# Table of Contents

**INTRODUCTION** ................................................................................................................. 5
  - So How Long Before I’m Cured? ................................................................................. 6

**This Ebook I Just Purchased…Why Do I Need It?** ......................................................... 6
  - Guess What…? Insulin Is Not Magic ......................................................................... 7
  - Take Advantage of Nature ......................................................................................... 7

**What Happens Before Diabetes** .................................................................................... 7
  - Taking the Test ......................................................................................................... 8

**The Past and Present with Diabetes** ............................................................................... 8
  - Diabetes Research in the 1800’s ............................................................................. 9
  - Treatment in the 20th Century ................................................................................. 9
  - Diabetes Today ....................................................................................................... 10
  - Looking at the Past ............................................................................................... 10

**The Price You Shouldn’t Have to Pay** ........................................................................... 10
  - Diabetes in the Prime of Life ................................................................................. 11
  - Diabetes Ends Lives ............................................................................................... 12

**So What Is Diabetes Really…?** ....................................................................................... 12
  - Driver vs. Passenger .............................................................................................. 13

**Diabetes: Myths and Truths** .......................................................................................... 13
  - Type I Diabetes ...................................................................................................... 15
  - Type II Diabetes ..................................................................................................... 15
  - Gestational Diabetes – Women Only ......................................................................... 15
  - Secondary Diabetes ............................................................................................... 16

**Who Gets Diabetes and Why?** ....................................................................................... 16
  - The Base of Diabetes .............................................................................................. 17

**Risk Factors** .................................................................................................................... 17
  - Type I Risk Factors ............................................................................................... 17
  - Type II Risk Factors .............................................................................................. 18
  - New Discoveries .................................................................................................... 19
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>You and Your Diet</td>
<td>38</td>
</tr>
<tr>
<td>Restaurant Menu Warnings</td>
<td>39</td>
</tr>
<tr>
<td>Understanding Carbohydrates</td>
<td>39</td>
</tr>
<tr>
<td>No “Ose” For You</td>
<td>40</td>
</tr>
<tr>
<td>Four Simple Diet Changes for Diabetics</td>
<td>40</td>
</tr>
<tr>
<td>Mind and Body Control</td>
<td>41</td>
</tr>
<tr>
<td>The Impact of Stress</td>
<td>42</td>
</tr>
<tr>
<td>Your Body and Stress</td>
<td>42</td>
</tr>
<tr>
<td>Diabetes and Stress</td>
<td>43</td>
</tr>
<tr>
<td>Know Your Metabolism</td>
<td>43</td>
</tr>
<tr>
<td>How to Cope with Stress</td>
<td>43</td>
</tr>
<tr>
<td>Beat the Stress</td>
<td>44</td>
</tr>
<tr>
<td>Exercising is Mandatory</td>
<td>44</td>
</tr>
<tr>
<td>The Power of the Muscle</td>
<td>45</td>
</tr>
<tr>
<td>Exercise Good Judgment</td>
<td>45</td>
</tr>
<tr>
<td>Exercising For You</td>
<td>46</td>
</tr>
<tr>
<td>Your Complementary Care</td>
<td>46</td>
</tr>
<tr>
<td>Health Checklist</td>
<td>47</td>
</tr>
</tbody>
</table>

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INTRODUCTION

It's definitely a fact and there's no mumbo jumbo to it! Diabetes can be reversed and my daughter is living, breathing proof. I was determined to find a cure when effects of diabetes made my daughter collapse to the floor on the most important day of her life.

UCLA researchers conducted a groundbreaking study that revealed that changes in diet and moderate exercise can actually reverse diabetes in at least 50% of patients in just 3 weeks!

Just imagine what could happen in only 3 weeks. The nitric oxide levels could be made higher and the amount of cholesterol and free radicals in the blood could be lower ---- both are key factors in eliminating this deadly disease before it takes on our limbs and life.

Dr. Susan Hershberg Adelman told a seminar in New York that diabetes is the leading cause of blindness, end stage renal disease, leg amputations and is the seventh leading cause of death. Sixteen million Americans --- 6% of the population --- have diabetes and one third of them don't even realize it; 800 thousand will be diagnosed this year.

All of this can be eliminated with the information within this eBook. I will show you not only how you can beat diabetes, but how you can learn how to prevent heart disease, cause normal reduction of the excess fat accumulated in your body and strengthen your peripheral nervous system. These are just a few health tips that you will learn from this eBook. There's even a strategy that will be revealed, that eliminates the need for insulin shots in 70% of diabetic patients. Other incredible tips will help you stop erratic fluctuations in your blood sugar level, reduce stress on your pancreas and help your body return to its natural, healthy state of blood sugar management. The best part of all is that all of this and more can be accomplished with minimum hassle and expenses. There are also minimal side-effects or toxicity that is usually introduced with the use of prescription drugs and over-the-counter Allopathic medications.
So How Long Before I'm Cured?

This is the century of instant downloading, instant rice, and even instant millionaires. Unfortunately, no one has found the cure to instant health or the cure to diabetes. But as easy as the disease came is as easy as it can leave, it just takes a little work and dedication. So if you’re serious about eliminating this dreadful disease, you’re going to have to first acknowledge the fact that this isn’t an overnight process. It's going to take some time. With some time I mean it could take weeks, months or even up to a year for the new habits to take a firm hold in your life.

Although with the information in this guide, the results you can achieve are miraculous, you'll still need to go that extra mile in order to get rid of the old, disease-inducing habits. The destination is just as important as the journey. After all, you will need to work hard in order to accomplish your goal. Challenge yourself day after day to make a forward progress. Eventually you'll bring yourself one step closer to a life that is not taken over by this devastating disease.

What is important is the secret you have learned, in order to put a halt to your diabetes, permanently and naturally.

When you wake up and feel the sensation of a whole new body, a new mind and a new you…that will mark a new beginning in your life. That day will signify a life without insulin injections, prescription drugs and without those routine blood sugar tests. It's possible no matter what you think and… You Can Do It!

This EBook I Just Purchased…Why Do I Need It?

Well, you have the answer to that. You purchased this book because you thought it would help you to eliminate your diabetes forever…and you’re absolutely right. Let me further explain something. Diabetes treatment is both a science and commercial industry. Just like any other industry driven by profits, this industry is based on questionable worldwide practices which focus merely on alleviating the symptoms of diabetes, rather than eliminating them permanently or destroying the real cause of the disease.

If you ask any diabetic, the discomfort, suffering, fear of future complications and agonizing pain returns time and time again to torture them. Their wounds may temporarily heal, but the scars always remain.

On the other hand, in our experience and through my interaction with hundreds of diabetes patients, I honestly know that good science can reverse diabetes. The natural process of restoring the body's blood-sugar control mechanism is all it takes.

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Guess What…? Insulin Is Not Magic

Diabetics have been told for decades that they can take any amount of sugar and sugar-based products, as long as they continue with their insulin therapy; but nothing could be further from the truth. High levels and prolonged exposure to insulin can be as dangerous to the body as sugar is to a diabetic.

But on the flip side, glucose-lowering drugs may temporarily succeed in lowering blood sugar levels, but will eventually increase the risk of death from cardiac arrest. These drugs are associated with painful and unpleasant side effects including: elevated cholesterol and triglyceride levels, weight gain, stomach pain, drowsiness, headaches, constipation, nausea and diarrhea.

Take Advantage of Nature

You can gradually improve your diabetic condition with what's known as -natural remedies-. This will help you to avoid all negative effects of diabetes. The methods I discovered are intended to help you develop your own customized system for treating, curing and preventing diabetes --- all on your own.

First I'll start by giving you a general understanding of your diabetes. Through the next few pages, we'll explore symptoms and causes of diabetes and then we'll move on to a discussion of the different time-tested traditional methods that can be used not only to manage, but to eventually and permanently cure the disease.

Remember that all this is going to take commitment, lifestyle management, a few dietary changes and a smart and easy program of nutritional supplementation and herbal remedies.

A healthy lifestyle is a lot closer than you think!

What Happens Before Diabetes

Most people suffer from a condition known as -pre-diabetes-, before they actually develop diabetes. Pre-diabetes is a condition where in blood glucose, levels can rise to a higher than normal level, but where they aren't quite high enough to be diagnosed as diabetes. Pre-diabetes affects about 41 million people in the United States. Most of them are between the ages of 40 and 74.

During the pre-diabetes stage, some long-term damage, especially to the heart and circulatory system, can begin to occur. Research shows however, that if you are able to
control your blood glucose level at the pre-diabetes stage, you can stop or even completely prevent Type II diabetes from ever developing in your body.

**Taking the Test**

In order to determine if you have a pre-diabetes condition, there are two tests you can take. One test is called the Fasting Plasma Glucose Test (FPG) and the other is called the Oral Glucose Tolerance Test (OGTT). Either of these tests will help determine whether you have a normal metabolism or whether you have a pre-diabetes or diabetes condition.

If your blood glucose level is found to be higher than normal with an FPG, it would imply that you have the Impaired Fasting Glucose (IFG) condition and if your blood glucose level turns out to be abnormal with an OGTT, it would then imply that you have Impaired Glucose Tolerance (IGT).

You would be at risk, either way, of developing a chronic illness which has been destroying humanity since ancient times.

**The Past and Present with Diabetes**

Unlike many of the health challenges and diseases that are among us today, diabetes has been with us for centuries.

