

International Research Journal of Modernization in Engineering Technology and Science

(Peer-Reviewed, Open Access, Fully Refereed International Journal)

Volume:04/Issue:08/August-2022 Impact Factor- 6.752

www.irjmets.com

IMPACT OF DIET AND EXERCISE PREVENTS

COMPILATION OF DIABETES

Dr. Munesh Kumar Mishra^{*1}

^{*1}University Of Lucknow, India.

ABSTRACT

Diet and exercise help to maintain optimum blood sugar level in diabetic patient by balancing insulin in the blood. The objective of the study was to measure percentage of diabetic patients doing diet, exercise and percentage of impact of diet and exercise. the results support that diet and exercise have great impact on diabetic patient to control the disease with healthy lifestyle. This also shows that healthy lifestyle can enhance life and maintain insulin level in body. It means that precautions and healthy life is better than the use of insulin and drugs to control on diabetes.

Keywords: Diet, Diabetes Mellitus; Exercise.

INTRODUCTION

Diabetes Mellitus is a chronic disease where the blood in the body contains a high sugar level. This disease is caused by the body's inability to use insulin properly, or the inability to manufacture insulin altogether. There are times when it can be caused by both factors. "Diabetes is the leading cause of blindness, kidney failure, and leg amputations. In fact, it is the third leading cause of death in the United States." (Magee, 1999 p. 2)

I.

When you eat a meal, your body begins the digestion process. The food breaks down and enters the bloodstream in the form of sugars. Once the sugars are circulating in your blood, the cells need to be able to admit the sugar. Ahormone called insulin is the factor that makes this possible. Once the insulin lets the sugar into the cells, it is used to produce energy.

Diabetes, the sixth leading cause of death in the world, is a chronic disease characterized by persistent hyperglycemia (high blood glucose levels). If Left untreated, diabetes can cause serious complications affecting the circulatory andnervous systems, kidneys, eyes, and feet.

Diabetes Mellitus

- > The name "diabetes mellitus means sweet urine.
- > It stems from ancient times when physicians would taste a patient's urineas a part of a diagnosis.



What is Diabetes?

It is a metabolic disorder of multiple aetiology characterized by chronic hyperglycaemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action, or both; leading to changes in both small blood vessels (Microangiopathy) and large blood vessels (Macroangiopathy) **ADA**, **2010**. In diabetic patient, glucose cannot be digested or broken down and hence cannot be absorbed by



International Research Journal of Modernization in Engineering Technology and Science (Peer-Reviewed, Open Access, Fully Refereed International Journal) Volume:04/Issue:08/August-2022 Impact Factor- 6.752 www.irjmets.com

the cells of the body. It remains in the blood thus raising the blood sugar level. The effects of diabetes mellitus include long-term damage, dysfunction and failure of various organs like heart attack, stroke, amputations, nerve damage, blindness and kidney disease.

When to Suspect for Diabetes?

There are certain symptoms which can be a signal for onset of diabetes which includes Polydipsia (Excessive hunger),Polyuria (frequent urination), nocturia, Delayed healing of wound, Infections (e.g. urogenital, skin), itching in genital areas ,Weakness & tiredness, Unexplained weight loss, Decreased vision, Dehydration, altered sensorium, Breathlessness and many times > 60% of patients do not have symptoms. Observing such changes. in body are the signs ofonset of disorder.

Prevalence

India is home to 62 million diabetics, second only to China which has 92.3 million diabetics. By 2030, India's diabetes numbers are expected to cross the 100 million mark according to a 2012 report by International Diabetes Federation. More worryingly, WHO projects that in the next 10 years, deaths by diabetes will increase by 35%. The economic burden due to diabetes in India is among the highest in the world. As per WHO estimates, mortality from diabetes, heart disease and stroke cost about \$210 billion in India in 2005. Much of the heart disease and stroke in these estimates were linked to diabetes. Diabetes, heart disease and stroke together will cost about \$333.6 billion over the next 10 years in India alone, estimates WHO.

Diagnostic Criteria for DM

•ADA: At least one of the 4 criterions must apply:-

- 1. Symptoms of Diabetes + casual plasma glucose concentration $\ge 200 \text{ mg/dl}$
- 2. Fasting plasma glucose \geq 126 mg/dl, with no caloric intake for at least 8 hour
- 3. 2 hour plasma glucose ≥200 mg/dl during an OGTT, with 75 gm glucose inwater
- 4. HbA1c

SYMPTOMS

- Blurred vision
- Feeling more thirsty than usual
- Dry mouth
- Fatigue
- Hunger
- Fruity breath
- Urinating often
- Unexplained Weight loss
- Frequent infections and delayed wound healing

WARNING SIGNS

As blood sugar levels remain high, Type 1 Diabetes often leads to:

- Unintentional weight loss
- Increase in appetite
- Lack of energy, drowsiness
- Skin Problems

Many people with type 1 diabetes experience uncomfortable skin conditions, including:

- Bacterial infections
- Fungal infections
- Itching, dry skin, poor circulation



International Research Journal of Modernization in Engineering Technology and Science (Peer-Reviewed, Open Access, Fully Refereed International Journal)

Volume:04/Issue:08/August-2022 Impact Factor- 6.752

www.irjmets.com

II. CONCLUSION

It was concluded statistically for all diabetes patient that management of diet and exercise on treatment plan are the significant factors that strongly impacted the diabetes related consequences among all (Type I, Type II, IGT and GDM) diabetic groups and the related consequences can be prevented by manipulation in diet and exercise on treatment plan.

