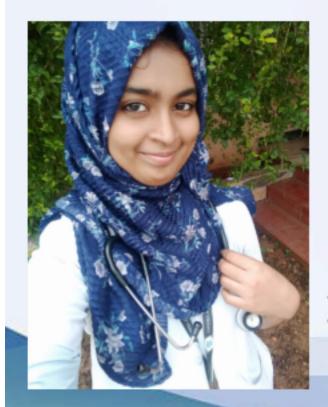


Swamy Vivekanandha naturopathy and yoga Medical college and hospital Sankari,salem-637303



CESTATIONAL DIABETES MELLITUS



M.Rumana 3rd Batch XIDUCIANS

Definition:

- Gestational Diabetes Mellitus(GDM) Is Defined As Impaired Glucose Tolerance With Onset Or First Recognition During Pregnancy
- O Around 9% of pregnancies are affected by GDM
- It Is The Common Complications Of Pregnancy



Etiology of GDM:

Hormonal Changes

During pregnancy, the placenta produces hormones that can interfere with the action of insulin, the hormone that regulates blood sugar.

Insulin Resistance:

As pregnancy progresses, the body's cells become less responsive to insulin. This resistance increases the mother's need for insulin and can result in elevated blood sugar levels.

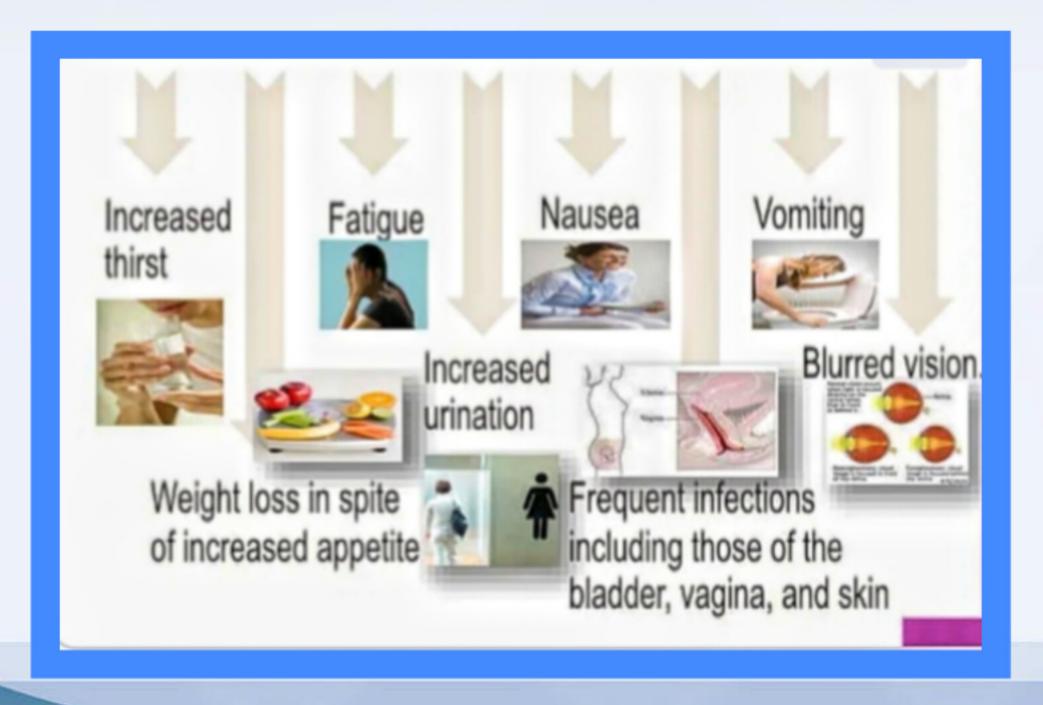
Pancreatic

Function:

the pancreas may not be able to produce enough insulin to meet the increased demands of pregnancy, leading to high blood sugar levels.



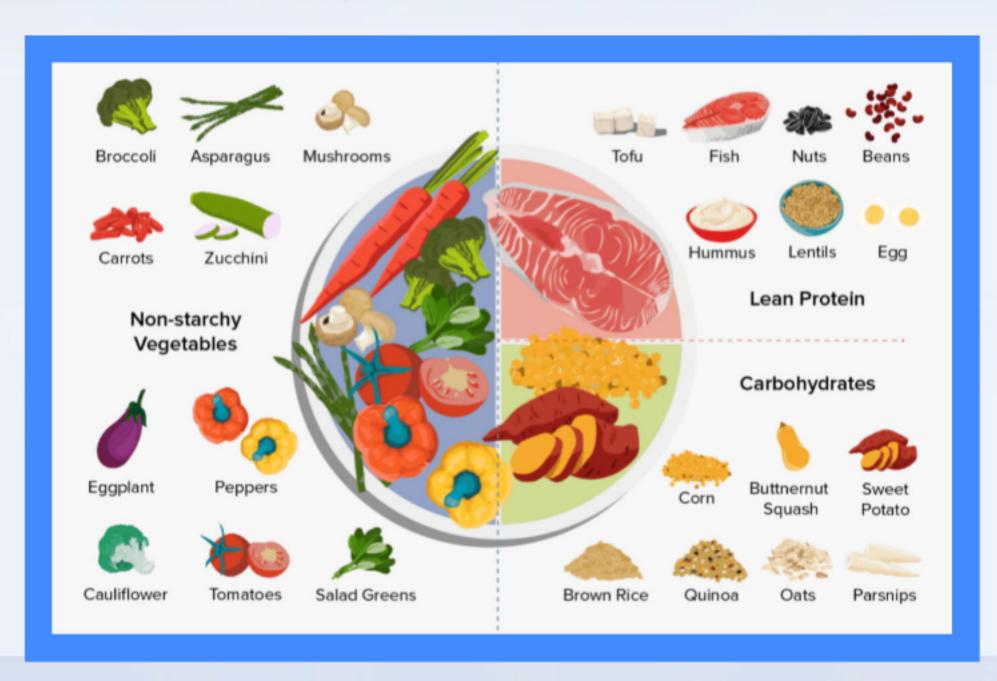
Signs And Symptoms:



