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# Stop Diabetes Before It Stops You

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## COULD YOU CALL IT A CURE?

CONGRATULATIONS! BY PICKING up this book you've taken the first step toward a lifestyle that is a big leap in beating your diabetes—even vanquishing its nasty ravages, and soon.

We're going to assume that you or someone you care about has diabetes or is worried about it. You might be suffering right now from the devastating complications of uncontrolled diabetes—bad eyes, beat-up kidneys, a weak heart, and numb or painful feet. Maybe you've been told you have “prediabetes.” Or maybe you still *feel* okay, but you're aware that your extra pounds, your high cholesterol, and your up-and-down blood sugar levels are going to get you in the end.

There are more than 21 million people with diabetes in the United States—7 percent of the population. More than 41 million more people have prediabetes.<sup>1</sup> In some places, like New York City, more than *1 in 8* people already have diabetes.<sup>2</sup> And soon even those numbers will seem small: The Centers for Disease Control and Prevention (CDC) estimates that *1 in 3* children born in the United States in 2000 are expected to get diabetes in their lifetimes.<sup>3</sup> We're not talking about a minor inconvenience here or even just a run-of-the-mill epidemic. Diabetes is a serious, chronic, pervasive disease that has rapidly grown into a crisis and will soon become a bona fide catastrophe. We probably don't have to tell you that. After all, your own life is on the line.

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Sound pretty grim? Well, we have great news. There's an excellent chance that if you follow our counsel you can stop the progress of diabetes in its tracks and even *reverse* some of the damage that diabetes might have already done to your body. We know this is a radical claim, but we've seen it time and again with thousands of our own patients. In the 1990s, when Dean Ornish, John McDougal, and Caldwell Esselstyn, our colleagues in lifestyle medicine, proved that coronary artery disease could be reversed with a healthy, low cholesterol diet—and in most cases with *no* cholesterol-lowering drugs—many mainstream doctors scoffed. Now the evidence is overwhelming.<sup>4</sup> Ornish, McDougal, and Esselstyn pioneered the lifestyle medicine approach to the treatment of coronary artery disease, and we've done the same with diabetes.

### HEALING VS. CURING

HEALING and curing are related but not equivalent concepts, and they should not be confused.

*Curing* is the province of the physician in an acute medical care setting. Doctors are trained to try to cure disease and alleviate pain. Within the existing system, a good patient *is* patient; he or she is a passive recipient of the physician's art and skill.

*Healing* is something quite different. Healing is something a physician *can't* do for a patient, no matter how hard he or she might want to. Healing can come only from within each individual. Healing is the physical, mental, emotional, social, and spiritual process of becoming whole again.<sup>5</sup> At Lifestyle Center of America, and in this book, we're interested in both healing and curing.

For the past 11 years at Lifestyle Center of America (LCA), our not-for-profit intensive health resort in southern Oklahoma, we've proven that if you follow the 30-Day Diabetes Miracle program of eating *the right kinds of foods*, getting active in the right way, and thinking the right way, you can conquer diabetes just as dramatically and very likely with much less medication—even much less insulin. For years, our patients have been asking us to put our intensive 18-day program into a book so millions of diabetes patients could learn at home. Well, here it is. We're going to focus on people with type-2 diabetes, but the information can

be very relevant for those with type-1 diabetes as well, for reasons we will explain later. Whether you've been diagnosed with type-1 diabetes, type-2 diabetes, prediabetes, insulin resistance, syndrome X, or metabolic syndrome, the 30-Day Diabetes Miracle program will help you feel better; worry less; live a fuller, more meaningful life; and assume responsibility for your health and future. We call that *quality of life*. And we'll show you how to get it now and how to hold onto it forever.

How much can we promise? Most doctors and patients still think of diabetes as incurable. We don't exactly agree. What would you call it if your doctor were eventually unable to detect *any evidence of diabetes*, or see *any sign of the disease process* at work? Could you call it a genuine cure? That would be your call.

## DIABETES: Good News, for Once

MUCH OF WHAT you hear or read about diabetes is riddled with myths, ignorance, and misconceptions. Here are a few encouraging truths about diabetes, right up front.

