

# Knowledge is power if you hone it

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Diabetes has become one of the major global public health problems of this new millennium. There is dire need for truthful “Continuing Medical Education” for healthcare professional of all shades and spectrum to be aware of their historical role to provide necessary advices on Diabetes to their stakeholders at every intersection. Let us not place the fate of average Indians at the mercy of health care providers who are too busy to get time to be updated regarding preventive measures to reduce prevalence and downstream complications of this “silent” killer. The unremitting progressions of the concepts of diet and nutrition issues amid lifestyle management need to be internalized and advocated in the light of holistic approaches to the management to the diabetics on one hand and caregivers as well as nondiabetics on the other hand. The authors wish to emphasize on the importance of philosophy of the voluntary and perpetual updating of knowledge, on diet and appropriate lifestyle, of the health care providers of all shades and all levels for our mission and vision of health promotion with the example of diabetes at this juncture.

**Key words:** Diabetes, diet, nutrition

## INTRODUCTION

In the era of explosion of knowledge and rapid dissemination of information, scholastic updating is a lifeline for health care providers of all levels. With the optimum utilization of the state-of-art knowledge and cutting-edge skills quality of life of can be improved not only by implementation at grassroots of health care, but also by imparting capacity building in teaching and research for superior health manpower of tomorrow.

## PROLOGUE

Diabetes is a chronic inheritable metabolic disorder needing multifaceted care including lifestyle and having a healthy eating is the foundation to help keep blood sugar in the target range to slow end organ damage. Further, self-monitoring of blood sugar and appropriate self-care regimes with effective metabolic regulation prevent hypoglycemia or ketoacidosis or protracted micro-vascular and macro-vascular complications. With the highest proportion of Diabetics in the world, India has been now earned the sobriquet

of “Diabetic Capital.” In this fast growing new world order of basic and applied research, every decade a good number of scientific and technological advances are making older counterparts as stale. The health care professionals at all levels are slowly being pushed to bring them up to date that a social movement is necessary even to control this great global menace. A mindset for the constant updating of knowledge of the healthcare providers is an essential component of halting this pandemic.<sup>[1]</sup>

## THE GREAT DEBATE AND A PERSONAL SAGA

As an academician of the elderly generation and being an avid reader to get updated, I had the opportunity to visit my friend’s clinic at the fringe of an Indian metro. The clinic looked like a beehive as my friend was a very busy general medical practitioner with repute. I somehow managed to enter negotiating the rush without prior appointment. Inside the consultation chamber, more surprise was waiting for me. Many diabetics were among his clients for good many years (as evident by bunch of prescriptions). To my utter surprise I had to believe my ear that they were being advised by my doctor friend “not to take any basic food (roots, tubers etc.) that grows under the soil, never consume rice” etc., I was quite puzzled by these information to think on the helpless conditions of the “victims” of these dietary advices in the new millennium.

During the break, he could greet me with a cup of coffee. More surprise was waiting for me regarding

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his academic acumen. I asked him point blank about the source of information of the above-mentioned suggestions on diet and nutrition. He promptly replied that they had family history of diabetes, and he has seen from his childhood that his diabetic father was in good health with that dietary regime. Hence, he feels comfortable with that “Evidenced Based Medicine (??!!)” to advice to his infinite number of care seekers. He tried to justify his “hidden agenda” that after getting degree he does not waste his time to get his knowledge refreshed in the era of explosion of information. Like my respected colleague, many rich medical practitioners have poverty of updated knowledge that is now slowly being delineated to the stakeholders as the web-based information explosion have trembled the whole world.

## WHERE TO START FROM

There are certain foods that keep your diabetes in check better than others depending on the insulin spurt after their consumption. Though generally an optimum mix of foods of low-medium-high glycemic indices (GI) is recommended for diabetics depending on their sugar control, no readymade diet chart can satisfy all people across the world. A qualified dietitian can counsel with a tailor-made dietary blueprint that holistically engross body weight, drugs, occupation, lifestyle, co-morbidities, culture, spirituality and other probable confounders. Nutritional counseling regarding the diets and the physical exercises should be the mainstay with stress on the necessary and precise switchover. Studies have shown that the primary care physicians, as trusted member of society, can be the backbone of care in health and disease by providing adequate nutritional counseling in their day to day practice.<sup>[2]</sup>

