

Our Deadly Diabetes Deception

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Diabetes introduction

If you are an American diabetic, your physician will never tell you that most diabetes is curable. In fact, if you even mention the cure word around him, he will likely become upset and irrational. His medical school training only allows him to respond to the word treatment. For him, the cure word does not exist. Diabetes, in its modern epidemic form, is a curable disease and has been for at least 40 years. In 2001, the most recent year for which figures US figures are posted, 934,550 Americans died from out of control symptoms of this disease.[1]

Your physician will also never tell you that at one time strokes, both ischemic and hemorrhagic, heart failure due to neuropathy as well as both ischemic and hemorrhagic coronary events, obesity, atherosclerosis, elevated blood pressure, elevated cholesterol, elevated triglycerides, impotence, retinopathy, renal failure, liver failure, polycystic ovary syndrome, elevated blood sugar, systemic candida, impaired carbohydrate metabolism, poor wound healing, impaired fat metabolism, peripheral neuropathy as well as many more of today's disgraceful epidemic disorders were once well understood to often be but symptoms of diabetes.

If you contract diabetes and depend upon orthodox medical treatment, sooner or later you will experience one or more of its symptoms as the disease rapidly worsens. It is now common practice to refer to these symptoms as if they were separable independent diseases with separate unrelated proprietary treatments provided by competing medical specialists.

It is true that many of these symptoms can and sometimes do result from other causes; however, it is also true that this fact has been used to disguise the causative role of diabetes and to justify expensive, ineffective treatments for these symptoms.

Epidemic Type II Diabetes is curable. By the time you get to the end of this article you are going to know that. You're going to know why it isn't routinely

being cured. And, you're going to know how to cure it. You are also probably going to be angry at what a handful of greedy people have surreptitiously done to the entire orthodox medical community and to its trusting patients.

The diabetes industry

Today's diabetes industry is a massive community that has grown step by step from its dubious origins in the early twentieth century. In the last eighty years it has become enormously successful at shutting out competitive voices that attempt to point out the fraud involved in modern diabetes treatment. It has matured into a religion. And, like all religions, it depends heavily upon the faith of the believer. So successful has it become that it verges on blasphemy to suggest that, in most cases, the kindly high priest with the stethoscope draped prominently around his neck is a charlatan and a fraud. In the large majority of cases he has never cured a single case of diabetes in his entire medical career.

The financial and political influence of this medical community has almost totally subverted the original intent of our regulatory agencies. They routinely approve death dealing ineffective drugs with insufficient testing. Former commissioner of the FDA, Dr. Herbert Ley, in testimony before a US Senate hearing, commented "People think the FDA is protecting them. It isn't. What the FDA is doing and what the public thinks its doing are as different as night and day." [2]

The financial and political influence of this medical community dominates our entire medical insurance industry. Although this is beginning to change, in America, it is still difficult to find employer group medical insurance to cover effective alternative medical treatments. Orthodox coverage is standard in all states. Alternative medicine is not. For example there are only 1400 licensed naturopaths in 11 states compared to over 3.4 million orthodox licensees in 50 states. [3] Generally, only approved treatments from licensed credentialed practitioners are insurable. This, in effect, neatly creates a special kind of money that can only be spent within the orthodox medical and drug industry. No other industry in the world has been able to manage the politics of convincing people to accept so large a part of their pay in a form that does not allow them to spend it on health care as they see fit. Insurance money can only be spent within an industry that has banned the cure word from its vocabulary.

The financial and political influence of this medical community completely controls virtually every diabetes publication in the country. Many diabetes

publications are subsidized by ads for diabetes supplies. No diabetes editor is going to allow the truth to be printed in his magazine. This is why the diabetic only pays about 1/4 to 1/3 of the cost of printing the magazine he depends upon for accurate information. The rest is subsidized by ads purchased by diabetes manufacturers with a vested commercial interest in preventing diabetics from curing their diabetes. When looking for a magazine that tells the truth about diabetes, look first to see if it is full of ads for diabetes supplies.

