Official Publication of the Diabetic Association of Pakistan

DIABETES DIGEST

Educate. Empower. Innovate. **Transform Diabetes Care**

PROF. ABDUL BASIT

NAMED

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SCIENTISTS

OF THE WORLD
BY STANFORD
UNIVERSITY

Ranked
4th highest
Published Researcher
in Pakistan

Innovation • Awareness. • Research

Youth & Community Care

Diabetic Association of Pakistan (DAP)

Education • Research • Care • Community

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DAP (Diabetic Association of Pakistan) Monthly Highlights

Professor Dr. Abdul Basit: Bringing Pride to Pakistan in Global Science

Professor Dr. Abdul Basit has brought immense honor to Pakistan by being recognized among the top 2% of scientists worldwide, according to Stanford University's prestigious ranking. This remarkable achievement highlights his groundbreaking contributions to the field of science and reflects his dedication, perseverance, and excellence in research.

Over the years, Professor Basit has conducted innovative studies that have advanced scientific knowledge and positively impacted his field. His work has not only earned international recognition but has also positioned Pakistan on the global scientific map, inspiring countless young researchers and students to pursue careers in science and research.

This recognition is a testament to the talent and potential of Pakistani scientists and demonstrates how dedication and hard work can lead to global acknowledgment. Professor Basit's success serves as a shining example of excellence, motivating the next generation to strive for innovation, knowledge, and a brighter future for Pakistan in the international scientific community.

-Amna Mansoor

Professor Dr Abdul Basit Pakistan's Pride in Science

DAP at the PCDA Conference 2026: Honoring Leaders and Promoting Diabetes Awareness

The Diabetic Association of Pakistan (DAP) proudly participated in the PCDA Conference held on 10–11 January 2026 with an awareness stall, reaffirming its commitment to diabetes education, care, and early diagnosis. Through this platform, DAP highlighted its services and raised awareness about Type 1 Diabetes (T1D), focusing on support for children and families affected by the condition.

The Guest of Honor, Prof. Abdul Basit, Secretary General of DAP, led the acknowledgments of distinguished healthcare professionals at the stall in recognition of their significant contributions to healthcare and diabetes care. Prof. Masood Hameed, Dr. Zafar Mirza (Director, Health Systems and Services Development, WHO), Mr. Muhammad Aslam Ghauri (Special Secretary, Ministry of National Health Services, Regulations and Coordination), and Prof. Imran Hassan were recognized for their outstanding services, vision, and leadership, inspiring progress in healthcare and diabetes management across the country.

Day 1 conference began with purpose, collaboration, and a shared vision for a healthier future, reflecting DAP's dedication to celebrating excellence in healthcare while continuing to support and educate communities about diabetes.

-Amna Mansoor

DAP at PCDA Conf 2026 Promoting Diabetes Education and Support

Student Awareness Program on Diabetes at Green House School System

The Diabetic Association of Pakistan (DAP) conducted a Student Awareness Program at Green House School System as part of its ongoing diabetes awareness initiatives. This activity was organized under the T1D Community Fund Project by Panorama, with the aim of educating students about diabetes, particularly Type 1 Diabetes. The session focused on creating awareness about early warning signs, the importance of timely diagnosis, and the need for understanding and support for children living with the condition. Through interactive discussions and informative presentations, students were encouraged to develop empathy and awareness, helping to build a more informed and supportive school environment for those affected by diabetes.

-Amna Mansoor

Student Awareness Program on Diabetes at Green House School

Successful Free Cataract Surgeries at DAP

Alhamdulillah! Free cataract surgeries have been successfully performed at the Diabetic Association of Pakistan (DAP) for registered patients, restoring vision to many individuals and significantly improving their quality of life. These surgeries provided essential eye care services to those in need who otherwise had limited access to treatment. The procedures were carried out by a dedicated and skilled medical team, ensuring safe and effective care for all beneficiaries. The date for the next round of free cataract surgeries for registered patients at DAP will be announced soon, as efforts to serve the community and support those in need continue.

