



## Gestational Diabetes Mellitus (GDM) Traditionally Refers to Abnormal Glucose Tolerance with First Detection during Pregnancy

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### DESCRIPTION

Gestational diabetes means diabetes which occurs during pregnancy. GDM has long been associated with obstetric and neonatal complications primarily associated with increased infant birth weight and increasingly recognized as a risk factor for future maternal and offspring cardiometabolic disease. This included increasing background obesity rates among women of childbearing potential and increasing maternal age, implementation of the revised International Diabetes Society and Pregnancy Research Group criteria and diagnostic procedures for her GDM. Will be currently, there is no international consensus on the diagnosis of GDM because GDM is one of the most common complications of pregnancy today, so there are practical limitations regarding its complex historical development and antenatal resources considerations. Nevertheless, current clinical approaches to GDM should be influenced not only by its short-term complications, but also by its long-term prognosis. Recent data have demonstrated the impact of in utero exposure to maternal hyperglycemia and maternal hyperglycemia on the metabolism of children and adolescents, with evidence of fetal overgrowth from 24 weeks of gestation prior to traditional diagnosis of GDM. Show lasting adverse effects of GDM's major contribution to the intergenerational global epidemic of cardiometabolic disease underscores the importance of identifying GDM as an early risk factor for type 2 diabetes and cardiovascular disease, thereby contributing to the general Expand the clinical approach to include addressing long-term maternal and fetal complications.

Obesity and diabetes are two major metabolic complications associated with poor diet and a sedentary (lazy) lifestyle. At worst, metabolic problems contribute too many other diseases. There is also an increasing need to control the occurrence of such diseases. Improving your diet and lifestyle can help keep them at a high level. Therefore, this review recommends

the use of a ketogenic diet (KD) in the management of obesity and diabetes. KD includes a diet that replaces glucose with ketone bodies and is effective against many ailments, including: Metabolic disorders, epileptic seizures, autosomal dominant polycystic disease of the kidney, cancer, peripheral neuropathy, and skeletal muscle atrophy. The actions of KD have received much attention, including maintenance of metabolic action on glucose sugars, inhibition of insulin-like growth factor 1 (IGF1) and phosphoinositide-3-kinase (PI3K)/protein kinase B (AKT)/mammalian targets. Route is available. Contributes to the reduction of rapamycin (mTOR) pathway alterations changes in systemic ketone body homeostasis, diabetic hyperketonemia, etc. KD can be argued to be an effective diabetes approach because it regulates glucose, sugar, and insulin levels. Therefore, an urgent solution between obesity and diabetes treatment can also be demonstrated by KD.

There is a large portfolio of drugs to keep blood sugar under control, but these drugs are not without side effects. More importantly, once diagnosed, diabetes is almost irreversible. Renal, retinal, cardiovascular, neuronal, and liver dysfunction are the most common complications of diabetes, and there are no effective treatments capable of reversing organ damage. The molecular mechanisms of how type diabetes develops and leads to irreversible organ damage are still unknown. In particular, this review focuses on novel targets that may play a role in the pathogenesis of type 2 diabetes.

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### CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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