

INTRODUCTION TO DIABETES

Revised Edition



HEMCO
PUBLICATIONS

BY DR H. GYARAM

To my friend

Mike Matusovich

INTRODUCTION

Thankful that

TO he's brought

Cellfood to

DIABETES

Maintains

by



Dr H.Gyaram

Revised Edition



Catalogue in Publication Data

Gyaram, Dr. H.
Introduction to diabetes

2nd Edition 2007
b/w and colour illustrations
96 p. 21 cm.

isbn 99903-27-15-7 (pbk)

1. diabetes education
2. diagnostic
3. treatment
4. living with diabetes

Conception, Layouting and Printed by Westprint
Cnr. 30, Sir Virgile Naz Str. & 46, Dr. Joseph Rivière Str., Port Louis.
Tel: (230) 211 7685 Fax: (230) 210 8309

Published by
Hemco Publications
7, Sir Virgil Naz, Rose Hill, Mauritius.
Tel: (230) 464 3141
e-mail: hemcology@intnet.mu

Copyright © 2007
All rights reserved by Author
No part of this book may be reproduced by any electronic or
mechanical means without prior permission in writing from the author.

The books on internal education are available
through the Hemco Publications.

ISBN 99903-27-15-7

23. Oxygen therapy and positive energy

Medical sciences supported by technological novelties are making leaps and bounds since the past two centuries. When we are confronted with a disease, we logically want to gather full information about it and eliminate it. For this reason, intensive and extensive researches are going on to provide solutions to all problems. Nevertheless, there exist diseases, whose causes are unknown; others, whose modes of treatment are not well defined; and still others, whose action mechanisms have not been identified. Here, diabetes is our concern. Therefore, let us focus our attention on the diabetic complications.

23a. Oxygen Therapy

As you know, oxygen is carried from the lungs to all parts of the body through the blood, more precisely by its haemoglobin component. Oxygen is bound to the haemoglobin molecule, and it is transported to every cell of the body. However, the binding capacity of oxygen to the haemoglobin depends on the prevalent biochemical conditions.

As elaborated in chapter 18, a chronic elevated BG level causes an imbalance in the physiological condition. This state, isolated, or in combination with hypertension, vascular occlusion, anaemia and hyperlipidemia presents a hypoxia, that is a lack of oxygen. In this pathological milieu the cells and tissues suffer maceration, and anaerobic bacterial growth flourishes. Hence, a disastrous clinical picture emerges. Fig.17 on the colour plate shows an example of macroangiopathy, demonstrating a poor blood circulation, an ulceration and a lack of oxygen. Therefore, in addition to antibiotics and vasodilating measures, rationally, the administration of oxygen is indicated.

Many health care professionals acknowledge that the lack of oxygen is a direct cause to most diseases. Thus, in the conventional medicine as well as in the alternative one, to the relief and satisfaction of their patients, a growing number of doctors are integrating oxygen therapy of some form in their treatment.

Let me enumerate the different ways of compensating for a lack of oxygen (excluding the heart diseases, where the therapeutic strategy is different).

(1) Breathing technique

This is the first lesson in Yoga course. The essence is that the individual breathes in deeply fresh and unpolluted air.

(2) Oxygen mask

In countries, where air pollution is high, there are specific spots where oxygen masks are available to replenish one's deficiency. In serious cases, it even necessitates the administration of oxygen in a clinic or hospital.

(3) Ozone therapy

I have noticed that this measure finds application mostly in the alternative medicine. Ozone is a triatomic oxygen molecule (O_3). The ozonide compounds are used (chiefly potassium ozonide) to start a chemical reaction, whereby oxygen is liberated. However, ozone is hazardous, and the safety of ozone therapy is questionable.

(4) Hyperbar oxygen therapy

It is the application of oxygen or air under high pressure. The special device, accommodating the whole body of the patient, uses a mechanism analogous to the working principle of a pressure cooker. Normally, this device is applied in cases of accident and, as integral measure, in deep-sea diving activities. Experimental studies on the benefits of oxygenation have been performed on patients with diabetic macroangiopathy, and the results are very encouraging.

(5) Oxygen therapy in drinkable form

Besides breathing oxygen, people wished they could drink it to meet the compensatory need in their blood stream. Just to mention, oxygen liquefies at a temperature of $-183^{\circ}C$; evidently, liquid oxygen is out of question. However, with the advent of advanced or hi-tech medicine, the possibility of drinking oxygen in a different form exists. I know of two such products on the market (*Cellfood*[®] and *Switch*[®]); many others will follow.

What is the working principle?

Very briefly, in a simplified form, the fundamental principle is the splitting of water (H_2O) molecules, yielding hydrogen (H) and oxygen (O). Leaving aside the technical details, I just want to mention that the nascent negatively charged oxygen (O^-) associates itself with the positively charged oxygen (O^+) in the body to form an oxygen molecule (O_2). Thus, the body is provided with oxygen, where it is needed and in a controlled way.

