

Diabetes: The Fastest Growing Epidemic Worldwide

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If someone were to ask you what the most epidemic disease of the so-called 'civilized' world was, what would be your answer? Cancer?

Cancer is certainly the most feared of modern-day diseases. You might choose Heart Disease. This condition still kills more people around the world than any other single cause. Yet, neither of these conditions is the most epidemic. When we refer to an epidemic, we mean a disease or condition which is on the rapid rise and is spreading with unusual speed.

Adult Onset Diabetes or Type II Non-Insulin Dependent Diabetes, is the epidemic of the twentieth century. It is rising in numbers faster than all other chronic degenerative diseases *combined* and promises to be an even greater problem in this new century.

Diabetes is so common that almost everyone knows someone who has the disease. According to the National Institutes of Health, there are about 12 million diagnosed diabetics in America and it is estimated that there are at least that many more undiagnosed cases.

According to 1997 statistics from the Centers for Disease Control and Prevention's Diabetes Division, 798,000 new cases are diagnosed every year. That amounts to one new case being diagnosed every 30 seconds!

To make matters worse, each year tens of thousands of diabetic Americans lose their eyesight, compromise their circulation, suffer irreversible heart damage, and/or require the amputation of a lower limb. Each year, many of these people die prematurely due to Diabetes.

Of all these cases of Diabetes, ninety percent of them are the Adult-onset, Type II variety. Only ten percent are the genetically induced Type I Juvenile-Onset version.

The saddest part about these statistics is the fact that Adult-Onset, Type II diabetes, is completely controllable and very often reversible WITHOUT the need for dangerous drugs, or worse yet, the misuse of insulin.

Type II Diabetes is, almost exclusively, caused by dietary abuse. It steals a long and healthy life from millions and millions of people. We will examine the cause, progression, and reversal methods of this needless, chronic disease.

Even more common in occurrence is Hypoglycemia, or low blood sugar. It is frequently the precursor to Adult-Onset Type II Diabetes. If left unchecked, Hypoglycemia can devastate the lives of its victims. They are left with a better than a nine-to-one chance of progressing to Diabetes later in life. This condition, like Diabetes, is completely dietary induced and can be controlled. Let's find out how.

Hypoglycemia: The Undiagnosed Disorder

For many decades, Hypoglycemia was both shunned and denied by the mainstream medical profession. Millions of people went to their physicians with a long list of debilitating symptoms, only to be told that their symptoms were psychological in nature.

These patients were also advised to seek psychiatric help if their symptoms persisted. This 'mis-diagnosis' only led these people to further and further desperation. Many of them even resorted to such drastic measures as suicide. This, in turn, further fueled the argument that these people were suffering from a mental disorder.

Today, we know that Hypoglycemia or low blood sugar is both real and very common. It is a chronic condition of the twentieth century. As is the case with many chronic illnesses, Hypoglycemia was virtually unknown in the early 1900's at the turn of the last century.

This means that these conditions have escalated to epidemic proportions in less than 5 generations! Recent findings portray how severe the problem is.

In October 1997, federal officials stated that the number of people in the USA diagnosed with Diabetes had increased six-fold. The numbers had jumped from 1.6 million in 1958 to 10 million in 1997. The reason, in part, was due to Americans being too fat.

Whenever we see such an incredible rise in a non-contagious disease condition, we cannot help but look towards our environment and lifestyle for answers. We know that one of the greatest and most direct factors influencing human biochemistry is food consumption.

At the turn of the last century, the average person consumed 10 to 15 pounds of sugar per year. Today, we all consume at least our own body weight in sugars every single year!

The refining of whole wheat into white flour has produced a substance that is, chemically, one small step away from sugar. This means that eating foods made from white flour contributes to the overall consumption of sugars. The internal biochemistry of the body must regularly contend with this phenomenon.

After months or years of this continual onslaught against normal chemistry, the body loses the ability to regulate sugars. This produces rapid fluctuations in the glucose levels in the bloodstream.

