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Diabetes: 7 Things to Know About the 'Silent Killer'



Diabetes:

7 Things to Know about the ‘Silent Killer’

After being diagnosed with diabetes, you have to think about it every day. Every meal you take, every drink you sip, you have to think about its consequences. Have you taken your medications? Has there been enough time that elapsed from the time you took your medicine to the time you took your meal? Have you checked the amount of glucose in your body?

You have to face these questions and a lot more every single day and there is no such thing as a vacation. Because if you do then it would all be over, with you on the losing end of the battle.

So with so many things to think about, how can you manage?

It is going to take some work, but just do it right and you should be okay. While there are no vacations from thinking about diabetes, there are things you can do to make it part of your routine – a habit. And it is a good habit to have.

Here you will learn what steps you can take to manage your life even with diabetes, as well as acquire a deeper insight into the disease itself, its many different types, symptoms, how it is diagnosed, available medications, prevention, and other useful information.

The way to live your life to the fullest even after having been diagnosed with diabetes is found not in wallowing in fear of impending death but in understanding the disease. That way you will see how it works, why you need to take control, and in the process, gain new hope in overcoming the burden of this health problem.

What is Diabetes?

Diabetes (*diabetes mellitus*) is a disorder of the human body that is characterized by high blood sugar levels, a condition known as *hyperglycemia*. It is caused either by an inadequate secretion of the glucose-regulating hormone, *insulin*, or an inadequate response by the body's cells to insulin.

What does this mean to the diabetic?

Before we answer that question, let us first do a primer on basic human biology, particularly on the process of energy production.

All of us need food as a source of energy. When we eat, our bodies will convert the food into energy, usually in the form of *glucose*, the most basic form of sugar. So this means that the more food we eat the higher our glucose levels get.

For a person with normal health, this does not present a problem because our bodies have their own way of protecting us from the bad effects of too much sugar in the blood. That protection comes in the form of a hormone called *insulin* which is secreted by the pancreas. The job of insulin is to regulate the sugar levels in the blood by storing the extra glucose for future use.

Later, when the body has used up most of its energy insulin tapers off while other hormones kick in releasing the stored glucose. This process helps the body maintain a constant level of energy by allowing it to stay within the range of 80-120 milligrams of glucose per deciliter (mg/dL).

However, in a person with diabetes, this process is destroyed, leaving him vulnerable to either extremely high energy levels or extremely low. The consequence, of course, could be death, coma, plus complications of several

major organs of the body, leading to heart disease, stroke, kidney disease, or blindness. Because of this, diabetes is often characterized as a 'silent killer.'

In the United States alone, about 16 million people are diabetic or are experiencing symptoms of diabetes. That means that one out of every ten people have diabetes, which makes the disease one of the most widespread health epidemics in our time.

What are the Different Types?

Diabetes is a collective term for three documented types of disorders – Type 1, Type 2, and Type 3. Some scientists also include a Type 4 Diabetes.

For purposes of this write-up, only the three main types shall be discussed. They are the following:

- ***Diabetes Mellitus Type 1*** – Also called juvenile onset diabetes or insulin-dependent diabetes mellitus (IDDM), Type 1 diabetes is characterized by a decreased or outright absence of production of insulin. This is due to a disorder in the autoimmune response of the person, causing his own antibodies to attack the insulin producing cells in the pancreas.

Why this happens is a question that has continued to perplex scientists. The theories as to its cause are complex and unclear, involving genetics, viruses, diet and environmental factors such as chemicals.

People diagnosed with Type 1 diabetes require regular shots of insulin (with injections, pumps, or other methods) for without it, the result could be fatal. 10% of diabetics have this type of diabetes.

- ***Diabetes Mellitus Type 2*** – Also known as adult onset diabetes, obesity-related diabetes, or non-insulin dependent diabetes mellitus (NIDDM), Type 2 diabetes results from the inability of the body's cells to respond to insulin. As the disease progresses, the production of insulin in the body decreases.

Type 2 diabetes is sometimes manageable by weight reduction and exercise without need of insulin shots. However, as an initial treatment, doctors often prescribe oral medications and/or insulin.

This is the most common form of diabetes, affecting as much as 90% of people with diabetes. Like Type 1 diabetes, the causes of Type 2 are as of yet unknown or obscure, but evidence shows that it may be related to heredity, body weight, and lifestyle.

- ***Gestational Diabetes*** – This is often called Type 3 diabetes although the designation is rarely used in medical practice. Gestation diabetes occurs among women during pregnancy and is similar to Type 2 diabetes in that it is a result of the cell's resistance to insulin. The consequence is often abnormal increased fetal weight, increased surrounding amniotic fluid caused by increased fetal urination (called *polyhydramnios*), fetal jaundice and low blood sugars after delivery. On rare occasions, the condition has also been said to cause intra-uterine death.

