

Diabetes Gone Wrong

How today's outdated dogma could kill you



The American Diabetes Association (ADA) has issued a "new & improved" set of diabetes guidelines that is likely to send you and your loved ones into a blinding AVALANCHE of disease and despair!

Doctors are lining up patients in due order—whether they have diabetes or not. And so-called "experts" are already coming out of the woodwork to espouse their cures—both mainstream and alternative

But I've got a cure so powerful, yet so simple, and so enjoyable, it will put everyone else to shame. No drugs, no surgery, and certainly no restrictive dieting or deprivation!

Whether you're headed down the path to...

Diabetes, obesity, high cholesterol, elevated triglycerides, insulin resistance, and more...

This revolutionary solution comes down to ONE cause, ONE simple remedy to stop them all.

But first, you might want to brace yourself. Because...

The "lifesaving" new diabetes guidelines ARE DEADLY!

If you thought the endless fasting, blood-testing and nagging were bad before...

Welcome to your worst nightmare.

There's a brand new set of diabetes guidelines doctors are following. And if you thought he nagged you before...YOU AIN'T SEEN NOTHIN'YET!

You might become *suddenly sicker* at your very next checkup. Because, with one stroke of a pen, mainstream medicine has shuffled the numbers again!

The new guidelines provide 67 "clinical-practice recommendations" that address dozens of factors, including:

- weight
- glycemic control
- insulin
- blood lipids (cholesterol, triglycerides, etc.)
- blood pressure
- mood/mental state
- and more!

And in every instance, they lowered the bar. Which makes it easier than ever for doctors to designate new cases of diabetes—which means, if you didn't have diabetes yesterday...you may very well have it today!

And, if your numbers are "borderline" and you don't have full-blown diabetes yet, you may very well be diagnosed with "prediabetes"...opening the door for millions of previously "healthy" people to fall subject to "treatment" as well.

Of course, they did it all in the name of saving lives, but you *know* what it's really all about...

It's all about selling MORE DRUGS!

Remember when the "healthy cholesterol" and "normal blood pressure" numbers were lowered? Now, just about everyone over 50 is a candidate for a cholesterol-lowering statin drug and a blood-pressure-slashing ACE inhibitor.

So drug companies and their proxies started thinking "GREAT, WHAT NEXT?!"

Blood sugar, of course. The new guidelines make MORE THAN HALF of all Americans of a certain age blood-sugar-challenged. And if drug companies get their way, soon *you'll* be taking BLOOD SUGAR DRUGS!

But these drugs are even *more* fraught with sickening or deadly side effects than cholesterol meds...

Have you seen the headlines about Avandia and Actos?

It turns out, Actos may increase your risk of heart failure and bladder cancer. Plus, it appears that the longer you take the drug and the higher the dosage, the greater your risk.

If this story sounds familiar to you, it should...

Remember Actos' ugly twin brother...Avandia? Actos and Avandia belong to a similar class of drugs. Research showed that while prediabetics who took Avandia cut their risk of developing the full-blown disease...it appears to increase your heart attack risk. Now the use of the drug is strictly limited. Europe has banned it all together.

So what about metformin? This first-line diabetes drug hit the market in 1977. And, yes, it does appear to be safer than Actos or Avandia. Plus, studies show that it can reduce the progression to full-blown type-2 diabetes by 30 percent. But here's the bottom line...

Simple lifestyle changes work better. Far better.

In fact, a recent study (published in the *New England Journal of Medicine*) compared lifestyle changes to metformin in preventing type-2 diabetes.

The study followed more than 3,000 overweight men and women with elevated fasting and post-meal blood sugar levels. The researchers divided the men and women into three groups. One group took metformin for almost three years. Anther group made changes to their diet and began exercising. And the final group got a placebo.

Three years later, the researchers checked back in on the patients. The metformin group reduced their diabetes risk by 31 percent (compared to a placebo). But the lifestyle change group almost doubled those results:

They reduced their incidence of developing type-2 diabetes by a whopping 58 percent!

In fact, research has shown that...