-Amna Mansoor

DAP Conducts Successful Free Cataract Surgeries

Ramadan Awareness Session for Type 1 Diabetes Patients

The Diabetic Association of Pakistan (DAP) organized a comprehensive Ramadan Awareness Program for patients under the T1D Community Fund Project, led by the Vice President of the International Diabetes Federation (IDF). The program aimed to educate and empower individuals living with Type 1 Diabetes by providing practical guidance on safe fasting practices, blood glucose monitoring, insulin adjustment, and healthy nutrition during Ramadan. Through interactive sessions and expert advice, participants were supported in better understanding how to manage their condition effectively while observing religious obligations. This initiative reflects DAP's continued commitment to improving diabetes care, raising awareness, and strengthening community support for people living with Type 1 Diabetes.

-Amna Mansoor

Ramadan Awareness Session for Type 1 Diabetes Patients

DIABETES RESEARCH ABSTRACTS

Female Infertility: A Narrative Review of Emotional, Nutritional, Lifestyle, and Environmental Factors

Authors: Saba Noor Bhatti[1], Shifa Shaikh[1], Rida Zainab Bhutto[1], Laiba Shaikh[1]

Institute of Pharmacy (SMBBMU)

Author Name: Shifa Shaikh

Abstract

Background:

Infertility in women is a multifaceted issue influenced by a range of biological, psychological, nutritional, and environmental factors. This narrative review consolidates current findings to better understand how these factors individually and collectively impact female reproductive health. Emotional stress, dietary habits, lifestyle behaviors, and exposure to environmental toxins are emerging as critical determinants that may compromise fertility outcomes.

Methodology:

A comprehensive literature search was conducted across major scientific databases including PubMed, Science Direct, Google Scholar, and Springer Link. The review included articles published between 2005 and 2024, selected based on relevance to the themes of infertility, emotional well-being, diet, lifestyle, and environmental exposure. Search terms used in various combinations included: female infertility, subfertility, nutrition and fertility, PCOS, emotional impact of infertility, lifestyle and reproduction, and environmental factors affecting fertility. Only peer-reviewed journal articles, clinical studies, and high-quality reviews were included.

Results:

Female infertility results from a complex interaction of emotional, nutritional, lifestyle, and environmental influences. Psychological stressors, including anxiety, depression, and emotional distress related to subfertility, can adversely affect reproductive function. Nutritional imbalances, particularly deficiencies in key micronutrients like folate, vitamin D, and omega-3 fatty acids, have been consistently associated with reduced fertility. Metabolic conditions such as obesity and polycystic ovary syndrome (PCOS) are also significant contributors. Furthermore, lifestyle behaviors including smoking, alcohol and caffeine intake, and sedentary living have been identified as risk factors. Environmental pollutants and societal pressures contributing to delayed family planning, especially in women over 35, further elevate infertility risks.

DIABETES RESEARCH ABSTRACTS

Female Infertility: A Narrative Review of Emotional, Nutritional, Lifestyle, and Environmental Factors

Authors: Saba Noor Bhatti[1], Shifa Shaikh[1], Rida Zainab Bhutto[1], Laiba Shaikh[1]
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Author Name: Shifa Shaikh

Conclusion

The literature supports a holistic approach to managing and preventing female infertility. Key strategies include preconception nutritional counseling, behavioral interventions, psychological support, and early clinical evaluation. Addressing emotional well-being alongside physical and lifestyle factors can significantly improve fertility outcomes and provide more comprehensive support for individuals and couples facing fertility challenges.

Keywords: Unbalance Diet, Nutrition, Female Reproductive Health, Female Infertility.

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Comparison between the efficacy of Empagliflozin and Metformin versus Sitagliptin and Metformin in the treatment of Non-Alcoholic Fatty Liver Disease (NAFLD) with Diabetes Mellitus (DM).

Dr Syeda Urooj Riaz, Dr. Syed Junaid Humail, Dr. Suraksha Rani,
Dr. Abdul Samad Bijuda, Dr. Suniya Jawed
Author Name: Dr Syed Junaid Humail

Abstract

Objective:
To compare the efficacy of Empagliflozin plus Metformin versus Sitagliptin plus Metformin in treating patients with Non-Alcoholic Fatty Liver Disease (NAFLD) and Type 2 Diabetes Mellitus (DM) over a six-month period.