**B.C.**

- 1552 – This is the earliest recorded reference of diabetes. It is mentioned on 3rd Dynasty Egyptian papyrus by a physician named Hesy-Ra. He referred to frequent urination as one of the major symptoms of diabetes.

**A.D.**

- 100 – Then the condition was described be Arateus as “the melting down of flesh and limbs into the urine.”

- 164 – A Greek physician accidentally diagnoses diabetes as an ailment of the kidneys. Until 1200 A.D., people who drank urine of those suspected of having diabetes were invited to make the diagnosis. The Latin word for honey is mellitus and because the urine of diabetics is “sweet,” the condition later became known as Mellitus Diabetes.

- 1600’s – A famous physician, Paracelsus, identifies diabetes as a serious general disorder for the first time.
Diabetes Research in the 1800’s

Research into diabetes actually began to take off in the 19th Century. All over the world, Europe especially, scientists and doctors began to search for answers and insights that could lead to an effective treatment of this disease.

One physician in France, named Priorry, advised diabetes patients to consume more sugar as an effective means of treatment. Dr. Bouchardat, his colleague, noticed the disappearance of glycosuria during the rationing of food in Paris, during the Franco-Prussian War. This caused him to get the idea that diabetic diets need to be individualized.

A medical student in Germany discovered that the pancreas contains two systems of cells; one set secretes normal pancreatic juice, while the function of the other was yet unknown. These cells were identified as the islets of Langerhans, but not until several years later.

George Zuelzer, German spelling Georg Zülzer, was a German scientist who developed the first pancreatic extract that could be injected, in order to suppress Glycosuria. There were extreme side effects to the treatment, unfortunately, so later on its use was discontinued.

Treatment in the 20th Century

In the early part of the century, many fad diabetes diets became popular. The oat-cure, milk diet, rice cure and potato therapy was among the first and most popular. Even opium at one point was proposed as a dietary supplement for people identified with diabetes.

Frederick Madison Allen discovered one of the most important findings of the early 20th Century. He published a book on the contemporary treatment of diabetes called Studies Concerning Glycosuria and Diabetes. In this timeline, other milestones would include:

- 1921 – The discovery of insulin as a treatment after a dog, whose pancreas was removed, was successfully treated with it.
- 1940’s – The pivotal years in diabetes research, researchers discovered a vital link between diabetes and long-term health complications such as kidney and eye disease.
- 1955 – The first oral drugs to help lower blood glucose levels became available to patients.
1959 – Diabetes was broken down into two types: Type I (insulin-dependent) and Type II (non-insulin-dependent)

1960's and 1970's – These years saw significant progress in Diabetes treatment technology and the purity of insulin was improved. Advancements in home testing for sugar levels in urine gave people greater control over their bodies and the disease.

1983 – The first biosynthetic human insulin was introduced.

1986 – The insulin pen delivery system was introduced.

1990’s – With the 90’s came the realization that more frequent insulin doses and personalized treatment regimens based on a patient’s activity level and eating patterns can delay the onset and progression of long-term complications in individuals with Type I Diabetes.

Diabetes Today

Scientists began investigating various means of administering insulin without the use of a syringe. Reports of the first major clinical trials successfully using a new inhaled form of insulin were published and the device is similar to an asthma inhaler. It delivers a dose of insulin in a dry powder form through the mouth directly into the lungs from where it easily enters the bloodstream. Scientists have also begun experimenting with an in-the-check insulin product. The insulin is sprayed into the mouth and is primarily absorbed through the inner cheek walls.

Looking at the Past

In the 21st Century, everything that’s old is new again, despite the advancements in science, technology and medicine. While people across the world continue to embrace progress, they are also beginning to reconsider alternative health strategies and starting to prefer a more natural approach to health and healing.

The Price You Shouldn’t Have to Pay

Approximately 17 million people (about 8% of the population) are affected with diabetes in the United States. 1.2 trillion dollars is spent in the United States on health care with 75% being spent by people with chronic health conditions like diabetes. There’s an estimated 12 million people in the United States who have diabetes, but remain undiagnosed.
In fact, **diabetes is the third leading cause of death in the United States**, after heart disease and cancer. Throughout time, diabetes can lead to kidney failure, nerve damage and blindness. Diabetes plays a role in accelerating the hardening and narrowing of the arteries which lead to coronary heart disease, strokes and other large blood vessel diseases.

**Globally, the statistics are dramatic.** The number of people around the world suffering from diabetes has skyrocketed in the last two decades from 30 million to 230 million. China now has the largest number of diabetics over age 20, nearly 39 million people. India has the second largest number of cases with an estimated 30 million suffers, a staggering 6% of the adult population.

**Diabetes in the Prime of Life**

This disease affects people in their most productive age, unfortunately. The largest number of people affected Type II diabetes are between the ages of **40 and 59**, according to the statistics published by The Diabetes Atlas. Once known as a "mature" person's age, today the Atlas reports that the age of onset for Type II diabetes has drastically dropped, so people are getting sick in the prime of their life. Also, people who have poor blood sugar control often have long-term health problems which can include:

- **Stroke** – The risk of stroke is four times higher in people with diabetes.

- **Amputations** – In the U.S., diabetics account for more than 60% of lower limb amputations.

- **Dental disease** – 33% of diabetics suffer from severe periodontal disease with loss of the gums to the teeth.

- **Kidney failure** – In 2002, diabetes was a leading cause of end-stage renal disease.

- **Heart disease** – Adults with diabetes are 2 to 4 times more likely to die from heart disease than adults without diabetes and heart disease is the leading cause of diabetes-related deaths.

- **Nervous system disease** – 60-70% of diabetics suffer from a form of nervous system damage, which includes slowed digestion in the stomach, carpal tunnel syndrome and decreased sensation in the feet or hands (neuropathy).

- **Blindness** – In adults 20 to 74 years old, diabetes is the leading cause of new cases of blindness. Each year there are 12,000 to 24,000 new cases of diabetes-associated blindness.
Diabetes Ends Lives

According to data published by the International Diabetes Federation, diabetes claims the lives of millions and taxes the ability of health care organizations. With death rates expected to rise 25% over the next decade, each year some 3 million deaths are tied directly to diabetes. What's even more frightening is that the number of people with diabetes throughout the world is expected to double by the year 2030, according to a new study published by the World Health Organization.

But of course...this can change. You can make a difference in your life and in the life of someone you love, just as I did with my daughter. You don't want to remain a statistic. Choose to be on the leading edge of a new wave of health. Keep reading and you'll learn about a new and natural way to push diabetes through the "EXIT" door for good!

So What Is Diabetes Really…?

Diabetes mellitus is a disease which prevents your body from properly using the energy from the food you eat. Diabetes occurs when…

- The pancreas produces too little insulin
- The pancreas produces no insulin
- The pancreas makes insulin, but the insulin made does not work as it should

In the back of your mind you're probably asking, "What's insulin?"

Great question! Insulin is produced by the beta cells of the pancreas that helps the body use glucose for energy and it is a naturally-occurring hormone. Let me explain about how the body uses food for energy, for it helps to understand diabetes better.

Metabolism is responsible for turning food into fuel and delivering it to your hungry cells. The cells need food in a very simple form in order to make energy. Much of what goes into our mouths is broken down into a simple sugar called glucose. Blood and blood vessels transport glucose from the stomach or the liver to our muscles or our cells.

We don't live by glucose alone. Glucose can't go into the cells by itself; therefore the job is assigned to insulin. Insulin is released into the blood by the pancreas and it is the "key" that unlocks glucose and releases it into the cells to be used as energy. When
glucose leaves the bloodstream and enters the cells, the blood glucose level automatically gets lowered and low glucose is a benchmark of diabetes.

**Driver vs. Passenger**

The human body is like a car in many ways. To start a car, for example, you have to turn the key in order to move the gas to the engine. Without insulin, or the -key, glucose can't get into the body's cells to use as energy. As a result, this causes the retention of a lot of glucose in the blood, also known as *high blood sugar* or diabetes.

If you're been recently diagnosed as a diabetic, don't worry. You can once again monitor the highways and take control of your life. You just need to make a few changes in how you cruise your lifestyle, chances are you're due for a tune up anyway.

The point is that like our vehicles, our bodies need regular care and maintenance. While your doctor may be a great mechanic and as well as an important element in your health care plan, it's about time you take responsibility for yourself. So let's get you started on understanding diabetes and becoming the driver instead of being the passenger.

