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We are living in the Diabetes Capital of the World

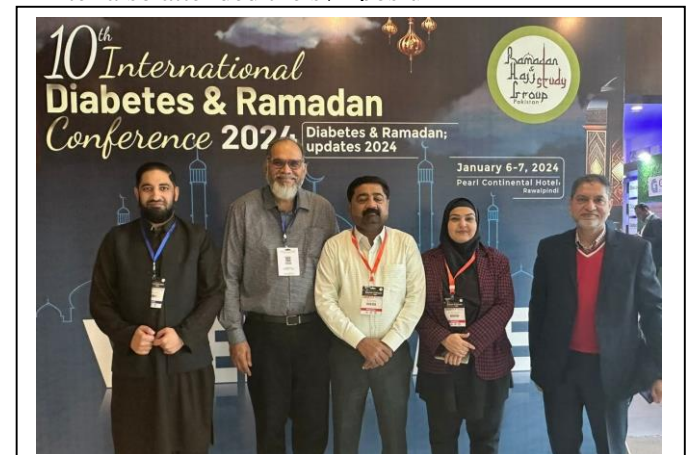
President Elect of IDF stressed for speedy action or it is too late.

Report: Dr. Shahid Akhter

President elect of International Diabetes Federation Dr. Peter Schwartz addressed the 10th. International symposium on “Diabetes And Ramadan” in Rawalpindi. He reviewed the reasons why diabetes is increasing in this part of the world, and suggested the need for taking prompt actions to control it or it is too late. He said that diabetes community is so large, that if you talk about India China and Pakistan they constitute 50% of the diabetes people in the world. Thus the diabetes capital of the world are here. And if we want to develop any kind of strategy for diabetes control, this should be developed here, keeping in view the regional environmental issues. It is not only the genes but the lifestyle of the people and the environmental pollution will

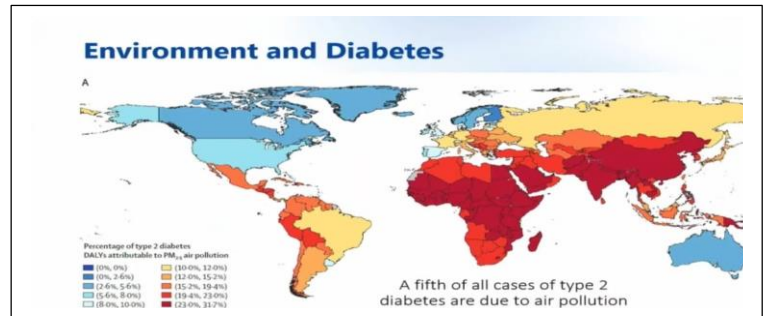


Diabetes and Ramadan Conference is regularly arranged every year in Karachi by the Ramadan and Hajj Study Group of BIDE, but this year for the first time it is arranged out of Karachi. Chief organizer of this symposium is Prof. Muhammad Yaqoob Ahmedani, who has international reputation of his tremendous work in safe fasting during Ramadan. Punjab Chapters of PCDA (Primary Care Diabetes Association-Pakistan) were among the organizers and dozens of PCDA members and chapter heads participated in it. A delegate from the central cabinet of PCDA comprised of Dr. Fareeduddin, Dr. Riasat Ali Khan, Dr. Asima Khan and Dr. Shahid Akhter also attended the symposium



Role of Air Pollution in the development of T2DM

Dr. Peter said that there is growing evidence that the increasing air pollution is related to the risk of developing T2DM. Because medium size particles in the air can be found in the beta cells, and in between alpha cells, beta cells and delta cells. They destroy beta cell function and the islet function. Glucagon function is also affected which is the coolest hormone involved in blood glucose homeostasis.



Existing evidence supports an association between the risk of T2D and ambient air pollution exposure, especially for fine particulate matter pollution (PM_{2.5}) and nitrogen dioxide (NO₂). The biological mechanisms underlying this association include immune activation, endoplasmic reticulum stress, central nervous system inflammation, and oxidative stress. Additionally, previous studies have found that ambient air pollution was associated with some complications of diabetes, including diabetic retinopathy, incident cardiovascular diseases, and chronic kidney diseases.

Dr. Peter's new theory for the prevention of Type 2 Diabetes TOTAL FASTING FOR 14 DAYS

Dr. Peter advocated his theory of "Total Fasting for 14 days" for the people at high risk of developing T2DM. During fasting the glucagon becomes very important hormone for glucose homeostasis. So the two most important factors are lifestyle habits and the climate.

