How To Evaluate, Prevent & Reverse Diabetes and Pre-Diabetes Naturally Part 2

Youngberg Clinic www.dryoungberg.com (951) 676-9922

Re-Engineering Genetic Risk Transforming Sickness into Health The Transformational Power of

the Health Message!

Camp Meeting 2011

Wes Youngberg, DrPH, MPH, CNS, FACLM Specialist in Lifestyle & Nutritional Medicine



What is Diabetes?

What is Diabetes?

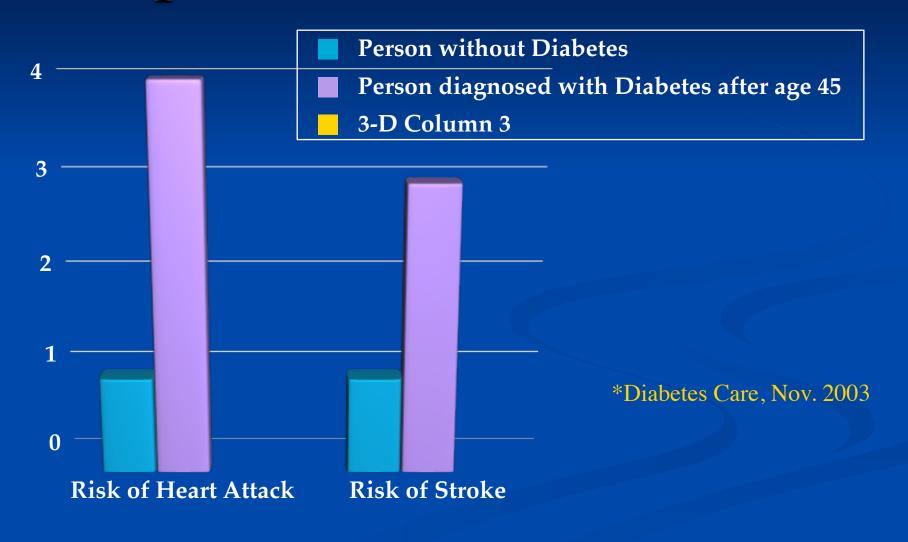
Diabetes is a blood sugar so high that it's high enough to cause serious health complications!

Stages of High Blood Sugar

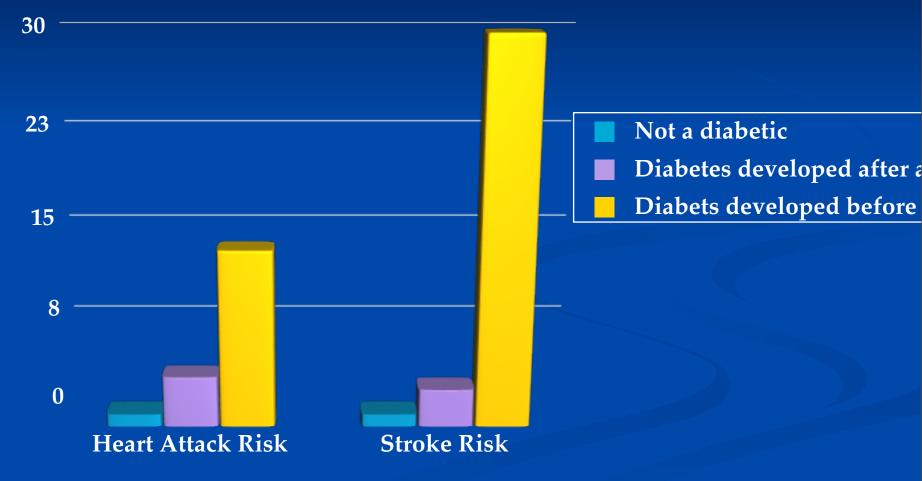
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and Initial ad Sugar Blood	Blood Diabetto anced hetes
cromfo and bloo High High	3 Prent Little 5 Dias
Time from Food Intake Stage 1. High Blood Stage 2. High Stage 3. High	Blood Sugat Blood Sugat Stage Stage Sinabetes age Stage A. Advanced Prenny

Fast	70-	85-	95-	100-	110-	126+
Bl Su	84	94	99	109	125	
1 HR	80-	120-	140-	160-	200+	
Bl Su	119	139	159	199		
2 HR	80-	100-	120-	140-	160-	200+
Bl Su	99	119	139	159	199	

Impact of Diabetes on CVD



New Expectations from younger onset of Diabetes





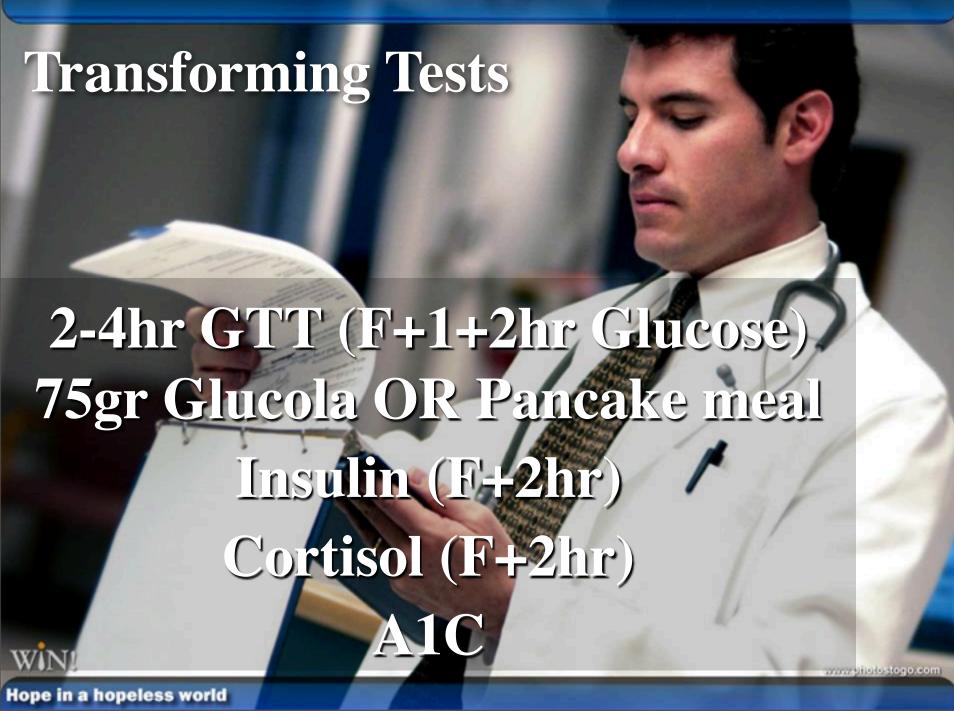
Insulin Resistance

- Insulin Resistance
- Pancreatic Dysfunction
 - Beta Cell Fatigue
 - Autoimmune (or other) damage