And then there are the various associations that solicit annual donations to find a cure for their proprietary disease. Every year they promise a cure is just around the corner; just send more money. Some of these very same associations have been clearly implicated in providing advice that promotes the progress of diabetes in their trusting supporters. For example, for years they heavily promoted exchange diets [4] which are in fact scientifically worthless, as anyone who has ever tried to use them quickly finds out. They have ridiculed the use of glycemic tables which are actually very helpful to the diabetic. They promoted the use of margarine as heart healthy long after it was well understood that margarine causes diabetes and promotes heart failure. [5] Why everyone expects that these tax free associations will really self destruct by eliminating their proprietary disease and thereby destroy their only source of income is truly amazing. If people ever wake up to the cure for diabetes that has been suppressed for forty years, these associations will soon be out of business. But until then, they nonetheless continue to need our support.

For forty years medical research has consistently shown, with increasing clarity, that type II diabetes is a degenerative disease directly caused by an engineered food supply that is focused on profit instead of health. Although the diligent can readily glean this information from a wealth of medical research literature, it is generally otherwise unavailable. Certainly this information has been, and remains, largely unavailable in the medical schools that train our retail doctors.

Prominent among the causative agents in our modern diabetes epidemic are the engineered fats and oils sold in today's supermarkets.

The first step to curing diabetes is to stop believing the lie that the disease is incurable.

Diabetes history

In 1922, three Canadian Nobel prize winners, Banting, Best and Macleod were successful in saving the life of a fourteen year old diabetic girl in Toronto General Hospital with injectable insulin. [6] Eli Lilly was licensed to manufacture this new wonder drug and the medical community basked in the glory of a job well done.

It wasn't until 1933 that rumors about a new rogue diabetes surfaced. This was in a paper presented by Joslyn, Dublin and Marks and printed in the American Journal of Medical Sciences. This paper "Studies on Diabetes Mellitus" [7], discussed the emergence of a major US epidemic of a disease which looked very much like the diabetes of the early 1920's only it did not respond to the wonder drug, insulin. Even worse, sometimes insulin treatment killed the patient.

This new disease became known as Insulin Resistant Diabetes because it had the elevated blood sugar symptom of diabetes, but responded poorly to insulin therapy. Many physicians had considerable success in treatment of this disease by diet. A great deal was learned about the relationship between diet and diabetes in the 1930's and 1940's.

Diabetes, which had a per capita incidence of 0.0028% at the turn of the century, had by 1933, zoomed 1000% in the US to become a disease faced by many doctors [8]. This disease, under a variety of aliases, was destined to go on to wreck the health of over half of the American population and to incapacitate almost 20% by the 1990's. [9]

In 1950 the medical community became able to perform serum insulin assays. This quickly revealed that the disease wasn't classical diabetes. This new disease was characterized by sufficient, often excessive, blood insulin levels. The problem was that the insulin was ineffective; it did not reduce blood sugar. But, since the disease had been known as diabetes for almost twenty years it was renamed Type II Diabetes. This was to distinguish it from the earlier Type I Diabetes which was due to insufficient insulin production by the pancreas.

Had the dietary insights of the previous 20 years dominated the medical scene from this point and into the late 1960's, diabetes would have become widely recognized as curable instead of merely treatable. Unfortunately this didn't happen and so, in 1950, a search was launched for another wonder drug to deal with the Type II Diabetes problem.

Cure vs treatment

This new ideal wonder drug would be, like insulin, effective in remitting obvious adverse symptoms of the disease, but not effective in curing the underlying disease. Thus, it would be needed continually for the remaining life of the patient. It would have to be patentable; that is, it could not be a natural medication because these are non-patentable. Like insulin, it would be highly profitable to manufacture and distribute. Mandatory government approvals would be required to stimulate the use by physicians as a prescription drug. Testing required for these approvals would have to be enormously expensive to prevent other, unapproved, medications from becoming competitive.

