

Death Toll From Diabetes Worse Than AIDS

by Dr. Joel Fuhrman, www.drfuhrman.com – reprinted with permission.

Diabetes is a serious disease, marked by higher than normal levels of glucose (sugar) in the blood. It has been cited as the most challenging health problem in the 21st century. Diabetes affected about 246¹ million people worldwide in 2007, and the number of people with this disease has been increasing steadily due in part to an increased number of overweight people. **Type II** diabetes, or **adult onset diabetes** is a nutritionally–related disease, one that is both preventable and reversible through nutritional methods and regular exercise. According to the *American Diabetes Association*, “The world faces a devastating diabetes epidemic, with the annual death toll already exceeding the three million killed by AIDS and is set to rise,” the World Health Organization warned.

Diabetes takes a severe toll on the person’s health. More than 70 percent of adults with Type II diabetes die of heart attacks and strokes, and these deaths occur at a younger age compared to people without diabetes. Premature death and the devastating complications of this disease simply do not have to happen. Those with diabetes are told to watch their diet, exercise and use drugs to better control the glucose levels in their bloodstream. My message is that the nutritional advice received from the American Diabetes Association (ADA), dieticians and physicians is inadequate and permits countless of unnecessary premature deaths and much needless suffering. I declare, “Don’t live with your diabetes, don’t simply control your diabetes — get rid of it.”

The vast majority of my patients, who adopt my nutritional and exercise recommendation for diabetes, become thin and non–diabetic. They are able to gradually discontinue their insulin and eventually other medications. They simply get well. I work with people who have diabetes who want to live a long and healthy life and enjoy the achievement and confidence that they have control this disease. The membership services offered here on [this website](#), and the information in my book, *Eat For Health*, can get you started on this road to wellness. My hope is that the information below about diabetes will enable you to feel more confident that you or someone you care about can be motivated and work with me to recover their health.

One of Many Success Stories

James was referred to my office from his nephrologist at St. Barnabus Hospital in Livingston, NJ. He was originally referred to the nephrologist by his endocrinologist (diabetic specialist) at the Joslin Clinic because of kidney damage that resulted from very high glucose readings in spite of maximum medical management.

At his first visit, Jim weighed 268 pounds and was taking a total of 175 units of insulin per day. He had already suffered from severe complications of Type 2 diabetes, including two heart attacks and Charcot (destructive inflammation) joint damage in his right ankle. In spite of this huge dose of insulin and six other medications, Jim’s glucose readings averaged between 350 to 400. “This was the case no matter what I ate,” he said. Jim told me that he was already on a careful ADA diet and was following the precise dietary recommendations of the dietician at the Joslin Clinic. He started my *Eat To Live* program right away, and I immediately reduced his insulin dose down to 130 units per day. Jim and I spoke on the phone over the next few days, and I continued to decrease his insulin gradually. Within five days, Jim’s glucose was running between 80 and 120, and he had lost ten pounds. At this juncture, I put him on 45 units of Lantus insulin at bedtime and 6 units of Humalog regular insulin before each meal for a total of 63 units per day. At his two week visit, Jim had lost 16 pounds. I stopped his blood pressure medications, and he was taking a total of 58 units per day of insulin. After the first month of my *Eat To Live* program, I was able to stop all of Jim’s insulin and start him on Glucophage. He lost 25 pounds in the first five weeks, and his blood glucose readings were well controlled without

insulin. His blood pressure also came down to normal, and he no longer required any blood pressure medications. Five months later, Jim was off all medications for diabetes, no longer had high cholesterol or high blood pressure and was more than 60 pounds lighter. His kidney insufficiency had normalized as well. This case illustrates not merely how powerful the diet from my *Eat To Live* approach is, but how the standard dietary advice given to diabetics from conventional physicians and dieticians is insufficient.

Types of Diabetes

There are basically two types of diabetes: **Type 1**, (childhood onset or juvenile diabetes), and **Type 2**, (or adult-onset diabetes). Both types of diabetes accelerate the aging of our bodies. Having diabetes greatly speeds up the development of atherosclerosis, or cardiovascular disease. Diabetes also ages us more rapidly and can harm the kidney and other body systems. Forty thousand amputations per year are due to complications of diabetes. It is the leading cause of blindness in adults and of kidney failure. Let's look at the most common types of diabetes in more detail and then look at gestational diabetes at the end.

