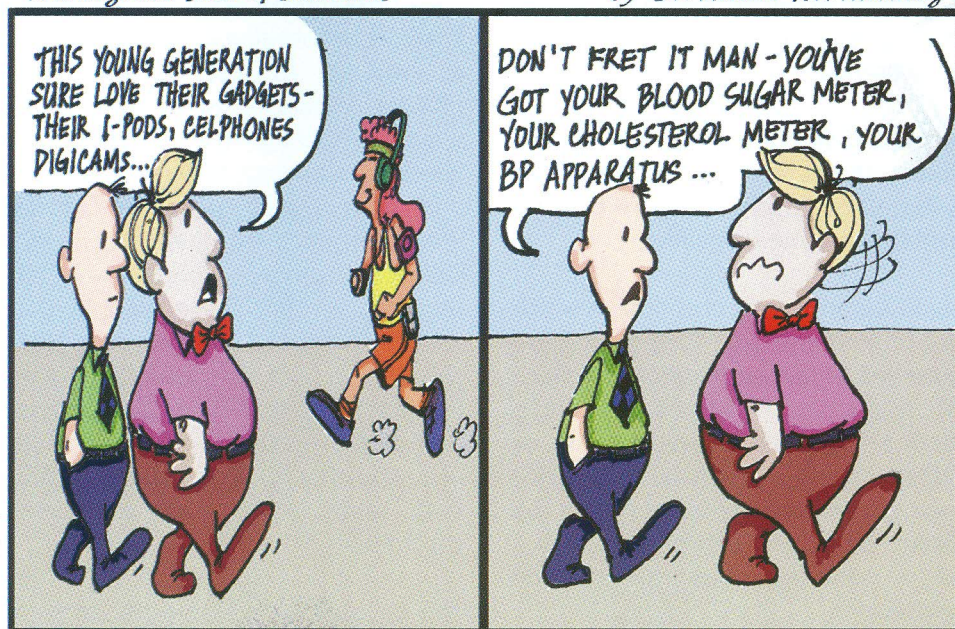
consumption, amount consumed all influence the severity of its (toxic) effect on the individual.

When you drink, your liver stops making glucose so that it can instead clean the alcohol from your blood. Hence, there is a great risk of hypoglycemia especially if you have just taken your anti-diabetic medications or if you drink on an empty stomach. Since it takes your body an hour to clear 1/2 ounce of alcohol, the risk continues long after you've stopped drinking. When all those extra calories are finally metabolized, then hyperglycemia occurs. This is the reason why glucose levels must be stable when you ingest alcohol and take only as much as the recommended/allowed amount.

The suggested DAILY MAXIMUM INTAKE mentioned in this article CANNOT BE ACCUMULATED SO THAT YOU MAY CONSUME ALL ON YOUR "NIGHT OUT WITH THE BOYS!" Remember your "budget" is for A DAY....if you do not take it within that day that allowance "expires!"

KEEP AT LEAST TWO DAYS OF THE WEEK ALCOHOL-FREE! This means though you have a daily allowance, you are not supposed to take the recommended allowance 7 days a week!

The Lighter side of Diabetes



While it is true that alcohol has so benefits in reducing the incidence/risk of certain diseases, there are also medical reports that consuming alcohol may aggravate / cause other diseases. Hence, it is to one's advantage if you limit your intake to the recommended amounts and consume alcohol under "safe" conditions.

Since alcohol interacts with medicines, be sure you inform your doctor if you plan to drink so that you may be advised appropriately.

Drinking coffee will NOT help a drunk person sober up.... Neither will cold showers and any other common "cures." Only TIME can do that!

GENERAL "RULE" --- If one has diabetes and is not drinking alcohol, he should not start! If he takes alcohol, remember the blood glucose must be stable (controlled). Again and again, do not exceed the recommended amount.

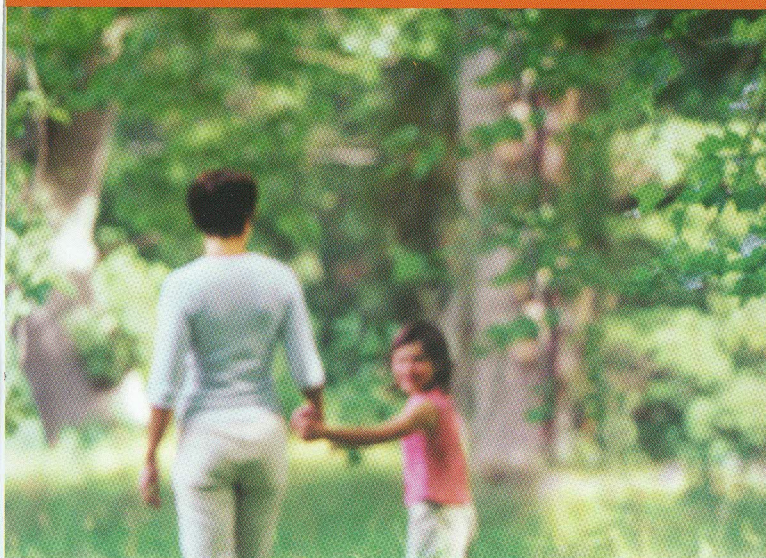
CHECK YOUR BLOOD SUGAR BEFORE YOU GO TO BED to see if it is between 100 - 140 mg/dl. If it is lower, eat a starchy food. **D**