More aggressive blood sugar lowering with drugs may actually lead to *more deaths* than standard treatment

And, thanks to these "new and improved" guidelines, it could happen faster than you think. Just check out what you may have to look forward to at your next visit if the drug companies have it their way...

Your weight, your blood pressure, your cholesterol, your triglycerides—even your mood will all be subject for scrutiny.

And at the first sign of a slip in any one of these markers, your doctor will pull out his prescription pad so fast it'll give you whiplash.

And the beta-blockers, statins, and antidepressants he'll be pushing? Get this...

They have all been linked to an increased risk of diabetes!

Talk about kicking you when you're down.

That's the drug- and disease-ridden road that millions in the U.S. are headed down following mainstream advice.

And being diagnosed with prediabetes can be even more dangerous than full blown diabetes, because you could be told to start taking those drugs when you may not even need them!

So skip the scary drugs. You'll be better off in the long run.

With my Metabolic Repair Protocol, you can start to <u>safely</u> drop those excess pounds and get your blood sugar in line. And if you already have diabetes, this comprehensive plan can actually help you REVERSE it.

And not a moment too soon. Because, unfortunately, the new ADA guidelines riddled with recommendations for drugs aren't the only danger in the mainstream approach to treating diabetes...

Mainstream dietary recommendations are SETTING YOU UP TO FAIL!

The ADA recommends that people with diabetes should start with consuming between 45 and 60 grams of carbohydrates per meal and make adjustments depending on how their blood sugar responds...

PER MEAL?! You don't need much more than that *per day*—especially if you're also trying to lose weight!

Keep on their program for any amount of time and I'll bet you won't see your blood sugar budge. And chances are you'll gain loads of unwanted weight.

When will they learn that carbs = sugar? And sugar leads to weight gain—and diabetes.

Think about it. How many people really gain weight from eating too much steak? You get full so quickly, it could never happen. But, combining it with sugar, or sugar-like substances and BINGO—you're on your way to obesity, diabetes, and all its serious complications.

Sugar is the key here folks. It's not cutting fat, and it's not cutting calories. And why it's not being addressed

head-on by the mainstream is beyond me!

Take for example, my patient Jennifer. She came to me in her early 40s because she wanted to lose 20 pounds. *No matter what I try, she said, I gain weight. But I eat healthy, I don't understand it.*

Then I asked Jennifer to tell me about her typical meals. She said for breakfast she ate cereal with bananas or a plain bagel. A low-fat yogurt for lunch. And for dinner, some light pasta.

Jennifer's problem was very clear to me: She ate too much sugar and not ENOUGH fat. In fact, everything she ate either contained sugar or was itself sugar! No fat. Very little protein. And voilà—she packed on 20 pounds and was heading down the killer path to diabetes.

Which leads me to one of the greatest misconceptions when it comes to diabetes

Skinny people don't get diabetes, right? Wrong!

I know plenty of skinny men and women who live on donuts and sweet tea. And guess what? They all come to me when they are diagnosed with diabetes or prediabetes, searching for answers. And these are the folks who won't find ANY help from the ADA.

I recently took the "DIABETES RISK TEST" on the American Diabetes Association's website. They asked me these six questions:

- 1. Age?
- 2. Does anyone in your immediate family have diabetes?
- 3. What's your ethnicity?
- 4. Height and weight?
- 5. Do you have high blood pressure?
- 6. Are you more active, less active, or as active as most men and women?

They ask *nothing* about sugar consumption or other symptoms. But these are FAR more important than your age, your family history, or <u>even your weight!</u> (As I said earlier...I've seen plenty of skinny sugar

addicts walk into my office with full-blown diabetes.)

Plus, the ADA test is FAR too generous with your weight. A 160-pound woman who eats a donut every morning has a "low risk" of developing diabetes if she doesn't have a family history of the disease and says she's "more active" than her peers.

This is pure hogwash that relies on self-reporting (which is notoriously unreliable)—and lulls you into a false sense of security.