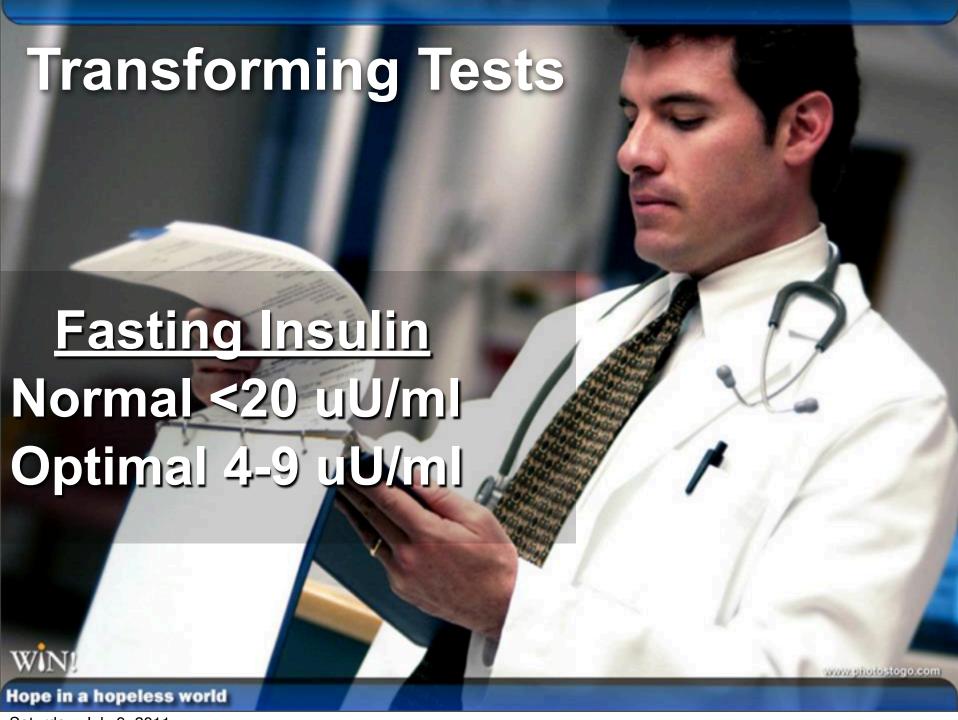
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- Pancreatic Dysfunction
 - ■Beta Cell Fatigue
 - Autoimmune (or other) damage
- Adrenal Dysfunction

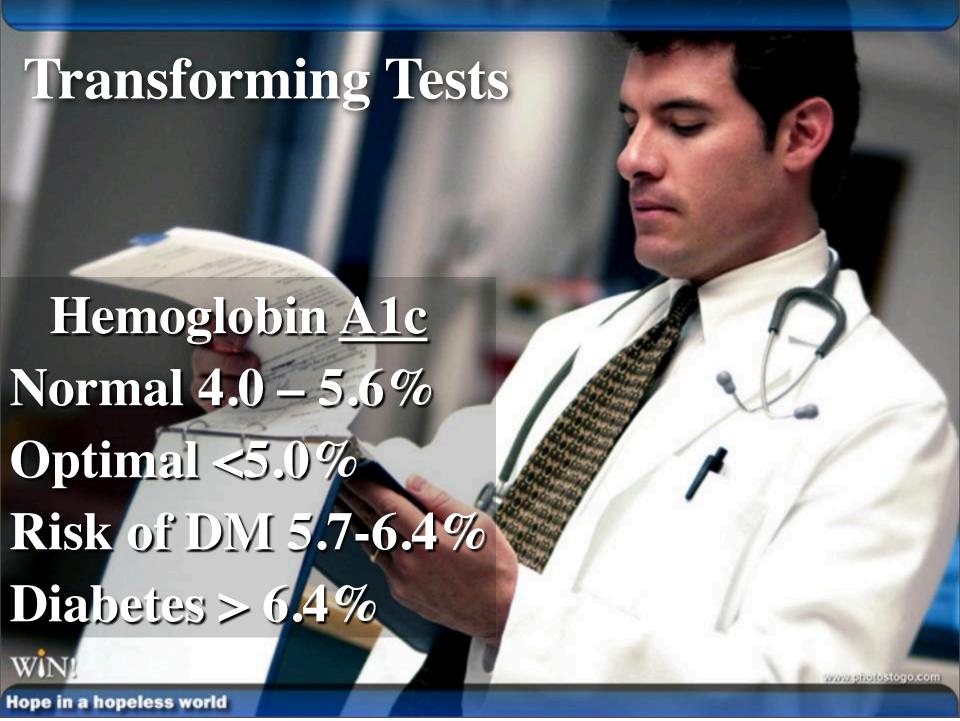
What is the best strategy to prevent complications?

Early Detection!



