

Double-Blind Placebo-Controlled Effectiveness of Cholecalciferol (Vitamin D3) Plus Magnesium and Zinc in Management of Type 1 Diabetes (T1d) In Pediatric Age Group

Luay Farhood Jumaah^a, Baha D. Moohy Alosy^b, Hind Mutar Ibrahim^c, Emad Maarooif Thskir^d

^a FIPMS, DCH, MBCHB, Departments of Pediatrics- Collage of Medicine. University of Tikrit -IRAQ, Email: Drluayfarhood1973@tu.edu.iq

^b FIPMS, AAP, EUP, HAAD, DCH, MBCHB Departments of Pediatrics- Collage of Medicine. University of Tikrit -IRAQ. EM: baha.1965@tu.edu.iq

^{c,d} Departments of Pediatrics- Collage of Medicine. University of Tikrit -IRAQ,

Abstract

Background: Vitamin D3 can adjust glycemic control and spot to their etiological factor on type 1 diabetes (T1D), increased transcription of insulin receptor genes by 1, 25 (OH) D. types 1 diabetes is associated with magnesium deficiency. Antibody against Zn-transport 8 has been well documented as a diagnostic consideration for T1D Objective: Evaluate efficacy of Vitamin D3 plus magnesium and zinc for tight glycemic control and decrement in symptoms and sign of type 1 diabetes (T1D) and/or diabetic ketoacidosis in pediatric age group. Patients and Methods: double-blind placebo-controlled Fifty patient type 1 diabetes (T1D) child under 16 years from outpatient clinic of pediatrics department in Tikrit teaching and /or salahaldeen teaching Hospital were collected and admitted as inpatient from 2 January 2012 to 2 June 2019. 25 Child ((vitamin D3 magnesium, zinc)) group were take regime as (800 IU/day of vitamin D3, Magnesium 3 mg/kg/d and zinc 2 mg per day) for 180 day, oral capsule prior to meal once daily. 25 Child were received (placebo capsule) as control group for 180 days. Both groups receive recommended dose of insulin twice daily. Results : The Decrement in rate, mean \pm SD of symptoms and sign of type 1 diabetes (T1D) at 4 month of ((vitamin D3 magnesium, zinc)) group for Polydipsia 11 9.5 (1.4), Glycosuria 10 9.2(1.1), Hyperglycemia 108.2 (1.8), were significantly less than rate, mean \pm SD of symptoms and sign of type 1 diabetes (T1D) at 4 month of Placebo group for Polydipsia 23 20.0(2.5), Glycosuria 2119.52(1.48), Hyperglycemia 24 20.74 (3.26). The Decrement in rate, mean \pm SD of Symptoms and sign of diabetic ketoacidosis at 4 month of ((vitamin D3 magnesium, zinc)) group for Acidotic breathing 11 10.9(1.3), blood sugar <350 10 8.93 (2.3), Drowsiness 11 9.9(1.1), coma 12 10.8(1.2), were significantly less than rate, mean, SD of Symptoms and sign of diabetic ketoacidosis at 4 month of Placebo group for Acidotic breathing 24 22.7(2.25), blood sugar <350 25 22.85 (2.15), Drowsiness 23 20.55 (2.45), coma 24 20.74 (3.26) and other result can be seen in table 1-2. The Decrement in rate, mean \pm SD of symptoms and sign of type 1 diabetes (T1D) at 8 month of ((vitamin D3 magnesium, zinc)) group for Polydipsia 5 3.2(1.8), Glycosuria 5 4.0(1.0), Hyperglycemia 64.9(1.3), glycosylated hemoglobin < 7 5 3.2(1.8), were significantly less than rate, mean \pm SD of symptoms and sign of type 1 diabetes (T1D) at 8 month of Placebo group for Polydipsia 25 22.55 (2.45), Glycosuria 23 20.5 (2.5), Hyperglycemia 24 21.75(2.25), glycosylated hemoglobin < 7 25 22.65 (2.35). The Decrement in rate, mean \pm SD of Symptoms and sign of diabetic ketoacidosis at 8 month of ((vitamin D3 magnesium, zinc)) group for severe dehydration 4 3.8 (0.2), blood sugar <350 4 2.8 (1.2), Drowsiness 42.7 (1.3), coma 2 1.7(0.3), were significantly less