Fasting can be a wonderful strategy in controlling your glucose homeostasis. Microbiome is influencing the effect of Physical Activity. The gut microbiome of responders to physical activity is significantly different. The microbiome of responders had a higher biosynthesis of short-chain fatty acids and break down of branched-chain amino acids. Non-responders microbiome showed increased production of metabolically detrimental compounds. Gut microbiome is

Total Fasting 14 days

Set individual Fasting goals

- Consider to adjust chronic medication
- 0 Kcal for 14 days
- drink 5-6 litre of fluid / day (water, tea, similar)
- empty your bowls, repeat every 2-4 days
- Physical activity 10000steps/day or similar

Monitor risk factors, initiate treatment and fasting protocol changes

Support the patient with personal online coaching

Use the support of digital App's to maintain individualized support of the patients

- Break Fasting**
- Start low, go slow → 600,800,1000,1200 kcal, 1.-4.day
 - drink more fluid than normal / day
 - Maintain physical activity
 - Consider to adjust medication within weeks
 - Consider to maintain a healthy lifestyle (LC, Keto, IF)

The pure medical dimension of Fasting

- Fastest health gain
- A physical challenge but also an achievement of the body
- Fast weight reduction (12kg) of which 25% (3kg) come back quickly (fluid retention)
- Drastic reduction in liver fat, significant reduction in abdominal fat
- Reset for the microbiome

Long-term fasting or fourteen-day fasting may help you deal with disorders such as diabetes, heart disease, high blood pressure, high cholesterol, and obesity and reduce the risk of metabolic diseases while supporting general fitness.

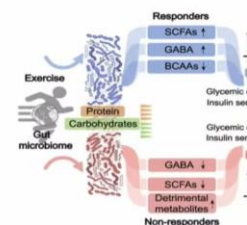
Fasting is scientifically proven to be highly advantageous to health. When we do not fast, our bodies do not have regular access to the fats that are stored in our bodies. However, when we fast, our bodies break down our stored fats, making them the ideal energy source and strategy to lose weight.

General benefits of eating less

- Longer life expectancy, slow aging
- Reduced risk of cardiovascular disease
- Reduced type 2 diabetes risk
- Fasting: Positive effects in the development and course of cancer
- Positive effects on brain aging and learning ability
- Calorie-independent fasting: Genes with protective tasks are promoted, better glucose control, better insulin sensitivity, "neuroprotection", shifting of body fat from visceral to subcutaneous

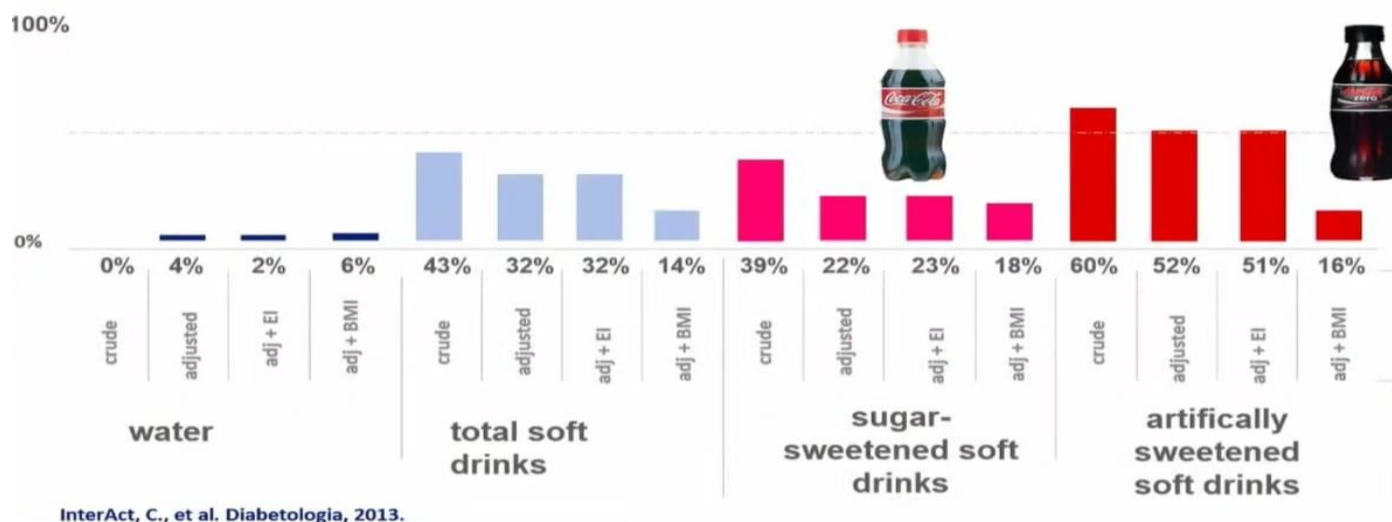
Microbiome is influencing the effect of PA

- The gut microbiome of responders to physical activity is significantly different
- The microbiome of responders had a higher biosynthesis of short-chain fatty acids and breakdown of branched-chain amino acids
- non-responders microbiome showed increased production of metabolically detrimental compounds.
- gut microbiome is primarily dependent on food consumption
- tight interaction between nutrition behavior and the response to physical activity



Liu, Yan et al., Cell Metabolism, Volume 31, Issue 1, 77 - 91.e5

Increase in diabetes risk by drinking (336g) softdrink per day / 1 year



Difference Between Fasting in Ramadan & Intermittent Fasting

Intermittent fasting and fasting during Ramadan are two practices that involve abstaining from food and drink for a period of time. However, there are some key differences between these two types of fasting that are important to understand.

