

<opening credits>

**Nicole Johnson Baker:** Hello, I'm Nicole Johnson Baker.

**J. Anthony Brown:** Hi, I'm J. Anthony Brown.

**Jim Turner:** Hi, I'm Jim Turner.

**Mother Love:** Hello, babies, I'm the even more fabulous Mother Love.

**Nicole Johnson Baker:** Type 1.

**J. Anthony Brown:** Type 2.

**Mother Love:** Type 2.

**Jim Turner:** Type 1.

**J. Anthony Brown:** And I'm here to talk about my--

**Jim Turner:** My--

**Mother Love:** My--

**Nicole Johnson Baker:** My dLife.

<beginning of show>

<Preview of show segments>

**Mother Love:** Today on dLife, little-known diabetes complications with Dr. Gerald Bernstein, neuropathy explored with Dr. Aaron Vinik and an exclusive close up of Mother

Love's feet with the podiatrist who lived to talk about it, Dr. Andrew Rice. And now please welcome your hosts Nicole Johnson Baker, Jim Turner, J. Anthony Brown and me, Mother Love.

<applause>

<Card: Mother Love, Author & TV Personality>

**Mother Love:** Welcome to dLife. Thank you for joining us. This is the show where we talk about what can go wrong with diabetes, like neuropathy and little-known complications and what can be done to make it right.

**J. Anthony Brown:** Right.

**Mother Love:** And you know neuropathy is how a lot of people realize that they even have diabetes.

**Nicole Johnson Baker:** Well, I think we probably should start out by just explaining what is neuropathy.

<Card: Nicole Johnson Baker, Author & Miss America 1999>

**Nicole Johnson Baker:** In the simplest terms possible your nerve endings...they basically die. They can't communicate the messages back and forth to the brain and that's just simply what neuropathy is, and it's amazing that it's related to our blood sugars.

**Mother Love:** That's why so many people with diabetes...

**J. Anthony Brown:** Lose limbs.

**Mother Love:** -- have amputations.

<Card: More than 86,000 amputations are performed annually due to diabetes>

**Mother Love:** My youngest sister, not even 50, lost her leg because she ignored her neuropathy and, you know, you can feel it. You know what's going on. You can feel it. She has one leg now.

**Nicole Johnson Baker:** Wow.

<Card: Jim Turner, Actor, Bewitched & HBO's Arliss>

**Jim Turner:** When I first got diabetes, I used to go around with my grandpa to, you know, do all these errands and stuff and he would always point out some relatives that had out of control diabetes and had lost feet.

<Card: About half of people living with diabetes suffer from some form of neuropathy.>

**Jim Turner:** And he would always make a point of pointing that out to me and it made a huge difference to me. Just like, okay, I don't want that to happen.

**Nicole Johnson Baker:** It's so funny, I guess I had the benefit and the disadvantage of living with a grandparent that was a double amputee, but he taught me that, you know, no matter what happens in your life, no matter what tragedy you encounter you can get past it and you can live a beautiful existence if you have the right attitude.

<Card: Good blood glucose control will help avoid neuropathy.>

**Nicole Johnson Baker:** And that's really what this is about – finding the right attitude so that you don't get to tragic consequences of your condition.

**Mother Love:** Absolutely. Well, we have Jim with our story of the day. Tell us what this story is Jim.

**Jim Turner:** Well, our story of the day is from Carolyn Dean in Sacramento, California.

<Carolyn Dean photo with children>

**Jim Turner:** And she writes: "I used to be an attorney and a private investigator but because of neuropathies caused by my diabetes I am unable to do these jobs anymore. I knew something was wrong. For six years I had constant burping, sweating, nausea and pain in my hands and feet.

<Constant burping is a symptom of gastroparesis or delayed stomach emptying.>

**Jim Turner:** My doctor blamed it all on arthritis, anxiety, and depression and being over 45. I finally saw another doctor who sent me to the ICU for a full week with blood sugars over 500.

**J. Anthony Brown:** Whoa.

**Jim Turner:** I almost died. All the problems turned out to be neuropathies. I had to learn to walk again because I had no sensation in my feet. My hands can't hold anything heavy. I can't even pump my own gas. I've lost my gallbladder and have severe arthritis all over my body but I continue on because that is the way we lead our lives and because my 15-year-old son will need me for many years to come. I make the best of it and do what I can. Sincerely, Carolyn Dean."

