

DIABETES

What it is and What to Do About it

A Judeo-historical perspective: In Pre-WWII Germany, diabetes was known as a Judenkrankheit – A Jewish disease. Jews were portrayed as being sickly and suffering from many diseases in TB and diabetes. When the Plague of the Blackdeath broke out, it was blamed upon the Jewish doctors (who were often in positions of power) with the claim that they poisoned the wells. At one point in time, more than 50% of the doctors in Europe were jews. To retaliate, laws were passed forbidding Jews to practice medicine. The successful doctors were often burned at the stake because they used magic and were witches.

Today: There are several different forms of diabetes. We will discuss the two primary ones in this article; Gestational diabetes which occurs only during pregnancy is best left for medical management by the obstetrician. Most cases of diabetes are Type II which is also known as Non-Insulin Dependant Diabetes or NIDD for short. It was also called adult onset diabetes as most cases were usually with middle aged people. This term is no longer used as there are, unfortunately, all too many cases of obese children with Type II diabetes. Even the phrase Non-Insulin Dependant Diabetes is not used as much since many individuals are only able to control diabetes by using insulin even though their body creates its own insulin. Over 20 million people in the US suffer from diabetes, 95% of them have Type II diabetes.

To understand the two types of diabetes, I will use an analogy. A factory manufactures a specific chemical that needs to be transported by truck to various users. The truck is filled at the manufacturer's site and is delivered to a user. The user (company) pumps the chemical into its storage holders. On some occasions, the manufacturer runs out of the chemical and cannot deliver it to the user; on other occasions, the users' pumps are dysfunctional and cannot adequately pump the fluids into the users' storage vats.

In the case of "Type I" diabetes, the manufacturer (the pancreas) has a shortage of insulin, because it cannot manufacture enough of it. With "Type II" diabetes, the end user (muscles, brain and other sites) cannot adequately take in and make use of the insulin/glucose. This is because the glucose receptors are not working properly so the insulin (of which there is enough) cannot do its job of getting the glucose into the cell. This is akin to having rusty hinges which allows a door to only open very slightly.

Let us examine the nutritional aspects involved in diabetes; as diabetes is actually a disease (Type II) that manifests because of poor nutrition and lack of exercise. Many people would rather get an injection or take medication while they ignore dietary issues. The reality is – it doesn't work. Initially, it may seem as though everything is fine as long as the glucose levels are controlled. However, unless we exercise correctly, glucose uptake into cells will not be sufficient. Glucose is the fuel needed by cells, our muscles and the brain. The lack of sufficient glucose in the cell leads to fatigue, lack of energy, pain, and to even worse complications. Many people know of diabetics that have severe wounds that fail to heal. In some instances, G-D

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forbid, complications due to diabetes leads to a limb that may have to be amputated. Based on the above, it would seem as though the levels of glucose in the blood of a diabetic would be low. However, the exact opposite is true - the levels are often very high. To understand this, we need to understand the basic physiology of glucose-insulin. As a result of eating carbohydrates we create glucose. Some foods are high in carbs, especially the simple ones such as refined sugar. These cause a spike in the blood levels of glucose. The presence of glucose in turn makes the body produce insulin to process and reduce the glucose. The insulin helps the muscles and brain use the glucose as fuel. In a Type II diabetic, the uptake of glucose is poor therefore the glucose does not fuel the body effectively and the glucose remains in the blood. The body is “starving” and thinks it needs to increase the amount of glucose in the blood and starts breaking down other products to create more glucose. The body will also trigger chemical reactions so that the person will crave more carbohydrates even though they feel full. Thus the blood levels of insulin can skyrocket to dangerous levels. A diabetic person cannot properly control these fluctuations and as a result their body suffers.

How is diabetes diagnosed? Often, the patient has no idea that they have a problem. This often found by a blood test the patient is undergoing for other reasons or for routine purposes. A routine blood glucose level (without fasting) of 200 or more is suspect for diabetes, especially if it happens more than on one occasion. To confirm, the doctor may want to do another test in the morning after not having had food for at least 8 hours. If the glucose levels are over 99 and less than 126, this is considered pre-diabetic. 126 and higher (that is reconfirmed on another day) is considered diabetic.

The key to effective glucose control is weight reduction, proper nutrients and exercise. Diet is the key to weight reduction, glucose control, reduction of blood lipids/fats and blood pressure. The most effective clinically proven diet that will do all of the above is the vegan diet. This diet allows one to eat without portion control and calorie counting and one can eat carbohydrates in almost unlimited quantities with the following provision: **The carbohydrates must be complex carbohydrates and be low-glycemic.** This cannot be overemphasized. This means eliminating all meats, simple sugars, white flour, white potatoes (high glycemic) and certain other foods.

Current research dispels a common notion: All calories have the same effect on the body. This is no longer accepted as correct. High glycemic foods, calorie for calorie, have a more profound effect than low-glycemic foods. What does this mean? High glycemic foods cause a rapid release of glucose into the blood. Since diabetics and many pre-diabetics cannot properly cope with the sudden surge of glucose, a dangerous situation can result. Even non-diabetics will see a negative effect from these foods, because any excess in glucose above what the body can use, will be stored as fat.