Low blood glucose levels are an indication of Hypoglycemia and high blood glucose levels are an indication of Diabetes. Two seemingly opposite problems, but with the same basic cause, namely, excess sugar and sugar-forming foods in the diet.

While there can be several causes for Clinical Hypoglycemia, such as excess alcohol consumption, stress, or the use of certain prescription drugs, ninety-nine percent is the result of dietary abuse.

The symptoms of hypoglycemia are many and can come and go with great regularity. This often makes the disorder difficult to diagnose. The only scientific way to determine Clinical Hypoglycemia is through the six-hour glucose tolerance test (anything less than six-hours is non-conclusive).

The number and frequency of certain symptoms is also a valid determining factor for the presence of Hypoglycemia. Let's look at these many symptoms, keeping in mind that you may experience more than one of these symptoms at the same time.

They may come and go, only to return again. If you experience any significant number of these symptoms on a somewhat regular basis, you can be fairly certain that you have Hypoglycemia, and if left unchecked, will likely progress to Diabetes.

- Anxiety
- Breathing (shallow and rapid)
- Chill (cold and clammy)
- Emotional Outbursts
- Fatigue or Tiredness
- Headache
- Hot Flashes
- Insomnia
- Irritability
- Mental Confusion
- Nausea
- Nervousness
- Nightmares
- Obesity (overweight by more than 25 pounds)
- Physical Coordination (reduced)
- Pulse Rate (elevated)
- Restlessness
- Sleep Disturbances (insomnia, night sweats, sudden awakening)
- Tinnitus (ringing in the ears)

Tingling Sensation (in the fingers, toes, or tongue)
Vision problems (blurred or double)
Weakness

If you experience eight or more of these symptoms on a regular basis, and other possible causes have been ruled out, you can consider yourself a Hypoglycemic.

There are two types of Hypoglycemia. The most common form occurs along with excess bodyweight. The second, more obscure form, produces normal or likely an underweight condition. The cause of both is the same, namely excess insulin in the bloodstream, but the manner in which we manage the conditions differs slightly.

Medically, the cause of Hypoglycemia, Adult-Onset Diabetes and most obesity, is called Hyperinsulinemia, or excess insulin.

In the Hypoglycemic patient, the Pancreas produces excess insulin. This drives the blood sugar level down below an optimal level. This dip in blood sugar levels, over prolonged periods of time, produces the many side effects and symptoms previously listed.

Typically, when we feel weak and flushed from loss of blood sugar, our first reaction is to eat some more sugar. When we do this, the blood glucose once again rises rapidly, stimulating another insulin response, which in turn lowers blood sugar below normal again. This produces the yo-yo effect of "highs and lows" so common with Hypoglycemic individuals.

There are three phases of what we call 'Carbohydrate Intolerance'. Each level is progressively worse than the one before it and the side effects also become more severe. Let's take a closer look.

1. Carbohydrate Intolerance:

This condition produces a craving for starches and sugary foods. Frequently, the subsequent consumption of starches contributes to obesity through excess insulin converting most carbohydrates to triglycerides and storing them as body fat. These individuals have a better than 10 to one chance of progressing to phase two, Hypoglycemia.

2. Hypoglycemia:

As "Carbohydrate Intolerant" individuals continue to consume excess sugars and starches, periods of low blood sugar levels become more and more frequent. The symptoms previously listed begin to appear. The Hypoglycemic individual has an eight to one chance of progressing to phase three, diabetes.

3. **Diabetes:** This dreaded chronic degenerative disease is the final outcome for those traveling along this pathway.

The powerful hormone behind this process is called Insulin and an understanding of both what it is and what triggers its excess production is essential.

What is Insulin?

In order to more clearly understand Carbohydrate Intolerance, Hypoglycemia, and Diabetes, it is essential to understand their cause. Each is caused by an excess of the hormone "Insulin". Produced by the Pancreas, Insulin circulates in the blood.

Insulin is the glucose-regulating hormone. In healthy individuals, it is produced on an as-needed basis according to the levels of glucose present in the blood.

Many people are of the erroneous thought that insulin burns up excess glucose. It does not! Insulin serves to transport excess glucose to the body's various storage sites.