by Dr. Allan Hernandez

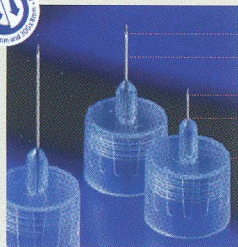


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1. Rendell, et al. Skin Blood Flow and Current Perception in Pentoxifylline Treated Diabetic Neuropathy, *Angiology* Volume 43(10):843-851, pp. 1992
2. Belcaro G, et al. Intermittent claudication in diabetes: treatment with pentoxifylline - a 10 month, controlled, randomized trial. *Angiology* 2002 Jan-Feb.
3. Ramani, et al. Hemorheologic approach in the treatment of diabetic foot ulcer. *Angiology* 1993 Aug; 44(8):623-6

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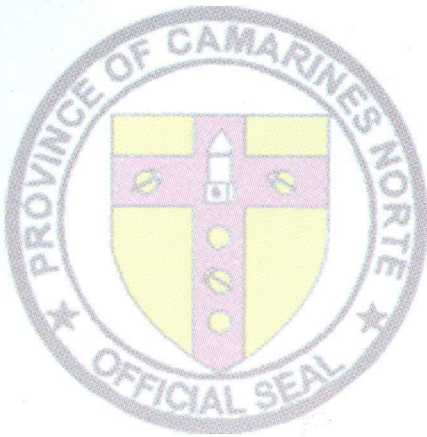
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PDA Camarines Chapter

Paul Palencia, MD
Our Lady of Lourdes Hospital

The PDA contingent left by land and arrived at Golden Palace Restaurant, Daet, Camarines Norte (CN) after a pleasant seven-hour journey. Camarines Norte, the 11th most depressed province in the Philippines, was the site of the 33rd PDA Workshop.

The group was led by the incumbent PDA president, Dr Tommy T. Willing, immediate past president (PP) Dr. Teresa Plata-Que, Dr. Roberto Mirasol, Dr. Editha Arceo-Dalisay, Dr. Laura Trajano-Acampado, Dr. Susan Yu-Gan, Dr. Josephine Carlos-Raboca, Dr. Gabriel Jasul, Dr. Alberto Chua, Mrs. Sanirose Orbeta, Ms. Imelda Cardino, and the very energetic and accommodating PDA secretariat composed of Ruth, Julie and Antonio.

Day 1 started with the CN Juvenile diabetics making the participants teary-



eyed when they rendered the Philippine national anthem and the doxology. The ninety participants were composed of diabetic teams from RHUs and MHUs from the 12 towns of Camarines Norte, CN Provincial Hospital, Labo District

Hospital, eight private hospitals, CN Diabetic Club, DepEd Health and Nutrition Section, CN Capitol, CANORECO, CN Water District, Camp Dogongan, CN State College, BJMP, private and government doctors and





representatives from Camarines Sur. Dr Tommy T. Willing, Dr. Teresa Plata-Que and Dr. Editha Ardeo-Dalisay were interviewed and featured by BOMBO Radio and CNTV respectively.

A Fellowship Night sponsored by Otsuka and Servier was held at the Wiltan Hotel with the guests entertained by CN Juvenile diabetics dancers and other local talents. A singing challenge brought the house down with the doctors and the medical representatives besting each other with their "unrehearsed and unabashed singing." Guess who emerged the winner? Another highlight of the evening was the giving away of free Optium machines to four new recipients: BJMP, CN State Collge,

Urban Poor Resettlement Center and to the newest member of CN Juvenile Diabetics, Louella Bandares.

Day 2 was still attended by eager and interested participants for the first ever lectures from the 33rd PDA Diabetes Workshop. All participants automatically registered and became members of PDA. Camarines Norte now has 96 PDA members for 2007.

Day 2 celebrated simultaneously the PDA Lay Forum from 6am to 12noon at the Our Lady Of Lourdes College Foundation High School Audio-Visual room with 146 diabetics from all the 12 towns of Camarines Norte. It was the first time for most of them to meet

and consult the endocrinologists. Q & A saw the varied interest of the lay patients regarding diabetes.

Camarines Norte looks forward for more activities on DIABETES

On Behalf of the people of Camarines Norte, MABALOS ! 



