

DIABETES SYMPTOMS



**IDENTIFY THEM
AND PREVENT
COMPLICATIONS**

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TABLE OF CONTENTS

(CTRL + click on the page you want to read)

INTRODUCTION.....	4
BLURRED VISION.....	6
BURNING FOOT.....	7
WHAT CAUSES A SENSATION OF BURNING FEET	7
ERECTILE DYSFUNCTION.....	8
Definition and Causes	8
Anatomy of an erection	8
Physical causes of erectile dysfunction	8
EXCESSIVE HUNGER.....	9
EXCESSIVE THIRST.....	10
FLAKY SKIN.....	11
FREQUENT URINATION.....	12
DIABETES HEADACHE.....	13
IRRITABILITY.....	14
MALAISE.....	15
MUSCLE CRAMPS.....	16
DIABETIC NEUROPATHIES.....	17
NUMBNESS AND TINGLING.....	18
POOR HEALING.....	19
SKIN COMPLICATIONS OF DIABETES.....	20
SLEEPINESS.....	23
TIREDNESS.....	24
FATIGUE.....	24
WEAKNESS.....	24
URINARY TRACT INFECTIONS.....	25
WEIGHT GAIN.....	26
DIABETES AND WEIGHT LOSS.....	27
ENDNOTE.....	28

INTRODUCTION

Diabetes Mellitus is a health condition wherein the body has augmented blood glucose levels. There are two sorts of diabetes mellitus. The type 1 diabetes mellitus starts preferably during childhood, making it synonymous to juvenile diabetes. In this type of diabetes, there is a harm in the creation of insulin by the pancreas resulting in bigger blood glucose levels in the body. This is frequently treated with insulin shots and a proper diet plan. There are periods that the patient may outgrow this diabetes, and there are various whose diabetes persists into later life. The second category of diabetes is the type 2 diabetes or adult arrival diabetes. This type of diabetes is an acquired condition, habitually touching adults with a number of risk factors like smoking, fatness, [inappropriate eating lifestyle](#) and a [inactive everyday life](#). Gestational diabetes might be well thought-out of this type. In this condition, there may be a adequate amount of insulin flowing in the body but the cells are unable to receive glucose for its consumption.

There are times that people show no signs of this condition and yet in a while find out that they have it. This is not unusual since type 2 diabetes develops slowly through the years of too much strain on the body. Some people have been diagnosed with this illness just about ten years after they get it. The symptoms differ for each person, but the two universal signs that are very indicative of diabetes are frequent urination or polyuria and recurrent thirst or polydipsia. This is usually seen in diabetic patients for the reason that the increased glucose in the body causes water to be withdrawn from the cells to make possible to reach a balance in electrolytes in the body. When the cells get dehydrated due to the outward flow of water, the brain triggers the sensation of thirst. That leads to the regularity in the urge to drink. Recurrent ingestion of water and other beverages will effectively increase urination. This sequence goes on until the enlarged glucose levels go down in the blood.

Another major symptom of diabetes is [extreme hunger](#) or polyphagia. Given that the body is trying to stabilize its electrolytes and some other fluids in the body, it excites your hunger centers to make you feel the need to eat. Unluckily, the more you eat, particularly carbohydrates, the more you promote this condition to grow. And the feeling of famine will not go away.

Suffering from diabetes can also resemble you are coming down with the influenza. You are likely to feel very tired with a feeling of malaise. Occasionally, you may feel somewhat feverish and lose your desire for food. This happens because your body is not absorbing sufficient glucose in its cells. Given that glucose is the essential ingredient for power production inside the cell, an imperfect glucose transfer in the cell will produce low energy levels, thus the [sensation of fatigue and tiredness](#).

People with diabetes have the symptom of eating additional amounts to compensate the loss of sugar and fluids in the cells and thus increase body mass. In addition, since the body cannot make use of the glucose in the cells, this glucose get flushed out of the organism in the urine. For the reason that it is not properly utilized, and no nutrients arrive at other cells for energy and growth, you can lose weight. This is commonly seen in people suffering from juvenile diabetes. They are all the time at their standard weight or, more often than not, lower than it.

Diabetic patients also experience visualization problems especially a blurred vision. The high blood sugar levels make water shift outward

from the cells. Since the lenses of the eyes are cells as well, water also tends to drift outward, modifying the shape of the cell, and as a result, your visualization. Once the blood sugar levels are in harmony again, vision can return to normal. But if the blood sugar levels stay elevated for long periods of time, they cause new optic capillaries to be formed at the retina (the back of the eye) as it also hurts old blood vessels. This may produce a number of vision troubles on the patient, some as severe as having no heal and this leads to loss of sight.

Diabetic sufferers are also known for having sores and wounds that take too long to heal. This is due to the fact that high blood sugar levels spoil the ability of the cells to restore, leaving the lesion open to infections and additional complications. When this symptom occurs, and the body does not respond to the infection as it should be, gangrene might well set in. This is the motive why diabetic patients have to be very watchful to not suffer any wounds in the body. And whenever they get one, to pay attention to it awaiting it heals. Women can also build up long term vaginal and bladder infections as symptoms, which can be problematic to treat.

High blood sugar levels for long periods can cause neurological complications to occur in patients with diabetes. This increase harms the minute nerves present in the peripheral nervous system, typically found in the skin. Symptoms include a tingling or numbness in the extremities in particular the feet region. Burning pain is a symptom commonly experienced in the feet and legs, arms and hands as well. The nerves that are in charge of autonomic functions may also be damaged, affecting adult men to suffer from some level of erectile dysfunction. Diabetic neuropathies are normally seen in patients who have difficulty to control their blood glucose.