The first and normal site for glucose storage is in the liver and muscles. Insulin converts the blood glucose into a substance called Glycogen, which is 'stored sugar'. This is then transported to the liver and muscles. This is unfortunate for those following the 'sugar-filled' Standard American Diet (SAD), because the body's ability to store Glycogen is very limited.

Once all of the body's storage sites for Glycogen are full, Insulin further converts blood glucose into another substance called Triglycerides and these are then carried by insulin to the fat cells of the body. This is why most Hypoglycemics, and virtually all Type II Diabetics, are overweight.

In order to control Hypoglycemia, Type II Diabetes, and most obesity, we must control the amount of insulin present in the bloodstream.

Currently, there are no drugs that are able to reduce or limit the production of insulin. It can only be accomplished by avoiding the foods which cause an 'insulin response', the production of insulin by the body.

All sugar and sugar forming foods (carbohydrates) eventually break down into glucose. The key is the speed with which this breakdown occurs. The faster the conversion, the more insulin is secreted into the bloodstream, setting the stage for the insulin disorders of obesity, Hypoglycemia and Diabetes.

Our body needs a certain amount of glucose, but far less than the average junk food diet provides. Through this constant excess, insulin is not only over-produced but the receptor sites for that insulin become de-sensitized, requiring more and more insulin to do the job. (See the next section on Diabetes)

Unfortunately, this cycle of insulin response and production can develop into a terrible downward spiral. As more and more insulin is produced from excess sugars in the diet, more and more of it is converted to triglycerides and stored in the fat cells.

As the fat cells increase, the body becomes increasingly overweight. As the body weight rises, insulin becomes less and less effective, requiring the body to produce higher and higher amounts, which in turn cause a greater and greater weight gain, which starts the cycle all over again.

The Importance of Weight Control

After the first few weeks of infancy have passed, we have all the fat cells we will ever need. You cannot make anymore. The fat cell, however, has the ability to continue to increase in size depending upon how much stored sugar, or triglyceride, it must hold.

As the fat cells become larger and larger, their responsiveness to insulin decreases, causing the need for ever higher amounts of insulin in order to remove excess sugars from the bloodstream. Since it is the excess insulin that causes Obesity, Hypoglycemia, and Diabetes, controlling and normalizing body weight is essential in the regulation of the insulin/glucose cycle.

For those persons who are overweight and also have either hypoglycemia or diabetes, a reduction in bodyweight frequently reduces symptoms. In some individuals, a reduction in body weight eliminates the symptoms completely without any other protocol.

These individuals respond extremely well to a controlled carbohydrate diet, which counts and limits the amount of sugar-forming foods eaten each day. With a reduction in available carbohydrates, insulin production is greatly reduced. With the normalizing of insulin levels, excess bodyweight is slowly removed. Through reducing the bodyweight and the insulin production, Hypoglycemia and Diabetes are easily controlled with the help of a few assisting co-factors (see protocols latter in this chapter).

There are many effective exercise programs, which will simultaneously help accelerate fat loss and help the body to use insulin more effectively.

When we exercise, several physiological benefits occur. Muscles need energy to perform. When we exercise, we increase the need for fuel for the muscles. That fuel is glucose; therefore, exercise increases the uptake of glucose by the muscle cells. This in turn naturally reduces blood glucose levels. This means that the body needs less insulin to regulate blood sugar, reducing the peaks and valleys so common in all these blood sugar disorders.

Diabetes:

The Final Insult of Excess Insulin

As discussed previously, very few people are born with diabetes. Those that are, are called Juvenile-Onset, or Type I diabetics, and they constitute only about ten percent of the total number of Diabetes cases worldwide.

The remaining cases of diabetes, which has reached epidemic proportions, are the result of continual dietary abuse over years or even decades of time. Almost all Adult-Onset Diabetics were first Hypoglycemic. But since that condition went undiagnosed and untreated, they progressed ever onward to the final phase of insulin-induced disorders, namely, Diabetes.