1. **Fasting Time duration:** Firstly, intermittent fasting is a dietary pattern that involves limiting the amount of time during which you eat. This means that individuals following an intermittent fasting routine will restrict their eating to a specific window of time each day, typically between 8-10 hours, and fast for the remaining 14-16 hours. On the other hand, fasting during Ramadan involves abstaining from food and drink from dawn until sunset each day, for a period of one month.

2. **Fasting Days**

Another significant difference between intermittent fasting and fasting during Ramadan is the frequency of fasting days. While intermittent fasting allows for flexibility in terms of the number of fasting days per week, fasting during Ramadan involves a strict daily fast for an entire month.

3. **Cultural & Religious**

Additionally, the cultural and religious significance of fasting during Ramadan is different from that of intermittent fasting. Ramadan is a holy month in the Islamic calendar, and fasting during this time is one of the

RE-LAUNCHING OF PCDA LAHORE CHAPTER; AND DIABETES & RAMADAN WORKSHOP

Report by: Dr. Ahmad Shahzad

PCDA Punjab in collaboration with PAOFP (PAKISTAN ACADEMY OF FAMILY PHYSICIANS-DOCTOR'S CON) is arranging a workshop on "Diabetes & Ramadan" on Sunday 28th January 2024 in Flatic Hotel Lahore.

This was announced by Dr. Ahmed Shahzad (President PCDA Punjab) after meeting with PAFP office bearers in Lahore.

Others present in the meeting were Dr. Yousaf Ikram (Faisalabad), Dr. Sohail Shaukat (Sahiwal Chapter Head), Dr. Tahir Rasool (Lahore Chapter Head), Dr. Altaf A. Cheema (COO PAFP/DOCTORSCON), Dr. Abdul Rauf (Co-head PCDA Lahore Chapter), Dr. M. Manzoor Janjua (Secretary Lahore Chapter).

Dr. Ahmad Shahzad briefed about PCDA objectives and discussed and agreed on many affairs of common interests. It was decided that the PCDA Lahore Chapter will be re-launched and re-structured with new inductions in it. It was also decided that on 28 Jan. 2024 Sunday a workshop will be managed on Ramadan and Diabetes in collaboration of PCDA and PAFP / DOCTORSCON in which various presentations and workshops on the topics related to Diabetes and Ramadan will be covered.

Heads of both esteemed organizations present in the meeting on principle decided that they will work together for awareness of doctors and public for primary prevention of Diabetes.



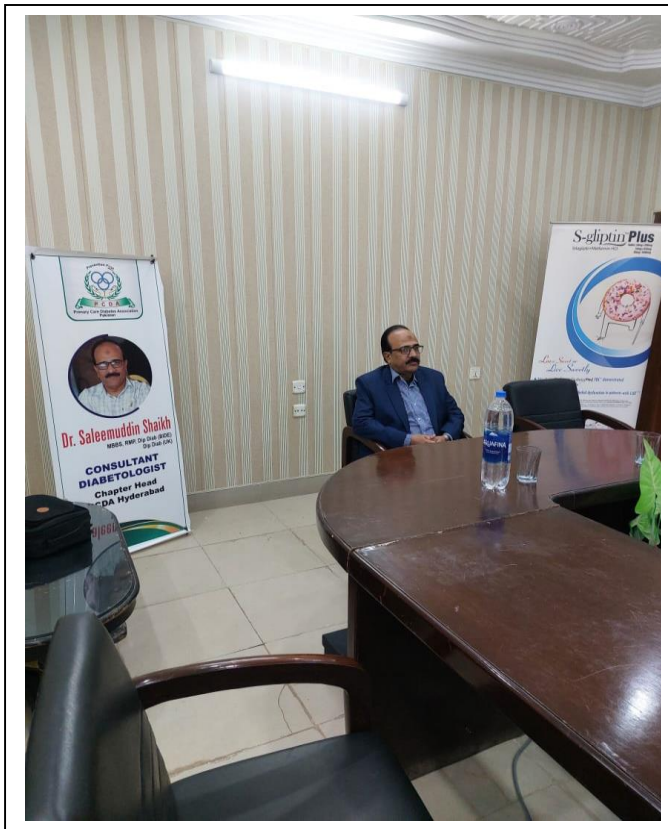
Sacrifice your time, Sacrifice your taste to prevent diabetes

Dr. Saleem Sheikh address to the OGDC people

Weight loss resulting from healthy eating and increased physical activity enables muscle cells to use insulin and glucose more efficiently, thus lowering diabetes risk. Lack of exercise can cause muscle cells to lose their sensitivity to insulin, which controls levels of sugar in the blood. "Even if you don't lose weight, exercise will make you stronger and healthier," "Healthy habits can definitely postpone the onset of diabetes even if they don't prevent it.

"This was stated by Dr. Saleem Sheikh while addressing to the employees of OGDC Tandoadam last week. He said that those at risk for diabetes can develop a flexible care program with the help of a diabetes team. Important clinical trials have shown that exercise, healthy eating, and modest weight reduction can prevent diabetes. It takes time and effort to reduce your risk of diabetes; however this investment in your health is a valuable one!

