

# CRUSADE



Diabetes Research Centre  
Diabetes Care □ Research □ Prevention □ Education



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VOLUME 25 • ISSUE 1

A BULLETIN OF THE DIABETES RESEARCH CENTRE & MV HOSPITAL FOR DIABETES

June 2007

## Formal Inauguration of M.V. Centre for Diabetes South Chennai Unit

Where the quality of care is concerned, we search for a more perfect truth, we must act, in good faith upon what we think we know..... Avedis Donabedian

M.V. Hospital for Diabetes, Royapuram has opened M.V. Centre for Diabetes, an outpatient unit to cater to the needs of the people of South Chennai. The Clinic was formally inaugurated by Swami Gauthamanandaji Maharaj, President of Ramakrishna Mission, Chennai and the Lab was inaugurated by Shri. V.T. Gopalan, Additional Solicitor General of India on 25th June'07.

The function began by lighting kuthuvilaku by the eminent Chief Guests and the welcome address was given by Wng Comdr (Retd) Mr. Raghavan. COO, M.V. Hospital for Diabetes.

While opening the clinic, Swamiji expressed M.V. Group's contribution to the city's healthcare facilities as a "wonderful gift" to the city of Chennai. Appreciating the commitment of the M.V. Group towards serving the society he said the inspirations and efforts behind setting up the Clinic were to be cherished.



**Left to right :** Mr. B. Raghavan, Mr. V.T. Gopalan, Swami Gauthamanandaji Maharaj, Dr. Vijay Viswanathan, Swami Sridhar Maharaj

Shri V.T. Gopalan said the centre had come in keeping with Chennai's pace of progress. Appreciating the philanthropic activities of the M.V. Group, he said it's Managing Director, Dr. Vijay Viswanathan, has always been working in realizing the dreams of Prof. M. Viswanathan.

Our Managing Director proposed the Vote of Thanks. He assured that the hospital and the clinic will work towards the vision of Prof. M. Viswanathan – "To help every diabetic patient to lead a normal life." He concluded by saying that M.V. Group will also be very much committed to words social welfare.

## New South Chennai Centre

M.V. Hospital has opened its new branch offering world-class facilities in Diabetes care at 51, R. K. Mutt Road, Mylapore. (Opposite to PS Higher Secondary School).

You can also contact us at our All India Toll-free No. 1800 425 0005 for any details concerned with appointments.

## Message



### **Dr. Vijay Viswanathan**

Managing Director  
MV Hospital for Diabetes

*Dear Readers of CRUSADE,*

*I am glad to send you the latest issue of CRUSADE, the news letter from our hospital.*

*I hope you have been receiving all the issues and also reading them with interest. We have some senior staff members who have joined our institution which is mentioned in the 'staff news'.*

*We now have a staff strength of 257. In this issue we have published the photographs of staff who have completed 30 years of service in our Institution.*

*Please read the scientific content in this issue and give me a feedback in our email : [appointments@mvd diabetes.com](mailto:appointments@mvd diabetes.com)*

*We now have an All India Toll-free No. 1800 425 0005 to give our 2,00,000 patients easy access to fix up appointments in our hospital.*

*I look forward to getting your comments and suggestions.*

*Dr. Vijay Viswanathan*

## Staff News

### Know our Consultant Diabetologists....



#### Dr. Vijay Viswanathan

Our Managing Director, son of our **Founder Professor M. Viswanathan**, who has finished his M.D. in Internal Medicine and got a Ph.D. in Diabetes has been in this hospital for the past 17 years. He was awarded M.N.A.M.S. by the National Academy of Medical Sciences for his work in Diabetes. Other than being a pioneer in diabetes care, he is deeply interested in social welfare too.



**Dr. Uma Mahesh** is the Senior Consultant Diabetologist and has been working with us for the last 11 years. He obtained his MBBS from Andhra Pradesh and MDRC from our institution.



**Dr. Syed AbuThahir** has a meritorious background obtaining both MBBS and MD in Internal Medicine from reputed Government Colleges of Tamil Nadu. He has joined M.V.Hospital as a Consultant in March 2001 and has been contributing to its excellence since then.