Keyword: type 1 diabetes (T1D), Vitamin D3, pediatric group, magnesium, zinc

than rate, mean \pm SD of Symptoms and sign of diabetic ketoacidosis at 8 month of Placebo group for Severe dehydration 21 18.22 (2.82), , blood sugar <350 25 22.85 (2.15) , Drowsiness 23 20.5 (2.5), coma 2420 74 (3.26) and other result can be seen in table 3-4. The 12 month mean \pm SD overall reduction in symptoms and sign of type 1 diabetes (T1D) of (Vitamin D3) plus magnesium and zinc group was (92.84%) (23.21 \pm 1.56) which is more than in Placebo group (14.56%) (3.64 \pm 2.19) (P= 0.01) Additionally, the 12 month mean \pm SD overall reduction in symptoms and sign of diabetic ketoacidosis of (Vitamin D3) plus magnesium and zinc group was (90.88%) (22.72 \pm 1.40) which is more than in Placebo group (9.76%) (11.44 \pm 2.81) (P= 0.01). As in Table (5) & Figure (1).Conclusion: Cholecalciferol (Vitamin D3) plus magnesium and zinc can be safe and effective used for tight glycemic control and decrement in symptoms and sign of type 1 diabetes (T1D) and/or diabetic ketoacidosis in pediatric age group.

Introduction

Vitamin D3 can adjust glycemic control and spot to their etiological factor on type 1 diabetes (T1D) ⁽¹⁾. At the level of the pancreatic islets, 1,25(OH)₂D₃ decreased in vivo^(2,3) and in vitro proinflammatory chemokine and cytokine expression (e.g., IL6)⁽⁴⁾. Vitamin D receptor in skeletal muscle⁽⁵⁾ and suppression of renin gene, increased transcription of insulin receptor genes by 1,25(OH)D ⁽⁶⁾. It is well known that type 1 diabetes is associated with magnesium deficiency, having 25% to 39% prevalence ⁽⁷⁾. This deficit could be associated with the development of late diabetic complications, especially Microangiopathic ⁽⁸⁾. Low levels of zinc in drinking water have been associated with high risk of type 1 diabetes ⁽⁹⁾. The presence of an antibody against Zn-transport 8 has been well documented as a diagnostic consideration for T1D ⁽¹⁰⁾

Aim of study

Evaluate efficacy of Cholecalciferol (Vitamin D3) plus magnesium and zinc for tight glycemic control and decrement in symptoms and sign of type 1 diabetes (T1D) and/or diabetic ketoacidosis in pediatric age group

Patients and Methods

All ethical and legal issues taken from families and acceptances from local health salahaldeen authority in written papers before starting the study

Case sample

According diagnostic criteria of type 1 diabetes (T1D) by the American Diabetes Association (ADA) ⁽¹¹⁾. double-blind placebo-controlled Fifty type 1 diabetes (T1D) child under 16 years from outpatient clinic of pediatrics department in Tikrit teaching and /or salahaldeen teaching Hospital were collected and admitted as inpatient from 2 January 2012 to 2 June 2019.

25 child type 1 diabetes (T1D) (Cholecalciferol (Vitamin D3) plus magnesium and zinc) group were instructed to take regime at time of admission and after discharge as **(800 IU/day of vitamin D₃)⁽¹²⁾, Magnesium 3 mg/kg/d⁽¹³⁾ and zinc 2 mg ⁽¹⁴⁾ per day) for 180 day**, oral capsule prior to meal once daily . 25 child type 1 diabetes (T1D) age- and sex-matched were received (placebo capsule) as control group for **180 day**. Both groups receive recommended dose of insulin (Mixtard 30:70) ⁽¹⁵⁾ Twice daily.

Follow-up every three week visit for 12 month to pediatrics outpatient's and /or inpatient of Tikrit teaching and / or salahaldeen teaching Hospital for review full questionnaire concerning update medical consultation plus ensure

medication compliance were received.