The In charge of Medical department/Health Facility of Oil and Gas Development Company Tandoadam invited Dr. Saleem Sheikh, who is PCDA chapter head of Hyderabad Sindh, to address an "Awareness Program on "Healthy Life Style" on 6th January 2024. with people of Company as well as executives of senior and junior officers of Health facility. They admired Dr. Saleem and appreciates the efforts of PCDA platform to serve the people of Diabetes and spread awerness about diabetes all the Pakistan



What happens to the body? Physiology of fasting during Ramadan

An abstract from DAR Guidelines 2021

Ramadan fasting (RF) represents a major shift from normal ways of eating as well as in sleep and wakefulness patterns. Feeding Patterns and the accompanying changes in glucose variability in RF differ significantly from non-fasting days and from other common forms of fasting due to the absolute abstinence from food and drink. This has important implications for physiology, with ensuing changes in fluid and energy balance, and in the rhythm and magnitude of fluctuations in several homeostatic and endocrine processes. In people with diabetes, the effects on glucose homeostasis are particularly important and are discussed separately. The duration of fasting impacts the physiological changes and is of particular relevance when Ramadan falls during longer summer days or in higher latitudes countries.

Changes to energy balance and weight

With major changes to meal times and content and sleeping times, there are also changes in activity patterns during Ramadan. Daytime and overall activity are reduced, although there does not appear to be significant changes in resting metabolic rate. As sleeping time also decreases, there is no significant change in total (24 h) daily energy expenditure. There is, on average, a reduction in total daily energy intake and a net weight loss of around 1 kg by the end of Ramadan. Though weight loss is not a universal outcome and weight change with Ramadan shows a great deal of inter-individual variability.

Changes to circadian and hormonal rhythms

Changes during RF can impact circadian rhythm and epigenetic studies have shown alterations occurring to CLOCK circadian rhythm-controlling genes during Ramadan . These can affect hormones, including cortisol, which can in turn affect insulin sensitivity and thus glucose levels. Generally, rises in cortisol are associated with rises in blood glucose levels. It was also found that the typical high morning to evening cortisol ratio reduced from 2.55 to 1.22 during Ramadan fasting . Other hormonal changes associated with RF include much higher leptin in the morning, probably reflecting meal time changes; evening levels are, however, similar to that of pre-Ramadan . Likewise RF can affect adiponectin; higher levels of adiponectin are associated with increased insulin sensitivity. Adiponectin levels are reported to decrease in the morning days of Ramadan, but there is conflicting information on how levels change after fasting, during Ramadan with some proclaiming an increase and others a decrease. Ghrelin is an important hormone involved in the regulation of appetite, but no differences in Ghrelin levels among individuals of a healthy weight were observed during the RF. In contrast, overweight and obese individuals show a marked reduction in ghrelin in the last week of Ramadan. Growth hormone is also important in regulating fat metabolism and can affect insulin sensitivity; a study of 23 healthy individuals found that levels of both morning and evening growth hormone may decrease during RF. Other hormonal changes reported in RF include a modest reduction in testosterone in single men, towards the end of Ramadan period.

Insulin sensitivity

As the Ramadan day time fasting hours progress, there is a gradual shift from carbohydrates to lipids as the main source of fuel. An increase in insulin resistance in RF has been shown in several studies. This, together with insulin deficiencies can lead to excessive glycogen breakdown and increased gluconeogenesis among people with diabetes. Eating large quantities at and after *Iftar* can cause further rises in blood glucose levels. As a result, the risks facing people with diabetes are heightened during Ramadan. These include hypoglycaemia, hyperglycaemia, diabetic ketoacidosis (DKA), dehydration and thrombosis.

Glucose variability and Ramadan fasting in diabetes

Data generated in continuous glucose monitoring (CGM) studies in Ramadan report stable blood glucose levels in healthy individuals (without diabetes) during fasting hours, with no significant differences in glycaemic marker exposure and in average, highest or lowest glucose sensor readings. At *Iftar*, a modest rise in interstitial glucose (and therefore blood glucose) is observed, but this increase remains within normal ranges. The *Iftar* glucose peak is exaggerated in diabetes and is thought to represent the response to a carbohydrate rich meal at *Iftar*, possibly enhanced by the hormonal changes in Ramadan with patients on insulin and sulphonylureas showing excursions of higher magnitudes. Although there is much intra- and inter-individual variability in glycaemic profile changes with RF, there are no overall significant differences in markers of glycaemic control between Ramadan and non-Ramadan periods. Likewise, no significant differences in the number of high or low glucose excursions, time spent in range, hypoglycaemia, and hyperglycaemia have been observed. In individuals on multiple antidiabetic medication, an increase in the mean amplitude of glycaemic excursions (MAGE) has been observed in the early stages of Ramadan compared to that of before Ramadan ($p = 0.006$) but not in late-Ramadan and post-Ramadan periods. An important concern among fasting individuals on insulin or its secretagogues is hypoglycaemia during the daylight hours and this is discussed in more detail in the full version of the *IDF-DAR Diabetes and Ramadan Practical Guidelines 2021*.