**Mother Love:** Wow, thank you Carolyn so much for sharing your story with us.

**Nicole Johnson Baker:** The important thing is that people see the type of professional that they need.

<Card: People with diabetes should have an endocrinologist or a diabetologist as part of their diabetes care team.>

**Nicole Johnson Baker:** I mean the first step is asking the person that deals with your diabetes most frequently and that would be either your internal medicine doctor or your primary care doctor.

**J. Anthony Brown:** Yeah.

**Nicole Johnson Baker:** Or your endocrinologist, whoever you see, and then move on.

<To find a diabetes specialist near you, visit [dlife.com/locator](http://dlife.com/locator)>

**J. Anthony Brown:** Well, I mean it could be like weird things. For me, I thought -- I thought my socks were too tight. I really did. No, I did. I did because I had this numbness in the feet and I didn't know; well maybe it was the socks that were too tight.

<Card: J. Anthony Brown, Comedian & Co-Host, The Tim Joyner Morning Show>

**J. Anthony Brown:** And I started going to the doctor and he told me that, you know, it was from the diabetes, so it could be anything and a lot of times people shrug it off to something else.

**Nicole Johnson Baker:** Right.

**Mother Love:** And you cannot do that. You simply cannot shrug it off. It is imperative that you pay attention to your body.

**J. Anthony Brown:** Yeah, right.

**Mother Love:** And know that it is never too late to find out where you stand with your diabetes.

**Nicole Johnson Baker:** And it's never too late to start finding out where you stand with your diabetes right now. And how do we do that? We test, don't guess!

<Card: Test! Don't Guess.>

**Nicole Johnson Baker:** So, while we test, get ready for what's up next, some little known and often misdiagnosed diabetes complications that might surprise you. Stay tuned.

<commercial break>

**Jim Turner:** Well, welcome back to dLife.

<Card: Jim Turner, Actor, Bewitched & HBO's Arliss>

**Jim Turner:** You know the expression ignorance is bliss? Well, in diabetes ignorance is not bliss. What you don't know can hurt you. Diabetes has several obscure complications you've probably never heard of and we'd like to shed a little light on some of these, so here with us today is Dr. Gerald Bernstein, past president of the American Diabetes Association to help explain some of these little-known complications.

<Card: Dr. Gerald Bernstein, Former President, American Diabetes Association>

**Jim Turner:** Welcome to the show.

**Dr. Gerald Bernstein:** Thanks, good to be here.

**Jim Turner:** And what are some of these little-known complications?

<Card: Little-known complications include: digital sclerosis, frozen shoulder, trigger finger, damage to the autonomic nervous system.>

**Dr. Gerald Bernstein:** Well, what you have to remember is that when the blood sugar is elevated it's going to affect every tissue in the body and it will affect some more than it will affect others. The common areas – the kidneys, the eyes – everybody knows about that but there are other areas that are much more subtle. One is something called digital sclerosis or xerotic skin.

<Card: Digital sclerosis progresses very slowly and is often missed.>

**Dr. Gerald Bernstein:** And what happens is, is the sugar affects the substantive tissue under the surface of the skin. It causes it to thicken. Glucose is a very sticky substance and any of you, if you take your hand and put it in a cup of honey, walk around the house and touch different pieces of furniture, you know you're going to leave some of the honey there and that's what glucose does normally in the body but when glucose is elevated it does it to excess.

**Jim Turner:** Okay and what is frozen shoulder?

**Dr. Gerald Bernstein:** Well, frozen shoulder is the same mechanism but more common is the trigger finger.

<Card: Frozen shoulder affects about 20% of people living with diabetes.>

**Dr. Gerald Bernstein:** Trigger finger is when you bend your finger like this and you can't get it back. Glucose sticks to the collagen around the sheath of the tendon and when that same thickening takes place you've got enough power to bend the finger down but instead of simply coming back like a piston moving it, you can't do it and you have to snap it back and it snaps back like a trigger. Now, if we go to the shoulder, the shoulder is a mass. It's a joint and you've got collagen around it that holds everything in place with tendons and if that tissue thickens, once again, you can't move it.

