

Diabetes

Patient Information Sheet

Causes & Mechanism of the Disease

Diabetes is a chronic condition that affects nearly 10% of Americans. It is characterized by high levels of glucose (sugar) in the blood. If untreated, it can lead to serious conditions such as blindness, heart disease, kidney disease, nerve disease and stroke.



Type I (insulin dependent) diabetes is the result of an endocrine disorder in which the pancreas does not manufacture enough insulin. Type II (non-insulin dependant) diabetes occurs when the pancreas produces sufficient insulin but the cells lose their sensitivity to it. Genetics appear to influence susceptibility to the disease. Dietary factors such as obesity and a high sugar, low fiber diet greatly contribute to the disease. Lifestyle factors including stress, lack of exercise, and alcohol intake also play a role.

Symptoms may include: increased thirst and/or hunger, frequent urination, irritability, fatigue, poor wound healing, blurred vision, numbness or burning in feet and legs, itching, and loss of bladder control in children. Criteria for diagnosis includes a HgA1C greater than 6.5 on at least two occasions.

Suggested Dietary & Lifestyle Modifications

- Eat a predominantly vegetarian diet based on vegetables, fresh whole low glycemic index fruits, whole grains and legumes. (Low glycemic index fruits include: apples, peaches, pears, cherries, plums, berries and oranges.)
- Strictly limit **refined** carbohydrates (sugar, white flour, white rice) and alcohol. Eliminate food additives such as artificial colors, artificial flavors, preservatives, hydrogenated fats, nitrates/nitrites, sulfites, and artificial sweeteners. Stevia is OK.
- Intermittent Fasting (eating for 6-8 hours during the day and fasting for 16-18 hours per day) can keep your blood sugars and insulin in check. Keep a food journal.
- Include onions and garlic in the diet. Organically grown fish or poultry eaten in moderation is preferable to red meat (salmon is especially rich in Omega 3 fatty acids which are useful in the management of insulin resistance). Gradually increase fiber intake.
- Eat a diet low in saturated fat (i.e. butter, cheese, fatty meats). Do include foods with a moderate amount of fats from vegetable and cold water fish sources.
- Drink plenty of fluids (mostly purified water with fresh squeezed lemon juice added if desired).
- Limit dairy consumption (substitute rice or almond milk for cow's milk).
- Consume correct amount of calories to maintain a healthy body weight.
- Exercise at least 30 minutes three times per week (avoid during periods of hypoglycemia).



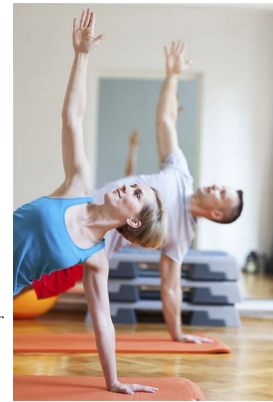


Supplements That May Be Beneficial

- Ultra Preventive Capsules or Ultra Vites (high potency multi vitamin & mineral supplement with Glucose Tolerance Factor Chromium)
- Ultra DM II Complex (Cinnamon, Alpha Lipoic Acid, Chromium, Berberine, Fenugreek, Milk Thistle, MSM, Vit E)
- Metabo-Lift (Blackberry, Nettle Mother Tinctures with Essential Oils of Bergamot, Cinnamon, Ginger, Grapefruit, Lemon, Peppermint)
- Metabo-Trim (African Mango, Cissus, Coleus Forskohlii Extracts)
- Ultra Adrenal Complex (Rhodiola, Eleuthero, Ginseng, Ashwaganda)
- Hepacleanse (milk thistle, plantain & yarrow)
- Ultra Omega-Linic (omega 3, DHA, EPA & GLA supplement with salmon & black currant oils)
- Custom tincture & essential oil blends as recommended by a trained Endobiogenic Consultant

Complementary Treatments That May Be Beneficial

- *Ortho Flex Extra* essential oil combination diluted in a vegetable carrier oil or natural lotion and massaged on legs and feet and any other painful areas.
- *Appetite Balance*, Geranium, Peppermint, Grapefruit essential oil combination
- Graded, supervised exercise program, Yoga
- Massage Therapy, Chiropractic Care
- Mind/body medicine, Acupuncture or Acupressure



Note: Suddenly discontinuing insulin or other diabetic drugs can have serious consequences and is not recommended unless directed by your physician. Individuals under a physician's care should seek the advice of their physician before taking nutritional supplements or beginning a new exercise program. The nutritional suggestions in this material are not offered to treat, mitigate or cure disease, and should not be used as a substitute for medical care. This information is designed to be used in conjunction with the services of a trained, licensed healthcare practitioner.

References:

Allred, S., Brown, J. & Mosley, M. (2018). Intermittent fasting: a dietary intervention for prevention of diabetes and cardiovascular disease?

CDC: Center for Disease Control. (2019). Diagnosed Diabetes. Retrieved on February 12, 2019 from: <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

Duraffourd, M.D., Christian and J.C. Lapraz, M.D. *Traité de phytothérapie clinique: médecine et endobiogénie* (Clinical Phytotherapy Treatise: medicine and endobiogeny). pg 260, Masson S.A. Paris, France.

La Bounty, P.M. & Tinsley, G. (2018). Effects of intermittent fasting on body composition and clinical health markers in humans. *Nutrition Reviews*. Vol. 73(10):661–674

Pizzorno, J.E. and M.T. Rolfes. *Textbook of Natural Medicine*. pp 1193-1216, Churchill Livingstone, 1999.

University of Maryland Medical Web Site. <http://www.umm.edu/altmed/ConsConditions/DiabetesMellituscc.html> retrieved on March 4, 2005

Written by: Annette Davis, C.N, & Jean Bokelmann, M.D. & DelLisa Eddington, N.P.

EIMC © 2019, all rights reserved.

6000 S 5th Ave
Pocatello ID 83204

Phone 208-478-8400, FAX 208-232-6018
Phone 877-470-8400 TOLL FREE

info@eimcenter.com
www.eimcenter.com