**Dr. Hemang Barman** and **Dr. Mrs. Mitalee Barman** both

from Assam, have trekked a long distance to reach Chennai. After completing MBBS from Assam, they got Post Graduate Fellowship - MDRC from our Institution. They are rendering their valuable services as Consultant Diabetologists in our Hospital since 2004.



**Dr. Sarweswar Agarwal** Having completed his MBBS from Assam, he finished the Post Graduate Fellowship – MDRC from our Institution in April 2007 and was the best out going student bagging a Gold Medal. He joined M.V. Hospital in May 2007.

## Meet Our...

### Chief Operating Officer

**Wg. Cdr. (Retd.) Mr. B. Raghawan** .....



is now our Chief Operating Officer. He has retired from Indian Air Force after serving for 28 years. He also has 15 years of experience as an Hospital Administrator.

### Our Medical Superintendent

**Dr. Col. R. Natesan**, a graduate from Stanley Medical College, joined the Indian Army in 1963 and has participated in all the wars faced by the country. After serving for 31 years in Army, he was an able Medical Administrator in a Civil Hospital for 14 years. Presently he is performing duties as Medical Superintendent in our Hospital with effect from March 2007.



### Our HOD Laboratory Services



**Dr. M. Parthiban**, M.Sc., Ph.D., joined our Organization in April 2007 as Director of Laboratory Services Madras Diagnostic Centre and Vice Dean of Department of Training, Diabetes Research Centre. He holds a doctorate in Biomedical Sciences and is serving in the field of Biochemistry and Immunology for the past 35 years.

## Kudos to our staff who have been with us for more than 33 years!!



**Mr. R. Gangadharan** – General Manager, is our senior most existing staff member who has been rendering invaluable services since 1950.

**Mrs. Lakshmi** is our senior assistant. She has been serving in the institution since 1968.



**Mrs. Vatsala** – Cashier she joined M.V. Hospital in 1971.

**Mrs. Jayalakshmi** – Cashier she is here since 1972.



**Mrs. Kamakshi** – Head Nurse joined M.V Hospital in 1972.

**Mrs. Sulochana** – Head Nurse, she is working with us since 1974.



**Mrs. Omana** – Stores incharge, is working here since 1974.

# Know about the most important test for Diabetes Control – Glycosylated Hemoglobin ( Hba1c)

**Dr. Meenakshi,** M.Sc., Ph.D.

*Technical Manager*

*NABL accredited lab of MV Hospital for Diabetes*

Diabetes Mellitus, a chronic disease characterised by hyperglycemia of the eyes, heart, kidneys, blood vessels and other organ systems. The disease is accompanied by carbohydrate, lipid & protein metabolism disturbances.

Traditional methods of assessing glycemic control in diabetes such as taking a medical history, performing a physical examination and measuring blood and urine glucose, while extremely important for routine care have only limited value as indices of long term glycemic status. It is only with the development of glycated Hb (GHb) testing that accurate, objective measure of long term glycemic status is possible.

The terms “glycated hemoglobin” also called glycohemoglobin or glycosylated Hb – refers to a series of stable minor Hb components that are formed slowly and non- enzymatically from Hb and glucose.

Of the fast moving Hb's identified in the 1950's, HbA1C is present in greatest quantity in both normal and diabetic individuals. HbA1C is formed by the non-enzymatic glycation of free amino groups at the 'N' terminal of the amino acid valine of the Hb "B" chain. The glucose remains bound during the erythrocyte life cycle. It is related to the degree of blood glucose level elevation and the time interval over which this occurs as well as the erythrocyte life span.

The HbA1C level correlates with the mean glucose

concentration prevailing in the course of the patient's recent history (approximately 6-8 weeks). Therefore provides much more reliable information for glycemic monitoring than do determination of blood glucose or urinary glucose.

## Test Principle

- ❑ The HbA1C determination is based on the turbidimetric inhibition immunoassay for haemolysed whole blood.
- ❑ The HbA1C in the sample reacts with the anti HbA1C antibody to form a soluble antigen-antibody complex. The polyhapten reacts with excess anti HbA1C antibodies to form an insoluble antibody polyhapten complex, which can be determined turbidimetrically.
- ❑ Liberated Haemoglobin from the haemolysed sample is correlated to a derivative having a characteristic spectrum and subsequently determined.

