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Research Article

VARIES IN GLYCEMIC AND THE MATERIAL IN GLUCOSE OF BRAIN LEVELS IN FORM 1 DIABETESIN MAYO HOSPITAL LAHORE

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Abstract:

The purpose of this study to find the material in glucose of brain. In the material in glucose of brain we have to find the glycemic. After the many experiment it's remain unclear about variability on form 1 diabetes. In form 1 disease patients have low sugar glucose level. ANTI-GAD and ANTI-IA2 destructs the beta cells which are responsible for production of insulin. Insulin is a chemical which is responsible for proper observance of glucose in blood cells. If proper glucose not observed in blood cells. It reduces the energy of patients. It leads many patients to death. This varies in glycemic on the material in glucose of brain kinetics is remained un-clear. We performed study in Mayo hospital Lahore to UN clear this varies in glycemic. We performed experiment on 15 A-1 diabetes patients their age is about 35 years and on 10 healthy participants. We wore them a device called monitoring of glucose in a body (Dexom). To for the measurement of these variability in 6 we studied patient continuous in 6 days. It observes the difference in glucose chemical. We measures that hyper glycemic clamps on model of form 1 diabetes to find the difference in travelling of glucose and metabolism. We observe the same difference in plasma glucose level during hyper glycemic chemical. We observed that patients have form 1 diabetes had small increments in intracerebral glucose. We also find that the change in the material in glucose of brain is co-related positive with the values of $r=0.8$ and $p=0.0060$. This proves that the varies in glycemic is proportional with the material in glucose of brain level.

KEYWORDS: Form 1 diabetes, intracerebral glucose, varies in glycemic, Mayo hospital Lahore

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INTRODUCTION:

Experiment performed in Mayo hospital Lahore to find the varies in glycemic on the material in glucose of brain kinetics. Studied performed on 15 A-1 diabetes patients and 10 healthy patients in Mayo hospital Lahore [1]. We gave 6 days followed up for this study during study it is observes the small increments in intracerebral glucose. It is also finds that the varies in glycemic is proportional with the material in glucose of brain level [2]. Mayo hospital Lahore unclear the advantages of minimization of glucose to the normal healthy individuals of form 1 diabetes. It is observed that there is a some method called insulin treatment that leads many patient to life [3]. The treatment is minimizes due to higher rate of hypoglycemia. The patients have diabetes is over qualified for this disease leads to increment in glucose level and increases the varies in glycemic. Its reveals the side effects of varies in glycemic in mayo hospital Lahore is un-clear [4]. It is observed that the young individuals we are at growing age the increased varies in glycemic includes. It is observed that hyper intensities. So that under laying mechanism remains un-clear. We also observed that in healthy patients the circulating glucose over-come the stopness of blood in brain in a very straight path with the material in blood and material in glucose called plasma. This proves that the glucose level transport kinetics can be changed the two of this disease. This study shows that patients who have diabetes received the proper treatment of glucose are available in mayo hospital Lahore so that the insulin level are under controlled [5]. It is also shows that patients have high in hypo increases the observance of insulin in brain. But it have no proves that the more hypoglycemia for 4 days in healthy patients also have more capacity to observe glucose in brain in acute hypoglycemia conditions. But the alone hypoglycemia is sufficient to drive observance of more glucose in brain cells is unknown. In other studies it is observed that the patient have type 2 diabetes have decreased capacity of observance of glucose in type 2 diabetes blood cells during acute hypoglycemia[6]. But other studies it is shows the both of form 1 diabetes and have opposite effect on increases observance of glucose on rian or glucose transport kinetic. We observed the many studies that have leave many questions so that we have to find these variability it is also observes that how we provide them a best treatment to remain his and her disease in under control.