Other medical considerations; relevance to Ramadan fasting and diabetes

Several other common conditions can be affected by RF and many can be present in people with diabetes. For instance, hypothyroidism and its treatment can be affected by changes to meal times. Thyroxine absorption can be affected and lead to suboptimal control of hypothyroidism. It has been proposed that the best time to take thyroxine is later at night provided that no additional heavy food is eaten between *Iftar* and the late night hours. These recommendations have used Level 3 evidence and a **Grade D** by the IDF DAR writing group. As such, specialised advice is required among individuals with diabetes and hypothyroidism that seek to fast during Ramadan. Other conditions affected by RF include hyperlipidaemias, hypertension, chronic kidney disease (CKD), ischaemic heart disease (IHD) and vitamin D deficiency. For some of these, only an adjustment of timing of medication during RF is needed. For others, such as CKD and IHD, advice from a specialist and if available multi-disciplinary management is recommended and is discussed in chapter 13 of the full version of the *IDF-DAR Diabetes and Ramadan Practical Guidelines 2021*.

Effects of RF on mental wellbeing

There are many spiritual and mental benefits of Ramadan – an opportunity to self-reflect on aspects of life that need improving, the ability to grow spiritually through prayers, a time where there is an emphasis placed on good deeds and a chance to spend more time with loved ones and people within the community. Actively participating in Ramadan can lead to declining rates of depression, anxiety, stress and improvements in memory and overall mental wellbeing.

The act of fasting during Ramadan itself has also been associated with alleviating feelings of anxiety and a reduction in stress among healthy individuals and people with diabetes. A study conducted in healthy Muslim graduate students showed fasting led to improvements in self-acceptance, self-sufficiency, social relations and personal growth. Moreover, a longitudinal study conducted in people with T2DM has shown that fasting during Ramadan could help alleviate feelings of depression and that this could perhaps be linked to the spiritual and emotional benefits of fasting during Ramadan. These benefits play a huge role in the motivation to fast during Ramadan and need to be understood by HCPs.

Screening Camp at PCDA Head Office Karachi



Screening and awareness program for the general public at large and diabetic people in particular, held at PCDA Head Office Nazimabad Karachi. Attended by President Dr. Zahid Miyan, President past Dr. Fareeduddin, President elect Dr. Riasat Ali Khan, General Secretary Dr. Shakeel Ahmed, Research Coordinator Mr. Umair and many volunteers from STEP.

A large number of patients and the general public attended the camp who were screened and tested for diabetes and lipids. Dr. Shakeel addressed to the participants and disseminate knowledge about prevention from diabetes and other metabolic illnesses



**HEAD OF
GUJRANWAL
CHAPTER OF
PCDA
DR. MAQSOOD
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NEARBY CITIES.**



17TH - 18TH FEBRUARY 2024 - MOVENPICK HOTEL, KARACHI



AGENDA

17TH FEB 24



WORKSHOPS

05:00PM TO 07:00PM

Moderator	Sohail Tariq	Insulin Technique	Dr. Faryal Tariq
Hypertension	Dr. Amir Hameed (AKU)	Diabetic Foot Assessment	Dr. Shakeel Ahmed
Basic ECG	Dr. Faisal Qadir (NICVD)	Quick Dietary Advice	Fatima Ahmed

HPL - PCDA Champions League - Finale



07:00pm to 08:00pm

INAUGURAL CEREMONY

08:00PM TO 09:45PM

TIME	SESSION	SPEAKER
08:00 PM	Gathering	Participants
08:00-08:10 PM	Tilawat / National Anthem	System
08:10-08:20 PM	Welcome Address	Dr. Zahid Miyan (President PCDA)
08:20-08:40 PM	Introduction to PCDA	Dr. Riasat Ali Khan (President Elect PCDA)
08:40-09:00 PM	Recent Exciting Advances in Medical Sciences	Prof. Ata ur Rehman (Chief Guest)
09:00-09:10 PM	Address by Guest of Honour	Prof. Abdul Basit
09:10-09:20 PM	Address by Guest of Honour	Prof. Zia ul Haq
09:20-09:30 PM	Address by Guest of Honour	Prof. Amir Shoukat
09:30-09:40 PM	Shields Distribution	Dr. Riasat Ali Khan / Dr. Fareed Uddin
09:40-09:45 PM	Vote of Thanks	Dr. Najum F. Mehmudi

SAVE THE DATE

Save the Date for the "Access to Diabetes Education" Symposium!

Transforming Diabetes Care: Invigorate, Inspire, Innovate

Dear colleagues and diabetes care advocates,
Primary Care Diabetes Association, Pakistan, is thrilled to announce that our highly anticipated symposium is just around the corner, where we will explore groundbreaking approaches and advancements in diabetes care. Join us as we invigorate, inspire, and innovate together to make a lasting impact on the lives of those affected by diabetes.

🌐 Event: "Access to Diabetes Education" Symposium by PCDA

📅 Date: 17th & 18th February 2024

📍 Location: Movenpick Hotel, Karachi

This symposium is a unique platform that aims to improve access to diabetes education, fostering a collaborative environment where healthcare professionals, researchers, educators, and individuals with diabetes can share knowledge, experiences, and best practices.