Normal reference range is 4.3 to 6.0 %. However, good control for a diabetic patient is considered as, a HbA1C value below 7.0 %.

Glycohemoglobin is a valuable tool for assessing glycemic control and is routinely used in the care of persons with diabetes. Measurement of GHb has also shown useful research applications facilitating studies requiring objective assessment of long term glucose control. Reports have shown that regular monitoring of GHb among diabetic patients can facilitate changes in treatment resulting in improved glycemic control.

## Social Welfare Activities by M.V. Hospital...

M.V. Hospital along with Chinmaya Mission and Ramakrishna Mission has adopted 5 villages in Thiruvallur district with the primary aim of creating awareness on Diabetes and providing free treatment to the under privileged of the society.

Regular screening is done at the adopted villages by the M.V. team consisting of

a Diabetologist, a social worker, a nurse, a dietician and a foot care educator.

The newly diagnosed cases are given free treatment including medicines and Diabetic foot care if needed. Personal counseling related to psychological aspects and diet is given by the experts. Review is done once in a month and necessary solutions are provided to numerous problems faced by the villagers.



## Walk by Amputees to create awareness on the Diabetic Foot

On the occasion of the "World Diabetes Day" diabetic patients who had undergone amputation due to diabetic foot took part in the walk in the well-known Nageswar Rao Park in Chennai. The walk by Amputees to create awareness about the diabetic foot was organized by Dr. Vijay Viswanathan on 14th November 2006.

The patients wore T-Shirts, which read, "We are still very strong." These patients interacted with the public and the press correspondents and narrated their experiences in managing diabetes and its complications, particularly diabetic foot complications.

Dr. Vijay Viswanathan, interacted with the press correspondents and highlighted the salient aspects of the major projects viz. Amputation Prevention Initiative (API) and Diabetes Amputation Prevention Initiative in the Community

(DAPIC) undertaken by the Diabetes Research Centre. He stressed the importance of patient and community education for prevention and early recognition of foot complications. He emphasized that amputation rates were high in the rural population due to lack of awareness and improper footwear. He gave a brief account of the several initiatives taken by the Diabetes Research Centre to improve the quality of diabetic foot care and foot wear in our country.



Dr. Madhaviamma Charitable Trust was launched in 1989 with the sole objective of giving diabetic care to the economically disadvantaged segments of our society. The trustees have created a separate fund called Diabetes Amputation Support Fund mainly for the poor patients, to provide financial support for amputation or for rehabilitation with artificial limb for poor amputated patients.

Seen in photo are our M.D. with Mrs. Lakshmi Sumani and Mrs. Vimala Devi who donated towards the DAS fund. ➔



# Vaccum Assisted Closure (VAC)

The latest in Diabetic foot wound healing .....now at M.V. Hospital

## Dr. S. Agarwal

Diabetologist

Diabetic foot ulcer is a cause for enormous suffering, loss in economic productivity and mortality. The outcome is poor because of the severity of the disease. Management is often sub optimal because of poor understanding of the subject and it is unfashionable and generally omitted from professional training and largely neglected in research. The result is that ignorance is endemic, management is guided by belief and habit more than by evidence and research allocation is minimal.

The technology has been revolutionized and recent advances are a boon to man-kind. One such example is VACCUM ASSISTED CLOSURE device which works on the principle of negative pressure wound therapy (NPWT). It involves the delivery of intermittent or continuous sub-atmospheric pressure through a specialized pump connected to the wound surface

maintaining a closed environment. The pump is connected to a canister, which serves to collect wound discharge and exudates.

Studies have shown that VAC therapy system yielded a higher proportion of healed wounds, faster time to wound closure, a more rapid and robust granulation tissue response and reduced risk for a second amputation.

Keeping pace with time and technology, the VAC system has been introduced recently at our centre. We at M.V. Hospital are using this technology in treating diabetic foot ulcers and have achieved good results. VAC therapy is indicated in larger, deeper and partial foot amputation wounds. However, they are contraindicated in small wounds responding to debridement.