## DOS AND DON'TS

Diet in health and disease includes spectrum of locally available vegetables, whole grains/seeds, fruits, dairy products, egg, meats, poultry, fish-there is no picture-perfect food-an assortment of diverse foods in portions is crucial. To ensure maximum value from the components, we have to select foods that family members can also share joyously with the diabetics and hence that every person in the family benefits from healthy eating in preventing diabetes.<sup>[3]</sup>

A meal plan is a guide on how much and what kinds of food for meals and snack times fitting in the habits not only to improve glycemic control, but also blood pressure, and lipid profile and all downstream complications keeping the life energetic with healthy body mass index. A general consensus recommendation regarding healthy eating for diabetics is difficult to reach. Yet some common ideas are generally advised without much debate.<sup>[4,5]</sup>

- Curb foods with higher GI
- Consume locally available non-starchy green leafy vegetables with low GI and high fiber
- Take evenly spread out daily total amount
- Count the carbohydrates while eating: Avoid concurrent food intake in work/fun time
- Optimally mix whole-grains, fruits and vegetables
- Consume minimum fat
- No amount of alcohol or soft drink is safe: Avoid blank calories
- Minimize salt and avoid salt-rich foods
- Learn on portion and exchange of commonly used food items
- Snacking: Use nuts with protein, fiber, and unsaturated fat
- Prudent use of artificial sweeteners.

Finally, depending on the varied dietary preparations used to reach the taste and satiety components, how much theoretical content of any raw food item ultimately reaches the compromised metabolism of diabetics remains a question altogether. Further, geographic and regional variations with sociodemographic-economic-political delimitations may hinder diabetics to gather recommended basic food items in their diet for optimum glycemic control. Hence, as a responsible citizen, the health care provider should have an empathetic human face before and after dietary recommendations for the health seekers.

## A STITCH IN TIME SAVES NINE

A considerable reduction in the magnitude of downstream complications like cardiovascular disease events, visual loss, lower limb amputation and renal failure etc., of Diabetes, have been possible through a spectrum of preventive measures. For the effective control of diabetes, the foremost step should start from “primordial prevention” (information on health and diet) to halt the pandemic of overweight and obesity from birth onwards. In the crusade against this chronic disease as a health care provider, we have to feel how the burdens of diabetes can be reduced by different acceptable modes of prevention. World Health Organization (WHO) estimated a significant proportion of obesity in Indian population, which is known risk factor for diabetes.<sup>[6]</sup> A holistic optimum mix of healthy meal plans with lifestyle modifications can only add longer energetic life to years in the diabetics. WHO has provided us with erudite suggestions that simple lifestyle measures is effective in preventing or delaying the onset of diabetes and people should:

- Achieve and maintain healthy body weight;
- Be physically active – at least 30 min of regular, moderate-intensity activity on most days. More activity

is required for weight control;

- Eat a healthy diet of between three and five servings of fruit and vegetables a day and reduce sugar and saturated fats intake;
- Avoid tobacco use – smoking increases the risk of cardiovascular diseases.

We are too busy in managing patients and conveniently forgetting away that we also have a holy regular duty of educating the people on these preventive health measures; that suits us!<sup>[7]</sup> The National Diabetes Educator Program (NDEP) was initiated with the primary aim to educate and train diabetes educators in India since 2011. The NDEP is the first systematically structured qualitative education program for diabetes educators in India. Within a span of a year, over 1000 diabetes educators have been trained through a network of 96 diabetologists and physicians.<sup>[8]</sup> Among thousands of innovations and introduction of clinical practice guidelines, every patient, and their caregivers expect the dietary advice from their health care providers. Holistic dietary practice guideline and training module on diet and food safety are needed for all levels of health care providers for the optimum care in health and disease. Mass education approaches from KG to PG [Kindergarten to Post-graduation] levels are to be introduced to combat all forms of wrong ideas to help the last man on the road.<sup>[9]</sup>

## DIABETICS NEED TO BE EDUCATED

Our emphasis has moved away from advising the consumption of specified calories per unit body weight, while dividing them into predefined nutrient groups while current guidelines propose shifting to healthy diet patterns with explanation of the composition of those blueprints.<sup>[10]</sup> Of late, the stakeholders have the opportunity to get information more easily as researchers have been keener to disseminate their findings in the journals or in books or electronic media. They are also getting confused with overlapping-interrelated - converging-diverging observations.<sup>[11]</sup> Clinical practice guidelines are regularly published by the International Diabetes Federation to streamline the recent developments in the understanding as an essential component of achieving quality outcome based diabetes care for all people world over.<sup>[12]</sup> Ann Albright, president of health education for the American Diabetes Association opined that the complications of uncontrolled blood sugar levels cause problems for both men and women even in their intimate life, and in the vice versa there are health benefits of good blood sugar control. We have to advocate to the diabetics that they should feel free to share all their problems with their caregivers to find an amicable solution.<sup>[13]</sup>