**Diabetes: Myths and Truths**

**Myth:** Diabetics cannot – must not – consume sugar

**Truth:** You can determine how to effectively manage your sugar intake once you find out the degree of your condition

**Myth:** Diabetes is caused by an over consumption of sweets

**Truth:** Although being overweight puts us at a higher risk of Type II diabetes, it makes no difference which foods make us fat. Sugar is high in calories, which contributes to weight gain, but it doesn't directly cause diabetes. Type I diabetes isn't caused by diet at all. It is believed to be an abnormal auto-immune reaction to the body's own cells

**Myth:** Only fat people get diabetes

**Truth:** Type I diabetes is not caused by the fat accumulated in the body. You can be slim and develop Type II diabetes if you have other risk factors. Type II diabetes is strongly linked to obesity and around 20% of sufferers are of normal body weight

**Myth:** Diabetes is not dangerous

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Truth: Diabetes is definitely dangerous and there is not getting around the fact that diabetes can have serious long-term complications which can lead to blindness, nerve damage, kidney failure and heart disease

Myth: Diabetes in pregnancy is just a blip

Truth: Gestational diabetes goes away once the baby is born, but it means that you are at more risk of developing Type II diabetes later on in life. It is an indicator that our body is not producing or using insulin as efficiently as it could be

Myth: Type I diabetes always starts in childhood and Type II starts later

Truth: This happens usually, but not always. Type I diabetes can be diagnosed as late as 40. An increasing number of people are being diagnosed with Type II diabetes at a younger age because of the rising rate of childhood obesity

Myth: Diabetics must cut out all carbs from their diets

Truth: Carbs should form the basis of any diet because they are vital for providing energy. However, diabetics should aim to eat foods that provide a slow, steady energy release

Myth: Diabetics should not exercise

Truth: With Type I diabetes, exercise may cause erratic swings in blood sugar levels, but that doesn’t mean that we shouldn’t exercise. The benefits far outweigh the risks. We just have to adjust our medication to compensate for the extra glucose being used

Myth: Alcohol is a complete “no” for diabetics

Truth: Alcohol is fine in moderation. Ideally 1-2 units a day for women and 2-3 for men would be fine. However, alcohol can also cause low blood sugar, so it shouldn’t be consumed too quickly or on an empty stomach

There’s More Than One Type of Diabetes

Diabetes is a medical term that signifies a problem with the body’s relation to insulin and insulin production. Diabetes would imply that the pancreas is not producing enough of the sugar-regulating hormone insulin. The two major types of diabetes are known as Type I diabetes (insulin dependent) and Type II diabetes (non-insulin dependent).
Type I Diabetes

Type I diabetes is basically when the insulin-producing cells in the pancreas have been destroyed, preventing the body from producing any insulin at all.

The body does not produce adequate quantities of insulin in Type I diabetes. Although Type I diabetes (also known as Juvenile diabetes) is usually found in young children and teenagers, it can also occur later in life.

Don’t think your life has come to a halt just because of diabetes. Gary Hall Jr., one of the world’s greatest athletes, was diagnosed with Type I diabetes in 1999 and went on in winning 6 Olympic medals in swimming!

Type II Diabetes

Type II diabetes is diagnosed when the body can still produce some insulin, but not enough to keep the blood sugar levels stable or when the body can’t use it effectively.

Type II diabetes (also known as Mature Onset Diabetes) is the most common form of diabetes. With Type II diabetes, the body can either produce lesser quantities of insulin than required or may not react to the insulin correctly. The result, either way, is that the unbroken glucose starts accumulating in the bloodstream instead of getting absorbed by cells, which can lead to many serious, long-term health consequences.

Type II diabetes often appears later in life between the ages of 35-45 years. Many people may not recognize the symptoms, as it often develops slowly; therefore, it remains undetected and untreated for a very long time.

Gestational Diabetes – Women Only

Gestational diabetes is only reported in women. In this condition, a woman’s blood sugar is always higher than normal because other hormones produced by the body during pregnancy begin to

Diabetes kills more than 182,000 Americans each year and is the country’s second most-costly disease, behind mental health. High-risk groups include African-Americans over 45 who are overweight, rarely exercise and who have a family history of the disease. Warning signs of diabetes include excessive thirst, extreme hunger, irritability, frequent urination, tingling in fingers or toes, unexplained weight loss, fatigue, nausea and vomiting. In addition, people with diabetes also run a higher than average risk of developing atherosclerosis. In this condition, the blood vessels to the legs become narrowed, causing cramps, cold feet, skin ulcers, gangrene, and pain upon walking and climbing stairs. Possible complications that are treatable and preventable with good glucose control are peripheral neuropathy, diabetic retinopathy and chronic kidney failure.

Source: Diabetes Mellitus, Manila Bulletin, July 14, 2005

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interfere with the insulin that is being naturally produced.

Gestational diabetes becomes apparent during the 24th to 28th week of pregnancy and in most cases, disappears in its own time after the baby is born. Women with gestational diabetes usually DON'T have an increased risk of having a baby with birth defects. However, there can be some complications caused by gestational diabetes, although nothing so serious that they can't be managed with careful attention to nutrition and blood sugar levels.

**Secondary Diabetes**

―Secondary‖ diabetes refers to elevated blood sugar levels caused by another medical condition. For instance, secondary diabetes may develop when the pancreatic tissue responsible for the production of insulin gets destroyed by disease, such as chronic inflammation of the pancreas or by toxins released by the consumption of excessive trauma, alcohol, or after surgical removal of the pancreas.

Hormonal disturbances, such as excessive growth hormone production and Cushing’s syndrome can also result from diabetes.

Certain medications may worsen diabetes control, or reveal latent diabetes. This is most commonly observed in patients on steroid-based medications or those taking drugs for the treatment of HIV infection.

You see, it's never too late to start making healthy adjustments in our lives, especially with so many factors contributing to the development of diabetes, as well as considering the long-term health threat that this disease poses.

And that's exactly why you purchased this book!

**Who Gets Diabetes and Why?**

Anyone, anywhere, at any age can develop diabetes. It often takes several years for diabetes to be detected in a person. This is usually when they have already developed some complications, such as visual impairment, heart disease, kidney failure, and stroke or nerve damage.

People are not diagnosed at all in the underdeveloped part of the world. Consequently, mortality from diabetes-related complications is extremely high in these countries.
The Base of Diabetes

Insufficient production of insulin or the inability of cells to use insulin effectively is called hyperglycemia, according to medical terminology, which eventually leads to diabetes. The condition affects mostly the cells of the muscle and fat tissues and results in a condition known as -insulin resistance,- which is a primary problem in Type II diabetes.

Glucose, which is a simple sugar found in food, is an essential nutrient that provides energy. The cells become starved of glucose energy without insulin. This is all despite the presence of abundant glucose in the bloodstream.

Insulin, which is a hormone that is produced by beta cells of the pancreas, helps in the cell absorption of glucose. It also regulates the level of glucose present in the blood. The glucose levels rise naturally after a meal. The pancreas automatically releases more insulin into the bloodstream in response to the increased glucose level. It helps the glucose enter the cells and lower the high glucose level in the blood after a meal. Once it falls to normal again, insulin release from the pancreas gets automatically switched off, once again.

Risk Factors

The risk factors are mostly out of our control with Type I diabetes. However, there are some choices we can make with Type II diabetes. Relating to lifestyle and dietary management, the choices we make can reduce the likelihood of developing diabetes.

Type I Risk Factors

The risk factors for Type I diabetics are mainly environmental and genetic triggers such as:

- **Family History** – If a member of our immediate family (parent or sibling) has Type I diabetes, then there is a greater likelihood of us (or our children) having it too.

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Birth and Early Childhood – Being born to an older mother or a mother with pre-eclampsia during pregnancy could be predisposing factors, but more research needs to be done to establish this correlation. There has also been some controversy over whether cow’s milk, fed to infants in the first 6-8 months of their life, could increase their risk of developing Type I diabetes.

Autoimmune Conditions – Type I diabetes is an autoimmune disease, meaning it is caused by the body's immune system, attacking its own insulin-producing cells in the pancreas. Celiac disease, Hashimoto's disease, Pernicious disease, Grave disease and Addison’s disease are all auto-immune diseases that trigger this condition.

Ethnic Background – It has been discovered that people of northern European or Mediterranean ancestry are at a higher risk of developing Type I diabetes.

Type II Risk Factors

Family History – Heredity has been proved to be a link in numerous research papers. The closer our link with the members of the family who has diabetes, the greater our chances of developing it ourselves.

Age – The risk of developing this disease increases as you age. 90-95% of people with diabetes are of Type II variety.

Obesity – The greater the obesity, the higher the risk and over 80% of people with Type II diabetes have been found to be overweight.

ARE YOU AT RISK?

Experts recommend regular diabetes screening if you have TWO or more of the following Type II risk factors:

- You are white and aged 40+ or you're Asian/Afro-Caribbean aged 25+
- Your mother, father or sibling had/has diabetes
- You do not exercise
- You've had diabetes during pregnancy
- You’re overweight (BMI over 25)
- You have heart disease, high blood pressure or circulation problems
- You have polycystic ovary syndrome and are obese
- You've been diagnosed with impaired glucose tolerance or impaired fasting glycaemia
**New Discoveries**

Many scientists have discovered new genes that appear to increase the risk for developing Type II diabetes. New strategies for prevention and treatment all come with understanding how these genes contribute to the disorder. These same studies have appeared in the April 26, 2007 online editions of *Nature Genetics* and *Science* and some of their major conclusions are as follows:

- **Race/ethnicity** – American studies show that Pacific Islanders, Native Americans, Hispanic Americans and African Americans are at a higher risk of developing diabetes, although little research has been done outside of the U.S. The risk for Type II diabetes is lower among Asians (including Japanese, Chinese and Koreans) and Mexicans, while a higher risk is among Asian-Americans.

- **Physical inactivity** – We have a greater chance of developing diabetes with the less exercise we do.

- **Impaired glucose tolerance (IGT)** – Impaired glucose tolerance puts the body at risk for developing full-blown diabetes, later in life. It is a level of blood glucose which is higher than normal, yet not high enough where doctors can diagnose the condition as diabetes.