Methodology:
This was a randomized controlled clinical trial conducted at Medicare Cardiac and General Hospital and Jinnah Medical College Hospital. A total of 84 patients over 18 years old with a diagnosis of Type 2 DM and NAFLD were included using a non-probability convenient sampling technique. Patients were randomly assigned to two groups: Group 1 received Empagliflozin and Metformin, while Group 2 received Sitagliptin and Metformin. Efficacy was assessed by comparing changes in Body Mass Index (BMI), waist circumference, HbA1C, Alanine Aminotransferase (ALT), LDL cholesterol, FIB-4 score, and ultrasound grading of fatty liver from baseline to six months. Data was analyzed using SPSS-27.

Results:
At baseline, there were no statistically significant differences between the two groups for most socio-demographic and clinical variables, except for waist circumference ($p=0.037$), which was significantly different. After the six-month treatment period, the group receiving Empagliflozin plus Metformin showed a statistically significant greater reduction in ALT levels compared to the Sitagliptin plus Metformin group (mean difference of 7.77 ± 7.91 vs. 3.49 ± 7.27, $p=0.012$). No statistically significant differences were observed between the two groups in the reduction of BMI, waist circumference, HbA1c, LDL, FIB-4 score, or grading of fatty liver.

Conclusion:
In this study, both treatment combinations demonstrated comparable efficacy in managing key metabolic and hepatic parameters in patients with NAFLD and DM. However, the combination of Empagliflozin and Metformin was superior in reducing ALT levels, suggesting a potentially greater benefit for liver inflammation in this patient population. Further studies with larger sample sizes are recommended to confirm these findings.

DIABETES RELATED ARTICLES

Diabetes and Mental Health

Being diagnosed with diabetes can be a life-changing experience. Whether it is type 1 diabetes, where the body does not produce insulin at all, or type 2 diabetes, where the body makes insulin but not enough, the condition requires many adjustments. These changes can affect daily routines, lifestyle, and even relationships with family and friends. Learning to live with diabetes takes time, and it is normal to feel stressed or overwhelmed at first.

When people think about diabetes care, they usually focus on physical health, such as controlling blood sugar levels. However, taking care of mental and emotional health is just as important. Managing diabetes requires constant attention, and this can create emotional pressure. Just as you monitor your blood sugar and take medicine, it is also important to pay attention to your feelings and mental well-being.

Taking care of your mind is as important as taking care of your body. If mental health problems such as depression or anxiety are not treated, they can make diabetes harder to manage. In the same way, living with diabetes can sometimes make mental health conditions worse. Both physical and mental health affect each other, so they should be treated together.

How Are Diabetes and Mental Health Connected?
A diagnosis of diabetes can feel like more than just a health problem. It can feel like a threat to your normal way of life. Managing diabetes often means changing eating habits, avoiding sugary foods and drinks, limiting alcohol, and being careful about daily routines. For many people, these changes are difficult, even without a medical condition.

People with diabetes also need to regularly check their blood sugar, remember to take medicines or insulin, and attend frequent doctor appointments. All of this can take time, energy, and money. Over time, these responsibilities can become tiring and emotionally draining. Some people begin to feel low, anxious, or exhausted from the constant effort needed to manage their condition.

Research shows that people living with diabetes have a higher risk of mental health problems. Depression and anxiety are more common in people with both type 1 and type 2 diabetes. Studies show that depression occurs about twice as often in people with diabetes compared to those without diabetes. Eating disorders are also more common, especially in people with type 1 diabetes. Women with type 1 diabetes are more likely to experience bulimia, while women with type 2 diabetes more often struggle with binge eating.

Fear of changes in blood sugar can also cause a lot of stress. When blood sugar levels go up or down, it can affect mood and emotions. People may feel tired, irritable, confused, or anxious. These emotional changes can make it even harder to manage diabetes properly.

What Is Diabetes Distress?

Many people with diabetes experience a condition known as diabetes distress. This is not exactly the same as depression, although it can feel similar. Diabetes distress refers to the emotional burden and stress that comes specifically from living with diabetes.

For example, people may constantly worry about having very low blood sugar, about developing complications, or about whether they are managing their condition correctly. Lack of support from family, friends, or healthcare providers can also increase these feelings.

It is estimated that between 33 and 50 percent of people with diabetes will experience diabetes distress at some point in their lives. Unlike depression, diabetes distress usually does not require medication. Instead, it can often be improved through better diabetes education, counseling, support groups, and learning new coping skills.