The Pepsi–Jellybean Challenge





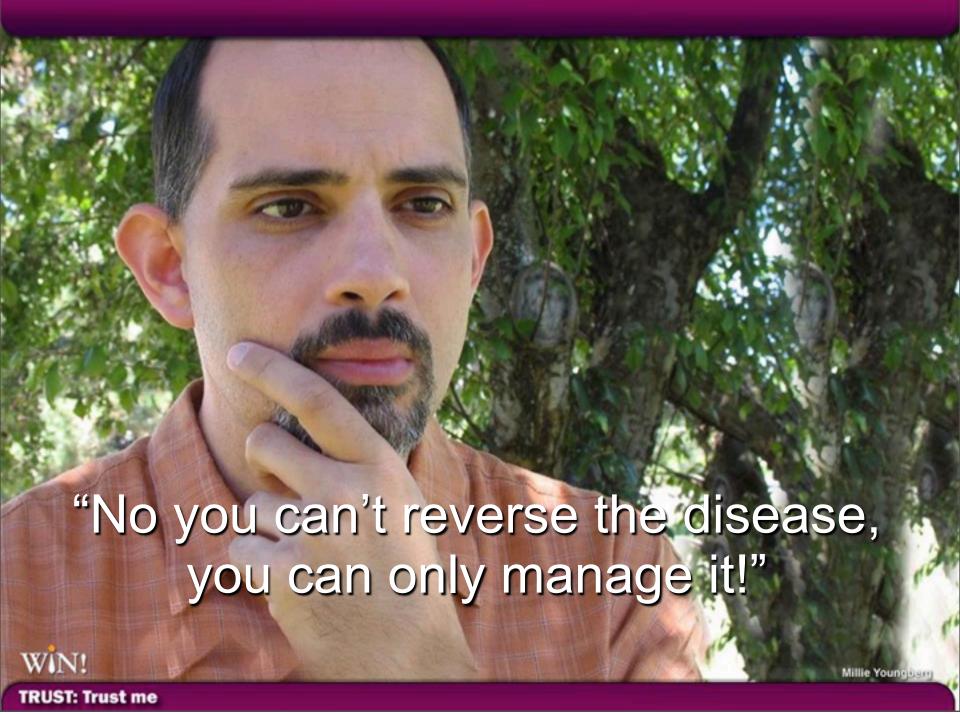
A1C % Test Level

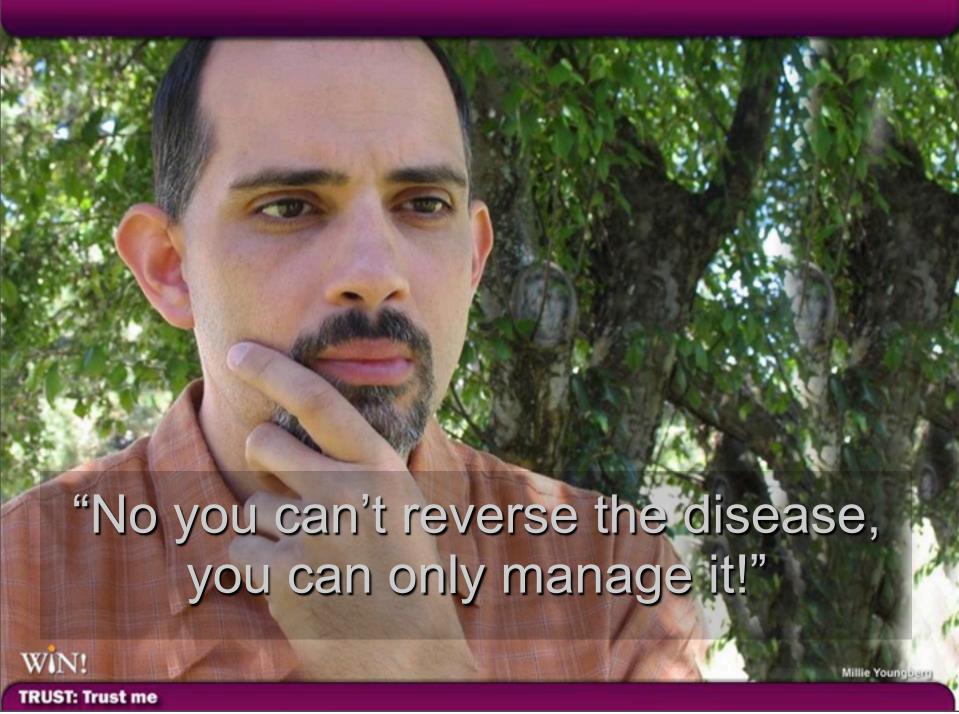
Blood Glucose Test Average

12	300
11	270
10	24 0
9	21 0
8	180
7	150
6	120
<u>5</u>	80

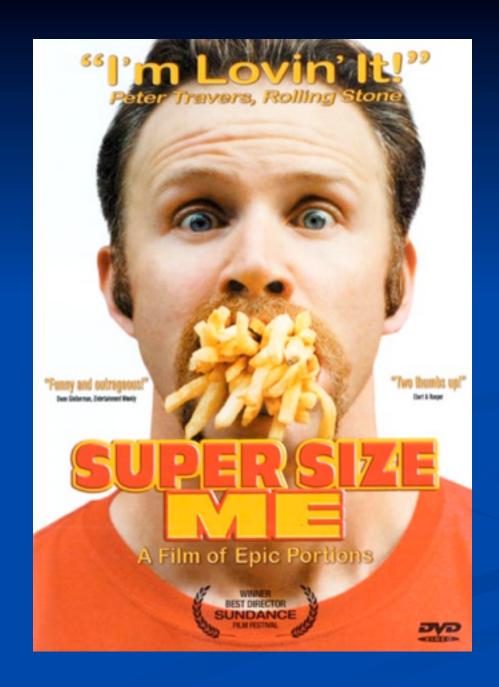
Complications Reduced Risk

Nerve damage	35%
Vision loss	35%
Kidney Disease	35%
Peripheral Vascular	22%
Disease	
Heart Attack	18%
All diabetes-related	25%
deaths	





Saturday, July 9, 2011



JAMA & ARCHIVES

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The Journal of the American Medical Association — To Promote the Science and Art of Medicine and the Betterment of the Public Health

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Vol. 292 No. 14, October 13, 2004 Review TABLE OF CONTENTS >

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Bariatric Surgery

A Systematic Review and Meta-analysis

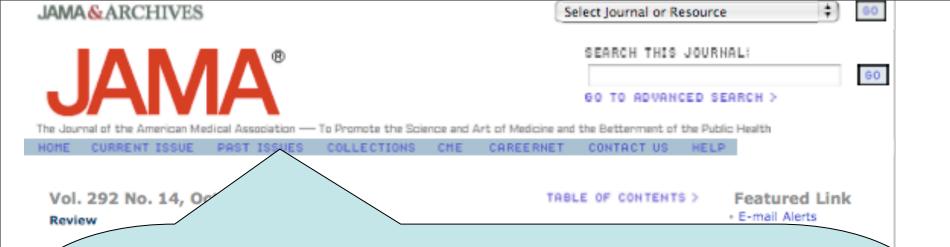
Henry Buchwald, MD, PhD; Yoav Avidor, MD; Eugene Braunwald, MD; Michael D. Jensen, MD; Walter Pories, MD; Kyle Fahrbach, PhD; Karen Schoelles, MD

JAMA. 2004;292:1724-1737.

Context About 5% of the US population is morbidly obese. This disease remains largely refractory to diet and drug therapy, but generally responds well to bariatric surgery.

Objective To determine the impact of bariatric surgery on weight loss, operative mortality outcome, and 4 obesity comorbidities (diabetes, hyperlipidemia, hypertension, and obstructive sleep apnea).

0.5% for gastric bypass, and 1.1% for biliopancreatic diversion or duodenal switch. Diabetes was completely resolved in 76.8% of patients and resolved or improved in 86.0%. Hyperlipidemia improved in 70% or more of patients. Hypertension was resolved in 61.7% of patients and resolved or improved in 78.5%. Obstructive sleep apnea was resolved in 85.7% of patients and was resolved or improved in 83.6% of patients.



"Diabetes was completely resolved in 77% of patients.

Hypertension was resolved in 62%. Hyperlipidemia was improved in 70%. Sleep Apnea was resolved in 86%.

70% or more of patients. Hypertension was resolved in 61.7% of patients and resolved or improved in 78.5%. Obstructive sleep apnea was resolved in 85.7% of patients and was resolved or improved in 83.6% of patients.

What are the diagnostic criteria for determining the presence of diabetes?

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What are the diagnostic criteria for determining the presence of diabetes?

 Resolution of hyperglycemia <u>without</u> need for pharmaceutical <u>manipulation</u> of blood glucose.