One more symptom of diabetes mellitus may be as well its effect on the gums, particularly when an infection occurs, causing the gums to become swollen and red and the teeth loose. The gums may draw back and expose the teeth, or sores and secretion of pus may occur.

Diabetes frequently gets undiagnosed for the reason that many of its common symptoms and signs may sometimes be mistaken for flu and other infections. As with any other disease, detection and diagnosis near the beginning will surely lower down the risk of further complications.

BLURRED VISION

Don't buy a new pair of glasses when you notice you have [blurred vision](#). It could just be a temporary problem that develops rapidly and is caused by high blood sugar levels.

High blood sugar causes the lens of the eye to swell, which changes your ability to see. To correct this kind of blurred vision, you need to [get your blood sugar back into the target range](#) (80-140 mg/dL before meals, and 100-160 mg/dL before bedtime snack). It may take as long as three months after your blood sugar is well controlled for your vision to fully get back to normal.

[Blurred vision](#) can also be a symptom of more serious eye problems. If your vision is blurred, contact your doctor.

The American Diabetes Association offers these eye care guidelines for people with diabetes:

- + Have an annual dilated eye exam if you are between 10 and 29 years old and have had diabetes for at least five years.
- + Have an annual dilated eye exam if you are 30 or older, no matter how long you've had diabetes.
- + Get a dilated eye exam if you are pregnant or planning to get pregnant.

(Reviewed by the Department of Endocrinology and Department of Patient Education and Health Information at The Cleveland Clinic)

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BURNING FOOT

What is it?

Burning feet are a common complaint and can be caused by a number of conditions - some are local and minor, and some are more serious. Burning feet can keep people awake at night and be a source of continuous pain. It is more common in those over the age of 50 years, but a burning foot can occur in younger age groups. Burning feet are more common in those with diabetes as part of the neuropathy (nerve damage) that can develop. A burning foot may be mild and local and easily treatable or it may indicate a more serious general medical problem that needs further investigation.

"Its like walking on hot coal !!!"

WHAT CAUSES A SENSATION OF BURNING FEET

The more common causes of burning feet are:

- * many feet just ache and burn at the end of a long day, especially in those who are on their feet all day or are overweight (mechanical overload)
- * hot and sweaty feet can cause a burning foot sensation (and may be related to the mechanical overload problem)
- * the neuropathy that occurs in diabetes can cause a burning feet
- * other types of neuropathy (nerve damage) that can cause a burning foot include those that occur in chronic alcoholism, vitamin deficiencies (usually B) and heavy metal poisoning
- * blood disorders (eg thrombocytopenia, pernicious anemia) can cause burning feet
- * Erythromelalgia is a rare circulatory disorder that can cause burning feet
- * Reflex sympathetic dystrophy or complex regional pain syndrome can follow trauma (including surgery) and cause a burning foot sensation
- * nerve entrapments, such as tarsal tunnel syndrome, which is the compression of a nerve at the inside of the ankle joint can cause a burning sensation
- * a localized burning sensation may be due to other specific problems. If its in the forefoot only, it could be metatarsalgia, Morton's neuroma or some other cause. Athletes foot or a fungal infection can also cause a burning sensation in the area of the infection.
- * it could also be due to a sensitivity to chemical substances in socks and shoes (contact dermatitis)

(Article abstract from <http://www.epodiatry.com/>)

ERECTILE DYSFUNCTION

Definition and Causes

Male sexual arousal is a complex process involving the brain, hormones, emotions, nerves, muscles and blood vessels. If something affects any of these systems or the delicate balance among them, erectile dysfunction can result.

Anatomy of an erection

The penis contains two cylindrical, sponge-like structures (corpus cavernosum) that run along its length, parallel to the tube that carries semen and urine (urethra).

When a man becomes sexually aroused, nerve impulses cause the blood flow to the cylinders to increase several times the normal amount. This sudden influx of blood expands the sponge-like structures and produces an erection by straightening and stiffening the penis.

Continued sexual arousal maintains the higher rate of blood flow into the penis and limits the blood flow out of the penis, keeping the penis firm. After ejaculation or when the sexual excitement passes, the excess blood drains out of the spongy tissue, and the penis returns to its nonerect size and shape.

Physical causes of erectile dysfunction

At one time, doctors thought erectile dysfunction was primarily caused by psychological issues. But this isn't true. While [thoughts and emotions](#) always play a role in getting an erection, erectile dysfunction is usually caused by something physical, such as a [chronic health problem](#) or the side effects of a medication. Sometimes a combination of things causes erectile dysfunction.

Common causes of erectile dysfunction include:

- Heart disease
- Clogged blood vessels (atherosclerosis)
- High blood pressure
- Diabetes
- Obesity
- Metabolic syndrome

Other causes of erectile dysfunction include:

- Certain prescription medications
- Tobacco use
- Alcoholism and other forms of drug abuse
- Treatments for prostate cancer
- Parkinson's disease
- Multiple sclerosis
- Hormonal disorders such as low testosterone (hypogonadism)
- Peyronie's disease
- Surgeries or injuries that affect the pelvic area or spinal cord

In some cases, erectile dysfunction is one of the first signs of an [underlying medical problem](#).

(Article abstract from <http://www.mayoclinic.com/health/erectile-dysfunction/DS00162/DSECTION=causes>)

EXCESSIVE HUNGER

Overview

Excessive hunger describes an unusually strong desire or need to eat. This can be normal or related to an underlying medical condition.

What is going on in the body?

Increased hunger is not considered excessive when related to a recent lack of eating. In addition, people who have always had a large appetite are not considered to have excessive hunger. There are many potential causes of an unexpectedly large appetite.