Difficulty in Identifying Mental Health Problems

One of the biggest challenges is that mental health problems in people with diabetes often go unnoticed. Many cases of depression, anxiety, or severe emotional stress are never properly identified. Studies suggest that almost half of mental health conditions in diabetes patients remain undetected.

There are several reasons for this. Symptoms of high or low blood sugar, such as tiredness, mood changes, or difficulty concentrating, can look very similar to symptoms of depression or anxiety. Because of this, both patients and doctors may assume the problem is only physical. In addition, many people feel uncomfortable talking about their emotional struggles during medical appointments.

Experts recommend that diabetes care should include mental health support. Ideally, diabetes treatment teams should include mental health professionals and should regularly screen patients for emotional problems. However, many clinics do not have these services. Online mental health screenings can sometimes help people recognize when they may need professional support.

Treatment and Support

Mental health conditions, like diabetes, can be treated. Having both conditions at the same time does not mean they cannot be managed. It simply means that care is needed for both the mind and the body. If you are struggling emotionally, it is important to speak with your diabetes care team and ask for help.

Therapy

Talking to a mental health professional can be very helpful. Therapy is not only for people with serious mental illness. It can help anyone who is feeling stressed, anxious, or overwhelmed.

Different types of therapy can help, including:

- **Cognitive Behavioral Therapy (CBT):** This helps people recognize negative thoughts and replace them with healthier ones. It also teaches better coping behaviors.
- Family Therapy: This helps family members understand each other better and improve communication and support.
- Dialectical Behavioral Therapy (DBT): This teaches skills such as mindfulness, emotion control, stress tolerance, and better relationships.

Therapy can help people manage stress, understand their feelings, and learn practical ways to cope with the challenges of diabetes.

Medication

In some cases, medication may be needed to treat depression or anxiety. It is important to talk openly with your doctor about both your mental health and your diabetes when considering medication. Some antidepressants may even help improve blood sugar control, while others can have side effects such as weight gain. A healthcare professional can help choose the safest and most suitable treatment.

Managing Stress

Stress plays a big role in diabetes management. Long-term stress can raise blood sugar levels and make it harder to follow healthy routines. When people are stressed, they may forget to take medicines, skip exercise, or make unhealthy food choices.

Experts suggest keeping track of stress along with blood sugar levels. By noticing patterns, people can learn how stress affects their diabetes. Learning relaxation techniques, practicing mindfulness, exercising regularly, and seeking counseling can all help reduce stress and improve overall health.

Getting Help Early

Managing diabetes is a lifelong process, and mental health care is an important part of that process. Finding the right treatment may take time, but support is available. The sooner mental health concerns are recognized and treated, the easier it becomes to manage both diabetes and emotional well-being.

Living with diabetes can be challenging, but with the right medical care, emotional support, and self-care, it is possible to live a healthy and balanced life.

-Amna Mansoor

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Diabetes and Mental well being

Diabetes-Friendly Diet

What is diabetes?

Diabetes is a condition in which the level of sugar (called glucose) in your blood becomes too high. Glucose comes from the foods you eat. Your body needs glucose for energy. A hormone called insulin helps move glucose from your blood into your body's cells.

In type 1 diabetes, the body does not make insulin at all.

In type 2 diabetes, the body either does not make enough insulin or cannot use it properly.

When there is not enough insulin, glucose stays in the blood instead of going into the cells. This causes high blood sugar levels.

Prediabetes means your blood sugar is higher than normal but not high enough to be called diabetes. If you have prediabetes, you have a higher chance of developing type 2 diabetes in the future.

How Do Foods Affect Blood Sugar Levels?

The sugar in your blood mainly comes from foods called carbohydrates, or "carbs." Foods that are high in carbs include sweets, sugary drinks, bread, tortillas, and white rice. The more carbs you eat, the higher your blood sugar will be.

Some people with diabetes need to keep track of how many carbs they eat at each meal. Making healthy food choices is very important for both type 1 and type 2 diabetes. When you control your blood sugar, you lower the risk of serious problems like heart disease, kidney problems, and vision loss.

If you have prediabetes or are at risk for diabetes, eating healthy foods can help prevent type 2 diabetes from developing.

What Is the Best Diet for Diabetes?

There is no single diet that works for everyone with diabetes. Each person has different needs. Your doctor may suggest that you meet with a registered dietitian or diabetes educator. They can help create a meal plan that is right for you.