**Diabetes and Its Symptoms**

Did you know that diabetes and its symptoms can be subtle or appear to be harmless in its early stages? We may not experience symptoms at all, that's why you have to pay close attention in order to detect them early. Here a few signs:

- **Increased urination and excessive thirst** – Both of these are classic diabetes symptoms. Excess sugar builds up in our blood when we have diabetes. Our kidneys are forced to work overtime to filter and absorb excess sugar, and if our kidneys can't keep up, the excess sugar is excreted into our urine along with fluids drawn from our tissues. This will trigger frequent urination, which may leave the body dehydrated. We'll urinate even more as we drink more fluids to quench our thirst.
Weight loss – Losing sugar through frequent urination also means that we lose calories. This creates a feeling of persistent hunger. The combined effect is rapid weight loss, especially with Type II diabetes.

Weight gain – Blood sugar levels are increased when the tissues are more resistant to the action of insulin, all caused by excess weight gain. The more fatty tissue present, the more resistant cells become. This is exactly why obesity is a prime risk factor in developing Type II diabetes.

Flu-like feeling – Sometimes the symptoms of diabetes can resemble a flu-like illness. We may start to notice weakness, loss of appetite and fatigue. This is because poorly-controlled diabetes hampers our body’s ability to use sugar for energy. The sugar remains in our blood instead of fueling our cells, which leaves us feeling tired and run down.

Tingling sensation in hands and feet – Nerve damage can be caused by excess sugar in the blood. It can also lead to tingling and loss of sensation in the hands and feet, as well as burning pain in the legs, feet, hands and arms.

Blurred vision – High levels of blood sugar pull fluid from the tissues, including the lenses of the eyes. This can affect our ability to focus. Diabetes can cause new blood vessels, for most people, to form in the retina as well as damage old vessels if left untreated. This can cause mild vision problems, such as flashing lights or rings around the lights and dark spots. For other people, these symptoms can be more serious. Diabetes can also lead to partial or complete blindness, in rare cases.

Other Diabetes Related Problems

Gum Disease
Diabetics are at a significantly higher risk for severe gum disease. Research indicates that good diabetes management will slow down the progression of gum disease and that blood sugar levels are more easily controlled if periodontal disease is treated.

Vision Problems
Many diabetics are at an unnecessary risk of blindness because they are not receiving regular eye screenings, according to a new report by the charity of Diabetes UK.

Athletes Foot
A good indication of diabetes would be problems with circulation, ulcers or open sores on your feet or oozing or weeping around your toes.

Vaginal Thrush
The presence of untreated diabetes mellitus can help the fungi that cause thrush to flourish.
❖ **Red, swollen, tender gums** – Our ability to fight germs may be weakened by diabetes. This increases the risk of gum infection as well as infection in the bones that hold our teeth in place. We may develop sores or pockets of pus in the gums or the gums may pull away from the teeth, causing them to become loose.

❖ **Slow-healing sores or frequent infections** – The ability to fight infections occur when high levels of blood sugar impair the body's natural healing process. Bladder and vaginal infections are common in women.

**Diabetic Ketoacidosis**, is one severe symptom of diabetes. This symptom is forced to burn fatty acids rather than glucose when it produces slightly sweet-smelling breath that is caused by acetone, a metabolic byproduct. The individual may develop diabetic coma and die as this process becomes more and more toxic to the body as it continues. When individuals are not getting enough insulin or the insulin is not adequate enough to allow cells of the body to utilize the glucose, then Ketoacidosis occurs.

**Hypoglycemic Coma (insulin shock)**, is another severe symptom of unregulated diabetes. Too much insulin is the outcome of this symptom. A hypoglycemic reaction causes headache, confusion, dizziness, trembling, weakness or drowsiness, difficulty in coordination and double vision. Unconsciousness or convulsions can eventually follow.

**Be Aware of Your Body**

**Contact your doctor immediately** if you notice any possible diabetes symptoms. I'm sure you've heard, “the sooner, the better,” right? Well, the sooner the condition is diagnosed is as soon as the treatment can start, and the better off you'll be. Start believing that diabetes is a serious condition. But don't worry, with active participation and the support of a health care team and family, you can manage diabetes while continuing to enjoy an active, healthy life.

**Diabetes Diagnosis**

Through a routine blood test, diabetes can be detected. All adults 45 years of age and older should be tested for diabetes every three years. It is suggested that African-Americans, who are at a higher risk, be tested at an earlier age and be given tests more frequently.
The fasting blood glucose test is the most common test for diabetes, as it is easy to perform and convenient. After at least fasting overnight, for at least 8 hours, a single sample of blood is drawn and sent to the laboratory for analysis. This can also be accurately done by using a glucose meter while in a doctor’s clinic. A random blood glucose test can also be used to diagnose diabetes. An indication of diabetes would be blood glucose level of 200 mg/dl or higher.

Another gold standard for testing diabetes would be the Oral Glucose Tolerance Test (OGTT). Just like the fasting blood glucose test, a person would have to fast overnight for an OGTT. The patient is then administered 75 grams of glucose (100 grams for pregnant women). The OGTT measures blood glucose levels five times over a period of three hours. The glucose levels rise and then fall quickly in a person without diabetes. In a person with diabetes, the glucose levels rise higher than normal and fail to come down to normal as fast.

The person being in good health is another requirement for this test, i.e. without an illness. He/she should be active (not lying down as like an impatient in a hospital) and should not be taking medicines that could interfere with their blood glucose level.

The patient should not have eaten a diet high in carbohydrates (150-200 grams per day) for three days before the test. It is also recommended that the patient not smoke or drink coffee the morning of the test.

And the Survey Says...

Test results may lead to one of the following diagnoses:

- **Gestational diabetes** – This is diagnosed when you have a fasting plasma glucose of more than 95 mg/dl, a 1-hour glucose level of more than 180 mg/dl, a 2-hour glucose level of more than 155 mg/dl, a 3-hour glucose level of more than 140 mg/dl or a 100g OGTT.

- **Impaired glucose tolerance** – When the fasting plasma glucose is less than 126 mg/dl and the 2-hour glucose level is between 140 and 199 mg/dl.

- **Normal response** – When the 2-hour glucose level is less than 140 mg/dl and all the values between 0 and 2 hours are less than 200 mg/dl.

- **Diabetes** – When two diagnostic tests done on different days show that the blood glucose level is high.
Heal and Manage

Unfortunately, no cure has been found for diabetes mellitus. Insulin preparations have been used in the treatment of diabetes since 1922 and there is no doubt that Type I diabetics require insulin. It must be injected since it’s not absorbed orally. Your physician will show you how to use a syringe to inject the insulin just under the skin of your arm, abdomen or thigh.

As for Type II diabetes, in many cases, diet alone is not enough to cure diabetes mellitus. Being able to restrict the amount of carbohydrates we eat in one meal is the main objective of diet control. Medical doctors recommend drugs known as oral hypoglycemic agents when Type II diabetes cannot be controlled satisfactorily with diet therapy. They appear to enhance the sensitivity of the body tissues to insulin as well as stimulate the secretion of insulin by the pancreas.

Management of Diabetes

By eating a low-fat diet, exercising regularly, controlling the body weight and taking natural supplements, people who are at-risk can reduce their chances of getting diabetes. This also applies to those who have been diagnosed with this disease and want to control it.

Did you know that doctors say that exercise is crucial to the management of diabetes and can help keep the disease at bay forever? Increased physical activity can help reduce the amount of insulin or oral medication to reduce the risk of cardiovascular disease and control weight gain. Exercise can also improve self-esteem and counteract the emotional blues of having a chronic disease. But before performing any lifestyle changes, experts recommend consulting with a doctor.

Four Ways to Take Control of Your Diabetes

- Learn about diabetes
- Manage your diabetes
- Get routine checkups
- Know your blood glucose levels and blood pressure

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People who are able to adapt to their lifestyle are people who best adapt to their diabetes condition. A regular doctor visit is where it all begins in order to monitor the body’s ability to make insulin, decreasing the amount of glucose the liver makes and slowing down how quickly glucose gets into the bloodstream.

Doctors stress that while a good relationship between a patient and his or her –diabetes team – consisting of a primary-care physician, nurse, dietician and eye doctor – is critical, the most important thing for diabetics to understand is that much of their health lies in their hands. **It is important that we take responsibility for our care.** This includes our diet, weight control, checking urine for sugar, exercising appropriately, regular comprehensive medical check-ups and living as naturally as possible with the natural gifts that are on the earth.

**Your Relationship and Diabetes**

Erectile problems in men and orgasm difficulties in women affect nearly 20% of diabetics. **Diabetes does not discriminate.** A recent study conducted by researchers was the largest ever on the sex lives of women with diabetes and found that 27% of women versus 15% of men, reported sexual dysfunction. These problems however, are often caused by psychological rather than pure physiological factors. Women with a sexual dysfunction tend to be frustrated with their diabetes treatment, which can lead them to depression and this eventually begins to reflect on their sexual lives.

Despite diabetes, here’s what experts have to say about maintaining a normal and happy sexual relationship….

**For starters, seek medical assistance the minute you suspect a problem and get a complete checkup.** A thorough examination would include a heart scan and tests for Sexually Transmitted Diseases (STD’s), according to Detroit urologist Isaac J. Powell. If undetected, the physical ramifications can range from chronic discomfort to sterilization or death. –Hypertension causes blood vessels that go into the prostate to have decreased blood flow because of a plaque that builds on the vessels. This then causes an obstruction that interferes with the man’s ability to get an erection.

Three systems have to be working in sync to maintain an erection: blood vessels that are flexible and open, production of the hormone testosterone and nerves that transmit the electrical messages from the penis to the brain must also be in order. With diabetes, erections often may occur but are less reliable. What starts off as a physical problem gets compounded by the emotional reactions to it which are often overwhelming.