Risk Factors for GDM:



Diets Of GDM:

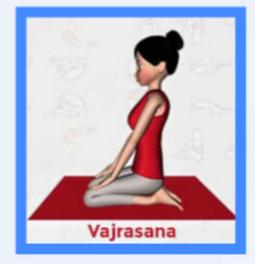


Yogasana for GDM:





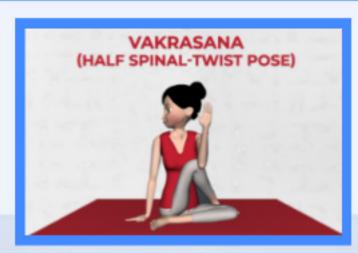


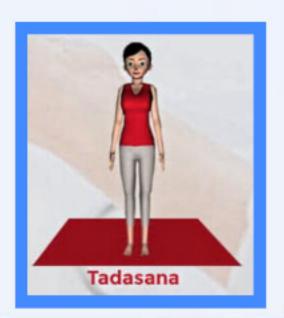












Pranayama for GDM:



Mudra's for GDM:



Research Study:

Nutrition Therapy in Managing Pregnant Women With Gestational Diabetes Mellitus: A Literature Review

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Abstract

Objective: Gestational diabetes mellitus is the most common metabolic and endocrine perinatal complication and is a growing health problem worldwide. Considering the fetal programming and its contribution as one of the evolutionary origins of human diseases, it is very important to improve the glucose metabolism in pregnant women, determination of other nutrients, preventing excessive accumulation of fetal fats, emphasis on weight loss measures before pregnancy, dietary intake with low-fot healthy food and prevention of abundant weight loss. In this paper, we have provided a brief review on dietary intake and dietary interventions in GDM from the perspective of nutrition science attending the physiopathology and etiology of the disease.

Materials and methods: Electronic search for English and Persian articles has been perform in databases, including Google Scholar, PubMed "Scopus, Cochrane central "Science direct, ISC, SID, Magiran, Iran Medex, and Med Libby key words: gestational diabetes, gestational diabetes mellitus, nutrition, macronutrient, micronutrient, Diabetes. All available articles (cross-sectional, descriptive-analytic, and clinical studies with desirable design and review quality studies were used. Reference books including Krause's Food and the Nutrition Care, The Williams Obstetrics editions of the 14* (2017) and the 24* edition (2014) were also reviewed.

Results: Nutrition therapy and physical activity are the initial treatment of GDM. Proper and flex ble methods of nutrition therapy that successfully regulate maternal glycaemia while improving expected fetal growth have extensive concepts. Meanwhile, dietary supplements with proven beneficial effects can play an important role in improving deficiencies and improving the metabolic profile of patients. Conclusion: Nutritional management is the main treatment for gestational diabetes mellitus and overweight/obesity is the principal contest in patient counseling and interventions during pregnancy. Despite extensive researches carried out, this field is an active research area and requires more clinical research to minimize maternal and fetal complications.

Keywords: Pregnancy: Gestational Diabetes Mellitus: Medical Nutrition Therapy

Research Study:

RESEARCH ARTICLE

Physiological effects of yoga asanas and pranayama on metabolic parameters, maternal, and fetal outcome in gestational diabetes

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ABSTRACT

Background: Gestational diabetes affects the health of the women, the fetus, and even after birth, the baby or child. Studies related to the assessment of the effects of yoga and pranayama on metabolic parameters, maternal and fetal outcome among gestational diabetic patients are inadequate. Alm and Objectives: The aim of the present study was to assess the effects of yoga and pranayama on metabolic parameters, maternal and fetal outcome in gestational diabetes. Materials and Methods: A total of 162 gestational diabetic patients were recruited in the study; after removing the drop outs, 75 of them did specific yoga and pranayama (test group) for 3 months and the remaining, blood sugar-matched, 76 patients were recruited as (control group) who were not on any yoga practice. The data obtained were analyzed using appropriate statistical methods such as mean, standard deviation, and t-test for paired data and categorical data were analyzed using Chi-square test ($r \times c$ table). P value was considered significant below 0.05. Results: Analysis of data showed statistically significant difference between metabolic parameters, maternal and fetal outcome of mothers with gestational diabetes mellitus (GDM) between yoga group and control group P < 0.01. Conclusion: Yoga and pranayama significantly decrease blood glucose level which in turn can prevent adverse maternal and fetal outcomes of GDM. Safety during pregnancy is paramount and exercises such as low exerting forces such as yoga can be safe for both mother and fetus.

KEY WORDS: Gestational Diabetes; Yoga Asanas; Pranayama; Maternal and Fetal Outcome

Thank you...