Your eating plan will depend on:

- The medicines you take
- Your weight
- Other health conditions you have
- Your lifestyle and food preferences
- Your health goals

All diabetes meal plans have some common ideas: eating healthy foods, in the right amounts, at the right times.

Diabetes-Friendly Diet

What Foods Should I Eat if I Have Diabetes?

People with diabetes should eat a variety of healthy foods from all food groups, such as:

- Fruits and vegetables
- Whole grains like whole wheat, brown rice, oats, barley, and quinoa
- Proteins like lean meat, chicken, fish, eggs, beans, lentils, nuts, and tofu
- Low-fat or nonfat dairy like milk, yogurt, and cheese

These foods help keep blood sugar stable and support overall health.

What Foods Should I Limit?

To keep blood sugar under control, you may need to limit certain foods and drinks. This does not mean you can never have them, but you should eat them less often or in smaller amounts.

Try to limit:

- Sugary foods like candy, cookies, cakes, ice cream, and sweet cereals
- Sugary drinks like soda, sweetened juices, energy drinks, and sports drinks
- White rice, white bread, white pasta, and foods made with white flour
- Starchy vegetables like potatoes, corn, and peas
- Fried foods and foods high in unhealthy fats
- Foods high in salt
- Alcohol (if you drink, do so in moderation)

For alcohol, moderation means no more than one drink per day for women and no more than two drinks per day for men.

What Should I Know About Eating with Diabetes?

If you have diabetes, it is important to eat the right amount of food every day. Your meal plan will guide you on how much to eat and what kinds of foods to choose for each meal and snack.

If you use insulin, you may need to learn how to count carbohydrates so you can take the correct amount of insulin.

Eating at regular times is also very important. Balanced meals help prevent blood sugar from going too high or too low. Many people find it helpful to eat about the same amount of carbs at each meal.

Your meal plan will also help you make healthy choices when eating at home and when eating out.

Living Well with Diabetes

Eating healthy and managing blood sugar takes some effort and planning. But the benefits are worth it. Good food choices can help you stay healthy, feel better, and live a full and active life with diabetes.

-Amna Mansoor

(https://medlineplus.gov/diabeticdiet.html)
(NIH: National Institute of Diabetes and Digestive and Kidney Diseases)

Diabetes Diet

حمل میں ذیابیطس کے بارے میں جاننے والی اہم باتیں

یہ معلومات اُن خواتین کے لیے ہیں جنہیں حمل کے دوران ذیابیطس کا خطرہ ہو یا جنہیں یہ تشخیص دی گئی ہو۔ یہ معلومات آپ کے لیے، یا آپ کے کسی رشتہ دار یا دوست کے لیے بھی مددگار ہو سکتی ہیں، تا کہ آپ صحت اور دیکھ بھال کے موجودہ اختیارات کو بہتر طور پر سمجھ سکیں۔
مقصد یہ ہے کہ آپ اپنے حمل کے دوران اپنی صحت اور بچے کی حفاظت کے لیے صحیح فیصلے کر سکیں۔ یہ معلومات صرف رہنمائی کے لیے ہیں اور کسی بھی علاج یا طبی مشورے کی جگہ نہیں لے سکتیں۔

حمل میں ذیابیطس کیا ہے؟

حمل میں ذیابیطس اس وقت ہوتی ہے جب آپ کا جسم حمل کے دوران انسولین (وہ ہارمون جو خون میں شوگر کو کنٹرول کرتا ہے) کافی مقدار میں پیدا نہیں کر پاتا یا صحیح طریقے سے استعمال نہیں کر پاتا۔ اس کے نتیجے میں خون میں گلوکوز کی سطح بڑھ جاتی ہے۔
یہ عام طور پر حمل کے درمیانی یا آخری مہینوں میں ظاہر ہوتی ہے اور تقریباً 4 سے 5 فیصد خواتین کو متاثر کرتی ہے۔

حمل میں ذیابیطس کے خطرے والے عوامل

آپ کو حمل میں ذیابیطس کا خطرہ زیادہ ہو سکتا ہے اگر:

آپ کا وزن زیادہ ہو (BMI زیادہ ہو)

پہلے بچے کا وزن زیادہ تھا (5.4 کلو یا 12 پاؤنڈ سے زیادہ)