Young men between the ages of 15-35 should be screened for testicular cancer as a preventative measure. Men who are 40 and older should investigate the condition of
their prostate. Prostate cancer strikes more African-American men than any other group and the irregular urination and painful ejaculation associated with the disease can adversely affect your life.

On the other hand, women should go through regular breast examinations and pap smears. It is critical to completely disclose all health concerns to the doctor. Here are a few recommendations that he/she may take:

- **Intrapenile injection** is recommended if a physical cause of the problem is found. This gives good erection that lasts for about 30 minutes. Although men wouldn’t exactly like the idea of getting this shot, they do feel relieved after their performance improves.

- The **vacuum device** is a plastic cylinder fitted with a pump which is placed over the penis and fills with blood and then an elastic band is slipped off the cylinder onto the penis to create a workable erection. This device can be an effective non-surgical approach for men who do not want to go under the knife.

- **Penile implant** is another mechanical device that is placed in the shaft of the penis. The most commonly used has a small pump located in the scrotum that allows the implant to be inflated when needed. One has to squeeze the scrotum when an erection is desired. 90% of men with implants report being satisfied. Right now, 25,000 are inserted each year.

Before you proceed with this procedure, you should be aware of its **disadvantages**:

- The procedure is **not reversible**. The implant can be removed, but a natural erection will never again be possible.

- Another pump will have to be put in if it fails.

- Some men find it difficult to accept the fact that something “foreign” will be inside their penis.

It would probably be a good idea to speak with a few couples who have gone through the procedure before going for it. **Don’t be afraid** to ask how it works or how it looks and feels.
Sometimes surgery gets completely ruled out because diabetes may make the blood supply very bad. They may interfere with the healing process or infections and tissue damage in the penis after healing may make it necessary to remove the implant.

That's why it's extremely important to carefully discuss all **pro's and con's** with your physician and do a **cost-benefit analysis**.

**Battling it with Drugs**

Other medically-approved drugs, such as Viagra, can be an option. According to Dr. Powell, many younger men are affected by erectile dysfunction due to nicotine and alcohol abuse in addition to health problems such as an inflamed prostate gland and clogged arteries caused by high cholesterol.

Candidates not considered for Viagra would be men who have a history of heart problems or who have suffered a recent heart attack. So don't go for self-medication and consult your physician. Remember, your health is important to you, so **never ever use someone else's prescribed medications**.

**Treatment for Women**

Hormone-replacement therapy can be sought if nearing menopause. Being uncomfortable and unhealthy may be the symptoms of menopause. A woman may also have symptoms like night sweats, hot flashes, painful sex and loss of libido. The hormone estrogen has been proven to protect woman from cardiovascular disease and osteoporosis. It may not be a bad idea to treat menopausal symptoms with hormone-replacement therapy and a proper diet. Physicians can determine the best treatment plan for each of us.

**Vitamins Are Helpers**

Vitamins are **organic substances** which should be added to our regular diet. The healthiest of meals cannot provide all of the 45-plus nutrients that are needed. Marginal deficiencies of one or more nutrients can interfere with good health. Vitamin B1 and Vitamin E are two vitamins that can be effective. Vitamin B1 converts starches and sugar into energy while Vitamin E is believed to increase fertility in some men. You should carefully choose a vitamin regimen that best suits your needs. Zinc stabilizes (or,
in some cases, increases) the testosterone level, which fuels the sex drive in both men and women.

Healthy Eating Means Healthy Living

A well-acknowledged fact is proven by the U.S. Department of Agriculture that the mineral Boron is vital for the hormone production and sexual function. Boron is found in fruits (excluding citrus), dark green leafy vegetables, nuts and legumes. Adults should eat a healthy breakfast, drink 100 percent fruit juice and load their diets with fruits and vegetables, according to the Centers for Disease Control and Prevention (CDC). You can also make meal preparation romantic by doing it together. It’s not only a boost of energy, but for many, the act of preparing food can be a bonding experience.

Smoking and Alcohol

Research has linked nicotine to constricting the arteries and blood vessels. This includes those that are responsible for a man’s erection. Nicotine can interfere with a woman’s ability to achieve an orgasm, may reduce fertility and trigger early menopause.

According to the National Institutes of Health (NIH), our drinking habits can also lead to a range of serious problems, including: an enlarged liver, cirrhosis, yellow jaundice, hepatitis, arthritis, emphysema, osteoporosis and stomach ulcers. The NIH data maintains that an occasional glass of wine or liquor can be good for the constitution and may help prevent certain forms of heart disease. Even postmenopausal women have been shown to benefit from an increased level of estrogen stimulated by wine. Wine has been known to stimulate the mood as well. Keep in mind though, too much of any good thing can have a bad effect.

Regular Exercise

Men who are physically inactive are 40 percent more likely to experience erectile dysfunction than men who exercise half an hour a day, according to the Harvard School of Public Health. Chief Terry Mason, who is an urologist at Chicago-based Mercy Hospital, says that working out will not only makes us look better, it will also increase
our stamina and level of control. An enhanced body improves our physical features and we all want someone who we are physically attracted to.

**Relaxation**

*Our health and love life can be eroded by daily stress.* Learn to de-stress together at the end of the day in more romantic ways, such as enjoying a latherly bubble bath for two with scented candles or a cuddling up together and watching a nice movie. Spend quality time together. You can try bike riding, sailing, walking marathons or even roller blading…if you are adventurous.

Try to get at least eight hours of sleep each night. Adequate sleep is essential to maintaining good health and reducing stress.

**Common Diabetes Medications**

The doctor may recommend oral medications to improve insulin production, lower insulin resistance as well as improve the blood sugar levels in the body, if a person is not able to achieve a normal blood sugar control through diet and exercise.

Oral medications complement other lifestyle habits that support healthy living with diabetes. However, these medications cannot be regarded as a substitute for healthy eating and exercise. There are several oral medications out there that stimulate insulin secretion. The most common is the sulfonylureas group of medication. Age and medical history will determine which type gets prescribed.

Other oral medications work more indirectly, for instance, they help in sensitizing the body to insulin through their effects on other body organs. Biguanides, also known as metformin, can inhibit glucose production in the liver. This causes insulin receptors to become more

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**Common Oral Medications**

- **Sulfonylureas** – Amaryl, Diabinese, Tolinase, Tolazamide, Acetohexamide, Glucotrol, Glipizide, Tolbutamide Orinase, Glimepiride, Glyburide (DiaBeta, Micronase), Chlorpropamide, and Glibenclamide

- **Thiazolidinedione** – Other names include: Rosiglitazone, Avandia, Pioglitazone and Actos

- **Meglitinides** – Prandin (Repaglinide), Starlix (Nateglinide) and Mitiglinide

- **Alpha-Glucosidase Inhibitors** – Other names include: Acarbose, Precose, Glucobay, Miglitol and Glyset

- **Biguanides** – Other names include: Metformin and Glucophage

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responsive or sensitive to insulin. Insulin sensitizers increase insulin action, without increasing insulin secretion, i.e., it makes it more potent, thereby increasing the risk of high sugar retention in the blood.

Alpha-glucosidase inhibitors are a type of medication that slows carbohydrate digestion from the stomach. They block the digestion of carbohydrates, which delays the release of sugar into the bloodstream. These medications are usually prescribed with a meal to lower blood sugar levels after a meal. This group of medication is sometimes prescribed in combination with sulfonylureas or insulin therapy. You have to remember that just because your doctor prescribed it for you, doesn’t mean it’s healthy for you. A drug is called a drug for a reason…it is an unnatural substance for your body.

Medications and their Side Effects

The biggest drawbacks with conventional Allopathic medicines, something that the doctors don’t warn us about, are the many unintended side effects they cause. Fortunately, there are more natural ways to protect us from the cumulative effects of uncontrolled diabetes without experiencing these unpleasant side effects or welcoming these health-threatening risks.

Skin rashes and muscle aches are the most common reactions to diabetes medications. Diabetics taking other certain medications may experience a loss of appetite or a metallic taste in the mouth. Bloating, diarrhea, gas, nausea or vomiting are other common effects of oral medications. Here is a list of side effects for other medications:

Alpa-glucosidase inhibitors:

- Cramps and diarrhea
- Gas
- Nausea

Biguanide medications:

- Metallic taste in mouth
- Upset stomach (nausea, diarrhea)
Meglitinides:
- Low blood sugar
- Upset stomach

Sulfonylurea medications:
- Hypoglycemia (low blood glucose)
- Skin rash or itching
- Upset stomach
- Weight gain

Thiazolidinediones:
- Elevated liver enzymes
- Fluid retention
- Liver failure
- Respiratory infection

With time, many side effects will pass. However, low blood sugar is a serious side effect that is more common when taking new medications or when combining oral medications. Diabetics need to weigh the risks of oral medication, as well as the possibility of interactions with other medications, if they have a history of heart, kidney or liver disease.

Talk to your doctor about your family health history to get a better understanding of the full range of medications and their side effects.
Alternative Medications

Conventional medical systems have often been flawed for its limited role in suppressing symptoms and overtaking the role of the body's natural immune responses. It has been said that the American Medical Association (AMA) has teamed up with the multibillion dollar pharmaceutical industry to promote Allopathic medicine, even when it's known and acknowledged all over the world that for some debilitating diseases, such as cancer and diabetes, natural care is often the best. The only are where modern medicine has proved how useful it can be is in surgery, emergency and trauma management.

