100TH ANNIVERSARY OF THE DISCOVERY OF NSULIN

On July 27, 1921, one of the most important discoveries in medical history was made, forever changing the lives of diabetics.

Those diagnosed with Type 2 diabetes

respond well to it. Some people with Type

2 diabetes need pills or insulin shots to

help their bodies use glucose for energy.

make insulin, but their bodies don't

TYPE 2 DIABETES

WHAT IS INSULIN?

Insulin is a HORMONE made in the beta cells of the Islets of Langerhans in the PANCREAS. The beta cells release insulin to help the body either use or store blood sugar that comes from food an organism has consumed.



INSULIN & THE BODY

All types of **DIABETES** occur because of the body's inability to use blood sugar efficiently as a result of insufficient, ineffective or nonexistent insulin supplies.

d literature for dosage.

TYPE 1 DIABETES

In those diagnosed with Type 1 diabetes, the pancreas no longer makes insulin. The beta cells have been destroyed, and they need insulin shots to use glucose from meals.

HISTORY OF KNOWLEDGE

Even though the discovery of insulin dates back just 100 years, even the ancient Greeks understood the concept of diabetes and would diagnose it by TASTING URINE.

Over the centuries, awareness that urine conditions and levels of thirst related to blood sugar has grown. By the 19th century, scientists understood the pancreas played a role but didn't know to what extent.

In 1890, two

physiologists removed the pancreas from a DOG and observed the development of severe diabetes.

In 1894, SIR EDWARD ALBERT SHARPEY-SCHAFER was the first to suggest that the pancreatic islets were driving the effects of the pancreas on blood sugar control. He coined the phrase "insuline" to describe the undiscovered substance.

ON THE PATH OF DISCOVERY

DR. FREDERICK G. BANTING believed other scientists failed to find the elusive hormone because digestive

enzymes had destroyed it before it could be extracted. Banting wanted to eliminate the cells that produced the enzymes, leaving the islet cells alive and allowing him to extract the residue.

To explore his idea, Banting, an orthopedics surgeon, enlisted the help of **PROFESSOR JOHN** JAMES RICKARD MACLEOD. He also took on an assistant, CHARLES HERBERT BEST, to help with isolating insulin. Macleod organized the structure of the research, and Best used chemical testing of blood to check glucose levels.

The trio began testing Banting's theory on May 17, 1921. The research involved tying the ducts of a dog's pancreas until it produced the extract of islets. The extract was then given to dogs with pancreases. Initially, seven of the 10 dogs died.





MACLEOD

On July 27, 1921, the scientists finally found success in preparing a dog with a removed pancreas and one with tied ducts. An injection was created from the degenerated pancreas and given to the dog. By taking blood samples, the scientists were able to document an ANTI-

DIABETIC ACTION from the extract, naming it isletin. This would later come to be known as insulin.

BREAKTHROUGH FACES CHALLENGES

The extract appeared to have some toxic properties and caused severe side effects. Banting and Best changed their method for breaking down the pancreas, utilizing the hormone SECRETIN. They also faced challenges in collecting the extract without destroying it.

> But the biggest obstacle was finding a way to MASS PRODUCE islet cells and insulin so it could be used as WIDE-SCALE MEDICINE.

They turned to using COW PANCREASES, which gave them a greater supply of insulin and produced improved results.

Biochemist JAMES BERTRAM COLLIP joined the team to work on purifying the insulin. His success led to testing, first on rabbits, then on humans.

The clinical trials began with a 14-YEAR-OLD BOY with severe diabetes. This initial effort failed. However. Collip was able to further purify the extract and a second trial in January 1922 saw immediate









TYPES OF INSULIN

Insulin cannot be taken in pill form because digestion would break it down just like the protein in food. For diabetics, insulin must be injected into the fat under the skin for it to enter the blood.

RAPID-ACTING ONSET: 15 minutes PEAK: One or two hours **DURATION: Lasts** between two to four hours

REGULAR OR SHORT-ACTING ONSET: Within 30 minutes PEAK: Two to three hours **DURATION: Three** to six hours



INTERMEDIATE-ACTING ONSET: Two to four hours PEAK: Four to 12 hours DURATION: 12 to 18 hours

LONG-ACTING **ONSET:** Several hours after injection **DURATION:** Tends to lower

glucose levels

up to 24 hours

ULTRA

hours

LONG-ACTING ONSET: Six

PEAK: None

Lasts about 36

hours or longer

DURATION:

Onset: The length of time before insulin reaches the bloodstream and begins lowering blood sugar.

Peak time: The time during which insulin is at maximum strength in terms of lowering blood sugar

Duration: How long insulin continues to lower blood glucose.

SOURCES: CDC; Nobel Foundation; American Diabetes Association; medicalnewstoday.com | PHOTO: Metro Creative | ICONS: tezar tantular, Adrien Coquet, bmijnlieff, Alexandr Lavreniuk, Cards Against Humanity, Anton Borzenkov, Don Daskalo from Noun Project