What are the causes and risks of the condition?

There are many possible causes for [excessive hunger](#). These include:

Increased exercise, which can increase the body's food requirements. Just before or during a period of rapid growth, a person's appetite increases to ensure that the body has enough food to support this growth. This is common in infants and adolescents.

Hormone imbalances: a high level of thyroid hormone, called hyperthyroidism or a high level of adrenal hormones, called hyperadrenalism, can cause excess hunger. Some women may have this condition due to hormone changes that occur during pregnancy or at certain times during the menstrual cycle.

[Uncontrolled diabetes](#). This is a condition that causes increased blood sugar levels which trigger increased appetite. This condition often causes a decrease in appetite. However, it can cause excessive hunger in some cases.

[Bulimia nervosa](#), an eating disorder that most commonly affects young women. This disorder causes short, intense periods of hunger that usually result in eating binges, usually followed by intentional vomiting episodes.

Certain drugs or medications. The use of antihistamines, steroids, marijuana, or large amounts of alcohol can cause excess hunger. Withdrawal from cocaine or amphetamine can also cause this condition.

Damage to an area of the brain called the hypothalamus. This is a rare condition.

(Article abstract from <http://health.discovery.com/> -- Written by Adam Brochert, MD)

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EXCESSIVE THIRST

Diabetes excessive thirst is an abnormal feeling of always needing to drink fluids.

Considerations

Drinking lots of water is usually healthy. However, the urge to drink too much may be the result of a physical or emotional disease. Excessive thirst may be a symptom of high blood sugar (hyperglycemia). It can be an important clue in detecting diabetes.

Excessive thirst is a fairly common symptom. It is often the reaction to fluid loss during exercise, or to eating salty foods.

Causes

- + A recent salty or spicy meal
- + Bleeding enough to cause a significant decrease in blood volume
- + [Diabetes](#)
- + [Diabetes insipidus](#)
- + Drugs such as anticholinergics, demeclocycline, diuretics, phenothiazines
- + Excessive loss of water and salt (possibly due to not drinking enough water, profuse sweating, diarrhea, or vomiting)
- + Loss of body fluids from the bloodstream into the tissues due to:
 - + Conditions such as severe infections (sepsis) or burns
 - + Heart, liver, or kidney failure
- + [Psychogenic polydipsia](#), the result of a mental disorder

(Article abstract from <http://www.nlm.nih.gov/medlineplus/>)

FLAKY SKIN

People with diabetes tend to have poor circulation, causing skin to become dry, flaky or scaly. Diabetes can also change your blood vessels, causing a condition called "diabetic dermopathy" which causes brown patches of flaky skin, often on the legs. Having an [under-active thyroid](#) also can cause dry skin that can become rough or flaky.

If you have diabetes, skin care is more than just cosmetic. Diabetes causes a reduction in perspiration, which can lead to dry skin, especially on the legs and feet. Skin can become raw, tight, flaky and tends to itch. Diabetes can also cause nerve damage, which in turn can result in a loss of feeling. If this happens, you may not be able to feel injuries, so simple cuts can lead to serious skin problems. That's why daily skin care, including cleansing, moisturising and inspection is so important.

Unlike neurodermatitis, ichthyosis usually affects the entire body. Characterised by rough, scaly areas, your skin can become extremely dry and flaky. It's essential to follow a good daily skin care routine. Keeping skin moisturised can reduce the likelihood of flare-ups and dry skin itching, which is important because scratching only irritates already inflamed skin.

(Article abstract from http://www.eucerin.co.uk/faq/faq_dry_skin.asp)

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FREQUENT URINATION

Urinating too much liquid ("polyuria") needs to be distinguished from the slightly different symptoms of excessively frequent urination, urinary dribbling, or unusual urgency to urinate. Urinating too much fluid or urinating too often can indicate several serious medical conditions. Some possibilities include urinary tract infections, bladder conditions (e.g. interstitial cystitis), or prostate conditions (e.g. BPH). Also possible are metabolic conditions such as Type 1 diabetes, Type 2 diabetes, or diabetes insipidus. Seek prompt professional medical advice about urination symptoms.

First it is better to define frequent urination. Frequent Urination means urinating more than needed. Frequent urination can give the sign of various diseases including diabetes. To define this term one must find out the amount of normal urination.

The estimated quantity of urine daily produced by an adult is 1 ½ liters. Anything excess or less points out some serious dysfunction in the body.

A routine method used to diagnose the problem is by analysis of urine. If the urine examination points out there are an excess amount of urine in the blood it means this person is [suffering from diabetes](#). If there are some bacterial cells it shows the urinary tract is infected. The blood cells in the urine are the probable symptom of cancer.

There are various reasons of frequent or excessive urination

These are:

- + Enlargement of prostrate gland
- + Prostrate disorder
- + Renal failure
- + Urinary calculi
- + Polycystic renal disease
- + Bacterial infections
- + Hypospadias

Excessive or frequent urination, if ever combined with excessive weight loss, increased thirst, blurriness in vision and tingling or numbness in hand and feet, becomes the warning sign of diabetes. If any of the above conditions continues the person must contact a doctor or go for the blood sugar level checked. [Early diagnosis of diabetes](#) is essential to keep the diabetics away from diabetes related complications.

(Article abstract from <http://www.warningsignsofdiabetes.com/Warning-Sign-Of-Diabetes-Frequent-Urination.html>)

DIABETES HEADACHE

Headache in diabetes is due to brain artery dilation when sugar content in the blood gets too low. This occurs after either too much insulin has been given to the diabetic patient, or not enough sugar-type food has been eaten to balance the insulin. Studies say diabetes may cause migraines after [low blood-glucose episodes](#). This headache, appearing in diabetic people, quickly disappears after eating sugary foods.