This is the origin of the classic medical protocol of "treating the symptoms". By doing this, both the drug company and the doctor could prosper in business and the patient, while not being cured of his disease, was sometimes temporarily relieved of some of his symptoms.

Additionally, natural medications that actually cured disease, would have to be suppressed. The more effective they were, the more they would need to be suppressed and their proponents jailed as quacks. After all, it wouldn't do to have some cheap effective natural medication cure disease in a capital intensive monopoly market specifically designed to treat symptoms without curing disease. Often the natural substance really did cure disease. This is why the force of law was used to drive the natural, often superior, medicines from the market place, to remove the cure word from the medical vocabulary and to totally undermine the very concept of a free marketplace in the medical business.

Now it is clear why the cure word is so vigorously suppressed by law. The FDA has extensive Orwellian regulations that prohibit the use of the cure word to describe any competing medicine or natural substance. It is precisely because many natural substances do actually both cure and prevent disease that this word has become so frightening to the drug and orthodox medical community.

The commercial value of symptoms

After this redesign of drug development policy to focus on ameliorating symptoms rather than curing disease, it became necessary to reinvent the way drugs were marketed. This was done in 1949 in the midst of a major epidemic of insulin resistant diabetes.

In 1949, the US medical community reclassified the symptoms of diabetes, [10] along with many other disease symptoms, into diseases in their own right.

With this reclassification as the new basis for diagnosis, competing medical specialty groups quickly seized upon related groups of symptoms as their own proprietary symptom set. Thus the heart specialist, endocrinologist, allergist, kidney specialist, and many others started to treat the symptoms for which they felt responsible. As the underlying cause of the disease was widely ignored, all focus on actually curing anything was completely lost. By this new focus on treating symptoms, instead of curing disease, disease was now allowed to run rampant without any effective check on its progress. While not a very smart idea from the patients viewpoint, it did succeed in making the American medical community amongst the wealthiest in the world because of the continuing high volume of repeat business that it promoted

Heart failure for example, which had previously been understood to often be but a symptom of diabetes, now became a disease not directly connected to diabetes. It became fashionable to think that diabetes "increased cardiovascular risk." The causal role of a failed blood sugar control system in heart failure became obscured. Consistent with the new medical paradigm, none of the treatments offered by the heart specialist actually cures, or is even intended to cure, their proprietary disease. For example, the three year survival rate for bypass surgery is almost exactly the same as if no surgery was undertaken. [11]

Today over half of the people in America suffer from one or more symptoms of this disease. In its beginnings, it has become well known to physicians as Type II Diabetes, Insulin Resistant Diabetes, Insulin Resistance, Adult Onset Diabetes, or more rarely Hyperinsulinemia. According to the American Heart Association, almost 50% of Americans suffer from one or more symptoms of this disease. One third of our population is morbidly obese. Half of our population is overweight. Type II Diabetes, also called Adult Onset Diabetes, now appears routinely in six year old children

Many of our degenerative diseases can be traced to a massive failure of our endocrine system that was well known to the physicians of the 1930's as Insulin Resistant Diabetes. This basic underlying disorder is known to be a derangement of the blood sugar control system by badly engineered fats and oils. It is exacerbated and complicated by the widespread lack of other essential nutrition that the body needs to cope with the metabolic consequences of these poisons.

All fats and oils are not equal. Some are healthy and beneficial; many, commonly available in the supermarket, are poisonous. The health distinction is not between saturated and unsaturated, as the fats and oils industry would

have us believe. Many saturated oils and fats are highly beneficial; many unsaturated oils are highly poisonous. The important health distinction is between natural and engineered. There exists great dishonesty in advertising in the fats and oils industry. It is aimed at creating a market for cheap junk oils such as soy, cottonseed and rape seed oil. With an informed and aware public these oils would have no market at all and the US, and indeed the world, would have far less diabetes.