**Jim Turner:** Tell us about the autonomic nervous system.

**Dr. Gerald Bernstein:** Those are the nerves that come from the brain and they serve all of the tissues of the body that function on their own that goes to the heart that goes to the lungs, goes to the intestines, goes to the bladder. Ordinarily a nerve is protected by a substance called myelin. The autonomic nervous system – those nerves – are not protected. Now when you elevate your blood sugar, the first thing that happens is it alters the electrical conduction of the nerves.

<Card: High blood glucose prevents nerves from sending messages.>

**Dr. Gerald Bernstein:** It's like somebody coming and affecting the wires that are going to the outlets in your house. You can't get enough current and that's usually a reversible thing.

**Jim Turner:** But how do you avoid all these complications? I have a feeling I know the answer.

**Dr. Gerald Bernstein:** Hopefully within there is a message. You must control your blood sugar.

**Jim Turner:** Well, doctor, thank you very much for making a difference for our audience and the viewers at home. dLife will be back in a minute to peek in on an esteemed

diabetologist and neuropathy expert, Dr. Aaron Vinik during a recent office visit. Don't go away.

<commercial break>

<Card: Nicole Johnson Baker, Author & Miss America 1999>

**Nicole Johnson Baker:** Well we're about to observe a neuropathy expert at work. Dr. Aaron Vinik is renowned for his many contributions to diabetes medicine and to research. He's also part of the dLife medical board. We caught up with him in his office while he examined several of his patients, all with diabetes-related nerve damage. Check this out.

<begin video clip>

<Card: The Leonard R. Strelitz Diabetes Institutes, Eastern Virginia Medical School>

**Female Patient 1:** You know everything seems to be spreading. I can't feel any kind of texture. I don't know the difference between corduroy and denim. You know I can put my hands in water and not know they're in water.

<Card: Dr. Aaron Vinik, Director of Research, The Strelitz Diabetes Institutes>

**Dr. Aaron Vinik:** If you've put on the hot tap and the cold tap and you put your hand under it, can you tell the difference between the two?

**Female Patient 1:** No.

**Dr. Aaron Vinik:** Has weakness been a big factor?

**Female Patient 1:** Yes it has. I've only had one fall recently and I think the neuropathy is going higher.

<Card: Dr. Vinik discovered a new therapy for neuropathy using PKC Inhibitors.>

**Dr. Aaron Vinik:** It's above your knees now too?

**Female Patient 1:** Uh huh. I think it's really up about mid-thigh or higher.

<Card: PKC Inhibitors increase blood flow to nerve cells and in some cases have reversed neuropathy.>

**Dr. Aaron Vinik:** The feeling that you have in your hands where you can't tell texture--

**Female Patient 1:** Right.

**Dr. Aaron Vinik:** -- do you have the same feeling in your feet?

**Female Patient 1:** I don't always know where my feet are in shoes.

**Dr. Aaron Vinik:** Yeah.

**Female Patient 1:** The other day I walked out to the mailbox.

**Dr. Aaron Vinik:** Right.

**Female Patient 1:** And the neighbor across the street was coming to her mailbox and she said, "Do you realize you only have one shoe on?"

**Dr. Aaron Vinik:** Yeah.

**Female Patient 1:** I had no idea.

**Dr. Aaron Vinik:** Keep your eyes closed. I just want you to tell me now where this finger is. That's down and that's up. Where is that now?

**Female Patient 1:** I don't know.

**Dr. Aaron Vinik:** I'm going to do the same on your toes. Tell me where is it now?

**Female Patient 1:** I don't think you're touching it.

**Dr. Aaron Vinik:** Now, if I take your whole foot where is it now?

**Female Patient 1:** Down.

**Dr. Aaron Vinik:** Now?

**Female Patient 1:** Up.

**Dr. Aaron Vinik:** You see that's good news because you were aware of the position in your ankle so when I get to making your shoes...