People with unstable type 1 diabetes may experience severe headaches after an episode of low blood glucose, according to a researcher from Dartmouth. Daniel E. Jacome, MD, from the Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, found that hypoglycemic episodes caused migraines in a man with unstable type 1 diabetes.

Publishing the results of his findings in the October 2001 issue of "Headache", Dr. Jacome studied the clinical history of a 56-year-old man with type 1 diabetes. During a series of examinations, Dr. Jacome observed that the man, who had suffered from severe bouts of [low blood glucose](#) for 40 years, got a migraine after each episode once his blood-glucose levels were stabilized. Both the low blood glucose and the headache improved after the man was given valproic acid, a medicine used to control seizures.

After a bout of low blood glucose, migraines "may occur in patients with unstable diabetes as a rebound phenomenon," Dr. Jacome writes.

(Article abstract from <http://www.diabeteshealth.com/>)

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IRRITABILITY

Definition: excessive feelings of annoyance or frustration.

Aggression - Definition: overly aggressive behavior

Moodiness - Definition: inappropriate moods or [excessive mood changes](#)

Depression: Almost everyone gets a little "depressed" at times in their lives, and a brief attack of the blues isn't necessarily anything to worry about. But if the symptoms of depression persist then it could be clinical depression, whether a severe or mild form of depression. Any persistent depressive symptoms need prompt medical investigation by a medical professional

Symptoms of Diabetic hypoglycemia

The list of symptoms mentioned in various sources for Diabetic hypoglycemia includes all of the above, and also:

Shaking, Trembling, Sweating, Rapid heart beat, Palpitations, Fuzzy thinking, Confusion, Slurred speech, Visual halo, and Feeling cold.

(Article abstract from <http://www.cureresearch.com>)

MALAISE

Malaise is a general feeling of physical discomfort or uneasiness.

What is going on in the body?

Malaise is often the first sign of an infection or other disease. Many people can "feel" an infection or disease starting because they develop the feeling of malaise. The [causes of malaise](#) can range from working out or studying too hard to cancer.

What are the causes and risks of the condition?

Almost any sudden illness and many chronic illnesses can cause malaise. The more common causes include:

- + stress
- + lack of sleep or sleep disorders
- + infections, such as acute bronchitis, a common cold, the flu, or infectious mononucleosis
- + a low blood count, called anemia
- + hormone imbalances, such as a low thyroid hormone level, called hypothyroidism. Another example is low adrenal hormone levels, called hypoadrenalism.
- + depression or other psychological disorders
- + autoimmune disorders, which are conditions in which a person's immune system attacks his or her own body for no apparent reason. Examples of autoimmune diseases include systemic lupus erythematosus and rheumatoid arthritis.
- + toxin or chemical exposure, such as carbon monoxide or lead poisoning
- + allergies
- + medications, such as antihistamines, cancer chemotherapy, or certain medications used to treat depression and high blood pressure. Examples include atenolol, paroxetine, and diphenhydramine.
- + systemic disorders, such as heart, liver, lung, or kidney disorders
- + [uncontrolled diabetes](#)
- + tumors or cancer, such as lung cancer or a blood cancer called leukemia
- + salt imbalances, such as a low sodium level or a high potassium level
- + chronic fatigue syndrome and fibromyalgia, two poorly understood conditions with no known cause. These conditions commonly cause malaise and make people feel weak and tired.

[Other causes of malaise are also possible](#). Sometimes, the cause is unknown.

How is the condition diagnosed?

The role of the healthcare provider is to help figure out the cause of malaise. This may be possible after a complete history and physical exam. In other cases, further tests must be done. This often involves blood tests, such as a complete blood count or CBC, which can help detect anemia or an infection. Blood hormone levels, such as thyroid function tests, can help diagnose hormone imbalances. Salt, or electrolyte, levels can also be checked with a chem-7 blood test. A blood glucose test can help detect diabetes.

Other tests may be advised based on the suspected condition. For instance, a chest x-ray may be done if lung or heart disease is thought to be the cause. An x-ray test called a chest CT scan may be used if lung cancer is suspected.

MUSCLE CRAMPS

Definition of Muscle Cramp

A muscle cramp is a sudden and involuntary contraction of one or more of your muscles. Muscle cramps can result in intense pain and leave you temporarily unable to use the affected muscles. Common causes of muscle cramps include overuse and dehydration during physical activity in warm weather. Some medications and certain medical conditions also may cause muscle cramps. You can usually treat muscle cramps at home with [self-care measures](#).

Causes of Muscle Cramps

Overuse of a muscle, dehydration, muscle strain or simply holding a position for a prolonged period of time may result in a muscle cramp. Athletes who become fatigued and dehydrated while participating in warm-weather sports frequently develop muscle cramps. In many cases, however, the exact cause of a muscle cramp isn't identified.

Symptoms

Signs and symptoms of a muscle cramp include:

- ++ Sudden and sharp muscle pain (spasm, contraction), often in your legs
- ++ A hard lump of muscle tissue that you can feel or is visible beneath your skin

When to see a doctor

Muscle cramps usually disappear on their own, and are rarely serious enough to require medical care. However, if you experience frequent and severe muscle cramps or if your cramps disturb your sleep, see your doctor.

Writer's cramp affects the thumb and first two fingers of your writing hand and results from using the same muscles for long periods. At home, you can develop muscle cramps in your hand or arm after spending long hours gripping a paintbrush or using a garden tool. A common type of muscle cramp (nocturnal cramps) occurs in your calf muscles or toes during sleep.