PDA ON THE MOVE

PDA elects new board members!

During the recently concluded annual PDA convention held last November 21, 2006, a new set of officers and Board of Directors were elected for the Philippine Diabetes Association.

In photo are (from left)- Dr. Tommy S. Ty Willing, Ms. Ma. Imelda Q. Cardino, Dr. Elizabeth Paz-Pacheco, Mr. Ammiato Bacus, Dr. Gabriel V. Jasul, Jr., Dr. Sioksoan Chan-Cua, Dr. Susan Yu- Gan, Dr. Editha Arceo-Dalisay, (bottom picture) Mr. Allan Mora and Dr. Ma. Teresa Plata-Que

We also welcome the new Corporate Member : **SCIGEN**

CONGRATULATIONS!



PDA joins hands with Philippine Society of Hypertension and Philippine Lipid and Atherosclerosis Society

Crowne Plaza Hotel, Ortigas
January 28, 2007





33rd Diabetes Workshop
Golden Palace Restaurant
Daet, Camarines Norte
March 9, 2007



Last March 9, the 33rd Diabetes Workshop was held at the Golden Palace Restaurant Daet, Camarines Norte. The PDA held a 2 day intensive program of lectures and clinical case discussions to equip the general practitioners, family medicine physicians and internists with the tools to treat and manage diabetes.



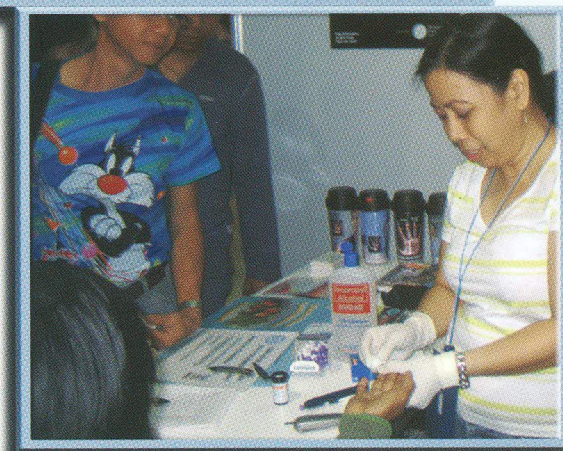
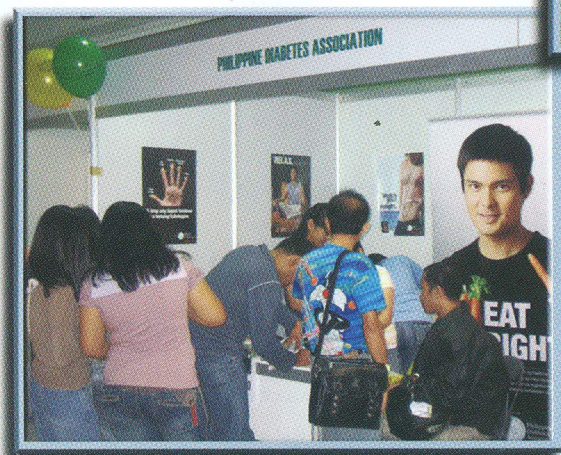
The able president Dr. Paul Luis Palencia of the PDA Camarines Chapter hosted the event together with PDA workshop coordinators Dr. Editha Arceo-Dalisay and Mr. Ammiato Bacus.

PDA joins PSG Expo
Megatrade Hall 1, SM Megamall
March 11, 2007

The Philippine Society of Gastroenterology held their first lay annual convention with the theme "Tyan Katutak na Istorya" which brought to the public information about gastrointestinal illnesses, hepatitis and cancer. In photo are from left: Dr. Louie Abola, Dr. Erlinda Valdellon, Dr. Jaime Ignacio, Dr. Eric Tayag, Dr. M. Aquino, Jr. and Dr. Ernesto Que.



The Philippine Diabetes Association participated by providing free capillary blood glucose determination and information through flyers, posters and the Diabetes Watch magazine.



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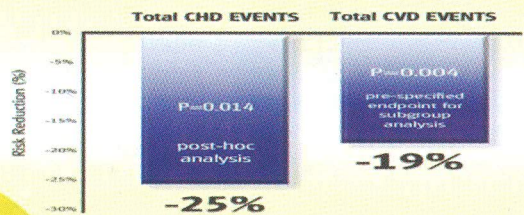
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REF: 1. Diabetes Statistics, October 1995 (updated 1997). NIDDK publication NIH 96-3920. Harris MI, et al. Diabetes in America. 2nd ed. 1995:1-13. 2. Craciunescu J, et al. A new formulation of fenofibrate: suprabioavailable tablets. Cur Med Res Opin 2000; 16(2):134-8. 3. Field Study Investigators. The Lancet 2005; 366:1849-61.