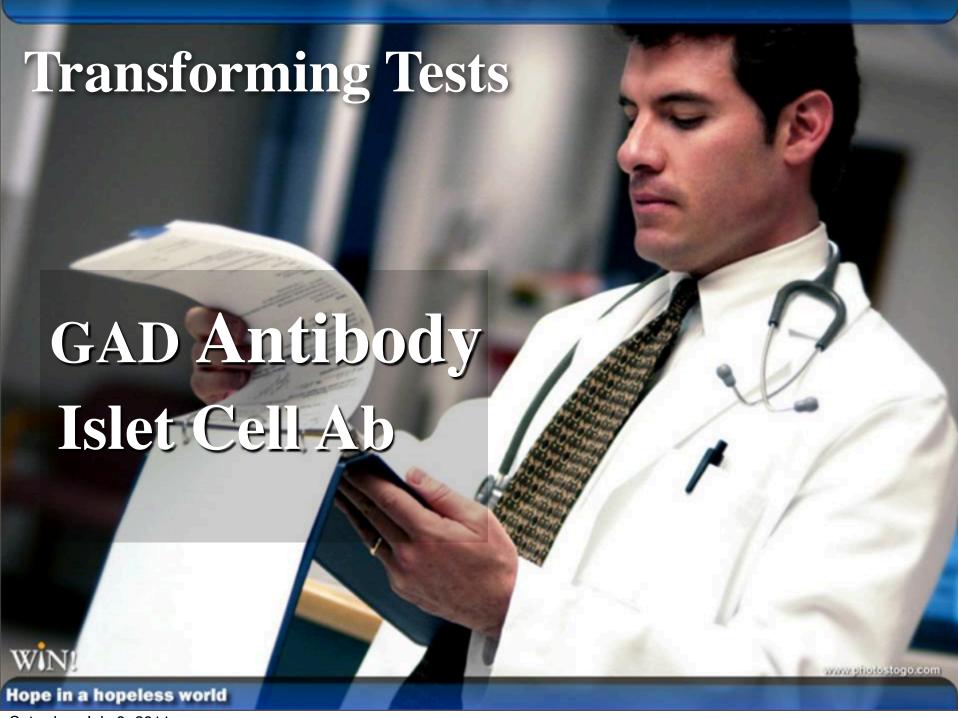
Onset before age 50

- Onset before age 50
- Acute symptoms

- Onset before age 50
- Acute symptoms
- Normal weight

Latent Autoimmune Diabetes Five Characteristics of

- Onset before age 50
- Acute symptoms
- Normal weight
- Personal or family history of autoimmune diseases, such as rheumatoid arthritis and multiple sclerosis.



C-Peptide

C-Peptide

< 2ng/ml = 5%

C-Peptide

< 2ng/ml = 5%

2-4 ng/ml = 50%

Why Treat Diabetes?



Eye Damage & Blindness

- Eye Damage & Blindness
- Nerve Damage & Amputations

- Eye Damage & Blindness
- Nerve Damage & Amputations
- Kidney Damage & Dialysis Need



Transformation

Transformation

- Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind.
 - St. Paul's encouragement to friends in Rome

Lifestyle Strategies for Transforming Diabetes at the Genetic Level

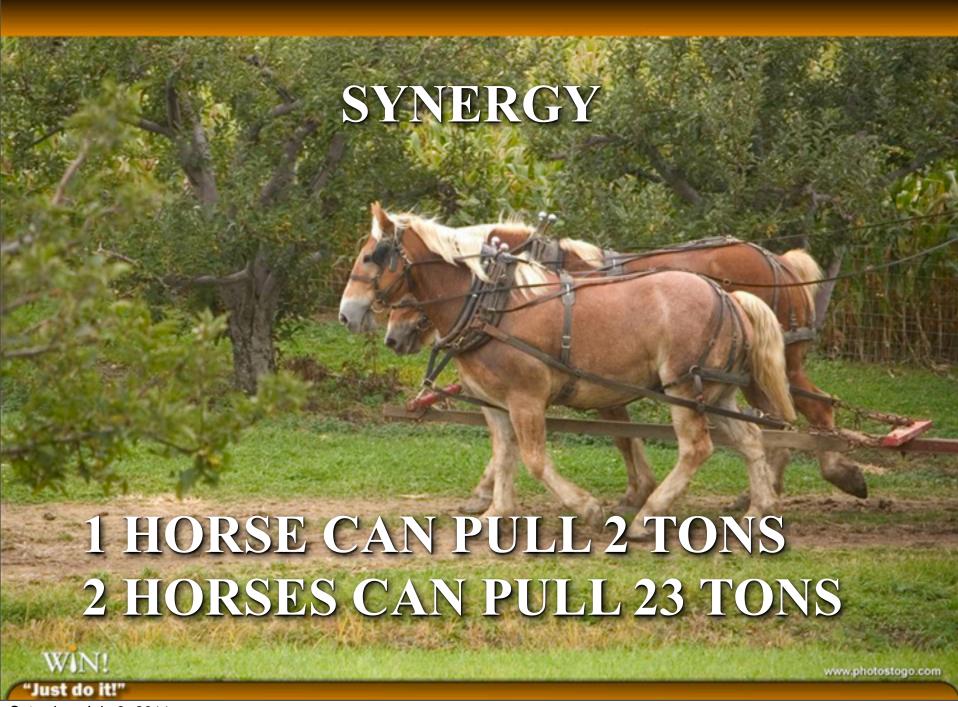


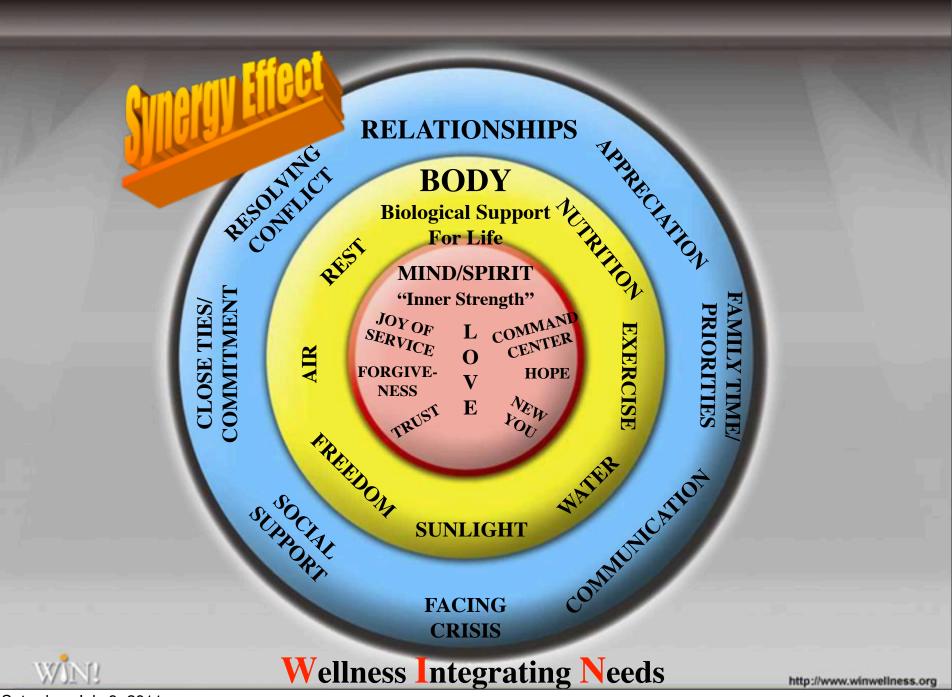
What's it going to take?