Muscle cramps in your legs can also result from:

- ++ Inadequate blood supply: narrowing of the arteries that deliver blood to your legs (arteriosclerosis of the extremities) can produce cramp-like pain in your legs and feet while you're exercising. These cramps go away soon after you stop exercising and stand still.
- ++ Nerve compression: compression of nerves in your spine (lumbar stenosis) also can produce cramp-like pain in your legs. The pain usually worsens the longer you walk. Walking in a slightly flexed position (such as you would employ when pushing a shopping cart ahead of you) may improve your symptoms.
- ++ Mineral depletion: too little potassium, calcium or magnesium in your diet can contribute to leg cramps. Some diuretic medications prescribed for high blood pressure cause loss of potassium.

Muscle cramps are also part of certain conditions such as nerve, kidney, thyroid or hormone disorders, [diabetes](#), hypoglycemia and anemia.

(Article abstract from <http://www.mayoclinic.com>)

DIABETIC NEUROPATHIES

[Diabetic neuropathies](#) are neuropathic disorders that are associated with diabetes mellitus. These conditions are thought to result from diabetic microvascular injury involving small blood vessels that supply nerves (vasa nervorum). Relatively common conditions which may be associated with diabetic neuropathy include third nerve palsy; mononeuropathy; mononeuropathy multiplex; diabetic amyotrophy; a painful polyneuropathy; autonomic neuropathy; and thoracoabdominal neuropathy.

Signs and symptoms

Diabetic neuropathy affects all peripheral nerves: pain fibers, motor neurons, autonomic nerves. It therefore necessarily can affect all organs and systems since all are innervated. There are several distinct syndromes based on the organ systems and members affected, but these are by no means exclusive. A patient can have sensorimotor and autonomic neuropathy or any other combination. Symptoms vary depending on the nerve(s) affected and may include symptoms other than those listed. Symptoms usually develop gradually over years.

Symptoms may include:

- + [Numbness and tingling of extremities](#)
- + Dysesthesia (decreased or loss of sensation to a body part)
- + Diarrhea
- + Erectile dysfunction
- + Urinary incontinence (loss of bladder control)
- + Impotence
- + Facial, mouth and eyelid drooping
- + Vision changes
- + Dizziness
- + Muscle weakness
- + Difficulty swallowing
- + Speech impairment
- + Fasciculation (muscle contractions)
- + Anorgasmia
- + Burning or electric pain

Diabetic peripheral neuropathy is the most likely diagnosis for someone with diabetes who has pain in a leg or foot, although it may also be caused by vitamin B12 deficiency or osteoarthritis. A glucose tolerance test is recommended for someone with peripheral pain who has not been diagnosed with diabetes. Neurological tests may show reduced functioning of the peripheral nerves, but seldom correlate with the severity of diabetic peripheral neuropathy and are not appropriate as routine tests for the condition

(Abstract from <http://en.wikipedia.org>)

NUMBNESS AND TINGLING

Central nervous system numbness and tingling are abnormal sensations that can occur anywhere in your body, but are often felt in your fingers, hands, feet, arms, or legs.

Causes

There are many possible causes:

- ++ Remaining in the same seated or standing position for a long time
- ++ Injury to a nerve -- for example, a neck injury may cause you to feel numbness anywhere along your arm or hand, while a low back injury can cause numbness or tingling down the back of your leg
- ++ Pressure on the spinal nerves, such as from a herniated disk
- ++ Pressure on peripheral nerves from enlarged blood vessels, tumors, scar tissue, or infection
- ++ Shingles or herpes zoster infection
- ++ Lack of blood supply to an area -- for example, cholesterol (plaque) build up from atherosclerosis in the legs can cause pain, numbness, and tingling while walking (this is called vascular claudication); frostbite can also reduce blood supply and lead to numbness

Other medical conditions, including:

- ++ Carpal tunnel syndrome (pressure on a nerve at the wrist)
- ++ [Diabetes](#)
- ++ Migraines
- ++ Multiple sclerosis
- ++ Seizures
- ++ Stroke
- ++ Transient ischemic attack (TIA), sometimes called a "mini-stroke"
- ++ Underactive thyroid
- ++ Raynaud's phenomenon
- ++ Abnormal levels of calcium, potassium, or sodium in your body
- ++ A lack of vitamin B12 or other vitamin
- ++ Use of certain medications
- ++ Toxic nerve damage due to lead, alcohol, or tobacco
- ++ Radiation therapy

(Article abstract from <http://www.nlm.nih.gov/medlineplus/ency/article/003206.htm>)

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POOR HEALING

Many wounds pose no challenge to the body's innate ability to heal; some wounds, however, may not heal easily either because of the severity of the wounds themselves or because of the [poor state of health](#) of the individual. Any wound that does not heal within a few weeks should be examined by a healthcare professional because it might be infected, might reflect an underlying disease such as [diabetes](#), or might be a serious wound requiring medical treatment.

Please note that it is extremely important to obtain an accurate diagnosis before trying to find a cure. Many diseases and conditions share common symptoms: if you treat yourself for the wrong illness or a specific symptom of a complex disease, you may delay legitimate treatment of a serious underlying problem. In other words, the greatest danger in self-treatment may be self-diagnosis. If you do not know what you really have, you can not treat it!

[Poor circulation plays a part](#) in most wounds that do not heal readily. Diabetes provides an example of this, where there can be impaired circulation and altered carbohydrate metabolism. In cases where diabetes affects the peripheral circulation, tissues such as the epidermis and dermis become compromised, and thus are more prone to injuries and persistent infections. Diabetic ulcers frequently develop following simple injuries and are notoriously difficult to treat.