Epidemiological Life style link

As early as 1901, efforts had been made to manufacture and sell food products by the use of automated factory machinery because of the immense potential profits that were possible. Most of the early efforts failed because people were inherently suspicious of food that wasn't farm fresh and because the technology was poor. As long as people were prosperous, suspicious food products made little headway. Crisco, [12] the artificial shortening, was once given away free in 2 1/2 lb cans in an unsuccessful effort to influence the US wives to trust and buy the product in preference to lard.

Margarine was introduced and was bitterly opposed by the dairy states. With the advent of the depression of the 1930's, margarine, Crisco and a host of other refined and hydrogenated products began to make significant penetration into the US food markets. Support for dairy opposition to margarine faded during WW II because there wasn't enough butter for both the civilian population and the needs of the military. [13] At this point, the dairy industry having lost much support, simply accepted a diluted market share and concentrated on supplying the military.

Flax oils and fish oils, which were common in the stores and considered a dietary staple before the American population became diseased, have disappeared from the shelf. The last supplier of flax oil to the major distribution chains was Archer Daniel's Midland and they stopped producing and supplying the product in 1950.

More recently, one of the most important of the remaining genuinely beneficial fats was subjected to a massive media disinformation campaign that portrayed it as a saturated fat that causes heart failure. As a result, it has virtually disappeared from the supermarket shelves. Thus was coconut oil removed from the food chain and replaced with soy oil, cottonseed oil and rape seed oil. [14] Our parents would never have swapped a fine healthy oil like coconut oil for these cheap junk oils. It was shortly after this successful media blitz that the US populace lost its war on fat. For many years coconut

oil had been one of our most effective dietary weight control agents.

The history of the engineered adulteration of our once clean food supply exactly parallels the rise of the epidemic of diabetes and hyperinsulinemia now sweeping the US as well as much of the rest of the world.

The second step to a cure for this disease epidemic is to stop believing the lie that our food supply is safe and nutritious.

Nature of the disease

Diabetes is classically diagnosed as a failure of the body to properly metabolize carbohydrates. Its defining symptom is a high blood glucose level. Type 1 Diabetes results from insufficient insulin production by the pancreas. Type 2 Diabetes results from ineffective insulin. In both types, the blood glucose level remains elevated. Neither insufficient insulin nor ineffective insulin can limit post prandial (after eating) blood sugar to the normal range. In established cases of Type 2 Diabetes, these elevated blood sugar levels are often preceded by and accompanied by chronically elevated insulin levels and by serious distortions of other endocrine hormonal markers.

The ineffective insulin is no different from effective insulin. Its ineffectiveness lies in the failure of our cell population to respond to it. It is not the result of any biochemical defect in the insulin itself. Therefore, it is appropriate to note that this disease is a disease that affects almost every cell in the seventy trillion or so cells of our body. All of these cells are dependent upon the food that we eat for the raw materials that they need for self repair and maintenance.

The classification of diabetes as a failure to metabolize carbohydrates is a traditional classification that originated in the early 19th century when little was known about metabolic diseases or about metabolic processes. [15] Today, with our increased knowledge of metabolic processes, it would appear quite appropriate to define Type 2 Diabetes more fundamentally as a failure of the body to properly metabolize fats and oils. This failure results in a loss of effectiveness of insulin and in the consequent failure to metabolize carbohydrates. Unfortunately, much medical insight into this matter, except at the research level, remains hampered by its 19th century legacy.

Thus Type II Diabetes and its early hyperinsulinemic symptoms are whole body symptoms of this basic cellular failure to properly metabolize glucose. Each cell of our body, for reasons which are becoming clearer, find themselves unable to transport glucose from the blood stream to their interior.

The glucose then either remains in the blood stream, is stored as body fat or as glycogen, or is otherwise disposed of in urine.

It appears that when insulin binds to a cell membrane receptor, it initiates a complex cascade of biochemical reactions inside the cell. This causes a class of glucose transporters known as GLUT 4 molecules to leave their parking area inside the cell and travel to the inside surface of the plasma cell membrane. When in the membrane, they migrate to special areas of the membrane called caveolae areas. [16] There, by another series of biochemical reactions, they identify and hook up with glucose molecules and transport them into the interior of the cell by a process called endocytosis. Within the cells interior, this glucose is then burned as fuel by the mitochondria to produce energy to power cellular activity.