آپ کو پہلے بھی حمل میں ذیابیطس ہوئی ہو

خاندان میں کسی کو ذیابیطس ہو (والدین یا بہن بھائی)

آپ جنوبی ایشیائی یا افریقی نسل سے تعلق رکھتی ہوں

اگر آپ ان میں سے کسی خطرے والے گروپ میں آتی ہیں تو آپ کو حمل کے دوران گلوکوز ٹیسٹ کروانے کی تجویز دی جائے گی۔

گلوکوز ٹیسٹ (GTT) کیسے ہوتا ہے؟

یہ ٹیسٹ عموماً 24 سے 28 ہفتے کے درمیان کیا جاتا ہے۔اس میں آپ کو کچھ نہ کھانے پینے کا کہا جاسکتا ہے، پھر خون کے نمونے لیے جاتے ہیں اور گلوکوز والے مشروب کے بعد دوبارہ خون لیا جاتا ہے تاکہ دیکھا جاسکے کہ جسم گلوکوز کو کیسے ہینڈل کرتا ہے۔

اگر ٹیسٹ نارمل نہیں آتا، تو آپ کو انسولین یا گولیوں کے ذریعے شوگر کنٹرول کرنے کا مشورہ دیا جاسکتا ہے، اور آپ کی خوراک اور ورزش میں تبدیلی کی ضرورت ہوسکتی ہے۔

حمل میں ذیابیطس کے دوران دیکھ بھال

اگر آپ کو حمل میں ذیابیطس ہے تو آپ کو ایک ماہر ٹیم کی مدد ملے گی جس میں شامل ہوسکتے ہیں

ذیابیطس کے ماہر ڈاکٹر

ماہر امراض نسواں

ذیابیطس نرس

غذائیت کا ماہر

کمیونٹی سپورٹ یا مڈوائف

یہ ٹیم آپ کے حمل اور بچے کی صحت کے لیے ایک مکمل نگہداشت کا منصوبہ بنائے گی، اور وقتاً فوقتاً آپ کے خون میں گلوکوز کی سطح چیک کرے گی۔

خوراک اور ورزش کی اہمیت

صحت مند کھانا اور مناسب ورزش حمل میں ذیابیطس کا سب سے اہم علاج ہیں۔

آپ کو ایسی خوراک کے بارے میں سکھایا جائے گا جو خون میں گلوکوز کی سطح کو مستحکم رکھے اور بچے کی نشوونما کے لیے محفوظ ہو۔

آپ کو روزانہ کی بنیاد پر اپنی خوراک اور ورزش کے منصوبے پر عمل کرنا ہوگا اور اگر ضروری ہوا تو انسولین یا گولیاں دی جاسکتی ہیں تاکہ خون میں شوگر کی سطح کنٹرول میں رہے۔

پیدائش کے دوران دیکھ بھال

حمل میں ذیابیطس والے بیشتر خواتین کا حمل اور بچہ صحت مند رہتا ہے، لیکن اگر خون میں شوگر کی سطح زیادہ ہو تو بعض پیچیدگیاں ہو سکتی ہیں،

جیسے:

بچے کا وزن زیادہ ہونا

پیدائش کے دوران مشکلات (مثلاً کندھے کا پھنس جانا)

پیدائش کے وقت یا بعد میں بچے یا ماں کی صحت کے مسائل

ماہر ٹیم پیدائش کے لیے منصوبہ بنائے گی اور آپ کو ہر آپشن کے خطرات اور فوائد کے بارے میں مشورہ دے گی۔ بعض صورتوں میں قبل از وقت لیبر کی ضرورت بھی پڑ سکتی ہے۔

پیدائش کے بعد دیکھ بھال

اکثر خواتین میں حمل کے بعد ذیابیطس ختم ہو جاتی ہے، لیکن کچھ کو ٹائپ 2 ذیابیطس ہونے کا خطرہ رہتا ہے۔