**Female Patient 1:** Are you sending me to the ugly shoe store?

**Dr. Aaron Vinik:** I'm going to get them to make you ugly shoes that are heavy and weighted but it will give you stability. You won't be able to feel the textures of floors but at least you'll know where those feet are.

<end video clip>

**Nicole Johnson Baker:** Theresa Garnero, diabetes educator of the year, is here with us to help us understand a little bit more about neuropathy. What was he looking for when he was examining her feet?

**Theresa Garnero:** Well several things, Nicole. He was looking to see how well she felt in terms of sensation, how able she was to move her ankles and sense that as well and also look to what kind of special shoes she might be appropriate for because a lot of people with diabetes who are affected by neuropathy sometimes they say "Oh, it feels like I'm walking around on bricks." I've even had somebody who put their feet into their shoes and their car keys were there and they didn't even know and they walked home a couple of miles. So, it can be very dramatic.

**Nicole Johnson Baker:** Well this next patient that we're going to watch has some digestive issues related to diabetes.

<begin video clip>

**Dr. Aaron Vinik:** What has been happening with your tummy that has drawn your attention or that's drawn your wife's attention to your tummy?

**Male Patient 1:** I don't think I'm defecating like I should.

**Dr. Aaron Vinik:** Okay. Appetite is good?

**Male Patient 1:** Very good.

**Dr. Aaron Vinik:** And you can hold down food all right?

**Male Patient 1:** Yes, no vomiting.

**Dr. Aaron Vinik:** You're not nauseous. You don't vomit.

**Male Patient 1:** No.

**Dr. Aaron Vinik:** Okay. And when you eat a meal does the bloating feel worse or does the bloating not feel--

**Male Patient 1:** No difference.

**Dr. Aaron Vinik:** Okay. So, all the focus is on your lower bowel.

**Male Patient 1:** Only there.

**Dr. Aaron Vinik:** Not on the upper bowel.

**Male Patient 1:** No.

**Dr. Aaron Vinik:** And that's good news. People with diabetes up to 85 percent of them have some degree of impairment of function of the large bowel and the commonest autonomic symptom we find is constipation. Blow your tummy up to my hand. That's good. That doesn't hurt you at all?

**Male Patient 1:** No.

**Dr. Aaron Vinik:** That's terrific. Relax the tummy now. You're not splashing. You probably don't have any gastroparesis at all. All righty now that's good, I'm happy with that.

<Card: Gastroparesis is caused by damage to the stomach and intestinal nerves. The stomach doesn't empty properly.>

**Dr. Aaron Vinik:** And, you know, the high possibility is if you don't have obstruction that you've got autonomic dysfunction and I can take care of most of that for you.

**Male Patient 1:** Thank you.

<end video clip>

**Nicole Johnson Baker:** Now is it common, Theresa, for digestive problems to be caused by neuropathy?

**Theresa Garnero:** It is fairly common. The nerves that are going to the digestive organs don't function very well and so what that can mean for the stomach is it doesn't digest the food very well and, you know, there could be fun things like diarrhea and constipation. We don't like to talk about those things. And even the sexual organs can be affected.

**Nicole Johnson Baker:** Well, we've got one more patient that we want to take a look at.

<begin video clip>

**Dr. Aaron Vinik:** How are you doing?

**Male Patient 2:** I'm good thank you.

**Dr. Aaron Vinik:** I need to see just, you know, where your neuropathy is currently. Push down with your foot, down with your foot, down with your big toe, push. Okay. Now do

you remember, I'm going to do the sensory testing now and then suppositional testing, so just you keep your eyes closed. Do you remember the vibration?

**Male Patient 2:** Yes.

**Dr. Aaron Vinik:** Do you feel it? Good. Can you feel it down here?

**Male Patient 2:** Yes.

**Dr. Aaron Vinik:** Tell me when it stops.

**Male Patient 2:** Now.

**Dr. Aaron Vinik:** Perfect. Can you feel it down here?

**Male Patient 2:** Not feeling anything there.

**Dr. Aaron Vinik:** Can you feel it on your ankle?

**Male Patient 2:** Yes.

**Dr. Aaron Vinik:** Tell me when it stops.

**Male Patient 2:** Now.

**Dr. Aaron Vinik:** Okay. Now come out of the chair. Put your feet about a foot apart. I want you to close your eyes and I'm going to shake you. I want to see how stable you are.