23b. Positive Energy

Usually, when we talk of energy, we refer to a force or the amount of kcal or kJ contained in a particular object. Besides, we entertain the knowledge that energy, however magnanimous, is just energy. But this is not exact. Energy has physical characteristics, and additionally a specific characteristic. Let me explain in a few lines.

In chapter 22, I have exposed the three aspects of life. Because the human being encloses these three aspects, it is rational to assume that there is an unbroken energy linking these three aspects. However, that energy undergoes slight adjustment in each aspect. According to the characteristics, we differentiate :

- (i) the physical energy,
- (ii) the intellectual or thought energy, and
- (iii) the spiritual energy.

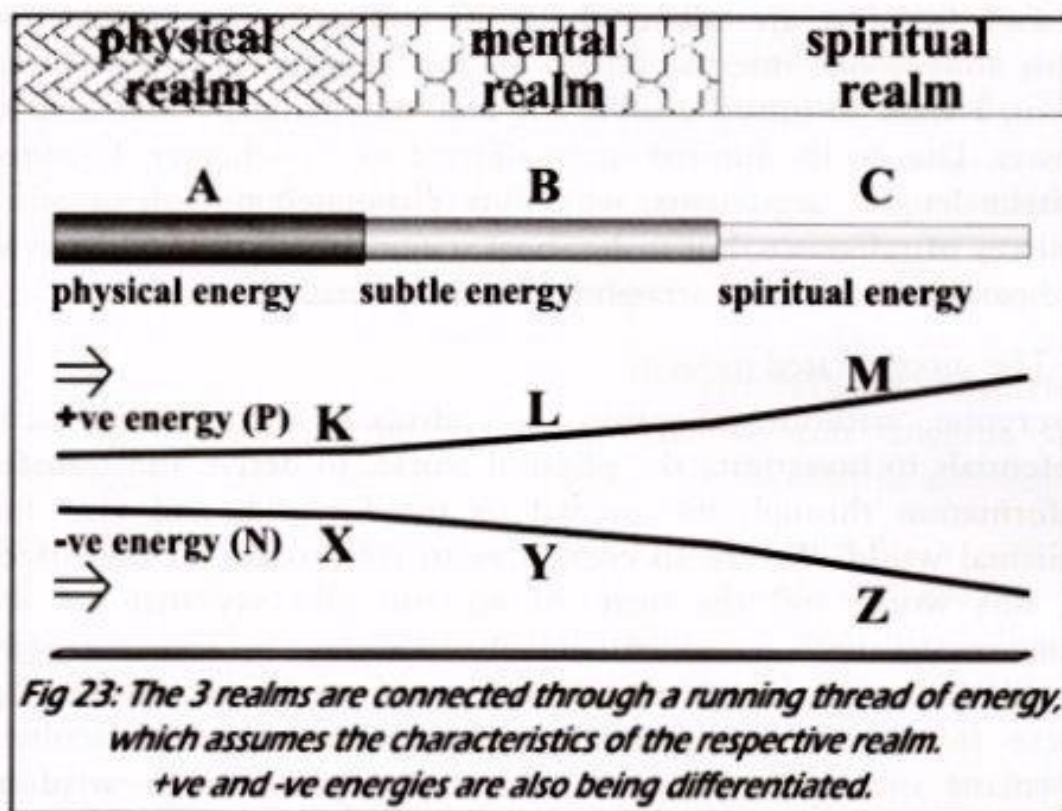
Further, as I mentioned, energy has a character. There is positive and negative energy. Positive energy is uplifting, while negative energy is the force used up to sustain the body until exhaustion. But where is the main difference? Positive energy spins clockwise, while negative energy assumes an anti-clockwise rotation.

In a diabetes meal plan, for example, we calculate only the energy in kcal or kJ that an individual needs. But how and where can we accede to the positive energy? Allow me to make mention of just one example. In contrast to the food intake, when someone meditates or prays, he acquires positive energy, unlike

the negative physical energy. Fig.23 summarises the fate of positive and negative energy in the three aspects of life. As you can imagine, therein lies the need and wisdom of acquiring internal education.