Clinically, Diabetes is *hyperglycemia*, or excess blood sugar. In the Adult-Onset Type II Diabetic, hyperglycemia is almost always caused by a defect in the insulin receptor sites, not by lack of insulin.

Years and years of continual dietary abuse created a situation in which there was excess sugar in the body. Insulin was then forced to convert that sugar into triglycerides and store those molecules within the fat cell.

In order to accomplish this, insulin must attach itself to "insulin receptor sites" on specific cells of the body. Through years or decades of continual dietary abuse involving excess sugar consumption, these receptor sites become de-sensitized. More and more insulin is then required to remove the excess sugar.

This is why most all Type II Diabetics have normal or even higher than normal levels of insulin in their bloodstream. Treating these individuals with drugs that increase insulin production, or treating them with insulin itself (by injection), only serves to make the disease ultimately worse.

Type II Diabetics need to reduce the amounts of sugar and sugar-forming foods in their diets. This will take the demand off of the insulin receptor sites, which constantly have to convert and store this excess sugar. This will reduce the presence of insulin in the blood stream, thereby reducing the symptoms of diabetes and the other related insulin disorders.

Excess sugar, or glucose, in the blood is one of the body's true emergencies and it will attempt to lower that blood sugar by almost any means. Individuals with constant high blood sugars levels have a much greater chance of developing a variety of other chronic degenerative diseases and do so much earlier in their lives.

Osteoporosis, poor skin condition, inflammation of the joints (arthritis), poor circulation, amputations, and heart disease are just some of the side effects that occur much more frequently when the body's balance of blood sugar and insulin goes astray.

It is important to remember that Type II Diabetes develops slowly over the years. This is one of the reasons why this disease is so insidious. Often, by

the time the disease has been diagnosed, the patient has already suffered considerable damage to nerves, blood vessels, the heart, the eyes and even the brain.

I have often called Type II diabetes the non-contagious Leprosy of the 20th century. Diabetes eats away at multiple organ and tissue systems. Slowly and steadily, inch by inch, destroying the quality of life for the sufferer.

The symptoms of diabetes are often very subtle in nature and can begin so slightly that we hardly even notice their presence.

Common Initial Warning Signs of Type II Diabetes:

- Excessive thirst
- Frequent urination
- Wounds which heal slowly
- Fatigue and excessive tiredness, especially after eating
- A breath which smells like 'acid'
- An increase in infections
- Abnormal weight loss without an obvious cause
- Loss of libido (sexual desire)

While there are certainly other signs of this disease, if you have even one of these on a regular basis, you should have your blood sugar levels tested. You can do this quite accurately by obtaining any one of a variety of glucose test strips, which are available without a prescription, at any pharmacy. If the test strips show any deviation from normal, you should have a blood test to determine a more accurate blood sugar level.

Factors that Worsen Diabetes

In addition to the obvious dietary factor of excess sugars, which we have been discussing, there are other situations, both environmentally and chemically, which can make diabetes worse.

I have often said that stress is the cardinal cause of all illness and certainly it plays a direct role in the process of Diabetes. During periods of stress, it is not uncommon for a Diabetic to observe sudden rises in blood sugar. This phenomenon can occur even if the stress was brief but severe. Life changing events, such as the loss of a job, spouse or relative, can produce such stress

as to cause the onset of Diabetes in someone who has not yet even been diagnosed with the illness.

For this reason, any program that wishes to address the complete needs of the Diabetic should include nutritional support for the nervous system as well as support for glucose metabolism.

Other common circumstances which can adversely affect insulin and subsequently insulin-induced disorders include anesthesia, anti-inflammatory drug abuse, and infections in the body. Under each of these circumstances, a person prone to insulin-induced diseases should pay particular attention to their blood sugar levels and have them checked more frequently than at other times.

Summary of Insulin-Induced Disorders

It can now clearly be seen that excess insulin in the body causes numerous health challenges at varying levels. Let's summarize the levels of what we call Carbohydrate Intolerance, or Hyperinsulinemia, in their progressive order of severity.