Key Symposium Features:

- ◆ **Inspiring Keynotes:** Renowned experts will deliver inspiring keynotes, shedding light on emerging trends, innovative strategies, and the importance of accessible diabetes education.
 - ◆ **Engaging Panel Discussions:** Engage in thought-provoking discussions led by distinguished panels as they address the challenges, opportunities, and advancements in diabetes care and education.
 - ◆ **Interactive Workshops:** Participate in interactive workshops designed to equip you with practical tools, strategies, and innovative approaches for improving diabetes education and patient outcomes.
 - ◆ **Networking Opportunities:** Connect with like-minded professionals, exchange ideas, and establish collaborations during dedicated networking sessions and social events.
 - ◆ **Poster Presentations:** Showcase your research, projects, and success stories through poster presentations, promoting knowledge sharing and inspiring others to take action.
- The symposium will take place on the 17th and 18th of February 2024 at the prestigious Movenpick Hotel in Karachi.

Registration details and a detailed agenda will be shared with you soon. Stay tuned for further updates on esteemed speakers and session topics.

Let's invigorate, inspire, and innovate to enhance access to diabetes education and make a positive difference in the lives of millions. Save the date and spread the word among your colleagues and peers!

Islamabad Royals & Punjab Gurus Reach Final of HPL-PCL

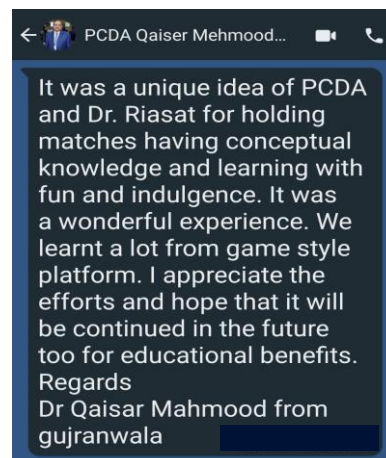
Semifinal of HPL-PCL (PCDA Champions League) were played online, on Sunday 14th of January. First Semifinal was played between Baluchistan Scholars and Islamabad Royals which was won by Islamabad Royals after a very tough competition. Second Semifinal was played between Punjab Gurus and KPK Kings, which was won by Punjab Gurus.