# Global Figures on Diabetes

## Dr. Shabana A. Tharkar

Dept of Epidemiology

### Diabetes! Diabetes! Diabetes!

This non-communicable disease is escalating its highest peak of prevalence in India. Due to its multi-factorial causation and widespread complications, Diabetes is one of the most challenging health problems in 21st century around the globe. There is substantial evidence that this epidemic is taking its toll in the developed and developing countries due to rapid modernization and changes in lifestyle practices. With the prevalence of its lesser form – impaired glucose tolerance also on the rise, not only in urban areas but also in rural areas, will further add to the disease burden. Indians especially are vulnerable to diabetes even with low BMI and at younger age.

Table-1: World Diabetes and IGT prevalence at a glance\*

|  | 2007 | 2025 |
|--|------|------|
| Total world population (billions)      | 6.6  | 7.9  |
| Adult population (20-79 years)         | 4.1  | 5.2  |
| No. of people with Diabetes (millions) | 233  | 358  |
| World Diabetes prevalence (%)          | 5.7  | 6.8  |
| No. of people with IGT (millions)      | 308  | 418  |
| World IGT prevalence (%)               | 7.5  | 8.0  |

\* IDF – Diabetes Atlas – third edition

The International Diabetes Federation Directory, in 1994 showed that the global burden of the disease was estimated at 110 million and this figure is likely to increase further to 239 million by 2010 and to 358 million by 2025. World health Organization also has produced a report using epidemiological information and estimated the global burden at 135 million in 1995 with the number reaching 299 million by 2025.

These predictions of prevalence estimates of Diabetes though vary, due to differences in country specific estimates, they are remarkably similar at the global level.

**Table-1: Regional estimates for Diabetes (20-79years), 2007 and 2025: prevalences adjusted to world population\***

| REGION                           | 2007                           |  |                       | 2025                           |  |                         |
|----------------------------------|--------------------------------|--|-----------------------|--------------------------------|--|-------------------------|
|                                  | Total population (20-79 years) | No. of people with Diabetes (Millions) | Diabetes prevalence % | Total population (20-79 years) | No. of people with Diabetes (Millions) | Diabetes prevalence (%) |
| Africa                           | 336                            | 10.4                                   | 3.6                   | 537                            | 18.7                                   | 4.5                     |
| East Mediterranean & middle east | 318                            | 24.5                                   | 9.2                   | 492                            | 44.5                                   | 10.4                    |
| Europe                           | 634                            | 53.2                                   | 6.6                   | 653                            | 64.1                                   | 7.8                     |
| North America                    | 306                            | 26.8                                   | 8.0                   | 376                            | 38.4                                   | 9.3                     |
| South America & Carribean        | 272                            | 16.2                                   | 6.3                   | 364                            | 32.7                                   | 9.3                     |
| South East Asia                  | 770                            | 34.5                                   | 4.8                   | 1083                           | 59.5                                   | 5.9                     |
| Western Pacific                  | 1468                           | 67.1                                   | 4.4                   | 1731                           | 99.6                                   | 5.2                     |
|                                  | <b>4106</b>                    | <b>232.6</b>                           | <b>5.7</b>            | <b>5236</b>                    | <b>357.5</b>                           | <b>6.8</b>              |

Indian sub continent is experiencing economic development at a faster rate. Urbanization has direct effect on the dietary habits and a comfortable modern lifestyle devoid of physical activity and an increase in life expectancy. In addition to it, ethnicity of Indians has an indispensable predisposition to the development of Diabetes. This great potential of Diabetes epidemic to explode in India is contributed by all these factors. An alarm has to be sounded by formulating intervention programmes at National level of the high-risk countries along with the International agencies before the disease burden increases in magnitude.