A designed forma were use to collect information about compare effect of (Cholecalciferol (Vitamin D3) plus magnesium and zinc) group and placebo group on Signs and symptoms of type 1 diabetes as Polydipsia, nocturnal polyurea, Glycosuria, Hyperglycemia, glycosylated hemoglobin < 7, weight loss, recurrent infection(urinary tract, skin, and respiratory tract), Symptoms and sign of ketoacidosis in addition to above (Severe dehydration , a flushed face, fatigue, Smell of ketenes ,Acidotic breathing, blood sugar <350, Abdominal pain ,Vomiting ,Drowsiness and coma) ⁽¹⁶⁾

Inclusion criteria

Patient who gathers these criteria enroll in this study.

1. first time and /or previously diagnosed type 1 diabetes (T1D)
2. Age between 1 and 16 years.
3. Both sexes

Exclusion criteria

1. any child take medication for type 1 diabetes other than insulin, Cholecalciferol (Vitamin D3) plus magnesium and zinc
2. Age below 1 and above 16 years.
3. Children who have renal disease
4. Children with malabsorption.
5. Children with type 2 diabetes (T2D)

Laboratory procedure

Investigations were done as baseline on admission and Follow-up 42 days which include CBP, LFT, RFT, random blood glucose, glycosylated hemoglobin, 25(OH) D, S. Mag. Finest check to establish vitamin D status is the level of 25(OH) D ⁽¹⁷⁾ < 20 ng/mL (< 50 nmol/L): Vitamin D deficiency

Magnesium Normal range:

0.7–1 mmol/L (1.5–2 mEq/L; 1.7–2.4 mg/dL) ⁽¹⁸⁾

Critical value: Less than 1 and more than 4.9 mg/dL

There is no test sensitive and specific to assess zinc in human ⁽¹⁹⁾

STATISTICAL ANALYSIS done using SPSS version 21 Computer software to estimate rate, mean \pm SD for both group by decrement of symptoms and sign of type 1 diabetes (T1D) and/or Symptoms and sign of ketoacidosis at 4 month and eight month from beginning of first admission for each patients. Compares 12 month overall reduction by mean \pm SD and P value in symptoms and sign of type 1 diabetes(T1D) and/or diabetic ketoacidosis in both group⁽²⁰⁾.

Double-Blind Placebo-Controlled Effectiveness of Cholecalciferol (Vitamin D3) Plus Magnesium and Zinc in Management of Type 1 Diabetes (T1d) In Pediatric Age Group

RESULTS

The fifty Child compares analysis symptoms and sign of type 1 diabetes (T1D) at 4 month the following: -

The Decrement in rate , mean,SD of symptoms and sign of type 1 diabetes (T1D) at 4 month of (Vitamin D3) plus magnesium and zinc group for Polydipsia 11 9.5 (1.4), nocturnal polyurea 12 10.6(1.4), Glycosuria 10 9.2 (1.1) , Hyperglycemia 10 8.2 (1.8), glycosylated hemoglobin < 7 12

9.6 (1.4), weight loss 11 9.8 (1.2), recurrent infection (UTI, SI, RTI) 10 8.4(1.6) , were significantly less than rate , mean,SD of symptoms and sign of type 1 diabetes (T1D) at 4 month of Placebo group for Polydipsia 23 20.0(2.5),nocturnal polyurea 23 22.01 (1.95) , Glycosuria 21 19.52(1.48),Hyperglycemia 24 20.74 (3.26), glycosylated hemoglobin < 7 22 19.66 (2.44), weight loss 24 20.64 (3.36) , recurrent infection (UTI, SI, RTI) 23 22.10 (1.90) as in table 1.

Table 1. compares analysis of Decrement in rate, mean, SD of Symptoms and sign of type 1 diabetes (T1D) at 4 month

Symptoms and sign of type 1 diabetes(T1D) at 4 month	Vitamin(D3) plus magnesium and zinc group25		Placebo group 25	
	N	Mean (S.D.)	N	Mean (S.D.)
Polydipsia	11	9.5 (1.4)	23	20.0 (2.5)
nocturnal polyurea	12	10.6 (1.4)	23	22.01 (1.95)
Glycosuria	10	9.2 (1.1)	21	19.52 (1.48)
Hyperglycemia	10	8.2 (1.8)	24	20.74 (3.26)
glycosylated hemoglobin < 7	12	9.6 (1.4)	22	19.66 (2.44)
weight loss	11	9.8 (1.2)	24	20.64 (3.36)
recurrent infection (UTI, SI, RTI)	10	8.4 (1.6)	23	22.10 (1.90)

