

On Overcoming Diabetes Type 2 & Insulin-inspired Obesity

Max Stanley Chartrand, Ph.D.
(Behavioral Medicine)

If there is anything that defines the outcomes of today's USDA-approved diet, it is in the uniquely American epidemics of diabetes mellitus II (DMII) and obesity. In the early 1970s, there were only about 2 million cases of DMII in the United States, about 25% of which suffered obesity. However, today there are approximately 39 million Americans (including undiagnosed cases) suffering from DMII, with 75%-90% of these suffering with co-morbid obesity! The per capita annual cost of healthcare for those being treated for DMII (\$15,623) is roughly six times as high per capita as those without diabetes (\$2,959). Under this scenario, though, DMII is not really a single, stand-alone disease, but instead is a syndrome of several chronic diseases.

The untold truth about the terrible legacy of the USDA's Food Pyramid is that it is reversible in at least 90% of cases, even in many of those that are insulin-dependent! But the money is too good in not revealing this for vested interests to advertise this fact--there's tons more money in "renting one's health" with the current DMII treatment modalities than in the relatively cheap and easy way of overcoming it. Think about it: Get over your DMII and your high blood pressure, cholesterol, triglycerides, acidosis, heart disease, obesity, hypoxia (low oxygen) and, cancer of several stripes, become history! All of these are related part and parcel to low body pH and clear up just as quickly when one does what they need to put their body's pH back to where it belongs.

However, if something is not done to reverse DMII and its related conditions in a big way soon, by the year 2020 we will see a virtual doubling of the number of DMII cases! Indeed, one in three persons over the age of 60 will be diabetic. What a horrible way to spend one's "golden years"---with pill-popping, microwaving, rented health! This author says it's time to stop renting and *start owning* your health.

Likewise, the number of those suffering from diabetic-related neuropathy, blindness, hearing impairment, renal failure, and diabetic-implicated amputations has been escalating each year at an increasingly exponential rate. That is, unless this author and other astute health educators can get around to enough consumers to help them to break out of the current unhealthy system of food and drugs. The problem is that so many people are under the impression that these are separate and unrelated diseases, which misperception is perpetuated by a medical system that treats each symptom as a separate entity. In fact, Big Pharma's drive to over-medicalize trivia and sundry every day aches and pains has gone far in obscuring the fact that so much of it has roots in a mere handful of underlying causes! *Anti-convulsant medication for Restless Legs?* Why not address the myelin sheath issue with 6 weeks daily of inexpensive sublingual Methyl B-12? Can't have that, the patient might become...well, well. So much of the system is set up this way nowadays that it is any wonder we have any time or resources left to take care of *real* medical problems!

Americans have been put on a guilt trip long enough about being over-weight without being told how to reverse the cause of the problem. The author just returned from speaking in Japan. Taken out to dinner by the sponsoring dignitaries to one of the finest restaurants in the city, where everything was cooked in...gasp...PIG LARD!...a meal of over 5,000 calories, and surrounded by all these skinny people who stayed up to an hour or two downing those calories! The body knows what to do when we eat too

much--it just doesn't know what to do when it is not food that we are forcing on it! And there was not a diabetic or pre-diabetic in the group!

Now, the author does not advocate one eating 5,000 calories of meal cooked in lard. ***But the truth of the matter is this:*** While insulin is in your system, you will gain weight. Insulin is not the loyal friend to the diabetic and obese that we have been led to believe...it is only a *fair weather friend!* When insulin is shut off (by a return to normal blood sugar response), our *true friend* glucogen comes on, and our metabolism speeds up---and we burn the stores of fat in our body!

But what of the skinny Japanese who rarely see DMII or obesity? Well, we have some powerful things to learn from them:

- **At core of the Japanese diet is daily ingestion of high quality omega-3, something almost totally lacking in the American diet. We have our far more abundant, lower quality, and far-less needed Omega-6, thank you. Omega-3 is almost unheard of in the average American's diet. Oh, but you say, we buy our fish oil at the discount druggist's. Sorry, that mercury-laden commercial stuff is not the same thing.**
- **Their public water supply is treated with alkaline filtration (negative ion-infused) water unlike anything in the lifeless, acidic, *positive* ion, chemically-ruined water of the United States. The average adult in Japan maintains a healthy pH of 7.4, while the average American adult staggers in health around pH 7.1. And our kids are not far behind, with low pH markers due to huge, I mean huge quantities of caffeinated drinks, artificial sweeteners, poisoned (flavored) snacks, and microwaved meals that offer only synthetic nutrition! Is it any wonder the young are racing ahead of us in staking out their future in DMII, heart disease, neuropathies, and obesity???**
- **Because of an EPA-DHA-based diet, blander, less adulterated foods, public water supply, and other elements in the Japanese/Asian diet, DMII and obesity are relatively low. Incidence of cancer is about 1/10th the rate found in the United States, and learning disabilities among their kids are only a fraction of what they are here. So many of the problems that plague our society are unique to our national diet and culture. These exist at much lower rates of incidence in Asian and Mediterranean nations.**