## The Sweet Story of Raman’s Diabetes

**Dr. B. Mamtha Manikandan, Ph.D.**  
*Research Associate, Dept. of Kidney Disease*

This is the story of Mr. Raman who lives in Mylapore, Chennai. He has had diabetes for 5 years now and does not bother about it at all. Every weekend, one can find him buying sweets from a sweet shop. If you ask him why he is careless about his diabetes control, he would say “Arebaba! My horoscope says I will live for 90 years. My body is made of steel, this sugar disease can do nothing to me.” Mrs. Raman was tired of requesting Mr.Raman to go for regular checkups. Her only resort was to pray for God for His mercy. One day God was pleased with Mrs. Raman’s prayers and that night God planned to teach Mr. Raman a lesson.

As usual Mr.Raman had his dinner. A Jelabi slipped into Raman’s stomach just before he went to sleep. Within minutes his wife could find him snoring on his bed.

In the middle of the night, Mr. Raman woke up. He was totally depressed and was sweating heavily. He got up and went to the fridge to drink Pepsi. But he could not open the fridge. “Arebaba what is happening to me.” He tried and tried and he was not able to hold the handle of the fridge door. Tired, he went back to his bed. What is this ??? He found himself lying on the bed. It struck him now. He was dead. It was his spirit. By the time he realized this, he started drifting towards the sky. A huge door opened in front of him and he found a board displaying “YAMALOK.” As he



entered the big room he found four others waiting in front of him. He went and stood in the queue. There was an announcement and then entered a huge dark coloured man who looked like 'YAMARAJ'.

YAMARAJ came and sat in his big Simhasanam and looked at the five spirits standing in front of him. He asked CHITRAGUPT: "Tell me their life account details." I will decide to put them in the Hell or the Heaven.

CHITRAGUPT narrated a big list. Mr. Raman waited for his chance, when it came:

CHITRAGUPT : Yamaraj !! This is Mr.Raman who died due to heart attack well ahead of his time.

YAMARAJ : What !! Well ahead of his time?

CHITRAGUPT : Yes my Lord. He is a diabetic. He did not keep it under control. He was supposed to die at 90 years but he died right now and he is only 60 years old.

YAMARAJ : What is this Mr.Raman? You knew that you were a diabetic. Then why did you not take care of it?

Mr.RAMAN: (Shivering) Yamaraj Sir! I did not know that diabetes is such a big disease. The astrologer had said that I would live till 90 years so I was careless.

YAMARAJ : What the astrologer had told you was true. You were supposed to live till 90 years. But your negligence has killed you 30 years before your time.

Mr.RAMAN : Ayyeyyo!!!! Yamaraj Sir ! Please help me.

YAMARAJ: Mr.Raman ! You expect me to help you. You did not help yourself. You are an educated person. You live in Metropolitan City. You have a lot of friends.

Your wife is educated but you did not make use of any of these. Now you want me to help you.

Mr.RAMAN : Yamaraj Sir! I was a fool all these days. Now I have realized it.

YAMARAJ : There is no use realizing your mistake so late Mr. Raman. See Mr. Raman, after my court everyday I go back and browse the internet. I feel I know more than you people living on the earth.

CHITRAGUPT: Really Yamaraj!!! Then why not computerize the whole of YAMALOK. Have you browsed about diabetes?

YAMARAJ : Yes ! Diabetes is like a spoilt child. You need to keep it always under control to prevent its complications. You know! Diabetes if not controlled by appropriate medications can lead to heart, eye and kidney problems.

CHITRAGUPT: Is it? I did not know this. Now how can we find out whether a diabetic person has these problems and what about a CURE ?

YAMARAJ : See, my browsing has come to your help. While I was looking for diabetes treatment, I visited the website of a renowned hospital for diabetes. This hospital is called M.V. Hospital for Diabetes at Royapuram, Chennai. You have experts treating diabetes in this hospital.

Mr.RAMAN : I wish I knew about this hospital.

YAMARAJ : Mr. Raman. Everybody knows about this hospital. Even your wife knew about it and has told you several times regarding it. But being a careless person you have ignored all the information.

CHITRAGUPT : My Lord! Can you give me more information?

YAMARAJ : Why not ! This hospital has all facilities to diagnose diabetes early and its complications also.



So treatment is initiated at a very early stage. It is not enough if you go to the hospital once. You have to go for regular reviews.