METHODOLOGY:

For this research of varies in glycemic and the material in glucose of brain level in form 1 diabetes studied 25 patients in which 15 are form 1 patients

and other have healthy candidate. This study includes research and analysis. And also 9 HC subjects included they have included the patients that have use smoking for years. We include patients in HC subjects are those that have are from drugs or smoking background. It also includes the recent loss weight patient in last 3 months. Women have breast feeding pregnancy are excluded from this study. This study takes 6 to 8 days in mayo hospital Lahore. Patients have continuously glucose monitoring in mayo hospital Lahore from 6 to 8 days. All patients given proper instruction of about proper continuously glucose monitoring. Time also had been noted down of 8 days CGM (continuously glucose monitoring) written down the results after testing. We used liability 580 glucose values. Results leads down the scanning had been monitored after 48 hours and write down every result immediately. The patients have given the bed in Mayo hospital Lahore on the normal standard. Insulin drip is used to normalize the plasma all over the night. Every night they received the value of $7.8+3.2$ we received this value of insulin. We begin it from the we performed the experiment has been stabled. All groups all fasting during the study. We gave every patient have position of supine. After setting all these things the glucose has high. The base line for after 20 minute and minimum 3 hours. Then spectra were subtracted from obtained spectra to eliminate overlap. Then we observed that change in glucose level by peak. That formula used in this study is at high peak of blood the material in glucose of brain transport divided by the material in glucose of brain that how it's used was derived from known reversible. Plasma glucose level was also measured in this study. It is observed that the insulin was measured by twice. We also obtained that statistics data of every measurement including intracerebral glucose and plasma insulin level was delivered by twice method. All mentioned statistics are performed SAS. The mayo hospital Lahore committee passed this study.

RESULTS:

We observed that 15 patients have form 1 diabetes and 9 people that are from smoking causes and from other curious disease. During study it is observed that we compared the HC group participants with form 1 diabetes patients. The patients have involved in this study have same age gender. We observed during studied that have a patient of Form 1 diabetes HbA level compared to HC subjects. We also observed that however it marked increased in plasma insulin level. It is also observed that plasma glucose level is maximum form 1 diabetes relevant patients of HC subjects the person who have another slightly disease. It is also observed that by taking the glucose

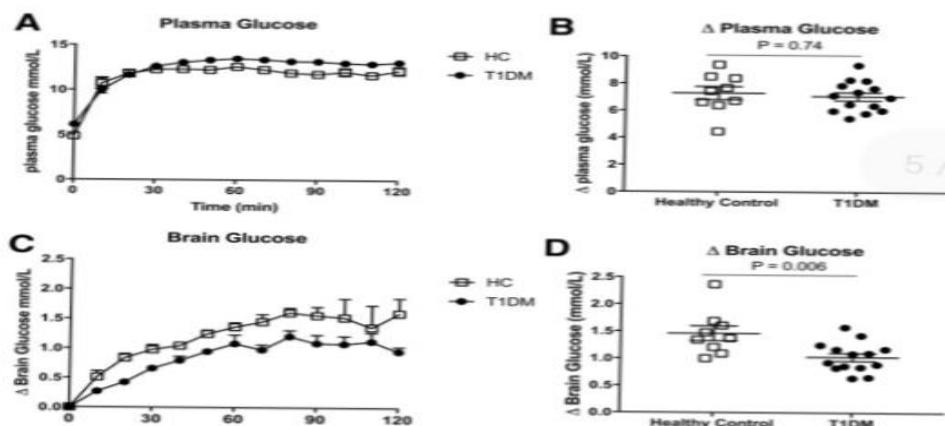
value steady there was no change in plasma. By the purpose to find the ratio of t max to CMR we used reversible michaelis-menten. We have continuously glucose monitored 6 days. It is observed that there is no relationship between the and moderate hypoglycemia .In animal experiment it is also

observed that there are no region differences to the material in glucose of brain transportation accurate hypoglycemia. The two form of rates others have STX diabetes. It is also obtained that there is nothing same group that have plasma control level as it shows in following figure

Table 1—Participant characteristics

Demographics	HC group	T1DM group	P value
N (M/F)	9 (5/4)	14 (6/8)	0.80
Age (years)	32 ± 4	35 ± 4	0.62
BMI (kg/m ²)	23.1 ± 0.8	26.0 ± 1.4	0.14
HbA _{1c} (%)	5.0 ± 0.1	7.6 ± 0.3	<0.0001
HbA _{1c} (mmol/mol)	31 ± 1.1	60 ± 3.3	<0.0001
Duration of diabetes (years)		16 ± 3	