Diabetes insipidus is an unrelated disease, which is not common and has nothing to do with high blood sugar. People with diabetes insipidus have diluted urine, have to urinate often and are thirsty all the time. This illness will not be discussed here.

Type 2 Diabetes (also called adult onset diabetes)

Type 2 diabetes affects hundreds of millions of people. More than 90 percent of diabetics have Type 2 diabetes. For example, over 2.5 million African-Americans have diabetes, and 25 percent of all African-American women over 55 have Type 2 diabetes. The rates of Americans undergoing amputation and suffering from blindness and kidney failure from this disease are skyrocketing. Diabetes significantly accelerates the build-up of plaque inside blood vessels, atherosclerosis, leading to heart attacks.

The hallmark of Type 2 diabetes is the body's increased need for insulin. This is not a disease of insulin deficiency; rather, it typically develops because the body is insulin resistant and requires more insulin than normal. The heavier you are, the greater the risk you will develop Type 2 diabetes. For some susceptible individuals, even moderate amounts of excess fat on the body can trigger diabetes. Our body's cells are fueled by glucose. When we have more fat on the body, more insulin is required to deliver glucose to the cells as the coating of fat around our cells makes it difficult for the hormone insulin to transport the glucose into the cells. The pancreas is then forced to produce even higher amounts of insulin to accommodate the heightened insulin requirements. Even five pounds of excess fat on one's frame can inhibit the ability of insulin to carry glucose into our cells. Twenty pounds of extra fat and the pancreas may be forced to produce twice as much insulin to do the necessary job. With fifty pounds or more of excess fat on our frame, the pancreas may be forced to produce 6 times as much insulin as a person who is lean.

So what do you think occurs after ten or twenty years of overworking the pancreas? That's right; it poops out and loses the ability to keep up with such huge insulin demands. Although the level of insulin produced by the overworked pancreas starts to fall, it still is pumping out much more insulin than a thinner person might need, but it's not enough to compensate for extra body fat. Adult diabetes is a disease of insulin resistance, not of insulin deficiency. The pancreas' ability to secrete insulin continues to diminish as the diabetes continues, and the overweight condition continues year after year. Total destruction of insulin secreting ability almost never occurs in Type 2 (adult onset diabetes) as it does in Type 1 (childhood onset diabetes). However, the sooner a Type 2 diabetic loses the extra weight causing the stress on the pancreas, the more functional reserve of insulin secreting cells remain. When you give an adult diabetic, who has

been suffering from the damaging effects of excess insulin for years, more insulin to drive the sugar down, you create more problems. Giving the diabetic patient insulin increases appetite and can cause significant weight gain. As a result of this weight gain, it makes the patient more diabetic. What usually occurs is that they require more and more medication and their condition worsens. Findings from numerous studies also show that high insulin levels promote atherosclerosis, even in non-diabetics. The degree of atherosclerotic blood vessel disease is greatest in those with the highest levels of insulin. Insulin blocks cholesterol removal and delivers cholesterol to cells in the blood vessel walls accelerating the creation of heart-attack-causing plaque. It is not the answer.

Diabetes Symptoms

Oftentimes, Type 2 diabetes in its early stages comes without symptoms, but it may include frequent urination, thirst and weight loss. A blood test during a routine or other medically related doctor's visit could detect the presence of abnormally high levels of glucose.

Conventional Care

Well meaning physicians prescribe drugs in an attempt to lower the dangerously high glucose levels, the high cholesterol and triglyceride levels and the high blood pressure typically seen in diabetics, since elevated levels are strong predictors of damage and/or premature death. Unfortunately, treating diabetes with medication gives patients a false sense of security because they mistakenly think their somewhat better controlled glucose levels are an indication of restored health. This false sense of security provides patients with implicit permission to continue the same disease-causing diet and lifestyle that led to the development of their diabetes. They don't lose weight. Many continue to gain, and the deterioration of their bodies continues.