Carbohydrate Intolerance. As the first level of insulin resistance, Carbohydrate Intolerance produces excess body weight. In fact, this is the primary cause of at least seventy-five percent of all obesity! At this stage, the individuals affected may experience some fluctuation in blood sugar but likely those symptoms will be few and far between. Fatigue, cravings for sugars and poor appetite are the likely symptoms of this phase.

Hypoglycemia. A low blood sugar level, caused by the body's inability to regulate insulin production, is the second phase of Carbohydrate Intolerance. These individuals begin to experience some or many of the symptoms listed earlier in our discussion of hypoglycemia.

There are two types of chemistry involved in low blood sugar. First there is the hypoglycemic with obesity. This is the most common form and, fortunately, the easiest to control.

The second form of hypoglycemia produces an underweight condition. These individuals must follow a modified program which we will outline shortly.

Diabetes. The final insult to the human chemistry in the process of insulin excess is Diabetes. There are also two forms of this condition as well. Firstly, there is Juvenile-Onset, or Type I Diabetes.

This is genetically driven and virtually all these individuals will be insulin-dependent for their entire lives. This is the most difficult form of diabetes to manage, but fortunately, it accounts for only about ten percent of all diabetes cases. Even with the delicate manner in which it must be handled, Type I diabetics can still benefit immeasurably from the following program.

The second form of Diabetes is, of course, Adult-Onset, or Type II Diabetes. It is this form, which occurs usually after the age of 30 that makes up the epidemic numbers of diabetes cases we are seeing every year. These individuals do not suffer from a lack of insulin but rather have too much insulin, producing a host of side effects. It is the Type II Diabetic for which this program has had the greatest life-saving effect.

This condition is one hundred percent dietary induced and therefore, can be reversed through proper diet and dietary supplement programs such as the program we will be outlining a little later.

No matter what stage of this disease process you may find yourself in, you can greatly improve or even reverse your condition if you make the following program a part of your life.

What Do You Do Now?

Let's assume you have an insulin-induced disorder such as Obesity, Hypoglycemia, or Type II Diabetes. Where do you go from here?

With a few small modifications, the management of all these conditions is basically the same. We will do so with a combination of dietary restrictions and specific dietary supplementation.

The following section will explain the full protocol of diet and supplementation necessary for the control or reversal of your Hypoglycemia or Diabetes. The protocol will work only if you follow it exactly. Any variation from this basic program will produce less than optimal results.

We will note accordingly any specific factors applying to certain conditions. Otherwise, all participants having any of the insulin-induced disorders we have discussed will benefit from the same program.

Protocol for Managing and Reversing Hypoglycemia & Diabetes

Dietary Factors:

As with most chronic degenerative diseases, diet plays a significant role in the development and subsequent reversal or management of Hypoglycemia and Diabetes.

If we are ever to master these conditions, it will be essential to regulate the amount of sugar and sugar-forming foods in the diet. This is best accomplished by not counting calories but rather by counting carbohydrates.

Since all carbohydrates eventually turn into blood glucose, the amount and type of carbohydrates consumed plays a direct effect upon the levels of blood sugar and subsequently the amount of insulin secreted into the bloodstream.

There are several excellent books which cover carbohydrate restricted diets in detail. If you are also overweight, you may wish to choose one that also places emphasis upon weight management as well.

In your case, you will want to pay attention only to the carbohydrate count of each food, because, for practical purposes, you will not be concerned with calories.

It is essential that you begin the program by reducing your total daily carbohydrate intake to less than 50 grams. (Note: an exception for underweight Type II hypoglycemic appears below)

As your available carbohydrates begin to fall, if you are a Hypoglycemic, you will experience cravings for sweets, which can sometimes be almost overwhelming. I know that this will be a difficult time but you must persevere. It will only last a few days, and once the cycle of sugar has been broken, the intense cravings will subside. Lingering cravings for sugars will be controlled by specific dietary supplements, which we will discuss later in the program.

If you are a Diabetic, your blood sugar levels will very likely fall steadily as you continue to restrict your carbohydrate intake. For this reason, if you are taking medications, and especially if you are taking insulin, you will need to monitor your blood glucose levels regularly. In the beginning, testing 3 to 4 times per day is not excessive.