(Article abstract from [diagnose-me.com](#))

SKIN COMPLICATIONS OF DIABETES

Diabetes can affect every part of the body, including the skin. As many as one third of people with diabetes will have a skin disorder caused or affected by diabetes at some time in their lives. In fact, such problems are sometimes [the first sign](#) that a person has diabetes. Luckily, most skin conditions can be prevented or easily treated if caught early.

Some of these problems are skin conditions anyone can have, but people with diabetes get more easily. These include bacterial infections, fungal infections, and itching. Other skin problems happen mostly or only to people with diabetes. These include diabetic dermopathy, necrobiosis lipoidica diabetorum, diabetic blisters, and eruptive xanthomatosis.

Skin Rashes

There are many possible causes of a rash and any rash needs prompt investigation by a doctor or a dermatologist. Rashes can be caused by illnesses such as viruses (e.g. chicken pox) or systemic conditions (e.g. lupus or diabetes), by allergies such as hives or eczema, parasites like lice in scabies, by reactions to chemicals, and by numerous other causes. One of the most feared but less common rashes is that caused by meningococcal disease, which is a characteristic hemorrhagic rash, caused by bleeding of capillaries just under the skin (see hemorrhagic rash for more details). Any type of hemorrhagic rash is a medical emergency.

Bacterial Infections

Several kinds of bacterial infections occur in people with diabetes. One common one are styes. These are infections of the glands of the eyelid. Another kind of infection are boils, or infections of the hair follicles. Carbuncles are deep infections of the skin and the tissue underneath. Infections can also occur around the nails.

Inflamed tissues are usually hot, swollen, red, and painful. Several different organisms can cause infections. The most common ones are the Staphylococcus bacteria, also called staph.

Once, bacterial infections were life threatening, especially for people with diabetes. Today, death is rare, thanks to antibiotics and better methods of blood sugar control.

But even today, people with diabetes have more bacterial infections than other people do. Doctors believe people with diabetes can reduce their chances of these infections in several ways (read Good Skin Care farther down the page).

If you think you have a bacterial infection, see your doctor.

Fungal Infections

The culprit in fungal infections of people with diabetes is often Candida albicans. This yeast-like fungus can create itchy rashes of moist, red areas surrounded by tiny blisters and scales. These infections often occur in warm, moist folds of the skin. Problem areas are under the breasts, around the nails, between fingers and toes, in the corners of the mouth, under the foreskin (in uncircumcised men), and in the armpits and groin.

Common fungal infections include jock itch, athlete's foot, ringworm (a ring-shaped itchy patch), and vaginal infection that causes itching.

If you think you have a yeast or fungal infection, call your doctor. You will need a prescription medicine to cure it.

Itching

Localized itching is often caused by diabetes. It can be caused by a yeast infection, dry skin, or poor circulation. When poor circulation is the cause of itching, the itchiest areas may be the lower parts of the legs.

You may be able to treat itching yourself. Limit how often you bathe, particularly when the humidity is low. Use mild soap with moisturizer and apply skin cream after bathing.

Diabetic Dermopathy

Diabetes can cause changes in the small blood vessels. These changes can cause skin problems called diabetic dermopathy.

Dermopathy often looks like light brown, scaly patches. These patches may be oval or circular. Some people mistake them for age spots. This disorder most often occurs on the front of both legs. But the legs may not be affected to the same degree. The patches do not hurt, open up, or itch.

Dermopathy is harmless. You do not need to be treated.

Necrobiosis Lipoidica Diabeticorum

Another disease that may be caused by changes in the blood vessels is necrobiosis lipoidica diabeticorum (NLD). NLD is similar to diabetic dermopathy. The difference is that the spots are fewer, but larger and deeper.

NLD often starts as a dull red raised area. After a while, it looks like a shiny scar with a violet border. The blood vessels under the skin may become easier to see. Sometimes NLD is itchy and painful. Sometimes the spots crack open.

NLD is a rare condition. Adult women are the most likely to get it. As long as the sores do not break open, you do not need to have it treated. But if you get open sores, see your doctor for treatment.

Atherosclerosis

Thickening of the arteries - atherosclerosis - can affect the skin on the legs. People with diabetes tend to get atherosclerosis at younger ages than other people do.

As atherosclerosis narrows the blood vessels, the skin changes. It becomes hairless, thin, cool, and shiny. The toes become cold. Toenails thicken and discolor. And exercise causes pain in the calf muscles because the muscles are not getting enough oxygen.

Because blood carries the infection-fighting white cells, affected legs heal slowly when the skin is injured. Even minor scrapes can result in open sores that heal slowly.

People with neuropathy are more likely to [suffer foot injuries](#). These occur because the person does not feel pain, heat, cold, or pressure as well. The person can have an injured foot and not know about it. The wound goes uncared for, and so infections develop easily.

Atherosclerosis can make things worse. The reduced blood flow can cause the infection to become severe.

Allergic Reactions

[Allergic skin reactions](#) can occur in response to medicines, such as insulin or diabetes pills. You should see your doctor if you think you are having a reaction to a medicine. Be on the lookout for rashes, depressions, or bumps at the sites where you inject insulin.

Diabetic Blisters (Bullosis Diabeticorum)

Rarely, people with diabetes erupt in blisters. Diabetic blisters can occur on the backs of fingers, hands, toes, feet, and sometimes, on legs or forearms.

These sores look like burn blisters. They sometimes are large. But they are painless and have no redness around them. They heal by themselves, usually without scars, in about three weeks. They often occur in people who have diabetic neuropathy. The only treatment is to bring blood sugar levels under control.