- **Diabetes is *not* a death sentence.** A diagnosis of type-1 or type-2 diabetes does not mean you will have to die earlier than your peers who do not have diabetes. While it's true that the risk for death among people with diabetes is about twice that of people without diabetes of similar age,<sup>6</sup> your *lifestyle choices* about diet and physical activity can have a tremendous influence on your health, well-being, and longevity. And the lifestyle option is often much better than the drug option. If you make well-informed choices, diabetes doesn't have to affect how healthy you are, how good you feel, and how long you live. In fact, as a consequence of following the 30-Day Diabetes Miracle program, there's a good chance you'll be able to live even longer than your peers who don't have diabetes, despite your diabetes!
- **Having diabetes does *not* mean you will have awful complications.** Your diabetes diagnosis does not mean you will eventually go blind, require dialysis, and suffer the trauma of amputations. The commonsense lifestyle changes in diet and

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activity outlined in *The 30-Day Diabetes Miracle* can drastically reduce and often eliminate such complications.

- **Diabetes is *not* primarily a genetic disease.** Because your parents had diabetes does not mean you will, too. The only certainty is that if you *live your life the way your parents did*, you'll increase your chances of getting diabetes yourself and of suffering the way they did.
- **Type-2 diabetes is *not* something you catch like the flu.** While it's true that 1.5 million new cases of adult diabetes will be diagnosed this year,<sup>7</sup> almost all of these people developed their chronic disease through the foods they ate and other lifestyle choices, all of which were *totally within their control*. We're going to help you make the best choices.
- **A diagnosis of type-2 diabetes does *not* mean you will have to take large doses of medicine for the rest of your life.** Medications, including large doses of insulin, should not be the basis for diabetes care. Although some diabetes medicines can be effective and helpful, they are usually overprescribed, and often unnecessary, provided the patient is willing to make important lifestyle changes. A majority of our patients on the 30-Day Diabetes Miracle program significantly reduce or eliminate at least some of their diabetes medicines—including their insulin—after just a short time. This is true even for people with type-1 diabetes: They must take some insulin in order to live, but we find that, for most of these patients, less insulin leads to better health. We also find that our patients are able to reduce or eliminate many of their other medicines (such as for cholesterol and high blood pressure). There is no magic pill or secret cure for diabetes; the power comes from the *choices* you make each day.
- **It is *not* best for you to place your diabetes management solely in the hands of your doctor.** Unfortunately, even many well-meaning healthcare providers mismanage diabetes, with dire consequences for their patients and, ultimately, for our economy and our society. Of course we believe in the role of a properly trained physician with expertise in lifestyle management of diabetes. But it is also important for patients to take responsibility for their disease. An *educated, proactive patient* will work cooperatively with an encouraging doctor, jointly making key

decisions for conquering the disease. You can generate your own 30-day diabetes miracle.

- **Many healthcare experts are *not* recommending target goals that are optimal for diabetes care.** Some guidelines for diabetes control—for example, recommended blood sugar range and diet and physical activity guidelines—are *significantly suboptimal*. Although the big national diabetes organizations are respected, noble, and valuable institutions offering vital research and many fine services for people with diabetes, we believe a number of their guidelines are *not on target* for optimal health for people with diabetes. Same goes for many doctors and federal health institutions. Despite remarkable advances in research and technology, the whole diabetes industry—including the medical profession and the pharmaceutical companies—is not necessarily giving you the whole truth all the time.
- **Diabetes is *not* uncontrollable.** We believe that *90 to 95 percent* of patients' health outcomes are attributable to lifestyle factors. Even type-1 diabetes, though it's not yet curable, can be made much easier to live with through wise lifestyle choices.

## THE DIABETES HAMSTER WHEEL

WE'VE HEARD THIS tale a thousand times (literally!) from patients and their loved ones, and we're afraid we'll keep hearing it until doctors and patients recognize a major paradigm shift in the way to think about and treat diabetes.