In all other disease management areas, alternative medicine has proven to be more effective as well as cost-effective, especially for diseases like heart disease, cancer, asthma, rheumatoid arthritis, headaches, gastrointestinal disorders, sinusitis, etc.

Alternative methods work by assisting your body to heal itself instead of introducing strong drugs into your system. They emphasize prevention over cure and address the root cause of the disease rather than just provide temporary systematic relief.

You Are Your Own Health Care Provider

Many people may think this, but a doctor can't cure diabetes! You go to them looking for them to cure you, but they can't. The doctor's job is merely to provide all the required tools and conditions that would make the job of our stressed out immunological system a little bit easier. So ultimately, it's our job to preserve our health.

Naturally Fighting Type I Diabetes

Type I diabetes doesn't require regular blood sugar tests and medical intervention, because of its very nature. But in addition to a traditional medical protocol, we can pursue a number of natural health and wellness steps that can support those efforts:

- Discover EPO: You can help relieve pain from diabetic neuropathy by taking 4 grams of evening primrose oil supplements per day
- Fight with fiber: Stabilize blood sugar by drawing fiber from whole grains, beans (legumes), vegetables and fruit
- Protect with alpha lipoic acid: Protect yourself against several diabetic complications, such as kidney and nerve damage, by consuming 600 to 1,200 mg of this supplement per day
- Chromium therapy: Take 200 mcg a day of this essential trace mineral to improve glucose tolerance, but only under the strict supervision of a doctor

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Naturally Fighting Type II Diabetes

Did you know that the glycemic index system for rating carbs can actually help you beat diabetes, heart attacks, an appetite that's out of our control, and more? For almost everyone, it can offer dramatic health benefits. The glycemic index ranks carbohydrate foods by their effect on your blood sugar levels and was invented in the early 1900's by the University of Toronto researchers as a tool to help control diabetes.

What Research Says

A 1999 Swedish study of Type II diabetes found that compared to a high-GI diet, 4 weeks on a low-GI diet lowered blood glucose and insulin by 30%. Led by the University of Toronto's, Thomas Wolever, MD, in a 4 month study, a low-GI diet markedly improved insulin sensitivity in a group of pre-diabetic insulin-resistant people.

In a 6 year study of male health professionals, men eating the lowest-GI diets were 25% less likely to get diabetes. In the Nurses’ Health Study, the most powerful diabetes protection – a drop in risk of one-third or more- came from eating a low-GI diet and getting lots of fiber from cereal (7.5 g daily).

The Ranking of Carbs

The type of carbs we eat can make a positive difference on our health and the glycemic index helps us choose the best carbs for us. This index can be used to choose meals and snacks that give us an edge against diabetes, heart attacks, and possibly even cancer. As a matter of fact, don't be surprised if you find yourself shedding some pounds too!

The glycemic index (GI for short) assigns carbohydrate-containing foods a number based on how they affect blood sugar, or blood glucose. Low-GI carbs are healthy while high-GI carbs are not.

- Foods with a GI less than 55 cause only a little blip in blood sugar
- Foods with a GI of 55 to 70 produce a slight rise in blood sugar
- Foods with a GI of more than 70 send blood sugar soaring
No matter what form the carb takes initially—the starch in a bowl of whole-grain cereal, the lactose in milk, the sucrose in table sugar—eventually, the body has to break it down to glucose. The glucose winds up in the bloodstream, fueling the cells. How quickly the food breaks down during digestion depends on how high or low the GI number is. The longer our bodies have to wrestle with the carb to break it down into glucose, the slower the rise in blood glucose and the lower the GI.

**High Risks of a High GI**

The problem with eating lots of high-GI foods is this: When blood sugar soars, so does the hormone insulin. Insulin’s main job is to pick up excess blood sugar and store it safely in muscle tissue. In moderation, insulin is a good guy, but it becomes a killer when its levels spike repeatedly, triggering diabetes, heart disease and possible cancer.

The bad news is that insulin is spiking all the time in people who consume high-GI fare such as, doughnuts, bagels, French fries, and other quickly absorbed starchy carbohydrates. Experts point out that our modern diets offer vastly more opportunities to eat starchy high-GI foods than the diets on which our race evolved.

**Diabetes and Food**

*Diabetes experts no longer recommend a single diet for all people with diabetes, fortunately.* They instead advocate a dietary regime that is flexible and takes into account a person’s lifestyle and particular health needs.

Because there are so many authorities on health today, each working at a cross-purpose, there seems to be no agreement on what constitutes good health. The result is that there are more myths than truths about treatment for various diseases.

Take for example ADA’s latest diet recommendations for diabetics. The new guidelines relax restrictions on sugar rich foods. This is not shocking considering that the ADA, which relies mainly on donations to fund its efforts, accepted more than $23 million dollars from food manufacturers and drug companies in 2005. According to Jessica Fraser’s report on News Target (http://www.newstarget.com/021183.html), the charity even licenses its logo to various food companies for use on diet or low-sugar products in exchange for sponsorship money.

National surveys are continuing to demonstrate that the lack of *Recommended Daily Amounts* (RDA) of nutrients in our diets and increased intake of sugar-rich food is the leading cause of degenerative diseases including, diabetes.
My research shows that the prevalence of degenerative diseases – or what are most commonly known as lifestyle diseases – are almost absent in aboriginal societies. The diseases include:

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<td>Varicose veins</td>
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The interesting fact is that lifestyle (especially eating habits) has been attested to being the biggest factor contributing to this wide scale difference. Aboriginal studies found that the Greenland Eskimos have a diet that was much higher in good fat (i.e. fish) and low in refined sugary carbohydrates, compared to that of the modern societies, primarily sugar rich and low nutrient fast food.

This is the exact reason I have dubbed ADA’s new guidelines as the biggest diet deception in the medical world! It promotes sugar as safe, whereas anyone with the slightest bit of medical knowledge of the disease would tell you that the opposite is true for diabetics.
Is Fat Responsible…?

Were you aware that eating out at fast-food restaurants more than twice a week dramatically increases the risk of diabetes? A team of U.S.-based researchers found a strong link between not only fast food and obesity; but also fast food and diabetes. They also found that fast food increases insulin resistance in your body, which is worse.

An epidemic of obesity has coincided with the rapid expansion of fast-food outlets, according to a study done by Dr. David Ludwig of the Children's Hospital. This helps to explain why more than half of adults in England are officially overweight. An estimated 23% women and 22% men are obese compared with 8% women and 6% men in the 1980's.

The worst part is that obesity has been found to cut life expectancy by an average nine years while increasing the risk of heart disease, strokes and some cancers. Obesity is responsible for an alarming 30,000 deaths a year!

Fat and Diabetes

Scientists have known for years that fatty diets, obesity and Type II diabetes are linked, but were not able to explain why until researchers at the University of California at San Diego came up with the answer.

The reason is that a certain enzyme, (Gnt-4a) glycosyltransferase, which is vital to the protection of insulin, is suppressed by fatty foods. The enzyme plays a key role in enabling pancreatic cells to sense blood glucose levels and produce appropriate levels of insulin.

2005’s Institute of Medicine’s guidelines state that 20 to 35 percent of the total daily calorie allotment for adults comes from fat. Also, all fats contain the same number of calories (100 per tablespoon), regardless of saturation.

Compared with non-diabetics, those who suffer from Type II diabetes have a two to fivefold excess risk of developing coronary heart disease.

It was known that controlling blood glucose in diabetes is important for preventing eye and kidney complications, but we were uncertain of the true value of controlling blood glucose in relation to cardiovascular complications.
Reverse the Risk

The main principle in dietary treatment of Hyperlipidaemia is to restrict fat to less than 30 percent of your total caloric intake, with less than 10 percent obtained from saturated fat. Scientific evidence shows that if you have diabetes, by reversing this atherogenic lipid profile, you can successfully prevent cardiovascular problems.

So All Fat is Bad…Right?

Well, not exactly. Before we have our minds set that fat – which is an essential cause for obesity – should be avoided, understand that not all fats act the same. Some are definitely harmful, but there are a few that are helpful for proper functioning of your body.

Both animal and plant-derived foods contain fat, which is a prime source of energy (calories) for our bodies. Fat provides essential Fatty Acids not produced by our bodies, which regulate cholesterol metabolism and other processes, and promote proper growth and development. Fat also transport fat-soluble vitamins A, D, E and K—important for vision, healthy skin, and proper immune function – to cells and aid their absorption in the intestines.

Fat in its Various Forms

In addition to saturated, monounsaturated and polyunsaturated fats, there are also triglycerides, Trans Fatty Acids, and Omega 3 and Omega 6 Fatty Acids.

Saturated fatty acid has the maximum possible number of hydrogen atoms attached to every carbon atom. It is therefore said to be saturated with hydrogen atoms. However some Fatty Acids have one pair of Hydrogen atom missing in the middle of the molecule. This gap is called monounsaturated and the Fatty Acid is then referred to as monounsaturated. Finally, Fatty Acids that have more than one pair of Hydrogen atoms missing are called polyunsaturated.

