

A Natural Offensive to Reverse Diabetes

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ARTICLE INFO

Received Date: July 28, 2022

Accepted Date: August 01, 2022

Published Date: August 03, 2022

KEYWORDS

Reverse diabetes

Editorial

Type 1 and 2 diabetes

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Citation for this article: Gary Null. A Natural Offensive to Reverse Diabetes. Anxiety And Depression Journal. 2022; 3(2):128

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EDITORIAL ESSAY

Annual statistical reports indicate that the cases of Type 1 and Type 2 diabetes continue to slowly increase. However, last year, a more surprising observation was made: there was a particularly sharp rise in childhood Type 1 diabetes during the first year of the pandemic. In the UK, new cases were 80 percent higher compared to a typical year; and similar observations have been made in other countries [1]. In June 2021, the Centers for Disease Control reported Type 2 diabetes in children increased 62 percent [2]. Although these reports fail to identify any specific causal factors, it is well known that Type 2 diabetes is associated with an unhealthy diet, lack of exercise and obesity. And these trends in poor lifestyle habits were certainly exacerbated during the lockdown, isolation and masking measures that federal and state health officials recommended to the public on a daily basis across the media. Beside the lack of an effective national preventative healthcare policy, we are also an over-medicated society. We rely upon a pharmacological approach to almost every medical condition both for the prevention and treatment of disease. A major conundrum has been that noteworthy peer-reviewed research contradicts a drug-based protocol as a first line offense. There is also a substantial body of clinical research suggesting that lifestyle modification is crucial for treating many illnesses now at epidemic levels, such as high blood pressure, cardiovascular disease, diabetes and mental health disorders.

As a senior research fellow of anti-aging medicine at the Institute of Applied Biology in New York City, I had the opportunity to investigate certain characteristics for many common illnesses for several decades. One common characteristic, which is now particularly important during the Covid-19 pandemic, has been the high percentage of Americans who are nutrient deficient and consequently have compromised their health. These individuals are more susceptible to disease as well as developing metabolic imbalances. Unfortunately, physicians largely ignore this epidemic of nutrient deficiency and therefore ignore testing patients on their nutrient status. Having worked with thousands of patients, there are fundamental lifestyle improvements that increase healthy results for most treatable physical and mental health disorders. This includes a healthy plant-based diet, limiting calories to the body's actual nutritional needs, periodic intermittent fasting, regular aerobic and resistance exercise and relaxation techniques to reduce stress, depression and anxiety. Diabetes is traditionally understood as a failure of the pancreas to release enough insulin for sugar metabolism. However, recent thinking views an insulin deficiency as one of three more probable causes, the other two being insulin resistance and insulin insensitivity. In

most adult-onset, or Type II diabetes, the body produces sufficient insulin but the cells do not respond. Normally insulin enters the cells at points known as receptor sites. When these receptor points become clogged by fat and cholesterol, they become insensitive to insulin. The hormone is unable to enter the cell. Consequently glucose remains in the blood thereby creating hyperglycemia. This excess glucose imbalance is diagnosed as diabetes.

Insulin resistance is somewhat similar in that there is also sufficient insulin produced. However, allergic responses to specific foods prevent insulin's entry by disturbing carbohydrate metabolism. Despite research efforts to pin down causation to certain foods, these allergic reactions can vary from person to person. For example, for one person wheat may contribute to higher blood sugar levels whereas it may be corn for another. For patients diagnosed with insulin resistance I therefore recommend food allergy tests for all my clients. A problem with relying upon insulin therapy exclusively is that it has been prescribed universally, not just for those with confirmed insulin deficiencies. Giving this hormone to individuals with sufficient levels does nothing to correct the underlying problem. Furthermore this can be counterproductive. This is because insulin stimulates the development of antagonists in the body that counteract its blood-sugar lowering effect. When a diabetic receives too much insulin, and his or her blood sugar is too low, the body immediately responds with an output of growth hormones and epinephrine. These hormones keep blood sugar levels elevated. The result of overly aggressive conventional insulin therapy may therefore have a rebound effect. However, my experience has been that diabetes is often reversible with the aid of a healthy lifestyle, diet, supplements and exercise without prescribing any medications. When making these lifestyle changes, it is important not to immediately discontinue current medication outright. Instead, physicians should assist in a transition that can be gradual. With a doctor's guidance, an insulin dependency may be reduced or completely eliminated. While type II diabetes patients respond most dramatically to such an approach, juvenile diabetes may improve as well, with patients needing less insulin and experiencing few complications.