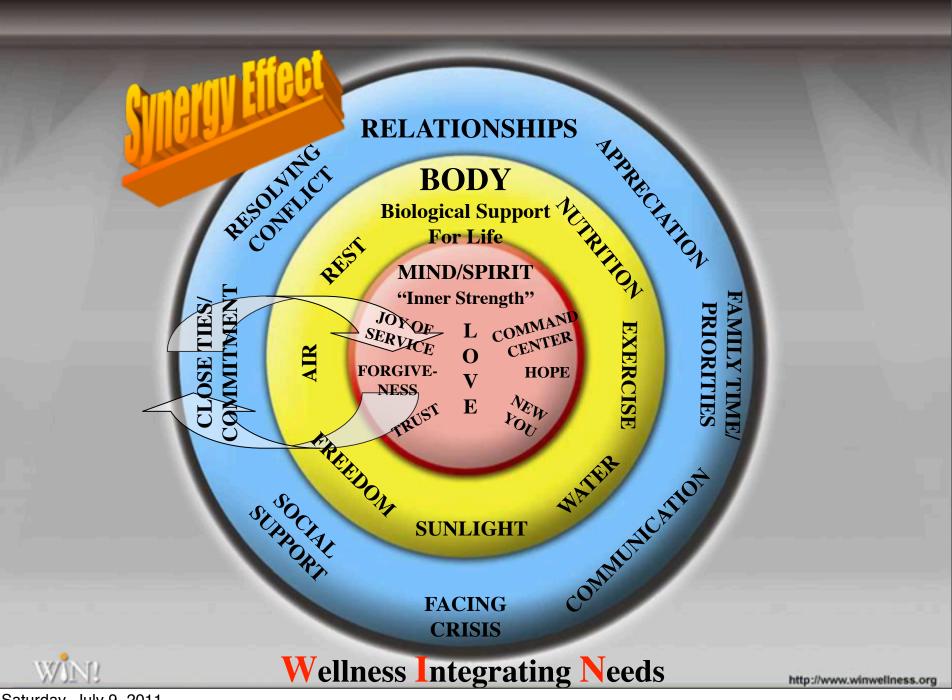
What's it going to take?

Integration of multiple strategies that collectively achieve a sufficiency threshold.











Home Glucose Testing

- Home Glucose Testing
- First Class Foods

- Home Glucose Testing
- First Class Foods
- Meal Balancing

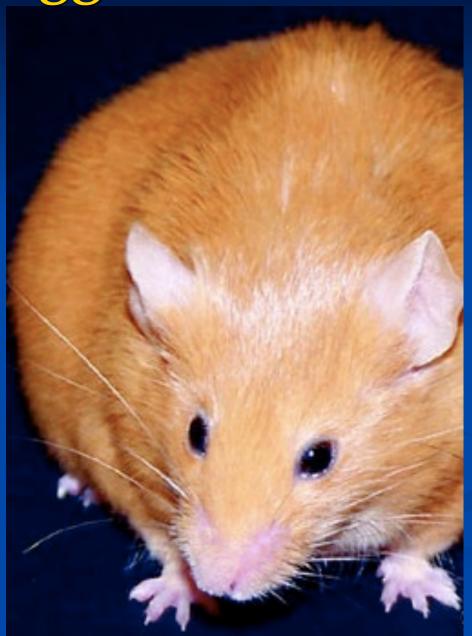
- Home Glucose Testing
- First Class Foods
- Meal Balancing
- Optimize Digestion

- Home Glucose Testing
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- Dinnerfast or no food after 6pm

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- Optimize Digestion
- Dinnerfast or no food after 6pm
- After Meal Light Exercise

- Home Glucose Testing
- First Class Foods
- Meal Balancing
- Optimize Digestion
- Dinnerfast or no food after 6pm
- After Meal Light Exercise
- G.E.T. Fit and Wear pedometer

Key Trigger of Diabetes Gene



Inflammation

Cardiac CRP



C-Reactive Protein, Interleukin 6, and Risk of Developing Type 2 Diabetes Mellitus

Aruna D. Pradhan, MD, MPH

JoAnn E. Manson, MD, DrPH

Nader Rifai, PhD

Julie E. Buring, ScD

Paul M Ridker, MD, MPH

YPE 2 DIABETES MELLITUS (DM) is estimated to affect 15 million Americans, is dramatically increasing in incidence, and is associated with an augmented risk for cardiovascular disease, especially among women.1-3 Because of the resultant macrovascular and microvascular injury typical of this disease, the economic and functional burdens are greatest during mid-to-late adulthood. Compounding these issues, as many as one third of individuals with type 2 DM are undiagnosed, and approximately 20% have diabetic retinopathy or evidence of systemic vasculopathy at clinical presentation.4

Although the main physiological abnormalities are insulin resistance and impaired insulin secretion,⁵⁻⁷ the specific underlying determinants of these metaContext Inflammation is hypothesized to play a role in development of type 2 diabetes mellitus (DM); however, clinical data addressing this issue are limited.

Objective To determine whether elevated levels of the inflammatory markers interleukin 6 (IL-6) and C-reactive protein (CRP) are associated with development of type 2 DM in healthy middle-aged women.

Design Prospective, nested case-control study.

Setting The Women's Health Study, an ongoing US primary prevention, randomized clinical trial initiated in 1992.

Participants From a nationwide cohort of 27628 women free of diagnosed DM, cardiovascular disease, and cancer at baseline, 188 women who developed diagnosed DM over a 4-year follow-up period were defined as cases and matched by age and fasting status with 362 disease-free controls.

Main Outcome Measures Incidence of confirmed clinically diagnosed type 2 DM by baseline levels of IL-6 and CRP.

Results Baseline levels of IL-6 (P<.001) and CRP (P<.001) were significantly higher among cases than among controls. The relative risks of future DM for women in the highest vs lowest quartile of these inflammatory markers were 7.5 for IL-6 (95% confidence interval [CI], 3.7-15.4) and 15.7 for CRP (95% CI, 6.5-37.9). Positive associations persisted after adjustment for body mass index, family history of diabetes, smoking, exercise, use of alcohol, and hormone replacement therapy; multivariate relative risks for the highest vs lowest quartiles were 2.3 for IL-6 (95% CI, 0.9-5.6; P for trend=.07) and 4.2 for CRP (95% CI, 1.5-12.0; P for trend=.001). Similar results were observed in analyses limited to women with a baseline hemoglobin A_{1c} of 6.0% or less and after adjustment for fasting insulin level.