Lastly, all the above inferences indicated rejection of all four null hypotheses and acceptance of all four alternative hypotheses i. e. (1)- There shall be significant difference in nutritional status of diabetes patient, (2)-There shall be significant difference of diet and exercise management on the average blood glucose level (HbA1c), lipid profile, fasting and post meal sugar of diabetes patient, (3)-There shall be significant difference of diet and exercise of modified lifestyle on diabetes related consequences and (4)-There shall be significant difference of diet and exercise on treatment plan of diabetes patient impacted the achievement of the entire selected objectives followed with fulfillment of the aim and the objectives of the proposed research titled "Impact of diet and exercise in Preventing complications of diabetes".

III. SUGGESTIONS

In total, this research presents a series of specific recommendations, many of which can be implemented right away. Summarizing them broadly, they include:

- Glucose is necessary for body. Insulin is the key factor in regulation of blood glucose and is produced by pancreas.
- It's not diabetes but uncontrolled diabetes which is harmful. Hence if from the very beginning if blood sugar is kept under good control then affect of diabetes on various organs can be prevented or at least delayed.
- There is no specific diet called diabetes diet. Diet in Diabetes a healthy diet. There is no restriction of any food item but what matters is the amount of calorie intake, amount of food, frequency and composition of meals.
- Exercise and Yoga with proper care must be the integral part of routine life but medicines have its own work and importance.
- It is uncontrolled sugar which causes complication
- Regular check up is a key to detect complications early so that timely control measures can be taken.
- Raised sugar may not have any symptoms but have serious damaging effects on body. So proper treatment and regular checkups is necessary.

IV. REFERENCES

- [1] Abdul-Ghani MA, Kher J, Abbas N, Najami T. Association of high body mass index with low age of disease onset among Arab women with type 2 diabetes in a primary care clinic. Isr Med Assoc J. 2005;7:360-363.
- [2] Abou-Rbiah Y, Weitzman S. Diabetes among Bedouins in the Negev: the transition from a rare to a highly prevalent condition. Isr Med Assoc J. 2002;4:687–689.
- [3] Anderson RM, Fitzgerald JT, Oh MS. The relationship of diabetes-related attitudes and patients' self-reported adherence. Diabetes Educ., 1993; 19: 287-292.
- [4] Alan M. Delamata. Improving patient adherence. Clinical Diabetes, 2006; 24(2): 71-77.
- [5] Abu-Saad K, Shahar DR, Fraser D, Vardi H, Friger M, Bolotin A, Freedman LS. Adequacy of usual dietary intake and nutritional status among pregnant women in the context of nutrition transition: the DEPOSIT Study. Br J Nutr. 2012;108:1874–1883.
- [6] Abdul-Ghani MA, Sabbah M, Kher J, Minuchin O, Vardi P, Raz I. Different contributions of insulin resistance and beta-cell dysfunction in overweight Israeli Arabs with IFG and IGT. Diabetes Metab Res Rev. 2006;22:126–130.



International Research Journal of Modernization in Engineering Technology and Science (Peer-Reviewed, Open Access, Fully Refereed International Journal)

Volume:04/Issue:08/August-2022 Impact Factor- 6.752

www.irjmets.com

- [7] Centers for Disease Control and Prevention, National diabetes fact sheet: general information and national estimates on diabetes in the US, 2007, Atlanta, Georgia: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.
- [8] McLeroy KR, Bibeau D, Steckler A, et al., An ecological perspective on health promotion, Health Educ Quart, 1998;15: 351–77.
- [9] Vinicor F, The public health burden of diabetes and reality of limits, Diabetes Care, 1998;21:C15–C18.
- [10] Albright A, The public health approach to diabetes, Am J Nurs, 2007;107:39–42.
- [11] Glasgow RE,Wagner EH, Kaplan RM, et al., If diabetes is a public health problem, why not treat is as one?, A population-based approach to chronic illness, Ann Behav Med, 1999;21:159–70.
- [12] Saaddine JB, Cadwell B, Gregg EW, et al., Improvements in diabetes processes of care and intermediate outcomes: United States, 1988–2002, Ann Intern Med, 2006;144:465–74.
- [13] Imperatorre G, Cadwell BL, Geiss L, et al., Thirty-year trends in cardiovascular risk factor levels among US adults with diabetes, Am J Epidemiol, 2004;160;531–39.
- [14] Mangione CM, Gerzoff RB, Williamson DF, et al., for the TRIAD Study Group. The association between quality of care and the intensity of diabetes disease management programs, Ann Intern Med, 2006;145:107–16.
- [15] Karter AJ, Stevens MR, Herman WH, et al., for the TRIAD Study Group.
- [16] Out-of-pocket costs and diabetes preventive services: Translating Research Into Action for Diabetes Study Group, Diabetes Care, 2003;26:2294–9.