The fifty Child compares analysis of Symptoms and sign of diabetic ketoacidosis at 4 month the following: -

The Decrement in rate , mean,SD of Symptoms and sign of diabetic ketoacidosis at 4 month of (Vitamin D3) plus magnesium and zinc group for Severe dehydration 13 11.9 (2.1) a flushed face 13 13.9 (2.1), Smell of ketones 13 9.5 (1.4), Acidotic breathing 11 10.9 (1.3) , blood sugar <350 10 8.93 (2.3), Abdominal pain 13 11.9 (2.1) , Vomiting 11

9.6 (1.4), Drowsiness 11 9.9 (1.1) , coma 12 10.8 (1.2) , were significantly less than rate , mean,SD of Symptoms and sign of diabetic ketoacidosis at 4 month of Placebo group for severe dehydration 24 21.7 (2.25), a flushed face 21 19.2 (1.8), Smell of ketones 23 20.5 (2.5) , Acidotic breathing 24 22.7 (2.25) , blood sugar <350 25 22.85 (2.15), Abdominal pain 22 20.0 (2.0), Vomiting 25 22.65 (2.35), Drowsiness 23 20.55 (2.45), coma 24 20.74 (3.26) as in table 2.

Table 2. compares analysis of Decrement in rate, mean, SD of Symptoms and sign of diabetic ketoacidosis at 4 month

Symptoms and sign of diabetic ketoacidosis at 4 month	Vitamin(D3) plus magnesium and zinc group25		Placebo group 25	
	N	Mean (S.D.)	N	Mean (S.D.)
Severe dehydration	13	11.9 (2.1)	24	21.7 (2.25)
a flushed face	13	13.9 (2.1)	21	19.2 (1.8)
Smell of ketones	11	9.6 (1.4)	23	20.5 (2.5)
Acidotic breathing	11	10.9 (1.3)	24	21.7 (2.25)
blood sugar <350	10	8.93 (2.3)	25	22.85 (2.15)
Abdominal pain	13	11.9 (2.1)	22	20.0 (2.0)
Vomiting	11	9.6 (1.4)	25	22.65 (2.35)
Drowsiness	11	9.9 (1.1)	23	20.55 (2.45)
coma	12	10.8 (1.2)	24	20.74 (3.26)

The fifty Child compares analysis symptoms and sign of type 1 diabetes (T1D) at 8 month the following: -

The Decrement in rate , mean,SD of symptoms and sign of type 1 diabetes (T1D) at 8 month of (Vitamin D3) plus magnesium and zinc group for Polydipsia 5 3.2 (1.8) , nocturnal polyurea 6 4.1 (1.9) , Glycosuria 5 4.0 (1.0) , Hyperglycemia 6 4.9 (1.3) , glycosylated hemoglobin < 7 5 3.2 (1.8) , weight loss 6 4.3 (1.7), recurrent infection (UTI, SI,

RTI) 6 5.1 (0.9) ,were significantly less than rate , mean,SD of symptoms and sign of type 1 diabetes (T1D) at 8 month of Placebo group for Polydipsia 25 22.55 (2.45), nocturnal polyurea 22 18.22 (3.82) ,Glycosuria 23 20.5 (2.5) ,Hyperglycemia 24 21.75 (2.25), glycosylated hemoglobin < 7 25 22.65 (2.35) , weight loss 23 21.0 (2.0), recurrent infection (UTI, SI, RTI) 24 21.7 (3.25) as in table 3.