In general, for those individuals who will not adapt a vegan (no animal products) diet, a high-fiber/low-fat diet that eliminates white sugar & flour, focuses on complex carbohydrates and avoids high-glycemic foods will do better than on most other diets. For both groups following either type of diet, nutritional values of the foods consumed is of critical importance. In every case, foods must be supplemented by a good multi-vitamin, multi-mineral supplement that uses chelated minerals is critical. In addition, a multi “B50” vitamin, once in the morning and once

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early afternoon is important. Please check for the following nutrients: Boron, biotin, chromium (polynicolate), strontium, molybdenum, folate or folic acid, B12 (should not be a simple cobalamin but rather the methyl- or hydroxyl- form) and selenium. For diabetics, use of Aloe Vera and Alpha Lipoic Acid (the reduced form – RALA) are critical.

High glycemic foods include: Sugar, white and wheat breads, white potatoes, most cold cereals, watermelon, pineapple.

Low glycemic foods include: Rye or pumpernickel, yams/sweet potatoes, oatmeal and bran cereals and most other fruits, vegetables, grains, beans, sprouts and non-processed foods. Avoiding processed foods are key.

Healthy fats are also a critical element in all natural health. These include the Omega 3 fish oils, extra virgin first cold pressed olive oil (this is the **ONLY** olive oil to use), flax seed oil, evening primrose oil, black current oil etc. Of the fish oils, one should consume approximately 4 grams per day (4000 mg) and about 5 grams of the others. These will help fight inflammation and support your hormones. Be sure to add vitamin D every day.

Exercise: These days, exercise seems to be the “magic bullet” for many health issues. How is exercise beneficial to one’s health, in particular for diabetics? Exercise, especially if it is vigorous, raises the heart-rate which forces more blood and oxygen to nourish all the organs and the brain. In the case of diabetes, although the glucose uptake into cells is impaired, exercise creates a different mechanism physiologically, that increases the glucose uptake. This prevents muscle and tissue fatigue and pain and helps keep the eyes and brain healthy. For those who can, jumping rope or using a mini-trampoline is one of the best forms of exercise. It is very inexpensive, can be done at home at any time and it invigorates the entire body. A key benefit of these types of exercises is that the lymphatic fluid is rapidly circulated which helps keep the body healthy and is also aerobic.

The Low-Carb Diet: At this point, many readers will be asking, “What about a low-carb diet or the Atkins diet (low-carb, high fat)?” Many people are successful in losing weight on these types of diets. However, there are many problems with this approach.

- These diets lead the internal state of the body to become highly acidic (ketones created by low carb intake are acids). A high state of acidity (measured by the saliva) can be dangerous and leads to many disease states because of the inflammatory reactions cause by the acid.
- Most people cannot sustain such a restrictive diet for very long periods of time.
- Low levels of carbs in diabetes can lead to low glucose, which can be dangerous to diabetics. Often with high blood levels of glucose they cannot get the glucose into the cells -- How much more so when the levels of glucose are low?

Problems: What are some problems that are likely to happen and that may interfere with success? Some people will be saying that “this sounds too simplistic, if this approach works, why does anyone suffer from the ravages of diabetes? Why do many individuals fail to control their

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glucose levels? A vegan diet is too restrictive; I must have meat on Shabbos and Yom Tov, at a wedding or other simcha! I cannot do so much exercise!” These issues are the basic reason why relying primarily on life-style changes often fail and doctors find it necessary to prescribe medications despite some of the serious (and possibly fatal) side-effects of some medicines.

The following are some valuable tips that can help you be more successful.

- Realize that some significant lifestyle changes must be made to help prevent the debilitating effects of diabetes. A positive mindset is important.
- Do a whole body detoxification that eliminates heavy metals, food or other allergens, excess fats and bile, drugs, chemicals and other toxins.
- Testing the levels of brain neurotransmitters and the body’s hormone levels. Certain neurotransmitters are involved in helping a person be sufficiently motivated. Low levels of others may cause depression, lack of deep sleep, anxiety and food addictions. Similarly, low levels of various hormones also impact glucose resistance and weight loss.
- Finding some form of exercise that is done consistently is also important. If jogging or jumping is difficult, then one should walk one-half hour a day. If this also difficult, then one should work with health professional to do weight lifting. This should not be done with free weights and must be done with professional oversight as with a trainer or a group (such as at the YMHA.)
- Supplements – there are several recognized, tested and well tolerated nutritional supplements that can significantly aid glucose/lipid control, weight loss and high blood pressure. Once again, these should only be done working with a competent health professional.

Recently, I had one case where a diabetic had a foot wound for over 2 years which would not heal. Although a small one, it bled every night. I suggested he use a certain form of honey which stopped the bleeding in 24 hours.

In another case, I was working with a physician whose patient was 84 years old, a diabetic smoker who was scheduled for a below-knee amputation. We used a specialized device over a period of several weeks which was successful in restoring the circulation in the leg and caused new tissue growth.

The bottom line is: Diabetes and glucose control can be successfully implemented with a non-drug regimen, provided it is monitored by your physician and healthcare practitioner.

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