Conclusions Elevated levels of CRP and IL-6 predict the development of type 2 DM. These data support a possible role for inflammation in diabetogenesis.

JAMA. 2001;286:327-334

www.jama.com

C-Reactive Protein, Interleukin 6, and Risk of Developing Type 2 Diabetes Mellitus

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D...J

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Women's Health Study USA

The risk of developing diabetes increased by 4.2 times in women with CRP in the upper vs. lower quartile.

JAMA 2001;286:327

Although the main physiological abnormalities are insulin resistance and impaired insulin secretion,⁵⁻⁷ the specific underlying determinants of these metaThese data support a possible role for inflammation in diabetogenesis.

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www.jama.com



Feb/Mar 2004 Volume 11 - Number 16

Pritikin Longevity Center® Phone (305) 935-7131

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Introducing a New Era of Dining at the Pritikin Longevity Center® & Spare



Stopping Inflammation



C-Reactive Protein Levels Plummet on Pritikin Program 30

Profile



"I feel like the richest

Stop Inflammation

C-Reactive Protein Levels Plummet On Pritikin Program

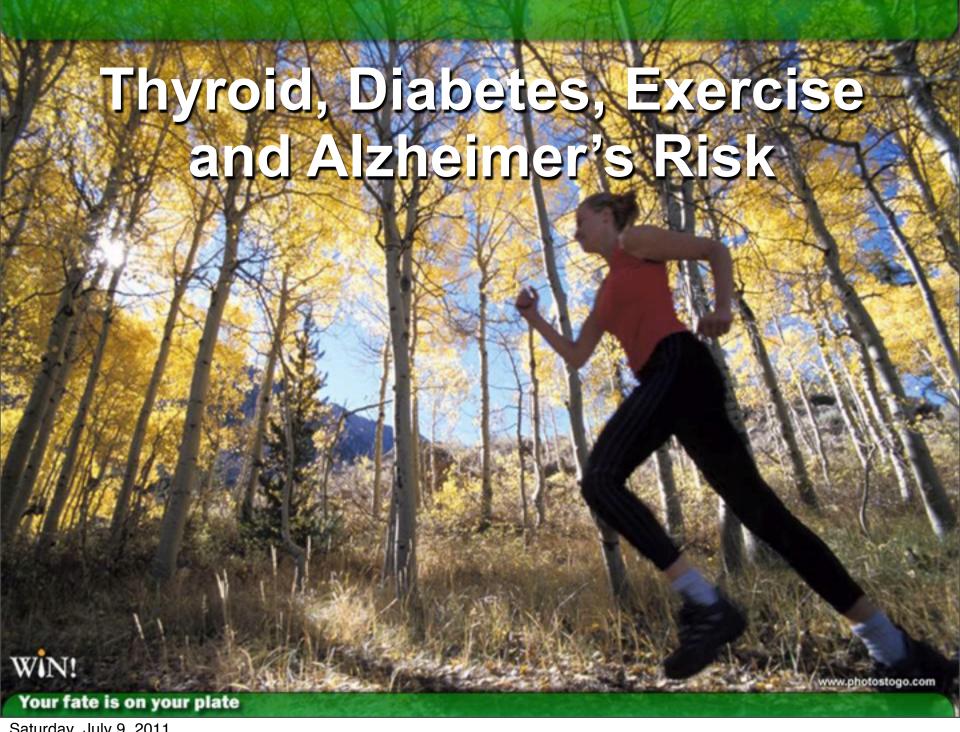
In a newly published study, scientists found that the Pritikin® Program reduces C-reactive protein levels in women by 45%.* "No other diet-and-exercise program or drug therapy, including statins, has proven to lower C-reactive protein levels so dramatically - or so rapidly," states Dr. James Barnard, UCLA Department of



Dr. James Barnard

Five Gradations of CRP Risk

- The Harvard Study shows increasing health risk by 5 incremental levels known as quintiles [subgroups in the lowest, middle or highest 20% of risk].
- 1st Quintile is 0 to 0.6 [or lowest risk group]
- 2nd Quintile is 0.7 to 1.1
- 3rd Quintile is 1.2 to 1.9
- 4th Quintile is 2.0 to 3.8
- 5th Quintile is 3.9 to 15 [highest 20% of risk]





Suboptimal TSH more than doubled risk of Alzheimer's in 12 year study. TSH goal 1.0-2.2