Table 3. compares analysis of Decrement in rate, mean, SD of Symptoms and sign of type 1 diabetes (T1D) at 8 month

Symptoms and sign of type 1 diabetes(T1D) at 8 month	Vitamin(D3) plus magnesium and zinc group25		Placebo group25	
	N	Mean (S.D.)	N	Mean (S.D.)
Polydipsia	5	3.2 (1.8)	25	22.55 (2.45)
nocturnal polyurea	6	4.1 (1.9)	22	18.22 (3.82)
Glycosuria	5	4.0 (1.0)	23	20.5 (2.5)
Hyperglycemia	6	4.9 (1.3)	24	21.75 (2.25)
glycosylated hemoglobin < 7	5	3.2 (1.8)	25	22.65 (2.35)
weight loss	6	4.3 (1.7)	23	21.0 (2.0)
recurrent infection (UTI, SI, RTI)	6	5.1 (0.9)	24	21.7 (3.25)

The fifty Child compares analysis of Symptoms and sign of diabetic ketoacidosis at 8 month the following: -

The Decrement in rate , mean,SD of Symptoms and sign of diabetic ketoacidosis at 8 month of (Vitamin D3) plus magnesium and zinc group for severe dehydration 4 3.8

(0.2) , a flushed face 5 3.2 (1.8) , , Smell of ketones 6 5.1 (0.9), Acidotic breathing 5 4.3 (0.7), blood sugar <350 4 2.8 (1.2) , Abdominal pain 5 4.0 (1.0) , Vomiting 4 2.99 (1.1), Drowsiness 4 2.7 (1.3), coma 2 1.7(0.3), were significantly less than rate , mean,SD of Symptoms and sign of diabetic

Double-Blind Placebo-Controlled Effectiveness of Cholecalciferol (Vitamin D3) Plus Magnesium and Zinc in Management of Type 1 Diabetes (T1d) In Pediatric Age Group

ketoacidosis at 8 month of Placebo group for Severe dehydration 21 18.22 (2.82), a flushed face 25 22.11 (2.89), Smell of ketones 25 22.1 (2.9) , Acidotic breathing 23 20.5

(2.5) , blood sugar <350 25 22.85 (2.15) , Abdominal pain 24 20.75 (3.25) , Vomiting 25 21.7 (3.3), Drowsiness 23 20.5 (2.5), coma 24 20.74 (3.26) as in table 4.

Table 4. compares analysis of Decrement in rate, mean, SD of Symptoms and sign of diabetic ketoacidosis at 8 month

Symptoms and sign of diabetic ketoacidosis at 8 month		Vitamin(D3) plus magnesium and zinc group25		Placebo group25
Severe dehydration	4	3.8 (0.2)	21	18.22 (2.82)
a flushed face	5	3.2 (1.8)	25	22.11 (2.89)
Smell of ketones	6	5.1 (0.9)	25	22.1 (2.9)
Acidotic breathing	5	4.3 (0.7)	23	20.5 (2.5)
blood sugar <350	4	2.8 (1.2)	25	22.85 (2.15)
Abdominal pain	5	4.0 (1.0)	24	20.75 (3.25)
Vomiting	4	2.99 (1.1)	25	21.7 (3.3)
Drowsiness	4	2.7 (1.3)	23	20.5 (2.5)
coma	2	1.7(0.3)	24	20.74 (3.26)

The 12 month mean±SD overall reduction in symptoms and sign of type 1 diabetes (T1D) of (Vitamin D3) plus magnesium and zinc group was (92.84%) (23.21 ±1.56) which is more than in Placebo group (14.56%) (3.64±2.19) (P= 0.01) Additionally,

the 12 month mean±SD overall reduction in symptoms and sign of diabetic ketoacidosis of (Vitamin D3) plus magnesium and zinc group was (90.88%) (22.72±1.40) which is more than in Placebo group (9.76%) (11.44±2.81) (P= 0.01). As in Table (5) & Figure (1).

Table 5. Compares 12 month overall reduction by mean±SD and P value in symptoms and sign of type 1 diabetes(T1D) and/or diabetic ketoacidosis in both group

P value	Placebo group25 mean±SD	Vitamin(D3) plus magnesium and zinc group25 mean±SD	overall reduction at 12 month of type 1 diabetes (T1D)
0.01	3.64±2.19	23.21 ±1.56	overall reduction symptoms and sign of type 1 diabetes(T1D)
0.01	2.44±2.81	22.72±1.40	overall reduction Symptoms and sign of diabetic ketoacidosis