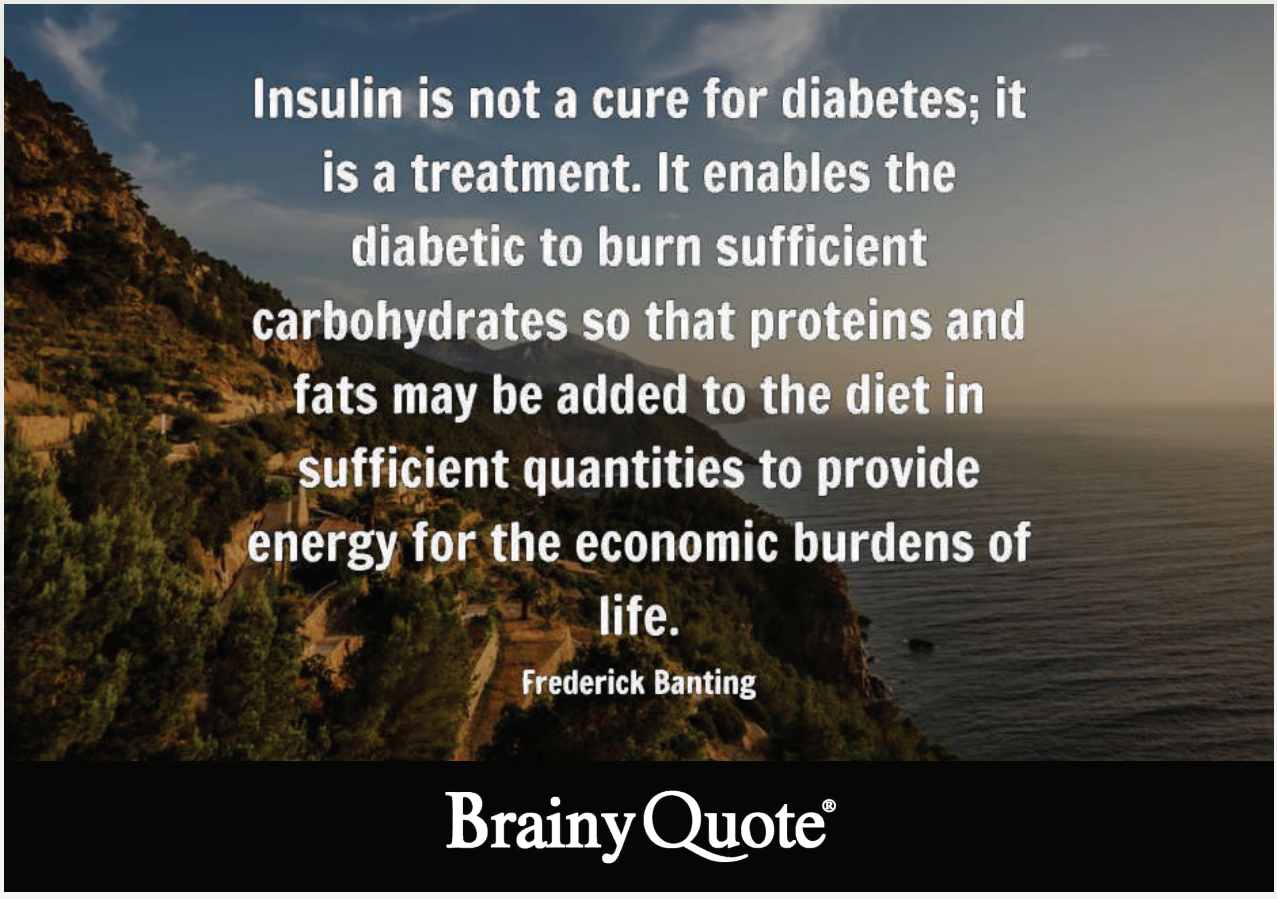
بچے کی پیدائش کے بعد خون میں گلوکوز کی سطح چیک کی جاتی ہے۔

ماہر ٹیم آپ کو خوراک، ورزش، اور وزن دیکھنے کے حوالے سے رہنمائی دے گی تاکہ مستقبل میں ٹائپ 2 ذیابیطس کا خطرہ کم ہو۔

تقریباً 50 فیصد خواتین کو پانچ سال کے اندر ٹائپ 2 ذیابیطس ہونے کا خطرہ رہتا ہے، اس لیے سالانہ ٹیسٹ کروانا ضروری ہے۔

آمنہ منصور

(https://www.rcog.org.uk/media/bq5f55mj/pi_gestational-diabetes_ur_final.pdf)



Insulin: A Treatment, not a Cure

https://www.brainyquote.com/topics/diabetes-quotes

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