Archives of Internal Medicine - July 28, 2008

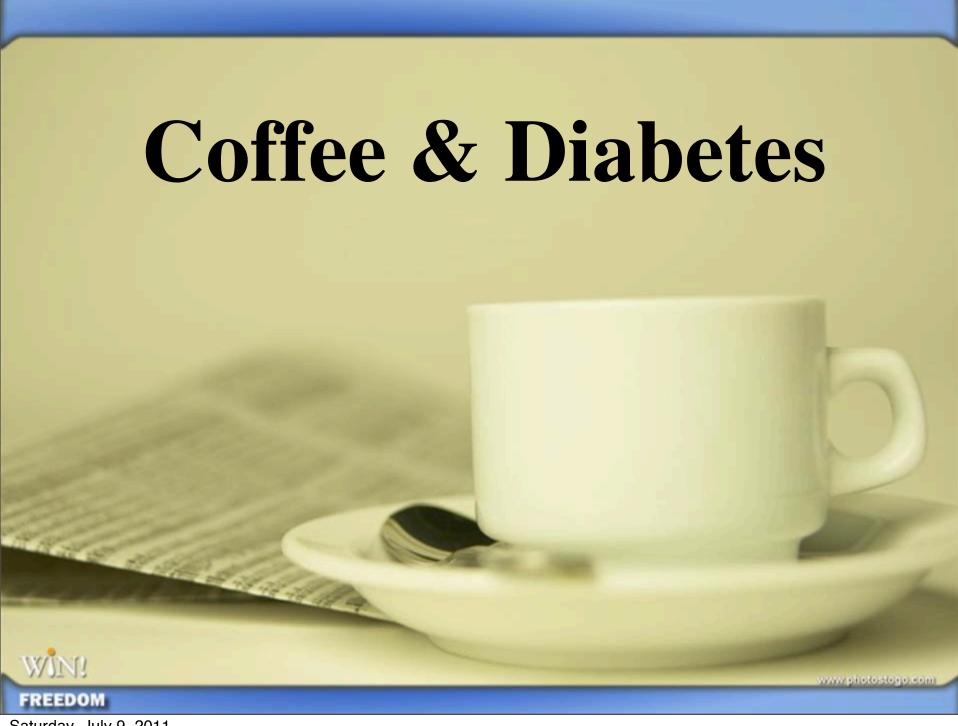
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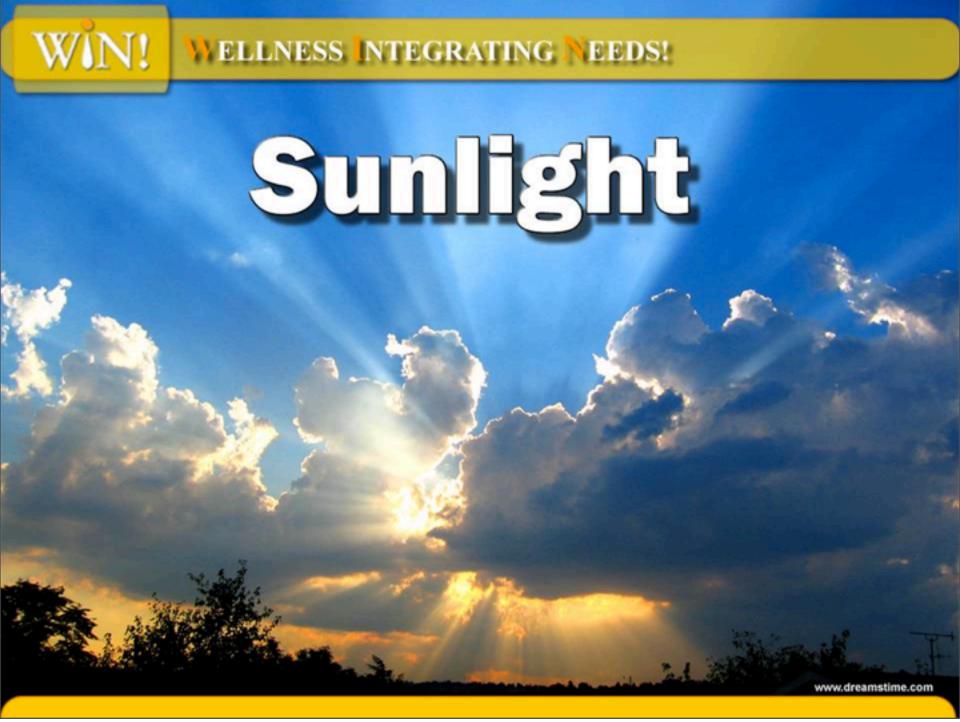
Your fate is on your plate

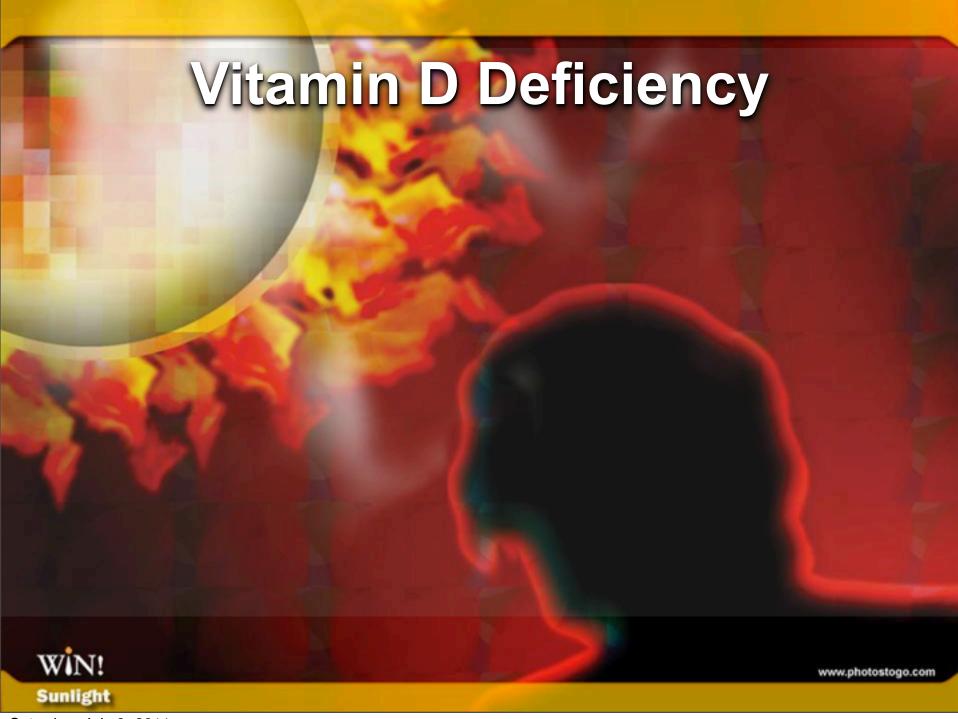


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Vitamin D Deficiency

One study found that 61% of Type 2 diabetics are Vitamin D deficient while 43% of non-diabetics were deficient.

Diabetes Care, March 2006



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 Diabetes Care, March 2006
- A Dutch study found that low levels of Vitamin D in the elderly are linked to the risk of falling.



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 Diabetes Care, March 2006
- A Dutch study found that low levels of Vitamin D in the elderly are linked to the risk of falling.

Journal of Clinical Endocrinology & Metabolism, Aug 2006



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Vitamin D and risk of Type 1 diabetes



Dr Elina Hyppönen MSc, MSc, MPH, PhD

Centre for Pediatric Epidemiology and Biostatistics Institute of Child Health London, UK

Northern Finland 1966 Cohort Study

- All pregnant mothers in the two northernmost provinces of Finland (Oulu and Lapland) with expected date of delivery in 1966 invited to participate -> 12,058 live births
- Information on vitamin D intake/status collected at 1 year of age (n=10, 366)

Follow-up for type 1 diabetes up to December 1997

Hyppönen et al. Lancet 2001;358:1500-1503

Incidence of type 1 diabetes by dose of vitamin D supplementation

	Cases	Incidence /100,000 years at risk	Crude RR (95% CI)	Adjusted RR (95% CI)
Dose of				
Vitamin D ^T				
Low	2	96	1 (reference)	1 (reference)
Recommended	63	24	0.20 (0.05-0.84)	0.21 (0.05-0.88)
High	2	15	0.14 (0.02-0.97)	0.14 (0.02-1.01)

Hyppönen et al. Lancet 2001;358:1500-1503

^{*} Adjusted for neonatal, social and anthropometric factors.