Mr. RAMAN : Yamaraj Sir ! Sir !! Please let me go. I have come here 30 years earlier. Please please let me go.

YAMARAJ : No Raman ! No Raman !

Mr. RAMAN : Please let me go !! Please let me go !!

Mr. Raman suddenly felt somebody jolting him.

“What happened? Why are you shouting so loudly?

Get up. Get up.” Raman heard his wife’s voice. He woke up startled. He looked at his wife. Pinched himself and found that he was not dead. It was a dream.

Next morning, Mrs. Raman found Mr. Raman all dressed up.

Mrs. RAMAN : What is this? Where are you going? Here is the tea for you.

Mr. RAMAN : Tea without sugar please!! I am going to M.V. Hospital for Diabetes to control my diabetes from today. Thanks Yamaraj. Thanks a lot!!

## Quiz to test your knowledge ????

A. Can Diabetes be prevented?

1. Yes
2. No

B. Preventing Diabetes in children of diabetic parents is called

1. Tertiary prevention
2. Secondary prevention
3. Primary prevention

C. Target HbA<sub>1c</sub> in control of Diabetes is

1. <5
2. <6
3. <7

D. Diabetes affects other organs!!! Can you match the following?

1. Eye.....a. Neuropathy

2. Kidney.....b. Retinopathy

3. Nerves.....c. Nephropathy

E. High blood sugar values during pregnancy may not lead to diabetes in future.

True/ False

So have you learnt something today??

A. 1 • B. 3 • C. 3 • D. 1b, 2c, 3a. • E. False

ANSWERS FOR THE QUIZ

## Journal Watch !

### Good news for patients with Diabetic neuropathy..

The anti oxidant - Lipoic acid has shown promising results in treating Diabetic neuropathy in a trial conducted in Israel, Russia and Germany. Symptoms like stabbing pain, burning pain, paresthesia and numbness diminished in the group taking supplements of - Lipoic acid when compared to the placebo. Maximum reduction achieved was 62% and this was dose related. But the only disadvantage is that higher doses of - Lipoic acid were associated with nausea.

### A TICKING BOMB – Complications of type 2 Diabetes in the young.

Diabetes has already reached epidemic proportions. With increase in the prevalence of type 2 diabetes in adolescents, a rise in prevalence of secondary co-

morbidities, including hypertension, hyperlipidemia, nephropathy and retinopathy is anticipated. Psychiatric disorders are also commonly associated with type 2 diabetes in adolescents. A Canadian study reported that the unborn children of young diabetic mothers also face a higher risk of fetal death. Acute complications like diabetic ketoacidosis, hyperglycemic hyperosmolar state have all been found in studies to be more prevalent in adolescents with type 2 diabetes. To conclude we urgently need to develop awareness campaigns, early management of type 2 diabetes and design long term studies to establish the value of early initiation of adjunctive treatments.

Dr. Shabana Tharkar

Editor – Crusade

## Other Hospital News

- ▶ As a Founder Member of the Diabetic Foot Study Group of the EASD Dr. Vijay Viswanathan was invited to participate at the 6<sup>th</sup> Scientific Meeting held at Denmark between 10<sup>th</sup> and 13<sup>th</sup>, September 2006. He also participated at the 42nd Annual Meeting of the European Association for the study of Diabetes at Copenhagen-Malmoe, held from 14 -17, September 2006.



*Dr. Vijay Viswanathan receiving Dr. B.R. Sengupta Oration Gold Medal*

- ▶ Dr. Vijay Viswanathan, Joint Director was awarded the Dr. B.R. Sengupta Oration Gold Medal by the Association of Physicians of India - West Bengal Branch at the 13<sup>th</sup> Annual Conference – 2006. He gave an oration on “Prevention of Amputation in Diabetic Foot” held on 23 & 24, September 2006 at Kolkata.



MAPICON 2006

- ▶ Maharashtra Chapter of Association of Physicians of India, invited Dr. Vijay Viswanathan as a faculty in the 14<sup>th</sup> Annual Conference MAPICON 2006 held at Aurangabad between 6<sup>th</sup> & 8<sup>th</sup> October 2006 to deliver an oration on “Preventing Diabetic Foot Amputations in India – Where Are We?”