<Card: Gaining right glucose control can reverse many neuropathic conditions.>

**Dr. Aaron Vinik:** Very good. That's really good. I actually think, you know, you're doing jolly well from the neuropathy point of view. There's only one component of it and that is the vibration perception is impaired at the toes and I think we should do everything to

protect you from falling. It's just a simple, mechanical maneuver that will do that. That's a minor adjustment of the shoes.

<end video clip>

**Nicole Johnson Baker:** Well, I have another question. Why is neuropathy then so common in the hands and feet? It seems like that's what we hear the most about.

**Theresa Garnero:** If you think about it, the feet are the furthest from the body, same with the hands, so it's further from the core of the body and so that tends to be affected first.

**Nicole Johnson Baker:** Now is there a way to stop neuropathy once it's already started?

**Theresa Garnero:** Absolutely. Through good diabetes management the studies are very strong to show you can stop neuropathy and in some cases even reverse it if you catch it early enough and that's why it's so important to stay on top of things, test, don't guess, see your physician regularly and just stay on top of it.

**Nicole Johnson Baker:** Thank you so much, Theresa, for sharing all of that important information with us. And, also to Dr. Aaron Vinik, one of the dLife family for helping us understand a little bit more about neuropathy. After the break, our very own Mother Love takes a trip to the podiatrist. We'll be right back.

<Card: Johnny Cash was recorded on more than 500 albums...before he passed away in 2003 due to diabetes complications.>

<commercial break>

<Card: Mother Love, Author & TV Personality>

**Mother Love:** Taking care of your feet is an important part of good diabetes management. I took my ten little babies for a visit to Dr. Andrew Rice for a podiatry exam and honey he was all over my feet! But first you have to see what I mean. Check this out.

<begin video clip>

**Dr. Andrew Rice:** So, what I'll do today is we'll start with the circulation and what we're looking for is whether you can discern the difference between the filament on your foot or bending. Can you feel it bend?

**Mother Love:** I feel that.

**Dr. Andrew Rice:** Just swing over to the side of the chair and I'm going to look for your reflex.

<Card: Dr. Andrew Rice, Board Certified Podiatrist>

**Dr. Andrew Rice:** What we're looking for when we remove the nail polish is changes in color to the nail and the evidence of fungus beneath the nail itself, any dark discolorations within the nail bed, black and blue areas underneath the nail or what we call hematomas, any things that could be risk factors.

**Mother Love:** Now is it ever dangerous to wear nail polish if you have a foot fungus or something?

**Dr. Andrew Rice:** Using nail polish occludes or keeps the moisture inside the nail and that increases the chance the nail is going to develop a fungus. What I'd like to do is just take a look underneath the nails and the nails themselves and inspect them for any debris that may accumulate underneath the nail such as fungus or any other foreign object -- hairs, animal hairs and things like that that may be in the house. And they look in relatively good condition here. Now, we'll work our way back and what we're looking for now is just inspecting between the toes, a very important thing just to do at home, so inspection, inspection, inspection. The next thing we're looking for are pressure points underneath the bottom of your foot and these areas can be then become high risk for just a blister to form.

**Mother Love:** Okay.

**Dr. Andrew Rice:** Good, now just walk forward right off the mat. Terrific. At the greatest amount of pressure in the fore part of your foot is where we're seeing the callusing which is up in the front and then there's a tremendous amount of pressure on

those hammer toes. So, this just shows us where we want to build an orthotic or an insert for your shoes, for athletics or for your daily wear that's going to offload some of the pressure that may be of highest risk for you developing an ulcer or some type of complication.

<end video clip>

**Mother Love:** I'm here with the leading podiatrist, Dr. Andrew Rice. Thank you, Dr. Rice.

**Dr. Andrew Rice:** Thank you.

**Mother Love:** Did you bring me presents?

**Dr. Andrew Rice:** I do. I have a present for you. In fact, in the office, if you remember, we sketched out those areas of highest pressure and then what we did is we made a custom diabetic orthotic for you.

