

## Notes on Diabetes Thanet Zoom meeting 3<sup>rd</sup> February 2022

Brad welcomed the attendees, four to start with one more coming after 30 minutes. Jeremy then shared his screen with his presentation “Reverse the Advice - Reverse Diabetes and Obesity”, a summary of his “It’s not your fault” series of talks.

Jeremy started with the fact that the NHS advice for the last 40 years “Eat Less – Exercise More” has resulted in obesity rates rising from 7% in 1980 to 30% today (4 million people to 20 million now) and diabetes rates rose from 1-2% in 1980 to 8% today (1 million to 5 million!). He pointed out that being overweight is not always the reason people get diabetes, with 21% of men and 8% of women being diabetic with normal weight. Someone with type 2 diabetes may have no weight to lose. The NHS statements that “Type 2 diabetes is a lifelong condition; most people need medicine for the rest of their lives; diabetes usually gets worse over time” are true if the NHS advice is followed!

Next Jeremy showed us that although the type 2 diabetes rates increased by 37% over the last 10 years, the prescriptions to treat it increased by 73%. A clinical psychologist said “If the treatment is truly effective then shouldn’t the rates of the disorder be decreasing rather than increasing?”<sup>1</sup> He then addressed what affects obesity and diabetes – “Elevated insulin, hunger and satiety hormones, processed food addiction, exercise is very important, but does not help much with weight loss, what you eat affects how much you eat.” He showed a slide listing the conditions which are caused or exacerbated by insulin resistance (Heart disease, Alzheimer’s, diabetes, cancer and others). Professor Bikman held that insulin resistance is the most common disorder worldwide<sup>2</sup>. Insulin resistance is basically the body’s cells inability to effectively use insulin, resulting in elevated levels of insulin. For those with type 2 diabetes and also many others who are overweight, eating carbs raises blood glucose, initiating the circle of insulin resistance and higher insulin, and this causes not only more fat to be stored but also less energy burned.

He moved on to processed food addiction, quoting Dr Robert Cywes “Anything that is essential to human survival is not addictive. We are only addicted to food with processed carbs.”<sup>3</sup> Next he came to exercise - “It is time to bust the myth of physical inactivity and obesity: you cannot outrun a bad diet”.<sup>4</sup> If you have a diet that is low in protein relative to fats and carbohydrates, you will overeat fats and carbohydrates to meet your protein target risking obesity.<sup>5</sup> Jeremy ended up with the “3 rules of 3”.

- Avoid Sugar - Refined grains, Seed oils / spreads
- Eat Real Food - Meat / fish, Eggs, Fresh veg
- Do - Prioritise Protein, Control Carbs, Stop fearing Fat

Brad asked for questions. Andy, who had joined during the presentation, wanted to know the ideal amount of carbs to eat during the day in order to lose weight and reverse diabetes. He said he had got down to normal readings when he had reduced his carb intake to 20g per day, but then he stopped taking his medication and during lockdown he started to eat junk food and put on weight. His practice nurse was trying to put him onto insulin but he was wary of this. Jeremy backed this up and advised that insulin was not the way to go. Jeremy confirmed getting below 20g of carbs a day should certainly assist with weight loss. Andy recommended Carb Manager to help control carb

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<sup>1</sup> Julia Rucklidge, Clinical Psychologist, Christchurch NZ

<sup>2</sup> Prof Ben Bikman, Plagues of Prosperity Lecture, July 2018.

<https://www.youtube.com/watch?v=xefdEXfG9j0?hd=1>

<sup>3</sup> <https://obesityunderstood.com/robert-cywes-md-phd/>

<sup>4</sup> A Malhotra, T Noakes, S Phinney, April 2015

<sup>5</sup> David Raubenheimer, PhD Stephen Simpson PhD

Researchers, Authors of Eat Like the Animals <https://www.eatliketheanimals.com/>

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intake. Jeremy suggested getting a continuous blood sugar reader, but Andy said it was very expensive and not available on the NHS for people with type 2 diabetes. Alicia, with type 1, said she had one and it was very useful. She steered clear of breakfast and was very careful to reduce her carb intake. Jeremy told him it might be worth trying the reader for a month to see how his diet affected the readings on a daily basis. He also recommended intermittent fasting, and always go to bed at least 4 hours after the last meal. Brian said he would never miss his breakfast. Alicia also warned about not eating enough salt. An operation she was scheduled to have was postponed because her salt levels were seriously low, since she had been trying to make sure she didn't eat too much. Jeremy said he often took a half teaspoon of salt before bedtime and this improved his sleep (and the number of times to get up during the night!).

Next Brian told us about his Annual Diabetic Review. He had reduced his readings from 82 to 41 over a hard two years. His GP then stopped his glyceride prescription against his wishes. Brian asked him to keep the prescription going since without it would increase his blood sugar readings, but this didn't happen. For 5 months Brian kept telling the doctor his readings were getting higher and higher and eventually he relented. John mentioned a friend of his who had exactly the same experience and it took around 6 months to get the glyceride back. He assumed an NHS directive had gone out to stop prescribing glyceride for cost reasons. Andy agreed that doctors were expected to cut the costs of their prescriptions when they can. Brian thought his metformin had no especial effect on his health and thought it was used to keep the pharmaceutical companies rich.

Brad moved on to A to Z of vegetables and fruits. He extolled the value of celery and aubergines to lower cholesterol and preventing cancer. Brian and Alicia agreed celery was very good and they ate it every day. Brad gave us the next two meeting dates and asked members to distribute the flyer available on request to John.

Brad asked us if we had any comments on the meeting.

Alicia mentioned the possibility of a thyroid problem and related how going on a vegan diet reduced her need for insulin. She mentioned that insulin products have a steroid in them, so weight gain accompanies the taking of insulin.

Andy thought 5pm was not especially convenient but he will try his best to come along. John said he would send out a reminder link closer to the meeting times.

Jeremy wanted ideas on subjects he could research for future presentations. Alicia suggested problems with the thyroid. Brian would like research on prescription drugs, since it was not always clear what each of our drugs are for. He thought we should all list what we take and why. Andy said he had a very low opinion of drug companies.

Brian said he had very high opinion of these meetings and the presentations. He commended Andy on his frankness.

John said he had been on a veggie diet all January which was very difficult and he celebrated the beginning of February with a Lebanese plate of meats with zero carbs, and it was excellent.