[†] Dose has been presented for infants receiving vitamin D regularly

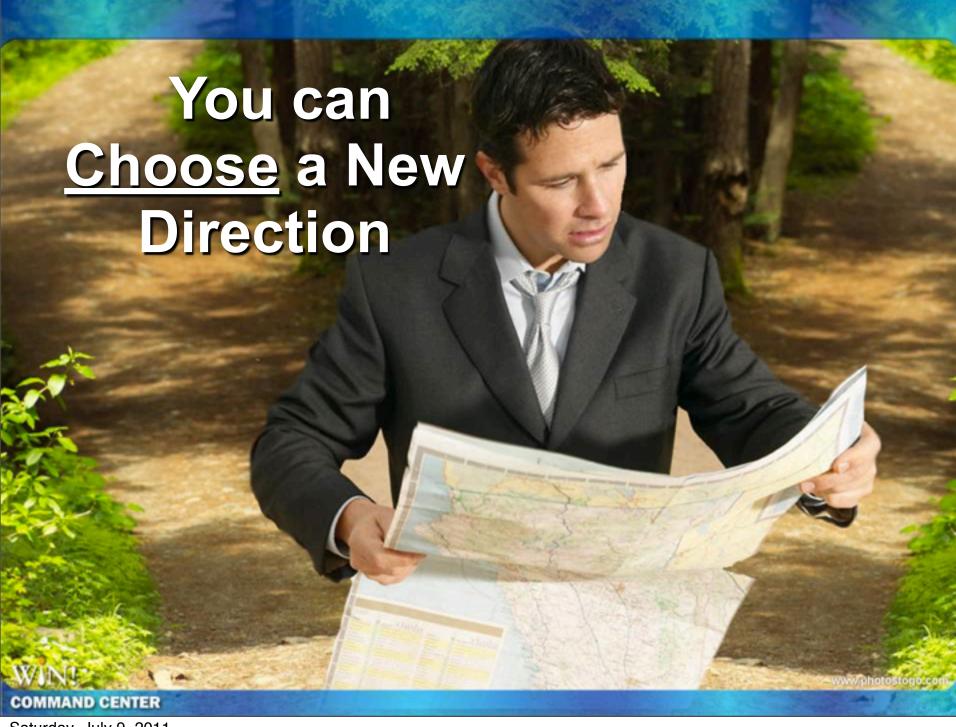
72% Lower DM2 Risk with

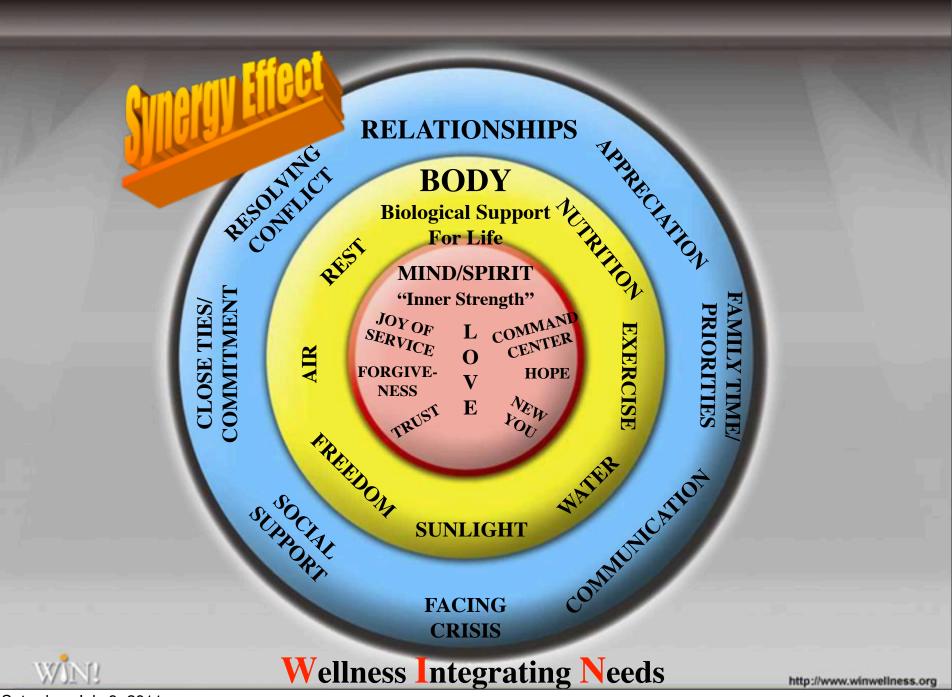
- National Public Health Institute in Finland
- 7503 (40-74yo) followed for 22 years
- □ 25(OH)D average 17 ng/ml or 43 nmol/L.
- Average level in Men 18 ng/ml
- Average level in Women 15 ng/ml.

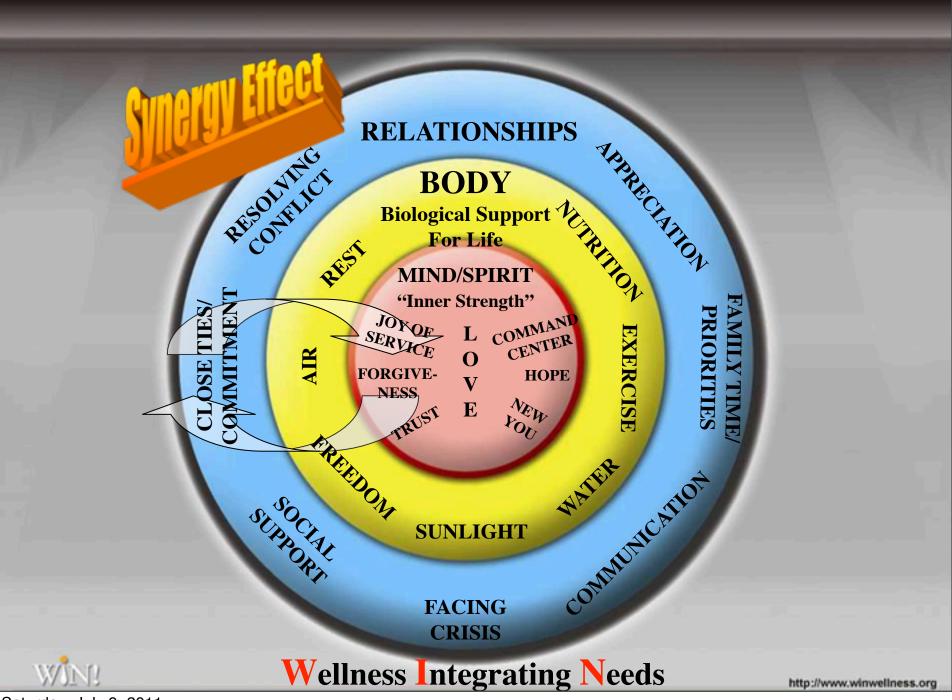
Knekt P, et al. Serum vitamin D and subsequent occurrence of type 2 diabetes. Epidemiology. 2008 Sep;19(5):666-71.



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Diabetes and PreDiabetes •40 million of 100 million 40-74 year olds in the US already have prediabetes -- American Diabetes Association IWR Morb Mortal Wkly Rep. 2003; 52: 833-837 Your fate is on your plate Saturday, July 9, 2011

"Plans fail for lack of counsel, but with many advisors they succeed."

- The Book of Proverbs