Since diabetes and heart diseases are often closely related, physicians recommend that diabetics follow a similar low-fat

diet recommended to heart patients. It is still very common for diabetics to be advised to eat high-protein diets; this can contribute to several problems especially when protein is derived solely from animal sources. Foods rich in animal proteins tend to be high in fat, making a patient more prone to cardiovascular disease. This natural diet consists of organic vegetarian foods, with lots of high-fiber vegetables, preferably eaten raw, sprouted, steamed, baked or stir fried with little or no oil. Bran and other fibers will pull excess sugar out of the system. Diabetics also produce too much insulin in response to carbohydrates. Consequently certain foods should be omitted until insulin reactions normalize: bread, pasta, potatoes, white rice, corn, parsnips, bananas, raisins and other sweet fruits. Watermelon, blueberries and apples have a lower glycemic index. Good sources for complex carbohydrates would include lentils, peas, oatmeal and brown rice. The ratio of carbohydrates to proteins to fats should be around 40:30:30. Exercise regimens are increasingly being included in diabetic treatment protocols in order to burn calories and normalize metabolism. This is particularly crucial for adults who tend to be inactive or very sedentary. Exercise has been shown to heighten the body's sensitivity to insulin. By lowering cholesterol, exercise lowers triglyceride levels in the blood, making cells more available for glucose assimilation. Ten to 20 minutes of light exercise after each meal helps to reduce the amount of insulin necessary to keep blood sugar levels under control. A brisk walk can get the body metabolism working a little faster so that the absorption of food becomes more efficient. An important exception to the exercise-after-meals rules is for diabetics with heart disease. In these patients, exercising after eating may precipitate an angina attack because of the transfer of blood from the intestines to the legs and other parts of the body.

Perhaps one of the most important minerals for diabetes is vanadyl sulfate. Discovered in France at the end of the 19th century, it was used to control diabetes before the discovery of insulin. It is generally taken three times a day. Other important minerals include chromium picolinate (200-600 mcg daily), elemental magnesium (500 mg daily) and potassium. Each mineral will aid in the normalization of glucose levels in insulin-dependent diabetes. Zinc is also essential for normal insulin production. Over the years I regularly recommend alpha-lipoic

acid, a universal antioxidant that has been shown to have several advantages in managing diabetes. It neutralizes free radicals in both watery and fatty portions of the cells, plus it inhibits blood glucose accumulation in the blood. A standard dose is 250-500 mg daily, however for diabetic patients it can range between 600-1800 mg. To protect against cataract formation and neuropathy, a dosage of 500-1000 mg of acetyl-L-carnitine is advised. This may also inhibit cardiomyopathy, a process that partially replaces heart tissue with fibrous materials resulting in difficulty in blood flow. Coenzyme Q10, apart from its anti-oxidative properties, has the ability to trigger beta-cell function and enhance glycemic control, thus lessening the chance of heart damage. The suggested dose for Coenzyme Q10 is 100-300 mg daily. Vitamins C, E and K may also assist in restoring glucose to healthy blood levels.

In weight management, conjugated linoleic acid (CLA), a naturally occurring fatty acid, can play an important role. CLA can lower and maintain body fat by increasing energy expenditure. A daily dose of 3000-4000 mg is suggested. N-acetyl-cysteine (NAC) has the ability to protect pancreatic beta cells against glucose toxicity. Supplementation of 600 mg of NAC may restore blood glucose levels to normal. Low levels of the master hormone DHEA are linked to insulin resistance. DHEA deficiency impacts insulin's ability to regulate blood glucose. When DHEA levels are restored, high glucose levels may return to normal. Supplementing with 15-75 mg daily may accomplish this. Because DHEA can convert into testosterone or estrogen, men with prostate cancer and women with estrogen-dependent breast cancer need to follow a physician's guidance.

Finally, there are certain herbs that have been shown to aid diabetic conditions. Blueberry leaves tea has been shown to promote insulin production. Others included bitter melon, bilberry, ginseng, aloe vera, grape seed extract, dandelion, curcumin and evening primrose oil. I have shared these suggestions of a viable natural protocol for treating diabetes and its complications based upon my personal experience over four decades counseling and educating thousands of diabetic patients. In addition to witnessing remarkable results in reversing the disease, it should be noted that there was also significant improvements in patients' overall well-being and satisfaction with their lives. Patients suffering from physical illnesses likewise confront stresses that debilitate the quality of their lives. These mental stresses can result in adverse feedback mechanisms that further the disease progression. As doctors and health professionals, it is our goal to treat the whole person. Unlike the pharmacological approach, natural protocols that focus upon healthy lifestyle modification methods show the greatest promise in tackling the diabetes epidemic.

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