Here's a better list of questions to ask if you think you may be at risk for developing diabetes:

- 1. Do you eat sugar?
- 2. Do you eat processed foods?
- 3. Do you eat white flour?
- 4. Do you drink beer or wine?
- 5. Do you sometimes feel "cravings" for sweets or salty foods?
- 6. Do you sometimes skip your exercise routine?
- 7. Do feel light-headed or sleepy in the afternoon?
- 8. Do you ever feel depressed?
- 9. Do you weight at least 10 pounds more than you did in college?
- 10. Do drink diet soda?
- 11. Do you drink regular soda?
- 12. Do you cook with Canola oil?
- 13. Do you eat margarine?
- 14. Do you find it hard to lose weight, even when you exercise?
- 15. Do you have less energy than you did in your 20s?

If you answered yes to *ANY* of these questions, **even if you're not overweight**, it's a pretty good bet you're a candidate for prediabetes. But don't worry... more than half the country would fail my test, too.

Now, here's the difference. I WON'T put you on a drug or sawdust diet.

In fact...

The grueling low-fat, calorie-counting "sawdust" diets just don't work.

They don't work because they aren't satisfying.

Plus, when food manufacturers take out the fat, they *add in* sugar and other nasty ingredients. In addition, low-fat diets can cause sharp DROPS in your good HDL cholesterol. They can also cause SPIKES in your triglycerides.

And worst of all, they don't contain enough *GOOD* fat

Fat is extremely important to your body. It actually helps regulate your blood sugar. Fat takes longer for your body to digest. This prevents the sugar RUSH and lets sugar slooooowly drip into your bloodstream. Overall, it helps your metabolism operate much more efficiently.

Fat also plays a major role in the chemistry of your brain. Your brain is more than 60 percent fat... and low-fat diets deprive your brain of essential fatty acids so vital to its function. That's why when you go on a sawdust diet you feel fuzzy-headed all the time or get the dieting "blues."

The American Heart Association diet recommends you limit total fat to less than 25-35 percent of your total calories. Although this diet has been shown to lower your total cholesterol, it lowers good cholesterol numbers and doesn't touch triglyceride levels. Which is a far more dangerous number.

Plus, low-fat diets may actually INCREASE your risk of diabetes.

A recent study published in the *Annals of Internal Medicine* proves it.

In this clinical trial, researchers followed more than 3,700 adults ages 65 and over for three years. They asked the participants about what kinds of foods they ate.

Just as I would have expected...

Those who ate full-fat dairy products (we're talking delicacies you haven't dared to eat in YEARS, like heavy cream and cheese) were actually <u>60 percent less likely to get diabetes</u> than people who stuck to skim milk and reduced-fat dairy products.

Plus, they had:

- Less body fat
- Higher good HDL cholesterol
- Lower C-reactive protein
- Lower triglycerides

You see? You need fat.

In fact, when you add just the right kind of fats to your diet—and avoid the killer ones—like horrific trans fats—you can actually accelerate your efforts!

But that DOESN'T mean you should cut ALL carbs—low-carb diets fall short as well

On many popular low-carb diets, you must cut out ALL carbs during an induction phase. This requires you to go "cold turkey" off all carbs during the early part of the diet. Don't even think about eating a grain of brown rice or a crumb of whole wheat bread. Heck, you can't even eat carrots.

But this is certainly no easy task for the long-term. And, when it comes down to it, certain carbs are actually very healthy.

Recent studies show that people who eat *more* complex carbs have a decreased risk of getting type-2 diabetes. In fact, complex carbs *aren't* the enemy. They help your body achieve a balanced state of insulin regulation. Plus, you need "slow carbs" for energy.

But that's still not a free pass to go crazy with complex carbs. That's an easy trap to fall into as well...and soon you can justify every carb-laden meal with, "Well, it's a complex carb, so it's ok."

When eaten in the right way, the right carbs can actually work to your advantage. And, when combined with the right kinds of protein and fats, you've got a guaranteed recipe for long-term success.

There's just no need to count calories, count carbs, or to over-do it on plates full of bacon. When it comes down to it, those approaches just aren't healthy, and are impossible to maintain for the long-term.