*p < 0.05 is considered significant

Figure (1). Compares 12 month overall reduction by mean±SD in symptoms and sign of type 1 diabetes (T1D) and/or diabetic ketoacidosis in both group

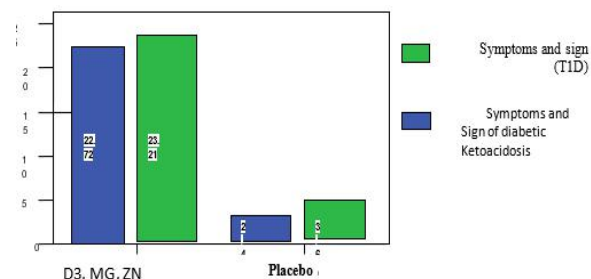


Figure 1. overall reduction

Discussion

This research is the first scientific established effectiveness of Cholecalciferol (Vitamin D3) plus magnesium and zinc in management of type 1 diabetes (T1D) in pediatric age group in Iraq. Obviously various trial of vitamin D3 alone, magnesium or zinc in different countries but no ultimate or definitive improvement in symptoms and sign of type 1 diabetes (T1D) and/or diabetic ketoacidosis is revealed in this study.

Reduction of symptoms and sign of type 1 diabetes(T1D) and/or Symptoms and sign of ketoacidosis at 4 month in Cholecalciferol (Vitamin D3) plus magnesium and zinc group were significantly higher than of Placebo group as shown table 1,2 which agree with result of Karamali M etel 2018 [21] . Jamilian M etel 2017 [22] , Takiishi T etel 2012 [23] , Dinesh G etel 2017 [24] although our research give more accurate clinical and biomedical marker of tight glycemic control , this may be due to direct or indirect beneficial effects of (Vitamin D3) plus magnesium and zinc on insulin metabolism . Vitamin D3 effect may be due to the β-cells has vitamin D receptor (VDR) and genes controlling the vitamin D metabolism which concerned in the pathogenesis of type 1

diabetes (T1D) [23], link of regular vitamin D3 supplementation in early living and a decrease hazard for T1D [24] whereas vitamin D deficiency in early life is associated with a higher risk of T1DM later in life [25].

Magnesium is an essential cofactor of more than 300 enzymes including those important in glycolysis, transcellular ion transport⁽⁷⁾, neuromuscular transmission, synthesis of carbohydrates, proteins, lipid and nucleic acids, and release of end response to certain hormones⁽⁸⁾. effect on diabetics due to osmotic diuresis cause high renal excretion of magnesium, and insulin insensitivity that affects intracellular magnesium transport⁽²⁶⁾ and causes increased loss of extracellular magnesium so in our study magnesium supplement induce perfection of insulin sensitivity and decrement of symptoms and sign of type 1 diabetes(T1D) ⁽²⁷⁾ decline of symptoms and sign of type 1 diabetes(T1D) and/or ketoacidosis at 8 month in Cholecalciferol (Vitamin D3) plus magnesium and zinc group were significantly higher than of Placebo group as shown table 3,4 that consent with result of Jamilian M 2017 ⁽²²⁾ , Jayawardena R 2012 ⁽¹⁴⁾ . This may elucidate the importance of zinc dyshomeostasis, resulting from inadequate dietary intake or genetic causes, in the progress of T1D. Zinc has insulin like effects on cells by support of lipogenesis and promotion of glucose transport. This suggests that zinc may stimulate tissues to : improve insulin signaling, use glucose, maintain normal lipid metabolism and maintain normal cellular functions And Our research disagree with Ching-Chiang Lin 2015 ⁽²⁸⁾.

In the present study notice that improvement in clinical picture of T1D and/or DKA where more obvious (mean±SD) in 8 months than in 4 months as shown on table 1,2,3,4 this may be due to full normalization of vitamin D3 magnesium, zinc on T1D

In the present research overall reduction at 12 month symptoms and sign of type 1 diabetes (T1D) and/or ketoacidosis of (vitamin D3 magnesium, zinc) group were significantly higher than of placebo group as shown table 5,

Double-Blind Placebo-Controlled Effectiveness of Cholecalciferol (Vitamin D3) Plus Magnesium and Zinc in Management of Type 1 Diabetes (T1d) In Pediatric Age Group

figure (1) which may be due to all above mentioned reason in discussion and normalization and/or synergistic effect of vitamin D₃ magnesium, zinc on tight glycemic control⁽²⁹⁾.