There is a 40% probability that gestation diabetes will develop into full Type 2 diabetes.

What are its Signs?

The onset of diabetes is varied, depending on its particular type. Most Type 2 diabetes cases have a slow onset, taking years before the signs start to appear. However, in Type 1 cases, particularly in children, the symptoms may appear rapidly, taking only months or even weeks.

The most obvious signs of diabetes include the following:

- Frequent thirst (*polydipsia*)
- Constant urination (*polyuria*)
- Rapid loss of weight
- Unusual hunger
- Obvious weakness and fatigue

How is it Diagnosed?

There are many methods by which diabetes is diagnosed, but doctors commonly use the following approaches:

- Health screening
- Detection of hyperglycemia

- New signs and symptoms attributable to diabetes

Diagnosis is often prompted with the onset of the symptoms. Patients often undergo a diabetes screening test, the particulars of which often vary according to circumstances and local policy. Some may be made to undergo random glucose testing, fasting glucose and insulin, or glucose two hours after 75g of glucose. Sometimes, doctors diagnose the disease through a formal glucose tolerance test.

For adults aged 40-50, health caregivers recognize universal screening tests for diabetes with earlier screening tests for those with potential risk factors, such as obesity, family history of diabetes, and high risk ethnicity (Hispanic, American Indian, African, American, Pacific Island, and South Asian).

What are the Risk Factors?

There are many risk factors that, when combined, could increase the probability scale in developing diabetes. However, the real cause of the disease remains unknown. Below are a few of the most common risk factors associated with diabetes:

- **Obesity** – One of the strongest risk factors identified for diabetes is being overweight. Most cases of Type 2 diabetes have a Body Mass Index (BMI) that is greater than the normal 25, which led scientists to conclude that weight plays a significant role in preventing the onset of the symptoms.
- **Waist Size** – Another factor that is somewhat related to obesity is waist size. In fact, research shows that waistline may be a better predictor of diabetes risk. People who have the so-called “apple-shaped” figure (much

of their weight is in the waist and upper abdomen) are more likely to develop diabetes than persons with larger hips, buttocks, and thighs (or the “pear-shaped” figure).

- ***Sedentary Lifestyle*** – Exercise correlates with weight and waist circumference. As such, lack of adequate exercise is also a risk factor for diabetes.
- ***Age*** – Although some types of diabetes occur even in children, the risk for diabetes increases as the person’s age also increases. The average age of persons diagnosed with diabetes is 40 years.
- ***Background*** – This includes family history and ethnic background. Scientists have yet to discover a direct hereditary pattern for diabetes, but several studies show that you have a greater risk of developing the disease if you have a family member diagnosed with diabetes. As for ethnicity, diabetes is found to be more common among African-Americans, Hispanics, Native Americans, Asians, and Pacific Islanders.

How Can You Prevent it?

Knowing what are the risk factors involved in diabetes is already the first step to its prevention. However, knowing is different from doing. You may know a lot about the disease now but if you do not use this new knowledge you garnered in order to protect yourself from the ravages of diabetes, then that knowledge is useless. Now, therefore, is the time for you to take action – *do* something.

The good news is that the most common type of diabetes, Type 2, is easily manageable by maintaining a proper diet and exercising regularly. The Diabetes

Prevention Program, a study conducted by the American Diabetes Association, has just been completed and the findings showed that people with pre-diabetes (those that exhibit the risk factors as well as increased blood sugar levels in the blood but without the actual onset of the disease) can prevent the development of Type 2 diabetes through diet change and exercise. Proponents say that the patients' blood glucose levels may even return to normal as a result of proper diet and regular exercise.

The study also showed that medications can significantly delay the development of diabetes. However, diet and exercise worked better in preventing the full onset of the symptoms.

The American Diabetes Association recommends 30 minutes a day of moderate physical activity, coupled with a five to ten percent reduction in body weight.

How do You Treat the Symptoms?

In treating diabetes mellitus, the primary goal is to maintain the balance of glucose levels in the blood, keeping it within normal range. By doing this, you have a far better chance of lessening, delaying, or even preventing the complications of the disease.

The most common methods used for treating diabetes include the following:

- Weight loss
- Healthy diet
- Regular exercise

Another option you have, and one which is fairly common, is the intake of glucose-lowering medications. Usually, the first line of treatment that diabetics have is medications that are implemented orally. Their effects vary from increasing the sensitivity of cells to insulin to blocking glucose in the digestive tract from entering the blood and increasing insulin production.

Sometimes, mere oral implementation of drugs may not be enough to treat diabetes. In this instance, insulin is needed. Insulin cannot be made into pill form, hence, it must be injected. If your doctor has recommended insulin injections for treatment of your diabetes, it would mean a difficult and time consuming treatment plan that involves injecting insulin several times a day plus frequent blood glucose monitoring. However, with proper planning, diet, and exercise, living with diabetes is manageable.

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