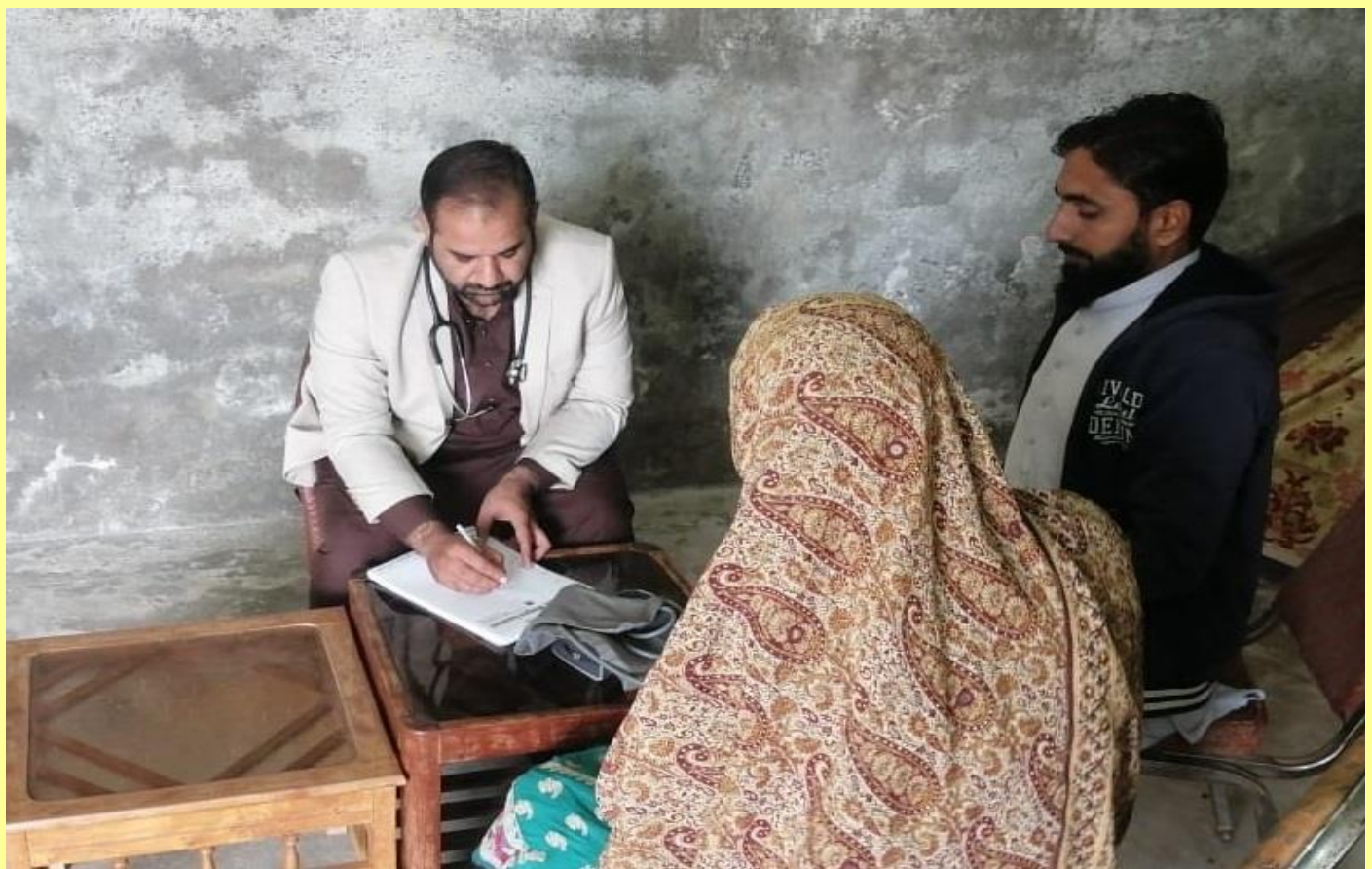


FINAL MATCH WILL BE PLAYED ON STAGE OF THE INAUGRAL SESSION OF 8th. PCDA SYMPOSIUM 2024, ON 17TH FEBRUARY'24 AT 7.00 p.m. IN HOTEL MOVENPICK KARACHI.

Comments on the HPL-PCL are invited. Till the publication of current issue of Prevention First-online, we received only few comments. We are publishing only one of these right now. Remaining comments will be included in the forthcoming issue

.....Editor





HEAD OF PCDA MUZAFFERGARH CHAPTER DR.AHMED WAQAS LASHARI IS VERY POPULAY AND DYNAMIC PERSONALITY OF MUFAFFAR GARH. HE IS VERY SYMPATHETIC AND FRIENDLY WITH HIS PATIENTS.

DR. LASHARI ARRANGED A FREE MEDICAL CAMP FOR THE PEOPLE OF THE CITY AND SCREENED THEM FOR DIABETES. A LARGE NUMBER OF PEOPLE WERE PROVIDED FREE





Fasting in Rajab: *What Ulema Say*

An abstract from an article by Sheikh Babikir

The month of Rajab has started. Greeting and best wishes to the readers of prevention First Newsletter. Although there is nothing reported as authentic from the Prophet ﷺ as regarded as a special prayer in this month. However the more you pray in this month (optional prayers) the greater the reward. Similarly there is nothing authentic reported of a specific fast in Rajab. However there is an indication of the importance of fasting in the four sacred months.

Mujeeba al-Baa'heleya reported that her father or uncle asked the Prophet ﷺ in which month, outside of the month of Ramadan, does fasting hold a greater reward? The Prophet ﷺ said to him, "Fast from the 4 sacred months." And he repeated this statement 3 times. (Reported by Abu Dawood).

From this we understand some of the greatest, righteous first and second generation use to fast in the 4 sacred months and the most notable amongst them being Ibn Umar, Ali Hassan Al Basri, Abu Ishaak Al Siba'i and Sufyan Al Thawree who declares that, "The 4 sacred months, I love and prefer to fast in them."

The days that are preferred for fasting are Monday and Thursdays, Wednesday and Thursdays and the white days. It is reported that the Prophet ﷺ has encouraged the fasting of these days. Hence it would be advisable to fast them in these sacred months.

Abu Hurairah reported that the Prophet ﷺ used to fast Monday and Thursday. He was asked, "Oh messenger of Allah, we see you fasting Monday and Thursday?" He replied "Indeed on Monday and Thursday, Allah forgives every Muslim, except the two who have animosity between them. Allah declares leave them until they make up." (Ibn Ma'jah)

Abu Hurairah reported that the Prophet ﷺ said, "Actions are raised and declared on Mondays and Thursdays and I would love that my actions would be raised and declared whilst I am fasting." (Tirmidhi)

The Prophet ﷺ was asked about fasts within year he states, "Fast in Ramadan and the 6 days that follow. Then every Wednesday and Thursday, hence you will be written as if you have fasted the whole year." (Abu Dawood)

Ibn Umar reported that the messenger of God ﷺ states, "Whosoever fasts Wednesday, Thursday and Friday and once they have completed the fast, gives in charity any amount small or large. Allah will forgive their sins and the person will come out of his wrong doings as if he was reborn." (Al Bahaqee)

Abu Hurayrah states, "The prophet ﷺ advised me 3 things I should never neglect until I die. Fasting 3 days in each month. Praying Du'ha prayer regularly and that I pray my salat witr before I sleep." (Bukhari and Muslim).

UMRAH IN RAJAB:It is reported that performing Umrah in the month of Rajab was carried out by some of the greatest companions such as Umar ibn al Khattab, Uthman Ibn Afaan and Ali Ibn Abi Talib. As a result many of those who followed them have carried out this tradition realising the reward for the Umrah in this month will be greater. It has also been confirmed that Ibn Sirin reported that the righteous ancestors use to do their hajj, then they do their Umrah in the month of Rajab. To increase and maximise their reward.