Neither side effect nor complication encounter in study period for (vitamin D₃ magnesium, zinc) group.

The limitation of study is small size and not estimating zinc level as explanation in Laboratory procedure. Also no exact similar study of (vitamin D₃ magnesium, zinc) in management of type 1 diabetes (T1D) in pediatric age group in deferent scientific web site or even textbook and for that is had to compare with adult research⁽³⁰⁾

Conclusion

Cholecalciferol (Vitamin D3) plus magnesium and zinc can be safe and effective used for tight glycemic control and decrement in symptoms and sign of type 1 diabetes (T1D) and/or diabetic ketoacidosis in pediatric age group

ACKNOWLEDGMENTS

Appreciations to everyone in teamwork create this article practicable.

Reference

1. Liu C, Wang J, Wan Y, Xia X, Pan J, Gu W, Li M. *Endocrine Connections*. 2018 Oct 10; 7(12): 1275-1279
2. Nagpal S, Na S, Rathnachalam R. Noncalcemic actions of vitamin D receptor ligands. *Endocrine Reviews*. 2005;26(5):662–687
3. Pittas AG, Lau J, Hu FB, Hughes BD. The Role of Vitamin D and Calcium in Type 2 Diabetes: A Systematic Review and Meta- Analysis. *J Clin Endocrinol Metab* 2007; 92:2017-29.
4. Marlene Chakhtoura , Sami T. Azar . The Role of Vitamin D Deficiency in the Incidence, Progression, and Complications of Type 1 Diabetes Mellitus, *Int J Endocrinol*. 2013 Mar 13, 2013; 2013: 148673.
5. Simpson RU, Thomas GA, Arnold AJ: Identification of 1, 25- dihydroxyvitamin D3 receptors and activities in muscle. *J Biological Chemistry* 1985; 260:8882- 91.
6. Maestro B, Molero S, Bajo S. Transcriptional activation of the human insulin receptorgene by 1, 25- dihydroxyvitamin D (3). *Cell bio-chemfunct* 2002; 20:227–32.
7. Gitte Matthesen, MD1, Kern Olofsson, MD1 and Martin Rudnicki, MD, DMSC12. Ionized Magnesium in Danish Children With Type 1 Diabetes. *Diabetes Care* 2004 May; 27(5): 1216-1217.
8. Shahbah, Doaa, MD; El Naga, Amr Abo, MD; Hassan, Tamer, MD; Status of serum magnesium in Egyptian children with type 1 diabetes and its correlation to glycemic control and lipid profile .*Medicine* November 2016 - Vol 95 - Issue 47 - p e5166
9. Viktorinová A, Toserová E, Krizko M, Duracková Z. Altered metabolism of copper, zinc, and magnesium is associated with increased levels of glycated hemoglobin in patients with diabetes mellitus. *Metabolism*. 2009 Oct; 58(10):1477-82.
10. Cai L. Preventing Diabetes and Diabetic Cardiovascular Diseases with Dietary Zinc. *J Microb Biochem Technol*. 2017 October 02, 9: e133.
11. Chiang JL, Maahs DM, Garvey KC, et al. Type 1 Diabetes in Children and Adolescents: A Position Statement by the American Diabetes Association. *Diabetes Care*. 2018 Sep. 41 (9):2026-44.
12. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2011 Jun 6
13. Mehrdad Solati, ¹ Elham Ouspid, Etel Oral magnesium supplementation in type II diabetic patients. *Med J Islam Repub Iran*. 2014; 28: 67.
14. R Jayawardena, P Ranasinghe, Etel. Effects of zinc supplementation on diabetes mellitus: a systematic review and meta-analysis. *Diabetol Metab Syndr*. 2012; 4: 13.