Ladies and gentlemen, the truth is that the oft repeated mantra about controlling DMII with diet and exercise is a hollow one. It pretends that one can get a good diet from the officially approved food supply--the genetically-modified foods (fish in the tomatoes to repel pests and increase shelf-life), ultra-pasteurized dairy products that are deader than a doornail (just to kill that minute 1% or 2% more bacteria)! Irradiated fruits, vegetables, and grains have lost their DNA and germination! Degermed foods are what the large corporate farmers give us now---food without genetic propagation! Eye-appealing prepared meals of every type--dead and lifeless--heated up in the most violent storm of the microwave oven in homes everywhere. And we wonder why so many of our kids have allergies, asthma, hyperglycemia, developmental delays of all kinds, food sensitivities, and obesity. In truth, they are racing ahead of the previous generation in every category of chronic disease. How many weeks, months, or years do they go without enjoying a meal consisting of live, organic foods!?

Look at the statistics showing the growth of use of the microwave in the home. Then, compare that phenomenal increase in statistics tracking the growth of every imaginable disease in the U.S. population,

including cancers in the young--and we keep trying to blame it on genetics and heritability! But it does not change the fact that our kids are struggling unlike any generation in our history: in school and in health like we've never before witnessed.

Role of Pancreatic Hormones

- **Insulin** should be in your system only for brief periods of time to control abnormal blood sugar levels. *Insulin also prevents the burning of fats in your body.*
- **Glucogen**, on the other hand, converts stored fats to energy. You keep your weight under control with glucogen. Glucogen is NEVER secreted when there is insulin in your system.
- **Caveat:** If you continuously secrete insulin (aka hyperinsulinemia), you will steadily gain weight; you would have to nearly starve to death to lose weight while insulin is in your system.

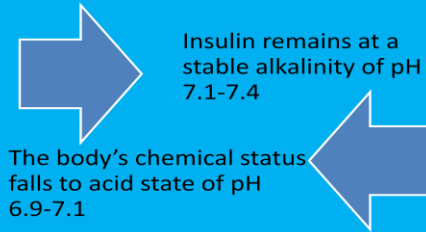


First, we need to understand that the primary driver for obesity is **hyperinsulinemia**, which happens to be a byproduct of DMII. This is a term with which the reader should become intimately familiar--in fact, it should roll from their lips when the subject of their weight gain and DMII are mentioned to them by their doctor. Overcome *hyper-insulin-emia*, and they lose weight and get healthy again. Let me explain.

It is really a bad health policy that we define DMII as a lack of insulin in the blood. Insulin is one of the *crisis hormones* designed to be secreted only 3 or so times a day for no longer than 20-30 minutes at a time, to cover in the rare instances of blood sugar spikes. The kicker is that, today the American diet of over-processed food--where only about 15% of the food we eat has live ions with complete amino acids and enzymes--instead creates a nearly 24/7 demand for insulin. The more processed and less alive the food, the more insulin we secrete. That's one chain reaction that has become quite pervasive throughout the population, making just about anyone who continues on such a diet prone to eventually becoming diabetic. See the illustration below to gain a better understanding about the interchange between insulin, the crisis hormone meant only for short periods of time, and glucogen, the hormone that drives our metabolism and burns fat stores as we exercise and increase oxygen to the muscles.

What is Insulin Resistance?

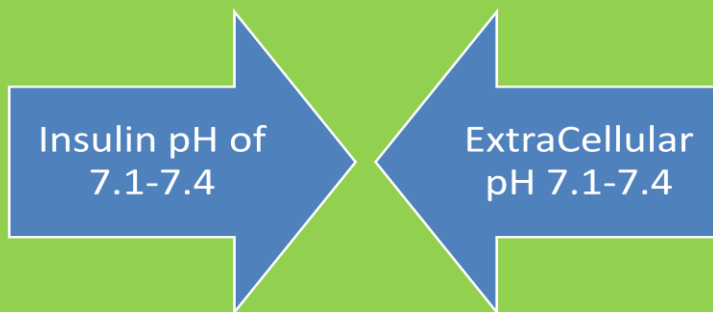
- From a biochemical perspective, it is the difference between pH of the insulin and the pH of the body's tissues:



When the extracellular pH of the body falls below 7.1 tissues do not respond to insulin, while sugars continue to damage nerves & tissues. **Result:** Neuropathy & destruction of muscle (heart muscle, especially).