The typical session with a certified diabetes educator begins with the pronouncement that there's "good news and bad news for people with diabetes." The good news, they'll say, is that there's tons of information available, and if you apply this newfound knowledge, you will be able to manage the progression of your disease. The bad news, they'll continue, is that everyone with diabetes will eventually die of some complication of the disease.

You might be told to eat right, watch your sugar, test your blood regularly, take your medicine, and check your feet regularly. And you might find yourself on a "spinning hamster wheel," as one of our patients put it. If you have type-2 diabetes, you probably already know this routine: You're constantly hungry, but you have no energy. For a

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while, your blood sugar levels might be pretty good, but soon, they creep up again. That means more and more medicine over time, but less and less understanding of what's happening to you—and what you can do about it. Even as your doctor tells you to lose weight, your oral diabetes medicine will likely lead to more and more weight gain. You feel more sluggish, so you become even less inclined to get active. Soon you find you're going on high cholesterol and high blood pressure medicines, too; this is really depressing. But it isn't until you hear your doctor use the dreaded I-word—*insulin*—that a sense of utter hopelessness washes over you. Perhaps you remember a parent or someone else close to you going on insulin—not long before they died. “If you don't *change your ways*,” the doctor might say, “you're going to have to start those shots.” It's a horrible prospect, but you *still* don't understand exactly what you're supposed to do to change your ways.

### IF YOU KEEP DOING WHAT YOU'VE BEEN DOING, YOU'LL KEEP GETTING WHAT YOU'VE GOT

WHY SHOULDN'T YOU just stick with your current plan for managing your diabetes? After all, it's probably your doctor's orders. Consider how well your doctor's advice has been working:

- Is your need for medication or insulin decreasing or increasing?
- Is it getting easier to manage your blood sugar or harder?
- Are you losing weight or gaining?
- Do you feel more lively and energetic or less so?
- Are you now in less pain or more?
- Is your health in general and diabetes in particular getting better or worse?
- Who's in charge? You or your diabetes?

Alcoholics Anonymous has shared a wonderful maxim with the world that we think applies to the usual routine of so-called diabetes self-management: “Insanity is defined as doing the same thing again and again but expecting different results.” Our 30-Day Diabetes Miracle program will show you a path back to sanity, a path to health, a path to *hope*.

## IF IT'S TO BE, IT'S UP TO ME

WE CALL MANY of our patients “pushees,” because their spouses, friends, or coworkers pretty much insist they come see us. Maybe someone is pushing you to read this book. Many of our patients arrive at LCA in a skeptical frame of mind. And we assume that, at this point, you might be skeptical, too. We don't expect you to just accept our word as gospel. So we ask you only to lend us your trust until we earn it for keeps. We believe that you can see dramatic results in blood sugar control, in weight loss, in cholesterol levels, and blood pressure control, all in a relatively short time and with less medicine. That should come as good news, right?

But this good news comes with a serious caveat. We'll remind you throughout this book that “If it's to be, it's up to me.” In other words, your doctor won't do it for you. Even this book won't do it *for* you. You have to take charge of your own body, your own disease, and your own destiny. You have to make some fundamental but doable changes in your thinking and your behavior.

The benefits and results you get from our program will be directly related to what you put into it. If you decide you don't want to change at all, then you “will keep getting what you got,” and we suspect that isn't too good or you wouldn't still be reading this book. If you pick and choose only some suggestions, we really don't know what results you will obtain. You might improve or you might not. This is the danger in going only part way with your lifestyle changes: You will likely feel continuously deprived and disappointed because you stopped some of your bad habits (though you wish you were still doing them), and at the same time, you'll likely not see the results you hoped for. It will seem as if all the effort just wasn't worth it, and you'll probably give up, ending up right back where you are now—or worse. On the other hand, we know that if you follow our plan completely for 30 days (lend us your trust), you'll experience the same impressive results we see when we treat our patients at LCA. We feel confident that when those 30 days are up, you'll keep following the plan because you feel, look, and “test” better than you likely have in a long time.