- ▶ The Department of Health, Executive Yuan, R.O.C. (Taiwan) invited Dr. Vijay Viswanathan as a Guest Faculty for their Annual Wound Management Workshop held in Taichung Taiwan. R.O.C. He delivered a lecture on “Trend of Chronic Wound Care Management - held between 10<sup>th</sup> and 11<sup>th</sup> November 2006.



- ▶ In Collaboration with Harvard Vietnam Educational Program, Boston consecutively for the third time, Dr. Vijay Viswanathan, organized the 3<sup>rd</sup> Advanced INDO-US Workshop on Diabetic Foot complication with the theme as ‘Preventing Diabetic Amputations in Developing Countries’ Central Leather Research Institute (CLRI) were co-sponsors and the meetings were held on 24<sup>th</sup> & 25<sup>th</sup> November 2006 at Chennai.



- ▶ At the 19<sup>th</sup> World Diabetes Congress held at Capetown, South Africa, between 3<sup>rd</sup> and 7<sup>th</sup> December 2006 International Diabetes Federation invited Dr. Vijay Viswanathan to present a lecture on “Running a Diabetes Centre.”



- ▶ Dr. Vijay Viswanathan was invited by the Korean University – Department of Plastic and Reconstructive Surgery as a Keynote Speaker for the International Wound Care Meeting 2007 held at Seoul in March 2007.

**Mrs. Pratibha Patil – Former Rajasthan Governor  
Visited our Hospital in April 2007**



## LIST OF NEW LIFE MEMBERS

| L.No. | Names                  | Places                |
|-------|------------------------|-----------------------|
| 2123  | Mrs. Vijaylaxshmi      | Bangalore 560 098     |
| 2124  | Dr. Kurian John        | Kerala 682 036        |
| 2125  | Mr. K. Vaarghesh       | Kerala 682 019        |
| 2126  | Mr. C. Manjunath       | Karnataka             |
| 2127  | Dr. Kola Vijaya Sekhar | Andra Pradesh 520 012 |
| 2128  | Dr. Chanrabasayya      | Karnataka 581 125     |
| 2129  | Mr. Hashi Mithra       | Kolkatta 700 068      |
| 2130  | Mr. R.N. Mohanty       | Bhubaneswar 751 002   |
| 2131  | Mr. Pravin Rajdev      | Kolkata 700 025       |
| 2132  | Mr. Nilmani Harlalka   | Kolkata 700 019       |
| 2133  | Mr. Reniska Nelaya     | Karnataka 585 102     |
| 2134  | Miss. Archana          | Coimbatore 641 012    |
| 2135  | Mr. Jawahar Chawla     | Kanpur 208 001        |
| 2136  | Mr. Rajan Menon        | Singapore 558 977     |
| 2137  | Mr. Sanwar Mal Agarwal | Assam 786 125         |

## Do you know . . . .

- In 2007, the 5 countries with largest number of people with Diabetes are India (40.9 million), China (39.8 million), United States (19.2 million), Russia (9.6 million) & Germany (7.4 million).
- By 2025, the largest increase in prevalence of Diabetes will take place in developing countries.
- Every 10 seconds a person dies from Diabetes-related causes.
- Every 10 seconds two people develop Diabetes.
- Up to 80% of type 2 diabetes is preventable by adopting a healthy diet and increasing physical activity.

... more in next issue

*Courtesy – IDF 2007*

## APPEAL FOR DONATIONS

The Diabetes Research Centre Foundation, Chennai is today on the threshold of a major Expansion Programme. We are taking up several research projects for the benefit of the community at large, as part of our crusade against diabetes.

We are sure that you will join us in our crusade against diabetes and extend your whole hearted co-operation and encouragement in this noble venture. This will be a contribution to science and society and help to improve the lives of millions of diabetics.

All your contributions may be drawn in favour of "Diabetes Research Centre Foundation, Chennai". All donations to the Diabetes Research Centre Foundation Chennai, are given 125% exemption from Income Tax under Section 35, Sub-section (i) Clause (ii) of the Income Tax Act, 1961.