Saturated fats (which contain saturated fatty acids) are mostly found in foods of animal origin. Monounsaturated and polyunsaturated fats (which contain monounsaturated and polyunsaturated Fatty Acids) are generally concentrated in plants and some sea food. Polyunsaturated Fatty Acids are of two kinds: Omega-3 or Omega-6. Scientists tell them apart by the point at which the Hydrogen atom goes missing or the points of nonsaturation.
Components of Fat

Recently a new term has been added to the fat lexicon: Trans Fatty Acids. These are byproducts of partial hydrogenation, a process in which some of the missing Hydrogen atoms are put back into polyunsaturated fats. -Partially hydrogenated vegetable oils, such as vegetable shortening and margarine become solid at room temperature.

What contributes to overall health is when unsaturated oils appear to increase cell fluidity and flexibility. These may be monosaturated or polyunsaturated, chemically, both of which can substantially lower blood cholesterol when substituted for saturated fats. Heart-healthy monosaturated fats – oils like olive and canola – stay liquid at room temperature but become cloudy or solidify if put in the refrigerator. Avocados and most nuts (including spreads like peanut butter) contain monounsaturated fats, as well as many other essential nutrients, therefore making them healthy additions to your diet.

Polyunsaturated fats are liquid at room temperature as well as when refrigerated. It is found in vegetable oils such as corn, soy, sunflower and safflower. Peanut oil is on the lower end of the unsaturated spectrum, but it is easily utilized by the body and can be totally hydrogenated, leaving no unhealthy Trans Fats.

Saturated fats and Trans fats, labeled as –bad, are sometimes lumped together and can clog arteries and raise levels of LDL (–bad cholesterol). It is recommended by health authorities that these fats should not exceed 10 percent of your calories (22 grams for a 2,000 calorie diet) if your LDL is less than 130. Animal products like butter, lard, whole milk and meat are high in saturated fats, which are solid and waxy at room temperature. So diabetics should immediately cut short their intake in daily meals.

Trans Fats, meanwhile, have similar effects as saturated fats, with an added negative at high levels because they not only raise LDL levels, but they also reduce HDL (the good cholesterol). About 20 years ago, Trans Fats began showing up in high amounts in many foods after commercial processors began using polyunsaturated fats (considered healthy) in a wide range of baked goods and snacks.

Eat Smart…Eat Right

According to a study to be published in the issue of Diabetes Care, eating vegetable fats or polyunsaturated fats instead of saturated fats can significantly lower the risk for diabetes in postmenopausal women.
This study may bring good faith to people who are also trying to lose weight as a means of warding off Type II diabetes that has long been associated with obesity. According to the Iowa Women's Health Study, led by researchers at the Harvard and University of Minnesota Schools of Public Health, substituting vegetable fat for saturated fats in the diets of women ages 55-69 lowered their risk for Type II diabetes by 22% and substituting polyunsaturated fats for saturated fats lowered the risk by 16%.

**You and Your Diet**

Here are a few suggestions from *The Basic Basics Diabetes Handbook* by nutritional therapist, Jane Frank, to help you ward off both obesity and diabetes.

- Those with Type II diabetes can achieve lower blood glucose and blood fats by following a diet made up of 30% protein, 40% carbohydrate and 30% fat. This eating pattern must be characterized by high intake of vegetables, fruit, pulses, whole grains and a low intake of red meat, processed, high-fat dairy products and refined grains.

- Onions and garlic appear to increase insulin in the blood by preventing it from being inactivated by the liver.

- Oily fish lowers serum triglycerides and contributes to glycaemic control.

- Broccoli is often recommended by doctors as a nutraceutical.

- Buckwheat may help increase insulin sensitivity, helping the body to use insulin more effectively.

- Just one gram a day of cinnamon could reduce blood glucose levels by 20 percent.
Restaurant Menu Warnings

<table>
<thead>
<tr>
<th>STAY AWAY FROM</th>
<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>French fries or fried foods</td>
<td>It’s fried in cheap, unhealthy vegetable oils</td>
</tr>
<tr>
<td>Anything with gravy (unless made from scratch)</td>
<td>Contains MSG</td>
</tr>
<tr>
<td>Soup</td>
<td>Contains MSG</td>
</tr>
<tr>
<td>Salad dressings</td>
<td>Contains MSC and unhealthy oils</td>
</tr>
<tr>
<td>Iced tea (herbal tea ok)</td>
<td>High levels of oxalic acid (causes kidney stones)</td>
</tr>
<tr>
<td>Diet sodas</td>
<td>Contains NutraSweet</td>
</tr>
<tr>
<td>Fruit juice (except for fresh squeezed)</td>
<td>Highly acidic</td>
</tr>
<tr>
<td>Decaffeinated coffee (natural herbal teas ok)</td>
<td>Contains solvents and chemicals used in the decaffeinating process</td>
</tr>
</tbody>
</table>

Understanding Carbohydrates

The Atkins and South Beach diets have caused us to look at carbohydrates in a new way. The first and most important point to understand is that all carbohydrates are sugars. Your mind may differentiate between carbs that taste sweet (‘sugar’) and those that don’t (‘starch’) --- but your body doesn’t.

The simple sugars in foods that are most important to human nutrition are called sucrose, fructose, lactose, and maltose. However, the only sugar our bodies care about is glucose because that’s the only sugar that can be absorbed by the body and converted into energy. All other simple sugars are broken down during digestion process to the primary food type, i.e., glucose. Here is a description of various sugar types;
Sucrose is the white granulated substance that most of us think of as sugar and put into our cereal every morning. Sucrose is derived from sugar cane, sugar beets, and the syrup from sugar maple trees. Sucrose is also naturally present in most fruits and vegetables, along with higher amounts of other sugars. Sucrose is a disaccharide (meaning ‘two sugars’) which converts to glucose and fructose.

Fructose is the form of sugar found in fruits, honey, and corn syrup. It is nearly twice as sweet as sucrose. When fructose is added to processed foods, manufacturers can say that their product has no added sugar. This is a ‘legal technicality’ since fructose really is a sugar…just not sucrose. Fructose is a monosaccharide (meaning ‘one sugar’) which is absorbed intact and changed into glucose by the liver.

Lactose is the sugar found in milk and milk products. It is also a disaccharide that converts into glucose and galactose. (Galactose is changed into glucose in the liver).

Maltose is a sugar found in grains. It is a disaccharide, but rather than getting converted into glucose and fructose or galactose, it breaks down into glucose…and MORE glucose. Thus, for diabetics this is the worst form of ‘sugar.’

No “Ose” For You

You can be sure that if a word(s) ending in -ose is on the label of a product, then it is almost certain to be a sugar. For example, dextrose is merely another name for glucose. The only exception is cellulose. Cellulose is the material that plant cell walls are made of and it is indeed a complex sugar molecule. The human digestive system has no enzyme to digest cellulose, and because it has no nutritional value, it passes straight through you. Cellulose once used to be called roughage, but we now refer to it as fiber.

Four Simple Diet Changes for Diabetics

Modifying our lifestyle is the first step in diabetes prevention; it’s never too late to start. Consider these latest diabetes prevention tips from the American Diabetes Association:
The Lighter the Better

- If overweight, diabetes prevention may simply hinge on weight loss. Every pound lost can improve health. And you may be surprised by how much. In one study, overweight adults who lost a modest amount of weight -5 percent to 10 percent of initial body weight -and exercised regularly reduced the risk of developing Diabetes by 58 percent over three years. To keep our weight in a healthy range, we should focus on permanent changes to our eating and exercise habits. Involve other family members as well. Motivation can come from remembering the benefits of losing weight, such as a healthier heart, more energy and improved self-esteem.

Lead...Don't Follow

- Low-carb, high-protein or other fad diets may help us lose weight at first, but they're not likely to help us maintain a healthy weight in the long run. And by excluding or strictly limiting a particular food group, we may in fact be giving up essential nutrients. Instead, think variety and portion control as part of an overall healthy-eating plan. Choose healthy foods low in fat and calories, including fruits, vegetables and various lean foods from the other major food groups.

Go With Fiber

- It's rough, it's tough -and it can reduce the risk of Diabetes by improving blood sugar control. And that's not all. Fiber also reduces the risk of heart disease. It can even promote weight loss by helping us feel full longer. Aim for 25 to 50 grams of fiber a day. Foods high in fiber include fruits, vegetables, beans, whole grains, nuts and seeds.

The Gift of Grains

- Whole grains are another important piece in the Diabetes-prevention puzzle. Try to make at least half of the grains whole grains. Even if we've been eating white bread and baking with refined flour for years, switching to whole grains is easier than we think. Many foods made from whole grains come ready to eat, including various breads, pasta products and ready-to-eat cereals. Look for the word "whole" on the package and among the first few items in the ingredient list. Try to choose items with at least 3 grams of fiber per serving.

Mind and Body Control

The control of this disease is all in the mind. Who would know better than you, how stressful it is to be diabetic? But did you also know that we can actually cope with the
disease as we deal with stress? Researchers maintain people who believe they can control their diabetes.

This self-control can be achieved either through psychological techniques such as developing a positive attitude, meditation, self-hypnosis; by causal attribution; or by behavioral techniques such as diet regulation, medication, accessing information or controlling side-effects. But first, let's examine stress…

The Impact of Stress

Though stress can have different impact on different people, we all experience it in some form or the other, everyday — noise, crowd, a bad relationship, job interview, meeting deadlines or while commuting to work. These signs are also common — sweaty palms, heart palpitations, fatigue, headaches or even worse, depression, anger, frustration or the vague feeling of uneasiness. But what you may not know is that stress is not an isolated problem. Instead, it is a part of a complex response that not only affects our emotions but our body's metabolism as well.