The Diet That Defeats Diabetes

How can we lower high glucose levels, lower cholesterol, lower blood pressure, lose weight and not need to take drugs such as insulin and sulfonylureas which cause weight gain?

Here is the simple answer—the best diet for humans to live longer in superior health is also the best diet for one with diabetes. That is a diet with a high nutrient per calorie ratio as described in my books, *Eat To Live* and *Eat For Health*. When one eats a diet predominating in nature's perfect foods—green vegetables, beans, eggplant, tomatoes, mushrooms, onions, garlic, raw nuts and seeds and limited amount of fresh fruit, it becomes relatively easy for people to eat as much as they want and still lose weight relatively quickly. This includes lots of great tasting food and great recipes, but no oil, butter, cheese, flour or sweets. My experience has demonstrated that those choosing to follow my nutritional recommendation will have their diabetes controlled astonishingly fast even before they have lost most of their excess weight.

Type 1 Diabetes (childhood onset or juvenile diabetes)

In Type 1 Diabetes, which generally occurs earlier in life, children incur damage to the beta cells in the pancreas, which produce insulin, so they have an insulin deficiency. About ten percent of diabetes is Type 1. Excess body fat does not cause this type of diabetes, and those with Type 1 diabetes always will require insulin to prevent serious hyperglycemia and life-threatening ketoacidosis.

Diabetes Symptoms

The most common symptoms for Type 1 diabetes (juvenile or child onset) include, but are not limited to, frequent urination and thirst, vomiting, nausea, and abdominal pain. An immediate visit to one's health practitioner would be advised.

Conventional Care

With conventional care, the long-term prognosis for a Type 1 diabetic is dismal. More than one-third of all Type 1 diabetics die before the age of fifty. However, it is not Type 1 diabetes itself that causes such negative health consequences. Rather, it is the combination of the diabetes and the typical nutritional "advice" given to these patients – advice that requires them to take large amounts of unnecessary insulin. The extra insulin and the high glucose levels raise lipids, accelerate atherosclerosis and damage the body. With this in mind, it should be clear that while the Standard American Diet (SAD), which has spread to all industrialized nations, is dangerous for everyone. It is particularly deadly for diabetics. In short, if you eat conventionally you die conventionally, but if you eat the Standard American Diet with diabetes, you will be committing to poor health with food at a much younger age.

Live a Long and Healthy Life with Type 1 Diabetes

Type 1 diabetics need not feel doomed to a life of medical disasters and a possible early death. With a truly health-supporting lifestyle, including real food designed by nature, even the Type 1 (childhood onset) diabetic can have the same potential for a long, disease-free life, like the rest of us. I find that when Type 1 diabetics adopt a high-nutrient, dietary approach, they can lower their insulin requirements by about half. They protect their body against the heart-attack, promoting effects of the American diet style. They no longer have swings of highs and lows, and their glucose levels and lipids stay under excellent control. Even though the Type 1 diabetic will still require exogenous (external) insulin, but by following my *Eat To Live* diet-style, they will no longer need excessive amounts of it. Remember, it is not the Type 1 diabetes that is so damaging, it is the S.A.D., the typical dietary advice given to Type 1s and the excessive need for large amount of insulin that is so harmful. It is simply essential for all Type 1 diabetics to learn about my dietary recommendations which can give them the opportunity for a long and healthy life.