Thus these GLUT 4 transporters lower glucose in the blood stream by transporting it out of the bloodstream into all of our bodily cells.

Many of the molecules involved in these glucose and insulin mediated pathways are lipids, that is they are fatty acids. A healthy plasma cell membrane, now known to be an active player in the glucose scenario, contains a complement of cis type $w=3$ unsaturated fatty acids. [17] This makes the membrane relatively fluid and slippery. When these cis fatty acids are chronically unavailable because of our diet, trans fatty acids and short and medium chain saturated fatty acids are substituted in the cell membrane. These substitutions make the cellular membrane stiffer and more sticky and inhibit the glucose transport mechanism. [18]

Thus, in the absence of sufficient cis omega 3 fatty acids in our diet, these fatty acid substitutions take place, the mobility of the GLUT 4 transporters is diminished, the interior biochemistry of the cell is changed and glucose remains elevated in the bloodstream.

Elsewhere in the body, the pancreas secretes excess insulin, the liver manufactures fat from the excess sugar, the adipose cells store excess fat, the body goes into a high urinary mode, insufficient cellular energy is available for bodily activity and the entire endocrine system becomes distorted. Eventually pancreatic failure occurs, body weight plummets and a diabetic crisis is precipitated.

Although there remains much work to be done to fully elucidate all of the steps in all of these pathways, this clearly marks the beginning of a biochemical explanation for the known epidemiological relationship between

cheap engineered dietary fats and oils and the onset of Type 2 Diabetes.

Orthodox medical treatment

After the diagnosis of diabetes, modern orthodox medical treatment consists of either oral hypoglycemic agents or insulin.

In 1955, oral hypoglycemic drugs were introduced. Currently available oral hypoglycemic agents fall into five classifications according to their biophysical mode of action. [19] These classes are:

Biguanides Glucosidase inhibitors Meglitinides Sulfonylureas
Thiazolidinediones

The biguanides lower blood sugar in three ways. They inhibit the normal release, by the liver, of its glucose stores, they interfere with intestinal absorption of glucose from ingested carbohydrates and they are said to increase peripheral uptake of glucose.

The glucosidase inhibitors are designed to inhibit the amylase enzymes produced by our pancreas and which are essential to the digestion of carbohydrates. The theory is that if the digestion of carbohydrates is inhibited the blood sugar cannot be elevated.

The meglitinides are designed to stimulate the pancreas to produce insulin in a patient that likely already has an elevated level of insulin in their bloodstream. Only rarely does the doctor even measure insulin levels. This drug is frequently prescribed without any knowledge of preexisting insulin levels. The fact that elevated insulin levels are almost as damaging as elevated glucose levels is widely ignored.

The sulfonylureas are another pancreatic stimulant class designed to stimulate the production of insulin. Serum insulin determinations are rarely made by the doctor before prescribing this drug. This drug is often prescribed for type II diabetics, many of whom already have elevated ineffective insulin. These drugs are notorious for causing hypoglycemia as a side effect.

The thiazolidinediones are famous for causing liver cancer. One of them, Rezulin, was approved in the USA through devious political infighting but failed to get approval in England because it was known to cause liver cancer. The first doctor that had responsibility to approve it at the FDA refused to do so. It was only after he was replaced by a more compliant official that Rezulin gained approval by the FDA. It went on to kill well over 100 diabetes patients

and cripple many others before the fight to get it off the market was finally won. Rezulin was designed to stimulate the uptake of glucose from the bloodstream by the peripheral cells and to inhibit the normal secretion of glucose by the liver. The politics of why this drug ever came to market and then remained in the market for such an unexplainable length of time with regulatory agency approval is not clear. [20] As of April 2000 law suits commenced to clarify this situation [21]

Today insulin is prescribed for both the Type I and Type II diabetics. Injectable insulin substitutes for the insulin that the body no longer produces. Of course, this treatment, while necessary to preserving life for the Type I diabetic, is highly questionable when applied to the Type II diabetic.