The other dimension that is virtually overlooked in treatment of metabolic disease today is the pH factor. At pH 7.4, DMII is virtually non-existent. Go back to the start of this publication and note the pH chart. At pH 7.4 (the optimized pH level of Asian and Mediterranean diets), DMII runs about 8-12 times less than in the United States. Obesity is even more rare in these populations! We have seen again and again that raising one's pH to 7.4 completely reverses the terrible treadmill of DMII. Weight is reduced as the body secretes glucogen and insulin is shut-off. Let's look closer at the primary driver behind what is known as insulin resistance (see figure below). The driver behind maintaining pH is the body's citric acid cycle (see illustration titled The Citric Acid Cycle Made Easy in the previous section). The citric acid cycle is enormously complex and involves every cell of the human body--but the two organs most responsible for maintaining blood sugar--the liver and pancreas--are central to the process called the citric acid cycle! We will not be able to give justice to the complex nature of this terribly overlooked biological mechanism. However, we can point out a few salient facts.

So-called "Bad Insulin" Becomes "Good Insulin" when...



DigiCare®

Reversing, Not Just Managing Your DMII

What a nice ring this subheading has! Reversing not managing. Owning, not renting your health. Getting healthy so you don't have to live in fear of what lies ahead. DMII is arguably one of the most avoidable diseases of all the serious chronic diseases that plague us in modern times!

We begin this section with a chart showing what this author calls "natural bridges" in overcoming the diabetic cycle of enslavement to a system designed to hold them hostage. DMII is a modern disease caused by modern dietary and hydration trends. It is the place all of us are going when we simply follow the trends that are thrust upon us by adherence of several forces: Eating only our adulterated foods, fast foods, microwaving, high-caffeine, high white sugar, white four, white rice, medications for a host of real and made-up conditions, and finally, the diabetic regime itself.

Blood sugar meters and test strips are relatively inexpensive products, yet diabetes has become so prevalent in our society and such a big business that hundreds of millions of dollars are spent on advertising for these otherwise inexpensive products! That should open our eyes as to what a mass-hostage situation we've devolved into! Instead of this, we should be educating consumers that there are natural bridges available to them to control blood sugar without the horribly flawed insulin-insulin meds that cause cardiovascular disease and weight gain. Avandia is really not unique in its negative qualities from its sister medications! It's just the designated scapegoat of the day. Tomorrow it could be Metformin or (pick one).

Below, you will see the list of natural substances that can be used to control blood sugar without inspiring more insulin (remember, insulin is a *crisis hormone* not meant to be in the blood system more than a short time about 3 times a day--never 24/7!).

Review: Natural Nutrients Clinically Proven in DMII:

- Bitter Melon Extract (GlyControl)**- The single most effective natural nutrient for controlling blood sugar. May be used alone or safely with prescription medication. Be sure to monitor blood sugar on a daily basis. Target for fasting blood sugar: 75-90 mg/dl.
- Magnesium ions**- Improves insulin sensitivity. Taken as adjunct with other items.
- Vanadium**- Usually available in mineral/herbal complex with chromium. Taken in very low doses for an insulin-like effect without weight gain tendency.
- Gymnema Sylvestre**- Ayurvedic medicine "sugar destroyer" for entrenched cases that have been difficult to control. Be sure to monitor blood sugar levels closely.
- Cinnamon Extract**- Proven to lower blood sugar (18%-29%) as well as LDL cholesterol (7%-27%), and triglycerides (23%-30%).
- Zinc Picolinate**- Required for manufacture and quality of insulin, and reduces CVD significantly in DMII cases.

The author suggests the bitter melon extract compound (in the form of Glycontrol--see nutrition list at end of publication) to be used with Metformin and other insulin-inspiring drugs until fasting (waking) blood sugar reaches and stays at <80 mg/dL. When that point is reached, under the guidance of a physician knowledgeable in these things, you can wean off the diabetic medication over time until you are only taking the Glycontrol supplement. You will have to monitor your blood more closely throughout the entire 24 hour period while you do this! When you reach the <80 mg/dL fasting (waking) blood sugar with the Glycontrol only, you can start weaning off of it, also. Be sure you are doing the other components of the program, though, to be sure you are actually raising your pH. Raising your body's pH is key to overcoming DMII!