DU'AA FOR RAJAB:Anas (r.a) reported that the messenger ﷺ use to make this dua at the beginning of Rajab, "Oh Allah, bless Rajab for us and Shaaban and allow us to live during Ramadan." (Imam Ahmad)It is also reported that Ali Ibn Abi Talib use to maximise his worship, in four specific nights of the year, which are: The first night of Rajab, The night of Eid ul-Fitr, The night of Eid Al-adhaar, The night of Mid- Shaaban

Reference:

<https://www.sheikhbabikir.com/rajab/#:~:text=DU'AA%20FOR%20RAJAB&text=He%20reports%20in%20his%20book,wil%20be%20closed%20to%20them>

KOHAT CHAPTER OF PCDA UNDER THE ABLE LEADERSHIP OF

DR. SULAIMAN KHAN

IS ALWAYS BUSY IS DOING PUBLIC AWARENESS PROGRAMS.





Report by: Dr. Sulaiman Khan,

(Diabetologist and In-charge of PCDA Kohat chapter)

We spearheaded a free medical camp exclusively for diabetic patients. The event, held under the auspices of the Primary Care Diabetes Association Pakistan, aimed to provide specialized care and support to those managing diabetes. This initiative reflects a commitment to promoting health and well-being within the community.

The medical camp was a great success, with a large turnout of diabetic patients from the local community. Our team worked tirelessly to ensure the smooth running of the camp.

Patients were able to receive free medicines, which was a great relief for many who struggle with the high cost of medications. In addition, several important tests were conducted, including blood glucose tests, HbA1c tests, and cholesterol tests. These tests are crucial in monitoring the health of diabetic patients and assessing their level of control.

We also provided them with dietary advice and encouraged them to adopt a healthy lifestyle. It is important for diabetic patients to understand the importance of managing their condition and taking their medications regularly.

One of the most concerning aspects of the medical camp was the high percentage of patients who were uncontrolled and out of their target range. Despite receiving treatment, around 85% of the patients had poorly managed diabetes. This highlights the urgent need for better education and support for diabetic patients in our community.

During the camp, patients were provided with extensive counseling on diabetes and its medication. Our team of healthcare professionals took the time to explain the importance of adherence to medication, regular monitoring of blood glucose levels, and the significance of maintaining a healthy lifestyle.

We also emphasized the importance of a balanced diet and physical activity in managing diabetes. Patients were given personalized dietary advice and encouraged to make healthier choices in their everyday lives.

Overall, the free medical camp was a significant step towards raising awareness about diabetes and providing much-needed support to diabetic patients in our community. Together, we can strive towards a healthier future for diabetic patients and work towards reducing the alarming number of uncontrolled cases in our community.

President Dr. Zahid Miyan speaks to the Symposium on Trelagliptin on 13th. January in PC Karachi.

Dr. Zahid Mian, president PCDA was the guest speaker in a one day symposium on a newly launched DPP4 inhibitor used once a day, Trelagliptin. He highlighted the benefits of once daily DPP4i over daily used DPP4i.

He said that once weekly trelagliptin has good glycaemic efficacy and well tolerated in people with T2DM. It has 12 times more potent inhibition against DPP-4 enzyme than sitagliptin



The panelists of the symposium were Prof. Najam ul Islam (Dean/Convener of endocrinology CPSP, Consultant endocrinologist AKU) Assit. Prof. Dr. Aqiba Sarfarz (LNH), Prof. Jameel Ahmed (Baqai Medical University) and Prof. Aamir Hameed Khan. Dr. Sumaita Batool (AKU) moderated the session.

A very healthy Q&A session started after the lecture by the learned and very academic presentation by the honorable speaker who is also Chairma of D-Foot international MENA region. A very learning Panel discussion followed by Q&A session, during which all the panelists delivered their comments on the current topic.

The session concluded with a delicious lunch.



Diabetic camp at diabetic unit civil hospital jacobabad under supervision of diabetologist Dr nazir soomro on dated 15.1.24



فري شگر جي ڪيمپ

۽ شگر بابت معلوماتي پروگرام

تائيم: هر سومر

صبح 09:00 وڳو

جڳھ: دل جو وارڊ

تاريخ:

5

Dr. Sohail Shoukat In-charge PCDA Sahiwal chapter

in collaboration with PharmEvo Pharma's project SEED arranged a free medical and screening camp in village Burjanwala of Sahiwal district. Total patients reported in this camp were 205 approximately. During the camp blood sugar of 125 persons was checked. Among these 55 persons were found diabetic. Diet and Diabetes Education was given by Dr. Tuaseen Abbaas, dietitian and Diabetes Educator. Camp was very much appreciated by the area people and after camp planted a beautiful plant.





Is published on



Of every month

Please send your feedback, articles, reports or pictures to

preventionfirstnewsletter@gmail.com

Or pcda.pak@hotmail.com

WhatsApp to any member of Publications Committee or Editorial Board.