As your blood sugar falls, if you are taking medications, your doctor will want to slowly and correctly begin to reduce the amount of medication you are taking since you will not be needing it in the quantities you were before.

If you add an exercise program to the dietary program, you will achieve results much faster, but you will also need to test your blood sugar more often since it will likely fall even faster.

As your blood sugar normalizes over the next few weeks, you can gradually increase the number of carbohydrates in the diet. Eventually you will get to the point where, if you are a Hypoglycemic, your symptoms will begin to return. If you are a Diabetic, your blood sugar will once again begin to rise. This is called the carbohydrate threshold. It is usually different for each person, so you will have to establish what that number of carbohydrate grams would be for you, each day.

Once you know your threshold for carbohydrate intake, you must simply confine your daily consumption of carbohydrates to an amount approximately 20 percent below that figure. This will enable you to keep your symptoms and/or blood sugar levels in check.

Special Note for Underweight Hypoglycemics: If you have hypoglycemia and are of normal weight, or especially if you are underweight, you cannot totally restrict your carbohydrate intake. To do so would produce even greater weight loss and subsequent fatigue.

You need to count carbohydrates, but you will have to keep the level above one which will produce further weight loss. To make this calculation, determine your 'carbohydrate threshold' by using the preceding method. Once you begin reducing your total carbohydrate intake, at some point you will start losing weight. Then, increase your carbohydrate consumption to 10 percent above the level which produces the weight loss.

In order to keep your weight up, but still produce a minimal insulin response, you must learn how to choose carbohydrate foods wisely. The faster carbohydrates break down into simple sugars, the quicker and greater the insulin response. For this reason, you must choose complex carbohydrate foods, which take several hours to slowly break down into simple sugars. Examples would be whole grains (such as black wild rice), breads that are truly whole grain, legumes, and certain vegetables.

Foods you need to avoid are those containing sugar, honey, molasses, corn syrup or any other forms of simple sugars. Additionally, you must avoid highly refined starches such as anything made with refined white flour,

refined grains and pastas as well as over-cooked root vegetables such as potatoes. All of these foods will convert to glucose too rapidly causing an insulin response, throwing you into a state of low blood sugar.

As I said earlier, there are sugars hidden in virtually everything that you eat. You may not think that the foods you eat contain any sugar or sugar-forming ingredients, but think again. The following are examples of commonly consumed foods and their sugar content.

Food	Sugar content in Teaspoonfuls
Soda Pop (12 oz)	3-12
All Cakes & Cookies (4 oz serving)	5-10
Candies (1 piece)	1-5
Canned Fruits (½ cup)	2-4
Ice Cream (3 oz)	3-5
Malted Milk Shake	10-16
Jams & Jellies (1 oz)	1-6

You can see how it adds up. Sugars are hidden in other foods as well, including breakfast cereals, breads, rolls, and anything made from refined white flour.

Speaking of breakfast cereals, the leading cereals are between eight and fifty-two percent pure sugar! No wonder our children are hyperactive! (For further information on Attention Deficits and Hyperactivity in children refer to The Institute's publication entitled *Drug Free Answers to Correcting Learning Disabilities*)

I will be the first to tell you that it is difficult to abstain from the very foods you not only crave, but are actually addicted to; carbohydrate sensitivity is a genuine addiction. Instead of leaving you to your own frustrations, I will tell you about several specific nutrients and nutrient co-factors which will both help you win your battle with sugar addiction and make your body function more effectively as you pursue your program of glucose and insulin management. These nutrients are outlined in the following section along with specific protocols for their use.

Dietary Supplementation for Hypoglycemia & Diabetes.

For the person afflicted with insulin-related disorders, one nutrient, a mineral, offers unparalleled promise and is a pivotal element of support. That mineral is Chromium. Yet, Chromium alone is far less effective than when properly combined with other nutrient cofactors which provide a Full Spectrum approach to the problem. Together, they contribute a synergistic and infinitely greater assurance of an appropriate solution.