**Mother Love:** Okay.

**Dr. Andrew Rice:** To cushion those hammer toes, to cushion the area where the callus forms, which are high risk areas for blisters and other ulcers and things.

<Card: Orthotics can increase circulation, relieve pressure, and decrease pain associated with neuropathy.>

**Dr. Andrew Rice:** And then we customized the arch for you, so let's try those.

**Mother Love:** I'm game.

**Dr. Andrew Rice:** So, we're going to take out your insert which comes with this sneaker.

**Mother Love:** Okay.

<Card: Orthotics also reduce pain in the legs, knees, hips, back and neck.>

**Dr. Andrew Rice:** And we'll press these in. Why don't you try those on?

**Mother Love:** Okay. I don't need to put socks on or anything?

**Dr. Andrew Rice:** Well, we have a pair of socks for you.

**Mother Love:** Okay.

**Dr. Andrew Rice:** These are nice breathable socks.

**Mother Love:** Okay.

<Card: When you have diabetes, comfort comes first. Painful shoes can cause sores, calluses, and poor blood flow.>

**Dr. Andrew Rice:** They allow an exchange of moisture.

**Mother Love:** Nice breathable socks. Whoa that feels-- oh, that feels good already. Oh, hey, oh wow! And I'm telling you I am not a tennis shoe wearing person but this is... oh my goodness!

<Running in place>

**Dr. Andrew Rice:** Now you feel good support and no crowding, no crowding in that shoe?

**Mother Love:** No, not at all.

**Dr. Andrew Rice:** Wonderful.

**Mother Love:** And I can walk in these and jog.

**Dr. Andrew Rice:** Yes, for about an hour and then I want you to take the shoe off and look for any areas of irritation.

**Mother Love:** Okay.

**Dr. Andrew Rice:** Okay.

**Mother Love:** These feel good, so this is going to help my hammer toes?

**Dr. Andrew Rice:** Yes, cushion them.

**Mother Love:** Okay, what is that?

<Card: Hammer toes develop when fragments and tendons in the toe tighten making the toe claw-shaped.>

**Dr. Andrew Rice:** In those cases where we need a shoe that has enough height for very bad hammer toes, which you do not have, but for very bad hammer toes we look for the height of the shoe, okay, and a flat sole, something that's going to grip but not catch on a carpet.

**Mother Love:** So this is a custom shoe as well?

**Dr. Andrew Rice:** That's actually a custom shoe, that's correct.

**Mother Love:** Okay.

**Dr. Andrew Rice:** And that's made from a custom mold.

<Card: Medicare will pay for one pair of therapeutic shoes per calendar year for qualifying individuals with diabetes.>

**Dr. Andrew Rice:** And, again, offloading pressure, take the pressure away, okay?

**Mother Love:** Uh huh.

<Card: Inserts may also be covered. Check with your podiatrist or pedorthist.>

**Mother Love:** Now you got the little foot thing.

**Dr. Andrew Rice:** What I wanted to use this for was just to show you these are all the pressure points, toes, metatarsals, heel and then sometimes with a flat foot we have them in the mid-arch area, so we want to protect those areas and inspect, okay, and we'll talk about inspection.

**Mother Love:** Okay, so now what are all these things?

**Dr. Andrew Rice:** We use foot care products quite often as far as recommendations go. We like creams that are applied to the sole of the foot, take care of the cracks that develop on the foot. We want to make sure those cracks don't become infected. They become areas of risk and particularly when we have insensitive feet or lack of circulation, small muscle disease and things.

**Mother Love:** Okay.

<Card: Don't ignore foot problems. Numbness, pain, fungus, and sores should be checked by a doctor.>

**Mother Love:** Now, do you have a toenail clip here? I've been told, as a person with diabetes, don't cut my toenails. Go to my podiatrist and let my podiatrist cut my toenails, so I let you cut my toenails.

**Dr. Andrew Rice:** And I have to tell you I tell my patients that as well.

**Mother Love:** Okay.

<Card: 15% of people with diabetes develop foot problems.>

**Dr. Andrew Rice:** But that's self-serving because so I know they're going to do it on their own.

**Mother Love:** Okay.

**Dr. Andrew Rice:** So, what I want to tell them is you want to find a clipper that's straight across if you can find one. You want to find one that you're only going to trim your nail straight across albeit we know that the nail doesn't grow straight across. We know it grows into the sides. Leave those alone. Go to your podiatrist, your foot care specialist.