It is important to note that neither insulin nor any of these oral hypoglycemic agents exert any curative action whatsoever on any type of diabetes. None of these medical strategies are designed to normalize the cellular uptake of glucose by the cells that need it to power their activity.

The prognosis with this orthodox treatment is increasing disability and early death from heart or kidney failure or the failure of some other vital organ.

The third step to a cure for this disease is to become informed and to apply an alternative methodology that is soundly based upon good science.

Alternative medical treatment

Effective alternative treatment that directly leads to a cure is available today for some Type I and for many Type II diabetics. About 5% of the diabetic population suffers from Type I diabetes; the remaining 95% suffer from Type II diabetes.[22] Gestational diabetes is simply ordinary diabetes contracted by a woman who is pregnant.

For the Type I diabetic an alternative methodology for the treatment of Type I Diabetes was the subject of intensive research in the early 1990's with several papers presented in the scientific journals. This was done in modern hospitals in Madras, India and subjected to rigorous double-blind studies to prove its efficacy.[23] The protocol operated to restore normal pancreatic beta cell function so the pancreas could again produce insulin as it should. This approach was, apparently, demonstrated to be capable of restoring pancreatic beta cell function where it had been lost. A major complication lies in whether the antigens that originally led to the autoimmune destruction of these beta cells have disappeared from or remain in the body. If they remain, a cure is less likely; if they have disappeared, the cure is more likely.

This early work in Madras India has been continued in a number of laboratories throughout the world and much of it has been published in scientific journals

If a patent search is conducted to discover research work done on type I diabetes that never seems to make it to the marketplace, a number of patents on herbal remedies will be found. These patents typically make strong claims about the regeneration of pancreatic beta cells and the restoring of them to normal function. In particular, patent number 5,886,029 entitled "Method and composition for treatment of diabetes" claims to restore pancreatic beta cell function by regenerating the pancreatic beta cells. This particular patent states in part:

The unique combination of components in the medicinal composition leads to a regeneration of the pancreas cells which then start producing insulin on their own. Since the composition restores normal pancreatic function, treatment can be discontinued after between four and twelve months.

For reasons which, while understandable, are not at all acceptable, this promising line of research never matured and today can be found only in the archives of a few obscure scientific journals and in the patent office. Since absolutely no financial incentive exists to cure type I diabetes, this methodology is not likely to reappear any time soon and certainly not in the American orthodox medical community.

The goal of any effective alternative program is to repair and restore the body's own blood sugar control mechanism. It is the malfunctioning of this mechanism that, over time, directly causes all of the many debilitating symptoms that make orthodox treatment so financially rewarding for the diabetes industry. For Type II Diabetes, the steps in the program are: [24]

Repair the faulty blood sugar control system. This is done simply by substituting clean healthy beneficial fats and oils in the diet for the pristine looking but toxic trans-isomer mix found in attractive plastic containers on room temperature supermarket shelves. Consume only flax oil, fish oil and occasionally cod liver oil until blood sugar starts to stabilize. Then add back healthy oils such as butter, coconut oil, olive oil and clean animal fat. Read labels; refuse to consume cheap junk oils when they appear in processed food or on restaurant menus. Diabetics are chronically short of vitamins and minerals; they need to add a good quality broad spectrum supplement to the diet.

Control blood sugar manually during the recovery cycle. Under medical supervision, gradually discontinue all oral hypoglycemic agents along with any additional drugs given to counteract their side effects. Develop natural blood sugar control by the use of glycaemic tables, by consuming frequent small meals, by the use of fiber, by regular post prandial exercise, and by a complete avoidance of all sugars along with the judicious use of only non-toxic sweeteners [25]. Avoid alcohol until blood sugar stabilizes in the normal range. Avoid caffeine as well as other stimulants; they tend to trigger sugar release by the liver. Keep score by using a pin prick type glucose meter. Keep track of everything you do with a medical diary.