As with any chronic degenerative disease, those suffering from Hypoglycemia or Diabetes need more of certain nutrients, not less. However, we cannot provide mega-doses of isolated nutrients without first ensuring that all of the nutrients, needed by the body on a daily basis, are being provided in the right ratios.

To simply and effectively ensure that these needs are met, we use a liquid multiple vitamin, mineral, amino acid, phytonutrient formula. It provides all of the 100+ nutrients needed daily for optimal health. The formula provides a synergistic combination of nutrients, in their correct natural ratios, insuring that they are bio-available. This means they can be easily digested, absorbed, and assimilated by the body.

Components of an Ideal Full Spectrum Nutrition Formula

- 8 - 12 Essential Amino Acids
- 3 Fatty Acids
- 16 Vitamins
- 75 + major, trace and micro trace minerals
- Phytonutrients from fruits and vegetables

Once this base line nutrition has been met, we can proceed with the aggressive supplementing of specific nutrient and nutrient groups. This will assist the body in re-balancing the relationship between blood sugar and insulin. Such a protocol will not only provide the specific nutrients necessary for proper glucose regulation, but will go far in reducing the cravings for sugars and sugar-forming foods so common in individuals with these disorders.

Nutrient Support for Glucose/Insulin Regulation

In addition to Chromium, the mineral Vanadium and the amino acid, Aspartic Acid, have been shown to be very helpful in assisting the body in the regulation of glucose and insulin. Following are the ratios of these nutrients which we have used with tremendous success at The Institute. This formula,

along with Full Spectrum Nutrition, has helped tens of thousands of people live a normal life, free from Hypoglycemia and Diabetes. Together with the proper diet as outlined earlier, it can ensure that you will not have to progress to further stages of these diseases. Further, you will not have to suffer the numerous and debilitating side effects which arise from excess insulin in the blood.

Components of a Comprehensive Glucose/Insulin Regulating Formula

******* REVISE THIS DRW Note**

Aspartic Acid	500 mg
Chromium	100 mcg
Vanadium	500 mcg
Bilberry Extract	20 mg

This represents the potency of our 'formula of choice' in a 'per capsule' dose. We then use six capsules per day (two with each meal) for two to four weeks. This is followed, by using one capsule three times per day indefinitely.

Managing Stress

As illustrated earlier, stress, especially un-manageable stress, can wreak havoc with the glandular systems of the body. Since both Hypoglycemia and Diabetes are endocrine disorders, stress has a rapid and intense negative impact on these conditions. If we are to gain control over these problems, managing stress is very important. (To learn about safe Stress Management, refer to the Chapter 18)

During periods of stress, the body can consume very high amounts of certain nutrients. When these nutrient levels are depleted, the nerves become irritated and additional stress becomes impossible to manage.

For this reason, we always use a combination of nutrients in higher amounts when working with Hypoglycemics and Diabetics. These nutrients, in the following combinations and ratios, have proven time and time again to stabilize the body's many chemical functions through calming and nourishing the central nervous system.

Stress Management Formula

Vitamin C	1000 mg
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Vitamin B1	50 mg
Vitamin B2	50 mg
Vitamin B6	50 mg
Vitamin B12	500 mcg
Pantothenic Acid	1200 mg
Calcium	400 mg
Magnesium	100 mg
Adrenal Substance	200 mg
Valerian Root Extract	200 mg

The preceding protocol has been thoroughly tested. I have used it with great results for over 15 years. While it is relatively simple, it is important that you follow it exactly as presented.

If you have Hypoglycemia, or most especially, Adult-Onset Type II Diabetes, don't be told by Doctors, loved ones, or anyone else that your condition is hopeless.

Most physicians do not understand how to treat either of these conditions. Because of their misunderstanding of the biochemical processes involved in these disorders, they often treat them in exactly the opposite way in which they should be managed.

Believe it or not, there are medical doctors who believe that the best way to treat Hypoglycemia is by giving the patient a little sugar every two hours! This is a sure-fire way for them to guarantee themselves a patient for life!