Which is exactly what I've taught so many of my patients.

The beauty of my Metabolic Repair Protocol is that it's so simple you can follow it to a "T" without feeling like a slave to a long list of "Do"s and "Don't"s.

It's time to say "sayonara" to the confusing advice and mixed messages once and for all. And I know that once you decide you're ready for a change...

Ditching diabetes for good—and all its deadly side effects—is almost TOO EASY with my Metabolic Repair Protocol.

I don't mean to sound glib...but listen—I've spent the majority of my medical career treating patients with metabolic syndrome, prediabetes, and diabetes. And one thing has become crystal clear: The best, most

effective approach for reining in out-of-control blood sugar is also the simplest.

And now YOU can experience just how easy it is yourself, because I've finally found a way to pull it all together and make it available to YOU, without requiring a trip to my office in Manhattan.

My Metabolic Repair Protocol will show you exactly how it's possible to completely reverse type II diabetes:

- Without DRUGS
- Without DEPRIVATION DIETING
- Without EXHAUSTING EXERCISE
- Without OVERLOADING ON PROTEIN
- Without "EVERYONE ELSE" FINDING OUT

For more information, simply visit http://pro1.ovhlearning.com/446079/

SOURCES:

- "Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin," N Engl J Med 2002; 346: 393-403
- "Trans-Palmitoleic Acid, Metabolic Risk Factors, and New-Onset Diabetes in U.S. Adults: A Cohort Study," Ann Int Med 2010; 153(12): 790-99
- 1 http://www.sciencedaily.com/releases/2015/03/150324084339.htm, http://newsnetwork.mayoclinic.org/discussion/mayo-clinic-study-of-thousands-of-brains-reveals-tau-as-driver-of-alzheimers-disease/
- 2 "Dietary Docosahexaenoic Acid and Docosapentaenoic Acid Ameliorate Amyloid and Tau Pathology via a Mechanism Involving Presentiin 1 Levels," The Journal of Neuroscience, 18 April 2007, 27(16): 4385-4395 http://www.jneurosci.org/content/27/16/4385.full
- 3 "Dietary patterns and risk of dementia: the Three-City cohort study." Neurology. 2007 Nov 13;69(20):1921-30.
- 4 "Consumption of fish and n-3 fatty acids and risk of incident Alzheimer disease." Arch Neurol. 2003 Jul;60(7):940-6.
- 5 "Reversal of cognitive decline: A novel therapeutic program," Aging 2014 6(9): 707-717 http://www.impactaging.com/papers/v6/n9/full/100690.html
- 6 "Preventing Alzheimer's disease-related gray matter atrophy by B-vitamin treatment," PNAS 2013; 110(23): 9,523-9,528
- 7 "Cognitive and clinical outcomes of homocysteine-lowering B-vitamin treatment in mild cognitive impairment: a randomized controlled trial." Int J Geriatr Psychiatry. 2012; 27(6): 592-600
- 8 "Four Clinical Trials Further Clarify The Role Of Physical Activity In Cognitive Function And Dementia," PRNewswire (www.prnewswire.com), 7/15/12
- 9 "Predicting cognitive decline: A dementia risk score vs the Framingham vascular risk scores." Neurology. 2013; 80(14):1300-6.



Visit Dr. Fred online!

www.drpescatore.com

Stay up-to-date on his very latest health breakthroughs and solutions as well as special TV guest appearances and events.

You'll find frequently asked questions, article archives, and an exclusive Subscribers-Only center where you can access your issues and free bonus reports online. You can also search back issues for past topics.

Check it out for more healing tips and solutions today!

©Copyright 2015, OmniVista Health Media, L.L.C. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including recording, photocopying, or via a computerized or electric storage or retrieval system without permission granted in writing from the publisher. The information contained herein is obtained from sources believed to be reliable, but its accuracy cannot be guaranteed.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action or inaction should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being.

The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, and readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.

For additional copies or questions, please contact us via the website at www.drpescatore.com.