A Type 1 Diabetic Changes His Diet

John Sermos was a 22 year old college graduate with Type 1 diabetes since the age of 6. He was five foot, eight inches tall and weighed 190 pounds. He was taking a total of 70 units of insulin daily. He was referred to my office by his family physician as he was having swings in his glucose levels, too high at times and at other times dangerously low. He also wanted to learn more about nutrition to improve his health and reduce his future risks from having diabetes. I was impressed by his intelligence and desire to change his eating habits to better his health. We spent lots of time discussing the typical problems that befall most diabetics, and I explained to him that using 70 units of insulin a day was part of the problem. I explained that if he follows my recommended diet-style he will stabilize his weight at about 145 pounds and he will only require about 30 units of insulin a day. With this lower level of insulin, to mimic the amount of insulin a non-diabetic makes in the pancreas, he can have a life without the typical health issues that befall diabetics. We cut his nighttime insulin dose down by ten units and his mealtime insulin from 10 to 6 as he began the diet. Over the next two weeks we gradually tapered his insulin and found that he only needed 20 units of Lantus insulin at bedtime and 4 units before each meal for a total of 32 units a day. Almost immediately, with my dietary recommendations, his sugars were running in the favorable range, and he no longer experienced dangerous drops in his blood sugar. He had lost 13 pounds over the first month and by month three weighed 167, a loss of 23 pounds. He was excited about what he had learned and was more hopeful about his life while living with his diabetes. I am convinced, that with the *Eat To Live* or *Eat For Health* diet-style, those with Type

1 diabetes can have a long and disease-free life. I feel it is imperative that all Type 1 diabetics learn about this life, saving approach.

Gestational Diabetes

Gestational diabetes refers to higher than normal blood sugars occurring during pregnancy in women who were not diabetic before becoming pregnant. It is usually detected by discovering higher than normal glucose levels between the twenty third and twenty eighth weeks of pregnancy. In the vast majority of women found to have this condition, there are no symptoms of diabetes, and the diabetes usually goes away after the baby is born.

The body requires more insulin during pregnancy as weight is gained and as the placenta grows and produces hormones that block insulin uptake. It is normal for the pancreas to produce higher levels of insulin during pregnancy. Typically most women have no problem producing the extra insulin needed during pregnancy, but for women with gestational diabetes, their pancreas is "pooped out" and can't secrete the higher levels demanded. Women with gestational diabetes have a strong likelihood of developing adult onset diabetes later in life. It reflects a pancreas that is already overworked that has difficulty handling the increased insulin needs of excess fat on their body and a diet rich in processed carbohydrates.

Gestational diabetes marks women with a lower beta cell reserve in their pancreas. They have less of these insulin secreting cells, and when under the stress of pregnancy or if they gain weight later in life, their body will not be capable of producing the high levels of insulin to cover the increased demands. In other words, they are those women prone to develop Type 2 diabetes later in life.

The same dietary factors that cause Type 2 diabetes cause gestational diabetes. Gestational diabetes reveals the tendency for that to occur. Instead, if women eat the high-nutrient dietary style that I recommend, they will be protected from developing gestational diabetes and diabetes later in life. Nutritional excellence is important during pregnancy. Gestational diabetes is a sign of nutritional inadequacy, and it leads to overweight babies (macrosomia) and the potential for hypoglycemia in the baby immediately after birth. It is important that changes are initiated to restore normal glucose levels as soon as possible during pregnancy, which is accomplished effectively and easily with my *Eat To Live* and *Eat For Health* programs.

Conclusion

The dietary style described in my books entitled, *Eat To Live* and *Eat For Health*, is a vegetable-based diet designed to maximize nutrient per calorie density. It is the most effective dietary approach for those with diabetes and is much more effective than drugs. For a Type 2 diabetic, this approach has resulted in complete reversal of the diabetic condition in the vast majority of my patients, and for a Type 1 diabetic it solves the problems with excessive highs and lows and prevents the typical dangerous complications that too frequently befall those with diabetes.

Of course, no dietary approach to diabetes will succeed without attention to other risk factors, especially sedentary lifestyle, smoking and lack of sleep. The road to wellness involves making the commitment to regular exercise as well. My clear message is that diabetics can't just "eat better." They have to go all the way and commit to nutritional excellence.

If you have diabetes, begin by reading my book, *Eat To Live* or *Eat For Health*. You can receive the e-book version of *Eat To Live* right away, by joining the membership center here at DrFuhrman.com. It is important that you do not change your diet, if you are on medication, without medication adjustment under the guidance of a competent physician. Call my office at

908-237-0200, if you desire to set up a phone consultation, so I can help with the medication reductions that will be necessary. I wish you enduring health and a long life... it can be yours.

1. Diabetes Atlas, third edition 2006, © The International Diabetes Federation.