These same doctors treat Diabetes much the same way by force-feeding refined carbohydrates to Diabetics in order to keep their blood sugar levels up. Why have they never thought of lowering the consumption of sugar-forming foods in these people's diets so that they would not need all those drugs or insulin? Conventional medicine is often not founded on logic!

A Case In Point

Tom M.

Tom, who was referred to us by a third party, first contacted our Institute in April of 2012. When he called, the voice on the other end of the telephone was a desperate one. Tom had been diagnosed with Type II Diabetes about two years before. While taking down his information, we discovered that he was taking 14 different oral medications daily!

Further, his body weight was nearing 300 pounds. Tom was desperate. His doctor told him that his blood sugar was still too high and that if it did not come down in 30 days, he was going to put him on insulin by injection. Tom had done enough reading to know that was not a good recommendation for a Type II Diabetic and he was really scared.

The first thing we did was evaluate his diet. He told us that the diet he was following came from his doctor's office. He said he followed it very strictly. This was our first clue into Tom's dilemma. We asked if he had a copy of his diet handy and sure enough, he faxed it to our office that afternoon. Upon reviewing his diet, one endorsed by the American Diabetes Association, we found that it was 68 percent sugar-forming foods! On this diet, Tom was guaranteed to remain a Diabetic the rest of his short and miserable life!

After reviewing his case, I called Tom and suggested some lifestyle changes, the very ones outlined here. We put him on a diet that was low in carbohydrates and high in protein and fresh vegetables. We started him on a maintenance program of Full Spectrum nutrition plus targeted nutritional support for his specific needs. We cautioned him to monitor his blood sugar level at least three times daily because we expected it to begin to fall.

To make a long story short, within three months, Tom was medication free. He went from 14 pills to no pills in ninety days! Other exciting changes were occurring for Tom as well. He lost almost 75 pounds. As his bodyweight lessened due to the decrease in the amount of insulin circulating in the bloodstream, his insulin receptor sites began to function better.

Today, Tom remains disease free, as declared by his physician. Sadly, Tom doesn't see that doctor any longer. Upon hearing how Tom achieved his remarkable metamorphosis from disease, his doctor told him never to come back. When Tom questioned why his doctor did not share his excitement over his return from disease, the doctor coldly said, "You did not follow my diet and take my advice."

The reason we say that this is 'sad' is because if Tom's doctor had learned from his patient's case, think how many other patients he might have influenced in a positive way.

For those suffering with conditions such as these, I am telling you that there is hope, plenty of hope. But you must TAKE ACTION and DO IT! If you follow the guidelines we have provided, you will succeed.

Program Summary

Dietary Restriction. It is imperative that you follow a dietary program that reduces the amount of total sugar-forming foods in the diet.

Exercise. A regular exercise program, designed for your age and level of fitness, will accelerate your victory over virtually any phase of hyperinsulinemia.

Dietary Supplements.

Full Spectrum Nutrition – Provide your body with the 100+ nutrients it needs every day.

Glucose Metabolizing Nutrients – Use Chromium, Vanadium, Aspartic Acid, and Bilberry Extract in *mega-dose* amounts.

Glandular System Support - The DNA from specific glands and organ tissues serves to boost endocrine system function, thereby giving you a jump start to your overall program.

Stress Reducing Nutrients - Since stress plays such a direct role in the pathology of carbohydrate intolerance, the addition of stress reducing nutrients is of vital importance. The body's reserves of nutrients such as Vitamin C, Vitamins B1, B2, B6, B12, and Pantothenic Acid are rapidly depleted during times of physical and emotional stress. Carbohydrate Intolerance produces both forms of stress and they exert a negative effect on the entire endocrine system through the action of the adrenal glands.

While this program seems simple enough, it is powerful in the results it can deliver.

It is important to remember that Carbohydrate Intolerance, at any level, is a progressive, degenerative process. The longer you ignore your problems, the worse they will become. They will progress from one stage of Hyperinsulinemia to another. Each step is more debilitating to the body and more difficult to reverse.

For this reason, time is of the essence. You must make a conscious decision *NOW* to change your lifestyle, or resign yourself to a life filled with disease.