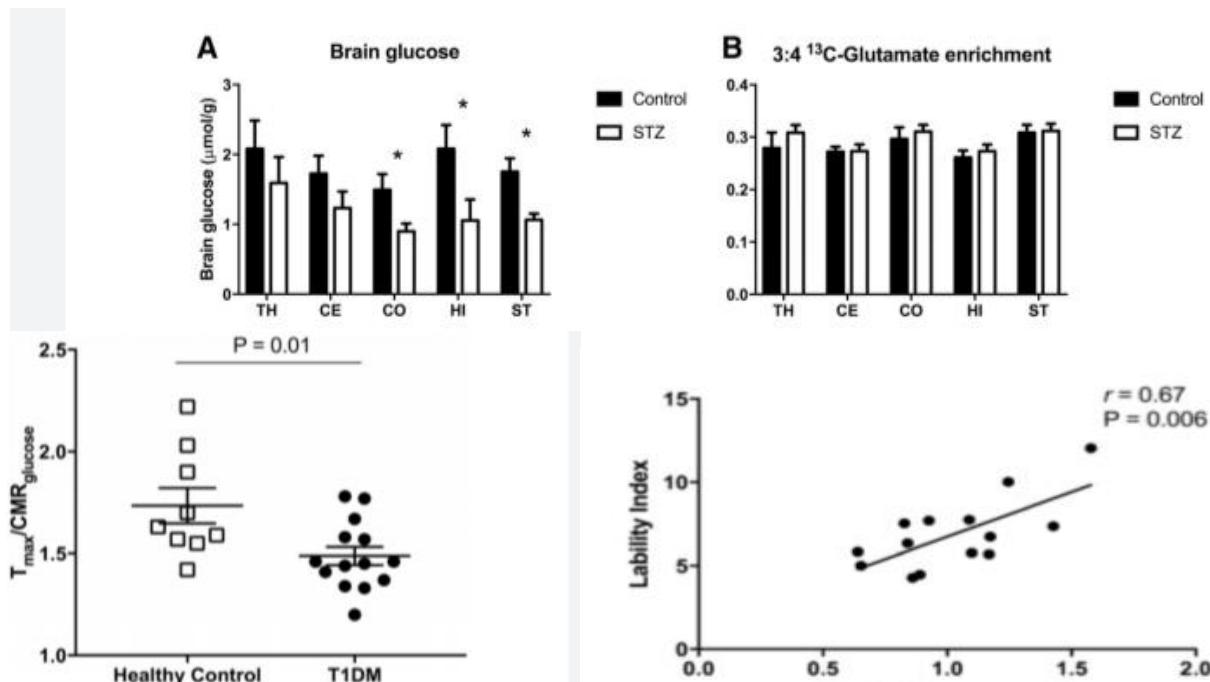
Data are presented as the mean ± SEM. F, female; M, male.



We performed this study on rat by using infusions.

DISCUSSION:

We performed studied on the frequency of hypoglycemia on. Already studied have investigated the impact of these chemicals. We performed this study in mayo hospital Lahore. We performed this study at 15 A 1 diabetes patient and 10 healthy people. We gave them follow up of 6 days. In 6 days we continuously monitored their glucose level in brain kinetics. We performed this study by using continuously glucose monitored and by using insulin therapy. In this study it is shows that the patient have form 1 diabetes has high which they have as shown in following figure.



It is also observed that a greater degree of liability of level of glucose in blood was a great impact associated with greater change in the material in glucose of brain level. It is also observed that there is no difference between the material in glucose of brain level and frequency of a quarantine time in which the patient stays in mayo hospital Lahore in hyperglycemia obtained by using continuously glucose monitored in the 6 days of continuously monitoring. We also find that relatively small fluctuation.

CONCLUSION:

In mayo hospital Lahore we performed the experiment of varies in glycemic and the material in glucose of brain level of form 1 diabetes [7]. This study had been performed using CGM method called continuous glucose monitor and by using insulin therapy. This experiment had been performed on 15 a 1 diabetes patients and 10 healthy individuals and other have HC cases [8]. HC means have another disease. It is observed that in healthy patients there is a circulating glucose crosses the blood brain barrier. It is observed that by comparing hc patients by others that diabetes A 1 patients have higher HbA level [9]. It is also observed that there is no change in the material in glucose of brain level and the time that patients stay in hospital hyperglycemia obtained by using continuously glucose monitored in the 6 days of continuously monitoring [10].

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