Restore a proper balance of healthy fats and oils when the blood sugar controller again works Permanently remove from the diet all cheap toxic junk fats and oils and the processed and restaurant foods that contain them. When the blood sugar controller again starts to work correctly, gradually introduce additional healthy foods to the diet. Test the effect of these added foods by monitoring blood sugar levels with the pin prick type blood sugar monitor. Be sure to include the results of these tests in your diary also.

Continue the program until normal insulin values are also restored after blood sugar levels begin to stabilize in the normal region. Once blood sugar levels fall into the normal range the pancreas will gradually stop over producing insulin. This process will typically take a little longer and can be tested by having your physician send a sample of your blood to a lab for a serum insulin determination. A good idea is to wait a couple of months after blood sugar control is restored and then have your physician check your insulin level. It's nice to have blood sugar in the normal range; it's even nicer to have this accomplished without excess insulin in the bloodstream.

Separately repair the collateral damage done by the disease. Vascular problems caused by a chronically elevated glucose level will normally reverse themselves without conscious effort. The effects of retinopathy and of peripheral neuropathy, for example, will usually self repair. However when the fine capillaries in the basement membranes of the kidneys begin to leak due to chronic high blood glucose, the kidneys compensate by laying down scar tissue to prevent the leakage. This scar tissue remains even after the diabetes is cured and is the reason why the kidney damage is not believed to self repair.

A word of warning: when retinopathy develops a temptation will exist to have the damage repaired by laser surgery. This laser technique stops the retinal bleeding by creating scar tissue where the leaks have developed. This scar

tissue will prevent normal healing of the fine capillaries in the eye when the diabetes is reversed. By reversing the diabetes instead of opting for laser surgery, there is an excellent chance that the eye will heal completely. However if laser surgery is done, this healing will always be complicated by the scar tissue left by the laser.

The arterial and vascular damage done by years of elevated sugar and insulin and by the proliferation of systemic candida will slowly reverse due to improved diet. However, it takes many years to clean out the arteries by this form of oral chelation. Arterial damage can be reversed much more quickly by using intravenous chelation [26] therapy. What would normally take many years through diet alone, can often be done in six months with intravenous therapy. This is reputed to be effective over 80% of the time. For obvious reasons, don't expect your doctor to approve of this, particularly if he is a heart specialist.

The prognosis is usually swift recovery from the disease and restoration of normal health and energy levels in a few months to a year or more. The length of time that it takes to effect a cure depends upon how long the disease was allowed to develop. For those who quickly work to reverse the disease after early discovery, the time is usually a few months or less. For those who have had the disease for many years, this recovery time may lengthen to a year or more. Thus, there is good reason to get busy reversing this disease as soon as it becomes clearly identified.

By the time you get to this point in this article, and, if we've done a good job of explaining our diabetes epidemic, you should know what causes it, what orthodox medical treatment is all about and why diabetes has become a disgrace both in the US and world wide. Of even greater importance, you have become acquainted with a self help program that has demonstrated great potential to actually cure this disease.

Thomas Smith is a reluctant medical investigator having been forced into curing his own diabetes because it was obvious that his doctor would not or could not cure it. He has published the results of his successful diabetes investigation in his self help manual entitled "Insulin: Our Silent Killer" written for the layman but also widely valued by the medical practitioner. This manual details the steps required to reverse Type II Diabetes and references the work being done with Type I Diabetes. In the US, the book may be purchased by sending \$29.00 US to him at PO Box 7685, Loveland, Colorado 80537.

Outside of the US email us for the special payment and shipping instructions required for international transactions. He has also posted a great deal of useful information about this disease on his web page at:

www.Healingmatters.com He can be contacted by email at valley@healingmatters.com and in the US by telephone at: 1 (970) 669-9176

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Thomas Smith, PO Box 7685 Loveland Colorado, 80537, Tel: 1 (970) 669-9176 His website: <http://www.healingmatters.com>

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