Eruptive Xanthomatosis

Eruptive xanthomatosis is another condition caused by diabetes that's out of control. It consists of firm, yellow, pea-like enlargements in the skin. Each bump has a red halo and may itch. This condition occurs most often on the backs of hands, feet, arms, legs, and buttocks.

The disorder usually occurs in young men with type 1 diabetes. The person often has high levels of cholesterol and fat in the blood. Like diabetic blisters, these bumps disappear when diabetes control is restored.

Digital Sclerosis

Sometimes, people with diabetes develop tight, thick, waxy skin on the backs of their hands. Sometimes skin on the toes and forehead also becomes thick. The finger joints become stiff and can no longer move the way they should. Rarely, knees, ankles, or elbows also get stiff.

This condition happens to about one third of people who have type 1 diabetes. The only treatment is to bring blood sugar levels under control.

Disseminated Granuloma Annulare

In disseminated granuloma annulare, the person has sharply defined ring-shaped or arc-shaped raised areas on the skin. These rashes occur most often on parts of the body far from the trunk (for example, the fingers or ears). But sometimes the raised areas occur on the trunk. They can be red, red-brown, or skin-colored.

See your doctor if you get rashes like this. There are drugs that can help clear up this condition.

Acanthosis Nigricans

Acanthosis nigricans is a condition in which tan or brown raised areas appear on the sides of the neck, armpits, and groin. Sometimes they also occur on the hands, elbows, and knees. Acanthosis nigricans usually strikes people who are very overweight. The best treatment is to lose weight. Some creams can help the spots look better.

SLEEPINESS

Recent research suggests that extreme sleepiness could be a sign of depression or a [diabetic](#), even if a person does not sleep well.

Out of a random sample of 16,500 men and women aged 20 to 100 years old Americans, 8.7 percent experienced extreme day time sleepiness.

Researchers have discovered that extreme daytime sleepiness is highly connected with depression and obesity rather than with sleep-disordered breathing or sleep disruption.

Depression was the key factor for extreme daytime sleepiness because the metabolism slows down.

Those who are being treated for depression are three times as likely to experience extreme sleepiness than others.

There is a strong correlation between extreme daytime sleepiness and diabetes. Individuals with diabetes are two times more likely to report extreme daytime sleepiness than those who are not.

[Overweight people](#) are also more likely to experience extreme daytime sleepiness.

Extreme daytime sleepiness is more common in people less than 30 and those aged 75+, suggesting greater medical illness and health problems.

(Article abstract from <http://www.diabetes.co.uk/news/2005/Sep/>)

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TIREDDNESS

Definition of Tiredness: Feeling tired either physically or mentally

Tiredness can be simply a matter of an [over-busy lifestyle](#), or it may be the symptom of a serious medical condition. Note that for tired symptoms, it is important to specify whether they are from lack of sleep (drowsiness), or whether they refer to physical or muscular tiredness (fatigue or weakness). In some cases, these two categories may overlap or cause each other. Any symptoms of excessive tiredness need professional medical investigation. It might indicate [diabetes](#), among other medical conditions.

FATIGUE

Definition: Excessive tiredness or weakness.

Fatigue means lacking energy or strength and is a very common symptom. However, the term in common usage may mean many things, including drowsiness (sleepiness), lethargy, tiredness, malaise, listlessness, or weakness (including muscular weakness). Sometimes it is hard to know exactly whether you are tired, weak, fatigued, or have other symptoms. Nevertheless, any type of fatigue can indicate a [serious medical condition](#) and needs prompt medical investigation.

WEAKNESS

Definition: Symptoms causing weakness of the body

Weakness is an imprecise medical symptom. Weakness may refer to muscular weakness of a body area or [entire body weakness](#). General weakness may also be caused by fatigue, drowsiness, prostration, syncope (fainting), or malaise. Weakness may also occur [due to diabetes](#), which leads to numbness or paresthesias in the affected area. Any type of weakness is a serious symptom requiring prompt professional medical advice.

(Article abstract from <http://www.cureresearch.com/>)

URINARY TRACT INFECTIONS

This is another common complication of diabetes that gets less attention, yet which affects thousands of patients every year.

I am talking about infections. Infections can be caused by bacteria, viruses, fungi, or other pathogens, and [patients with diabetes](#) are more prone to a whole slew of them. Some of these infections are rare and potentially lethal, like mucormycosis, which almost never affects people without diabetes. Others are more common, like athlete's foot, pneumonia, and urinary tract infections. While anyone can come down with these conditions, folks with diabetes are more likely than those with normal blood sugar to be affected. Furthermore, the complications of those infections can be much more severe in people with diabetes, and can be more difficult to treat.

Take urinary tract infections, for example. Women with diabetes are about two to three times more likely to have bacteria in their bladders than women without diabetes (interestingly, the same does not appear to be true for men). There also seems to be an increased risk of the infection spreading upwards into the kidneys in diabetic patients, and diabetic women with urinary tract infections are also more likely to require hospitalization than non-diabetic women.

Why is this the case?

Well, diabetes affects many systems that protect against infection in general, and against urinary tract infections specifically. Poor circulation in diabetes reduces the ability of infection-fighting white blood cells to get where they need to go. When they do get there, they are less able to ingest the offending bacteria and kill them than normal white blood cells. Many [people with diabetes](#) also have dysfunctional bladders that contract poorly; this allows urine to remain in static pools for long periods of time, providing luxurious ponds for bacteria to grow in.

(Abstract from "Antimicrobial Treatment in Diabetic Women with Asymptomatic Bacteriuria." - New England Journal of Medicine 2002)

WEIGHT GAIN

Obesity is a root cause of Insulin Resistance, which, in turn, is a key factor in the development of [reversible Pre-Diabetes](#). If neglected, this latter condition severely increases the risk of developing Type 2 Diabetes, which, in the vast majority of cases, can only be managed for the rest of the Diabetic's life and may require daily injections of insulin.