Your Body and Stress

Stress is a natural survival response which occurs when we feel threatened by thoughts or external stressors. When we are in a stressful situation, our circulatory system shoots up and blood is pushed rapidly towards different parts of the body. To the organs and systems that protect us against these threats and as a consequence, this increases our blood pressure.

However, because the blood supply has been diverted, the supply to the digestive system is reduced as well, making the process of digestion slower and less effective. Stress also constricts the blood vessels, increases heart rate, and produces other physiological manifestations, all instantaneously!

We may also tremble or perspire. The face may flush and we may feel a surge of adrenaline flow through our body. Our mouth may become dry and we may feel nauseated, and breathing may become more rapid and shallow. The heart begins to pound and muscles may become tight, leading to headaches or cramps. Though stress prepares us to counter any threat, it may also lead to an inability to respond in a way that eliminates it. An unabated stress may cause even more stress -- creating a vicious cycle and taking a heavy toll on our body. In fact, many researchers believe prolonged stress puts such a strain on the body in a manner that the immune system eventually breaks down and in the process, makes the body vulnerable to numerous other diseases.
Diabetes and Stress

Stress is particularly dangerous for people with diabetes. The hormones the body releases as part of the fight response are actually meant to prepare the body for quick action. These hormones break down stored glycogen into blood glucose, which the body should be able to use for energy. But people with diabetes cannot effectively use this extra glucose for energy, so the result is a rapid rise in blood sugar.

During times of stress, our self-care skills may also slip a bit. When we’re under pressure, if we have to meet a tight deadline for example, we may not take time to eat. Even if we do eat, chances are we won't spend too much time choosing foods that fit into our diet plan. Alternatively, maybe we'll decide to forgo exercise, because there are just too many other important things on our 'to do' list. We may decide, like a number of people, to have a few 'drinks' or smoke a bit more to help us relax when feeling stressed. Any of these behaviors can seriously impair blood sugar levels.

Know Your Metabolism

From the discussion above, it's clear that there is a close relationship between stress and glucose metabolism. Some scientists have suggested that autonomic nervous system is involved in Type 2 diabetes. Stressful stimuli produce a prolonged sympathetic nervous system discharge that increases the production of epinephrine, a chemical substance produced in adrenal gland medulla.

All this interferes with the function of pancreas and carbohydrate metabolism. In addition, cortisol, which is increased by chronic stress, causes increased glucose production by the liver and increased cellular resistance to insulin. Both effects promote higher blood glucose levels, which may lead to obesity and a predisposition to diabetes. This is supported by a variety of scientific studies.

How to Cope with Stress

We can control our diabetes and avoid many of its long-term complications just by maintaining a positive and happy disposition. It’s important to pay close attention to both your physiological well-being, as well as your metabolic control because diabetes is so difficult to control effectively.

It is considered to be ‘ideal diabetic management’ when we are satisfied with the treatment regime and are also maintaining effective blood glucose control. Just following one or the other measure won’t work – both have to move in tandem.
Beat the Stress

Experts contend that certain relaxation techniques and regular exercise can be extremely useful in stress management. There are many different types of clinical relaxation techniques, including meditation and deep breathing, hypnosis and biofeedback. Discuss the technique that would be most appropriate for you with your diabetes team. Pinpoint the source of your stress. Try to objectively identify your stressors and pinpoint what specifically is causing you to feel stress. Maybe you are having a hard time with the symptoms of diabetes. Maybe you are tired of sticking to your treatment program, or maybe you are just tired of thinking about Diabetes. Once identified, eliminate as many stressors from your life as possible.

Certain physical activities can be a great means of stress control. Exercise is not only a good way to release stress but can also be a very beneficial part of the diabetes treatment. (Please refer to our next section on exercise for more details).

Finally, regardless of how diabetes is affecting us, there is still some kind of exercise which could suit our stress-busting needs. Brisk walking, swimming and dancing, for instance, all allow release of tension. However before we embark on any program, we should seek our doctor's approval. Meanwhile, be positive and fight back with confidence!

Exercising is Mandatory

Muscles can burn glucose at almost 20 times the normal non-exercising rate during exercise. The liver makes sugar available either by depleting its own storage or by changing fatty acids from adipose (fat) tissue into glucose and releasing them to the muscles for utilization.

In normal human physiology, the liver and muscles "talk" so appropriately the liver produces the exact amount of glucose the muscles need, so the blood sugar level tends not to change very much. The level of insulin in the blood regulates the glucose coming from the liver and going into the muscle.

This level of insulin may vary for diabetics, especially if the diabetes is poorly controlled. In a patient whose diabetes is well-controlled, the glucose level might stay stable or drop because the ability to control the level of insulin is lost. This might occur either because pills make the body produce insulin without food or exercise, or because the insulin was given by injection.
In a patient whose diabetes is poorly controlled, the glucose level is generally high because the insulin level is low, and the muscles and liver don't "talk," causing glucose levels to fall, stay stable, or even rise dangerously with exercise.

The Power of the Muscle

Think of your muscles as small fuel tanks. They store glucose and they burn it to make energy. If our tank is full of glucose, then it doesn't matter how much or how little we eat, our muscles can't store it. Therefore, we have to empty out the muscle tanks through exercise every day in order to make room for the calories we take in when we eat.

Increasing physical activity can help to lose weight. But even if it doesn't, it's still important to get off the couch. Whether we lose weight or not, physical activity lowers blood sugar and boosts our sensitivity to insulin -which helps keep blood sugar within a normal range.

Our muscles use sugar for energy. This in turn reduces the blood sugar. The more strenuous the workout, the longer the effect lasts -there's more. With Type 2 Diabetes, exercise can increase insulin sensitivity. This means the body requires less insulin to escort sugar into our cells. Along with a healthy-eating plan, exercise may even reduce -or eliminate -our need for glucose-lowering medication.

Exercise boosts our mood and energy levels! Who wouldn't like that?

Exercise Good Judgment

When we're ready to exercise, we should start slowly and gradually build stamina. We should work our way up to 30 minutes of moderate-intensity exercise most days of the week. While working out, we need to remember to take good care of ourselves.

- **Check blood sugar before, during and after exercise** -especially if you take insulin or medications that can cause low blood sugar (hypoglycemia). It is recommended you carry glucose tablets or hard candy in case your blood sugar drops too low or you feel shaky, nervous or confused.

- **Drink plenty of fluids while exercising, especially when it's hot.** Dehydration can increase blood sugar. If exercising for more than an hour, we should drink carbohydrate-containing beverages rather than plain water.
Pay attention to your feet. Wear smooth-fitting socks and comfortable athletic shoes. Examine the feet before and after exercise for any signs of potential damage, such as cuts or blisters.

Experiencing warning signs -severe shortness of breath, dizziness, faintness, nausea, chest pain, heart palpitations, or pain in an arm or in your jaw -stop exercising. If you don't feel better within 15 minutes, seek immediate medical help. Once we understand how our body responds to exercise, we'll be even closer to a healthier us.

Exercising For You

Exercise is like a drug. It has to be prescribed and tailored for each situation. For people with Diabetes, the prescription might be different than for people with heart disease or back pain. Since the muscles that use glucose appropriately are the long, thin muscles, we need to develop these muscles. With a daily low-resistance, high-frequency exercise/activity program lasting 45 to 55 minutes, the control of blood glucose for those with Diabetes improves and stabilizes even before weight loss is achieved.

Your Complementary Care

Managing stress is key to managing blood sugar levels. In addition to a medically recommended treatment plan, many people find it helpful to seek out extra activities that optimize their emotional and physical health. These are called complementary therapies, because they fit alongside, rather than in place of, the doctor's advice.

One example of a complementary therapy is taking vitamins and other supplements, such as a daily multivitamin. Another example of a complementary therapy is joining a weight-loss, stop smoking, or other group, in order to fight a habit that compounds the health risks brought on by diabetes.

A third example is engaging in a stress reduction activity. This is important because, for many people, dealing with Diabetes is very stressful and can trigger depression or other emotional problems. Examples of stress reduction activities include signing up for a yoga class, learning deep breathing and other meditation exercises. Your care doesn't have to be expensive. To relieve stress and promote wellness, something as simple as a scented bath or a massage from a partner can provide tremendous benefits.
Health Checklist

✓ Create a balanced meal plan and stick to it

✓ Exercise at least 3-4 times a week for 20 to 40 minutes each session

✓ Try supplements which have been shown to have an impact in fighting diabetes

✓ Practice good foot and skin care

✓ Don't smoke

✓ Have your eyes examined once a year

✓ See your doctor regularly

  ❖ Every 3-4 months for regular check-ups if you’re treated with insulin
  ❖ Every 4-6 months if you’re treated with other diabetes medications
  ❖ Every 4-6 months if you're managing diabetes with diet and exercise alone

✓ Test your urine for ketones when your blood glucose is over 300 mg/dl

✓ Record your blood glucose and urine ketone test results

✓ Have a dental exam every six months

✓ Test your blood glucose regularly

My daughter and I completely understand how hard this life change can be, but with the right mind frame and relaxed attitude, we know that you can do this! Every day will not go how you want it to and your body will let you know it. You have to take one step at a time. For every day that that you focus on natural ways to take care of the ONE body you have, the closer you’ll be to becoming free of diabetes, and spending more time with your loved ones.

I know all of this information has been a lot to absorb, but just take it slow. I hope you realize how important it is to take your health into your own hands.

All the best to you and your loved ones and remember…YOU CAN BEAT THIS DISEASE!