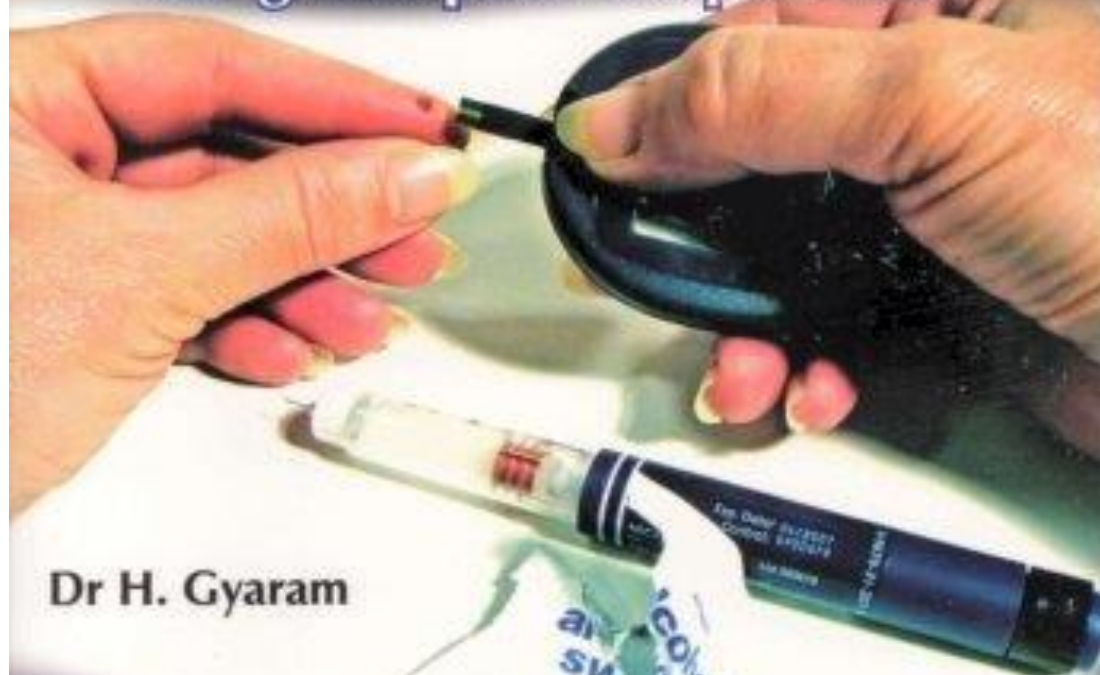
In life, we have to be practical. We admit without argument the beneficial effects of positive energy. But its availability leaves us just to dream. Fortunately, it is not so. With the advent of advanced or hi-tech medicine, the technique of electroculture, producing positive energy, has been put into application. Without going into details, I can impart that the *Cellfood*[®] mentioned earlier is subjected to electroculture and produces positive energy.

To conclude, I want to remind you that this very short section aims at informing you, in a flash, about the existence and the function of positive energy.



INTRODUCTION AU DIABÈTE

Un guide pour les patients



Dr H. Gyaram

HEMCO
PUBLICATIONS



INTRODUCTION TO DIABETES

Dr H Gyaram (published by HEMCO PUBLICATIONS)

This book was a delight because of the author's ability to express complex issues in a simple and easy-to-read way. It is most informative and could also serve as a guide and supportive tool for medical professionals.

Dr Gyaram practises in Mauritius. He writes: '... European countries and the USA exhibit a rate of 4 - 5% [of diabetic cases], while some isolated groups manifest a rate of 10% ... two or three decades back a rate of 10% was calculated [in Mauritius] but now we are aware that the rate turns around 20%, which is a very alarming figure.' He goes on to discuss why this is so and what can be done to reverse the trend.

Chapters include diabetes diagnostics, what diabetes is, the symptoms, testing, blood glucose and home monitoring. I found the chapter on treatment particularly interesting, with its focus on six points: education (learning to live harmoniously with the disease), diet (how you can control your diabetes, and the importance of carbohydrate content), exercise (to normalise your body weight), oral agents (to stimulate your insulin receptors), insulin (replacing your body's needs), and psychotherapy (neutralising any stress involved by relaxation).

A chapter on the reasons why diabetes should be controlled discusses in detail how high glucose affects the body at cellular level. All body systems and organs can be affected,

especially the eyes, kidneys, circulatory system, heart and nervous system. Both the peripheral and central nervous systems can be involved, causing problems with the digestive tract and genital area. Many diabetics lose feeling in their feet and hands and can be injured easily.

In a chapter entitled 'Advanced medical technology and diabetes' Dr Gyaram discusses developments in diagnostic tools and therapies. These include artificial pancreas apparatus, insulin infusion pumps, the laser beam and oxygen therapy. Stating that 'Many health professionals acknowledge that the lack of oxygen is a direct cause to most diseases', he discusses various oxygen therapies: breathing technique, oxygen mask, ozone therapy, hyperbaric oxygen therapy and oxygen therapy in drinkable form: '... the advent of advanced or hi-tech medicine, the possibility of drinking oxygen in a different form exists. I know of two such products on the market (Cellfood® and Switch®); many others will follow.'

A chapter on social aspects of the disease considers the diabetic in relation to his or her surroundings, with examples of real-life cases. Dr Gyaram looks compassionately at the patient as a person, all the emotions that come with the disease, and the stigma surrounding diabetes due to ignorance. It takes enormous courage to live with diabetes, and reading this chapter made me wish for a world without it.

REVIEWED BY DALEEN TOTTEN