Reversing Insulin Resistance can be a crucial factor in the prevention of Pre- and Type 2 Diabetes and its attendant risk of Cardiovascular Disease.

Insulin is the hormone responsible for allowing glucose, or blood sugar, to be absorbed by the cells of the body, where it is converted to energy. If you are Insulin Resistant, your cells react sluggishly to insulin.

When you eat a meal, whether it's steak, fish or vegetables, the body breaks it down into a usable energy form, namely glucose.

In a simplified explanation, [the food you consume becomes sugar](#) that will be transported to the tissues, muscles and organs of the body via the blood stream to be converted into energy. Following a meal, particularly one that is high in carbohydrates, you will have elevated levels of glucose in the blood stream, which signal the pancreas to release even more insulin until the excess glucose is absorbed by the cells.

When you are Insulin Resistant, excessive amounts of free-floating unconverted glucose remain in the blood stream until they are sent to the liver and converted to excess body fat. In addition, [hyperinsulinemia](#) (elevated insulin in the blood) encourages your liver to produce even more triglycerides which are directly related to a greater risk of heart disease.

(Article abstract from http://pre-diabetes.insulitelabs.com/pre_diabetes_weight_gain.php)

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DIABETES AND WEIGHT LOSS

Weight loss with diabetes can be looked at in two categories. It can be intentional weight loss, and also unintentional weight loss. Sometimes when the patient is overweight, as it may occur with certain people, [they can definitely lose weight as desired](#). But for those who are losing weight otherwise, it is not a very healthy sign.

The insulin resistance must be reduced in the body of the diabetic patient. Normally tissues have to be metabolized, and for this insulin is needed, to help glucose enter the tissues. Sometimes the tissues will be resistant, and then the levels of insulin have to be increased for the metabolizing to happen. It will also become hard to lose weight if the insulin levels soar in the body.

With diabetic patients, the sugar levels are high. Because of this, they will want to pass urine quite a few times. This will naturally result in dehydration. Because of this, they will tend to lose weight. They will have to match up with the dehydration by increasing the water intake. If the sugar levels are also high, there will be a break down in the muscles.

When this happens the patient will tend to lose weight. For those who are interested in weight loss, if they are diabetic, there are many programs to do the same. A professional's advice must always be sought when one wants to start with a weight loss program if diabetic. Some people may want to lose weight, and they will take their own decisions, but that is not a good idea.

[The diet is very important](#) when it comes to weight loss for those who have diabetes. They must make sure that it is very well balanced. A nutrition specialist can be sought for this. They will give the patient the ratio of carbohydrates, fat and proteins to deal with. This has to be consumed on a regular basis every day.

With diabetic patients, [they must not start cutting down on too much carbohydrate content](#). If they do so, they will be giving a chance for the fat to begin burning. Weight loss will not occur if the carbohydrates are simply cut down. They will have to be cut down slowly over a period of time. The amount of calories consumed per day must also be watched.

It is very important to eat the right kind of meal at the right time. Simply skipping meals or eating too much at the same time will not help. The meals must be eaten in small amounts over time, and they must also be well balanced. This is the best way that one can maintain the weight when it comes to diabetes.

The amount of sugar will also have to be noted in the blood. Too much of it can be very risky, and this will of course affect the weight of the person. Thus all food and drinks with sugar must be avoided and balanced in the right way.

(Article abstract from <http://www.weightlosswand.com/diabetes-and-weight-loss.html>)

ENDNOTE

A key target of diabetes treatment is to [reverse the condition](#), or at least put off complications for the reason that, over time, this illness can injure the heart, eyes, blood vessels, nerves and kidneys, although the person well might not know damage is occurring. It is imperative to diagnose and [take care of diabetes early](#), because it can produce injure even prior to making someone feel sick.

How this illness causes long-term tribulations is not clear. Nonetheless, changes in the tiny blood vessels and nerves are ordinary. These may be the initial step toward many troubles that diabetes causes. Scientists cannot forecast who amongst people with diabetes will build up complications, but these complications are most probable to happen in someone who has had diabetes for several years. However, as a person can suffer from diabetes without perceiving it, a complication may be the first indication.

If you do not [care for your diabetes well](#), the blood glucose level is likely to rocket, causing a host of troubles. Unrestrained blood glucose level gives way to stroke which might even end up in death. If you do not alleviate your high blood sugar, it may also prove deadly for your existence. In the same way, if gestational diabetes is not taken care of, it might lead to unnecessary complications. Nephropathy from diabetes may even cost the existence of the patient. Chronic dental problems are also the result of untreated diabetes.

In case of uncontrolled type 2 diabetes, proliferating and non-proliferating retinopathy may develop which might result in loss of sight.

Uncontrolled diabetes gives way to kidney malfunction in type 2 diabetes as well as type 1 diabetes. Cardiovascular troubles leading to heart collapse are also a likelihood, if diabetes cure is not actively implemented.

It may also result in [severe injure to nerve cells](#) resulting in sexual and kidney malfunction. If nerves do not work well, all automatic functions are expected to get affected. Foot troubles, including even amputations are an additional outcome. Foot loses its sensitivity and scars and damage to feet remain unnoticed. Blood circulation too gets limited. To summarize, not treating diabetes is comparable to welcoming death.

People must be given [diabetes instruction and diabetes care](#) guidelines so that they remain alert of possible hazardous consequences. Governments must propagate diabetes information to induce diabetics to embark on appropriate treatment. Remember, seeking and receiving maximum diabetes information is the primary key to diabetes testing and management.

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