**Mother Love:** Okay.

**Dr. Andrew Rice:** And have those taken care of. What you shouldn't use are the plasters for corns. Those are acids and I brought these only just to show you not to use the acid solutions.

<Card: Corns should be examined by a doctor. Don't remove them yourself.>

**Mother Love:** Oh.

**Dr. Andrew Rice:** You know you wouldn't touch a car battery without gloves on.

**Mother Love:** Right.

**Dr. Andrew Rice:** Okay. But why would you put an acid on your feet, particularly if you're sensitive.

**Mother Love:** And people do that.

**Dr. Andrew Rice:** Absolutely.

**Mother Love:** Okay, don't put that on your foot. Now, the socks. Now that's a sock, okay.

**Dr. Andrew Rice:** I brought socks really just to show you the fleece material.

**Mother Love:** Okay.

**Dr. Andrew Rice:** Fleece does come in a white material as well but the fleece exchanges moisture and also provides insulation.

<Card: Wear clean, smooth, comfortable socks that won't bunch up in your shoes. Avoid tight socks.>

**Dr. Andrew Rice:** An excellent product. We used to say never synthetic but now we have synthetic products that do a beautiful job to insulate, exchange moisture very well, and you need to change those at least twice a day, okay, and never go barefoot at home.

**Mother Love:** So now what general advice would you give to people about their feet and how to care for their feet?

**Dr. Andrew Rice:** Well, recommended again, inspection, most important thing is inspect and look at your feet. Look between the toes. Look to the nails. Look for the hardened areas of skin. Apply the moisturizing cream if you have dry feet. Don't over-moisturize if you don't and really be vigilant about your blood sugar because blood sugar directly affects the lack of sensation.

**Mother Love:** Absolutely. That's how my sister lost her leg and it is so important to take care of your feet. Dr. Rice, I want to thank you so much. Thank you for my feet and a close-up personal view.

**Dr. Andrew Rice:** Thank you.

<Card: To find a foot care specialist near you go to [dlife.com/locator](http://dlife.com/locator)>

**Mother Love:** And thank you for sharing such great information with us on our show.

**Dr. Andrew Rice:** Thank you for having me.

**Mother Love:** Next up, the latest tip on handling diabetes from Dr. Sheldon Gottlieb right after this short break.

<begin video clip>

**Debbie:** Hi, I'm Debbie. My question is that I've heard that people with diabetes can have a heart attack and not even feel it. Is that true?>

<end video clip>

<commercial break>

<begin video clip>

<Card: Dr. Sheldon Gottlieb, Medical Director of the Diabetes Heart Failure Program at Johns Hopkins M.C.>

**Dr. Sheldon Gottlieb:** Some people say that if you have diabetes and you have neuropathy that you can have a heart attack and not even know it, not even have any chest pain. Most people, though, have other symptoms and that might be getting short of breath, nausea, and vomiting or having a feeling of very, very great fatigue, being totally washed out. If you find that you're having symptoms like that and you have diabetes and neuropathy, you should call 911.

<end video clip>

**Mother Love:** We packed a lot of info into today's show.

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<Card: For tickets call 888-dLife-NOW>

<Card: To order any episode of dLifeTV, visit [www.dlife.com/orderdlifetv](http://www.dlife.com/orderdlifetv).>

**Mother Love:** Thank you to our guests today, Dr. Gerald Bernstein, Dr. Aaron Vinik and Dr. Andrew Rice and, of course, to you our wonderful audience. Remember, as always, it's your dLife. You're responsible for your diabetes and we're here to help make that happen. We'll see you next week.

**J. Anthony Brown:** Bye.

<closing credits>

**Nicole Johnson Baker:** Remember we're not role models. We're people living with diabetes just like you. What we do and how we manage may work for us but everyone is different and you have to work with your diabetes care team to find out what works best for you. Remember it's your diabetes life and there's no substitute for getting control of it.

#### End of Episode 116 Neuropathy & Feet ####