15. Danne T, Bangstad H-J, Deeb L, Jarosz-Chobot P, Mungaie L, Saboo B, Urakami T, Battelino T, Hanas R. Insulin treatment in children and adolescents with diabetes. *Pediatric Diabetes* 2014; 15 (Suppl. 20): 115–134.
16. Ketan K. Dhatariya , Priyathama Vellanki .Treatment of Diabetic Ketoacidosis (DKA)/Hyperglycemic Hyperosmolar State (HHS): Novel Advances in the Management of Hyperglycemic Crises (UK Versus USA) *Curr Diab Rep*. 2017; 17(5): 33.
17. Hollis BW, Wagner CL. Normal serum vitamin D levels. *N Engl J Med*. 2005 Feb 3. 352(5):515-6; author reply 515-6.
18. Williamson MA, Snyder LM, Wallach JB. Wallach's interpretation of diagnostic tests. 9th ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2011.
19. Gruner T¹, Arthur R. The accuracy of the Zinc Taste Test method. *J Altern Complement Med*. 2012 Jun; 18(6):541-50
20. SPSS® IBM® 25; Statistics software Foundation, 2019
21. Karamali M, Bahramimoghadam S, Sharifzadeh F, Asemi Z. Magnesium-zinc-calcium-vitamin D co-supplementation improves glycemic control and markers of cardiometabolic risk in gestational diabetes: a randomized, double-blind, placebo-controlled trial. *Appl Physiol Nutr Metab*. 2018 Jun;43(6):565-570.
22. Jamilian M¹, Maktabi M¹, Asemi ZA Trial on The Effects of Magnesium-Zinc-Calcium-Vitamin D Co-Supplementation on Glycemic Control and Markers of Cardio-Metabolic Risk in Women with Polycystic Ovary Syndrome . *Arch Iran Med*. 2017 Oct; 20(10):640-645.
23. Takiishi T, Gysemans C, Bouillon R, Mathieu C. Vitamin D and diabetes *Rheum Dis Clin North Am*. 2012 Feb; 38(1):179-206
24. Dinesh Giri,^{1,2} Dona Pintus,¹ Girvan Burnside,³ Atrayee Ghatak,¹ Fulya Mehta,¹ Princy Paul,¹ and Senthil Senniappan .Treating vitamin D deficiency in children with type I diabetes could improve their glycaemic control. *BMC Res Notes*. 2017; 10: 465.
25. Van Belle TL, Gysemans C, Mathieu C. Vitamin D and diabetes: *Endocrinol Metab*. 2013 Nov; 24(11):561-8.
26. Lippincott Williams and Wilkins, Bishop ML, Fody EP, Schoef FL. *Clinical Chemistry, Principles, Procedures and Correlations*. 2005;268–269; 327–330
27. Galli-Tsinopoulou A¹, Maggana I, Kyrgios I, Mouzaki K, Grammatikopoulou MG, Stylianou C, Karavanaki K. Association between magnesium concentration and HbA1c in children and adolescents with type 1 diabetes mellitus. *J Diabetes*. 2014 Jul;6(4):369-77.
28. Ching-Chiang Lina,b, Guey-Ju Tswengc, Cheng-Fa Leec, Bai-Hsiun Chend,e,f, Yeou-Lih Huangc, Magnesium, zinc, and chromium levels in children, adolescents, and young adults with type 1 diabetes , *Clin Nutr*. 2016 Aug; 35(4):880-4.
29. MH Mahal, AL Hussein, HE Mohammed, HA Thamer, MQ AL-Samarraie . EFFECT OF AQUEOUS EXTRACT OF GRAPE SEEDS ON THE CERTAIN BIOCHEMICAL PARAMETERS IN FEMALE MICE WITH HYPERPROTEINEMIA INDUCTION. *Biochem. Cell. Arch*. 2019 Vol. 19, Supplement 1, pp. 2525-2529.
30. Fadhil, K. B., Majeed, M. A. A., & Mustafa, M. A. Electronic study of fresh enzyme complexes of antifungal

Double-Blind Placebo-Controlled Effectiveness of Cholecalciferol (Vitamin D3) Plus Magnesium and Zinc in Management of Type 1 Diabetes (T1d) In Pediatric Age Group

drugs-P450 and Aspergillus kojic acid biosynthesis. W:
w saccharose flavus: fructose as a substratum. Annals of
Tropical Medicine and Health 2019, 22, 65-72.