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by
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Primary Investigator

PDA Research Grant supported by GSK, Natrapharm, Pfizer, Sanofi-Aventis (400,000.00)

Association of Waist: Height Ratio and Insulin Resistance Among Adolescents

by
Dr. Eve G. Fernandez (PGH)
Primary Investigator



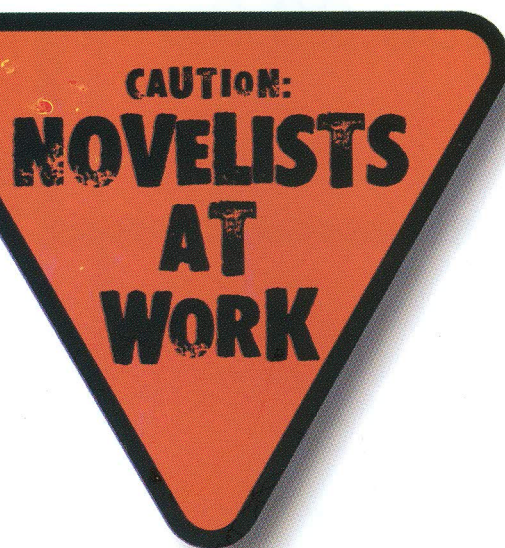
NaNoWriMo

Mark Derpo

It occurs once a year, come November. From around the globe they gather. Young and old alike, once every November they congregate in a ritual of masochism filled with sleepless nights, blood, sweat, tears and...caffeine!

What am I talking about? Why, NaNoWriMo of course! Nah-noh-what? Repeat after me: "Na-No-Wri-Mo." See that wasn't hard now was it? What's that? I still haven't explained it? Well, I was just getting there so quiet down so I can start! Now contrary to my introduction NaNoWriMo has nothing to do with any cult or religion. In fact, anyone is welcome to participate be they Muslim, Christian or a member of the Church of the Flying Spaghetti Monster (or Pastafarians as they are sometimes called). NaNoWriMo is short for National Novel Writer's Month. See, my first paragraph makes a whole lot of sense now, doesn't it?

NaNoWriMo (www.nanowrimo.org) as the title suggests challenges you to write a 50,000 word novel in the span of one month. What? That sounds crazy? Of course it is but that's what makes it so great! Who here has ever wanted to write a novel? Who here has actually written one? There's always that big someday that always seems to keep us from the well deserved triumph we've



Founded in 1999, the fiction-writing extravaganza encourages everyone in the world to spend November bashing out a 50,000-word novel. Not for fame or fortune. But because it's monkey-barrels of fun.

We're proud to support local writers taking the plunge by offering our space as a noveling zone. Bring a pen and paper or laptop and make yourself comfortable.

And if the sight of all these overcaffeinated creative types gets you thinking that maybe it's time you got started on *your* novel, well...it probably is. Come on in! We've got your writing table ready.

been day-dreaming about for decades! Well, NaNoWriMo's intent is to fix all that. How can you be worried about your work's quality when a big bad deadline is ever looming over the horizon? You can't! You can just write, write and write some more until you collapse in an exhausted heap of goop. Editing be damned you can't check the quality of something until you have it in tangible form anyway!

And then there's the community. What began with twenty-one people in the November of 1999 in Oakland California has now burgeoned into an

international event which boasts of 79,813 participants as of 2006. The participants are all friendly and supportive seeing as everyone pretty much suffers in the same way as everyone else. There's a lot of craziness and humor (2006 saw someone writing her novel inside a mall wearing a chicken suit) and Chris Baty, the head of this circus, sneaks into the inboxes of participants once a week during the whole ordeal bearing a deluge of inspirational gibberish about yak farmers and mystical totems meant to motivate you to the finish line. And if that's not enough there's a thriving Filipino community within the forums.

Many of us have dreamed of doing something great. For aspiring writers NaNoWriMo offers something important—the first step. There're many who return winners and "those-who-did-not-quite-make-the-word-count-last-

year" alike. It's just that fun. And who knows, maybe, after you've cleaned up your draft, you can have your work published and all that jazz. That or just banish it into the deepest darkest pit of your home. You can do it whichever way really though I've heard that banishment was the more common practice. That aside NaNoWriMo is still worth it. See you in November!

Mark Derpo is a sophomore at UP who took the challenge of NaNoWriMo and succeeded twice!



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1. Drouin P. and the Diamicron MR Study Group. J Diabetes Complications. 2000; 14 : 185-191
2. Gribble FM, Ashcroft. Diabetologia 1999; 42 : 845-848.
3. O'Brien R.J. Diabetes Complications. 2000; 14 : 201-206
4. Kimoto K, Susuki K, Kizaki T, et al. Biochem Biophys Res Com, 2003; 33 : 112-119

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