## SPIRITUALITY VERSUS DIABETES MANAGEMENT

Religion-related dietary pattern of the diabetic patients is an important issue in primary care.<sup>[14]</sup> In all the religions spirituality-fasting has been integrated an important component and is putting a challenge to the health care providers when they are in the ground situation to manage diabetics. The pattern of food practices during fasting and a traditionally permissible diet pattern need further studies as women, and elderly population are also involved in abstaining from regular food habit during fasting. Research groups can help compliance with diabetes management among spectrum of religious groups that practice short-term fasting even within the same country.<sup>[15,16]</sup>

## KNOWLEDGE IS POWER IF YOU HONE IT

We have to believe and make people convince that a holistic approach can lead to the well-defined framework of management of diabetes. For this target, there is a need of constant updating of knowledge on all aspects with emphasis on preventive, promotive and curative aspects. Here authors wish to provide a brief note on the techniques and approaches required for knowledge updating that may enrich the readers for advocacy, as well as practice in letter and spirit in their day today life.

There is saying the educational parlance that “learning should follow de-learning.” This means that any health care provider habituated in a typical approach to manage Diabetics has to be willing to remove “older” ideas from his/her mindset first-then only “new” concepts get through. This is better said than done. This is probably the first step of updating oneself.

Health care providers require a certain amount of professional development ideas by:

- Reading professional journals, books, research papers, articles or trade press
- Coaching, mentoring, training courses, academic study, conferences, workshops
- Voluntary work, fundraising and event management
- Research activities, blogging and publishing articles
- Training others and giving presentations or speaking at a conference
- Spending time with other departments, customers, suppliers, trade bodies or stakeholders
- Joining committees, professional associations, campaign groups and social participations.

The rise of webinars, e-newsletters, and online forums means it's easier than ever to participate in learning from

their office desk or at home. In the era of “consumer redressal,” they also require soft skills to some degree, whether it’s communication skills or handling emotion and conflict in the workplace.<sup>[17]</sup>

## HOLISTIC APPROACH TO MAKE THE DIABETICS OUR FAMILY MEMBER

Our whole life is based on beliefs, and we cannot live without them. There is no scientific proof of The God, yet a great majority of the global population believes in Him. Similarly, a varied, balanced diet is the cornerstone of healthy living for everyone, yet healthy eating can sometimes mean different things for different persons. These depend on our socioeconomic status, gender, literacy, peer pressure, vertical and horizontal learning and, above all, the mindset with an eagerness to be updated. While there are some foods we should all be eating more of, men and women also have their own set of dietary requirements as well as their own unique health concerns. Preparation, taste, and above all ambiance and presentation of the prepared food have a tremendous bearing on the optimum dietary goal. For example, boiled egg may be most nutritious preparation from egg and usually forced to be taken in patients and children. Yet due to distaste, even an egg-lover may not agree to take boiled egg at all and discard in the dish leading to the ultimate chaos of the intension for addition of egg in the diet. Similarly, it has now become well-known fact that due to human genetic configuration digestibility of milk is grossly reduced after the age of 6 months. Hence, dislike for milk is more a physiological problem in human beings than a mere choice. Most of the myths on diet and nutrition are traditionally believed in human society for thousands of years. While some of these could be imaginary but not all. So, a mutual respect for content and form of food should get greatest respect for a health living. Last but not the least a tailor-made approach and mutual respect for all the dietary habits can harmonize healthy eating practice in Diabetics. The authors attempted to look how we can get the best of both world of our traditional belief and scientific knowledge for the higher compliance of any dietary advice.

To sum up, nobody can escape from the soul searching that we can’t amend the way world is developing around us-only thing true in this universe is “CHANGE.” Every day we are in a learning process to accept ups and downs of science and technology for the greater benefits of the society. We have to raise our united voice to convince diabetics with the success stories on diabetic care based on the trust with the philosophy of “Living with the disease.”

Let us be honest with us on the limitations of the modern medicine that we will spread the philosophy of “There is an end to CURE. There is no end to CARE.”

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