For patients who attend LCA's 18-day program, the results are amazing, especially considering there's only 15 days between the “before” and “after” laboratory tests. Many of our patients use the term

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*miraculous*, and we don't argue with them. Before they come to LCA, many people are told there's little or no chance they'll ever see any improvement in their diabetes. Yet, after 18 days, our patients with type-2 diabetes experience<sup>8</sup>:

- A nearly 20 percent drop in triglyceride levels
- Total cholesterol reduction of 16 percent (patients with type-1 diabetes do even better: 19 percent)
- A decrease in serum levels of low-density lipoprotein (LDLs), the “bad” cholesterol, by 22 percent (31 percent for those with type-1 diabetes)
- A 17 percent reduction in fasting blood sugar
- Weight reduction equal to 4.6 percent of body weight (3 percent for patients with type-1 diabetes)
- A decrease of just over 3 percent in waist circumference
- A drop in serum fructosamine<sup>9</sup> of 8.7 percent (13 percent for patients with type-1 diabetes)
- More than a 5 percent reduction in resting heart rate (8 percent for those with type-1 diabetes)
- A 12 percent improvement in the 1-mile walk test
- A nearly 6 percent drop in systolic blood pressure (the top number)
- A 4 percent decline in diastolic blood pressure (the bottom number)
- An 18 percent increase in flexibility (patients with type-1 diabetes improved 16 percent)

Remember—that's after only 15 days. Continuing with the lifestyle changes for the long haul will breed very dramatic results.

Not to say it's easy at first. For most of you, our program will require a major departure from the way you've been brought up to think about healthcare, disease, food, and other basic tenets of our culture. For many, this is a big adjustment. Most of us are still caught up in negative, pessimistic thinking when it comes to our health. We think:

- Our chronic disease determines our fate.
- Our doctor is our healthcare boss.
- The all-you-can-eat buffet table determines our food intake.
- When we get sick, the latest wonder drug is the solution.

- Our fear of change is in control of our behavior.
- Our unhealthy habits are binding, too potent, and too ingrained to ever change.

You get the idea. And you probably know by now that we disagree wholeheartedly with such counterproductive ways of thinking. We believe, like thousands of our patients, that the sheer will to get better can triumph over current patterns of thinking and behaving, and you can experience a 30-day diabetes miracle.

Our most successful patients are *proactive*. They have what Dr. Dennis Deaton has called an “ownership spirit.”<sup>10</sup> They take responsibility for their thinking, their behaviors, and their consequences. For most of us, though, there are major challenges to overcome first—societal, familial, even biological and neurochemical. So we’ll help you throughout this book with reminders, encouragement, and lots of practical counsel on how to start incorporating the ownership spirit into your attitudes about your diabetes and the rest of your life.

We’ll spend a whole chapter (Chapter 9) describing how to motivate yourself to do what you know you should but somehow haven’t been able to do—getting more active, for example, or eating the right foods for optimal health. We expect that by incorporating the basics of this scientifically validated, rational, and commonsense form of therapy, called cognitive behavior therapy (CBT), you can accelerate major change that you might otherwise feel is too difficult or even impossible to achieve.

### ISN'T THIS JUST MORE OF THE SAME EAT-RIGHT-AND-EXERCISE STUFF?

PRACTICALLY SPEAKING, THE 30-Day Diabetes Miracle program is fundamentally different from the diabetes information and treatment millions of Americans have been given in the past. Here are the top 10 reasons our program substantively differs from others:

- **It actually works.** Between two of us, we have 60 years of clinical experience treating diabetes, have seen thousands of patients, and have reviewed hundreds of rigorous scientific studies that back up our program. We’ll introduce you to the

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research and to many patients who've *reversed their diabetes* and gone on to live happier and more productive lives. We also have as a co-author Ian Blake Newman, a former patient who's experienced both the "usual" diabetes treatment as well as LCA's way, outlined in this book—Ian's our proof positive.

- **It's all-inclusive.** The 30-Day Diabetes Miracle program brings together sensible, scientifically sound information and advice about all aspects of living healthy. And it's tailored specifically for people with diabetes.
- **It's about lifestyle choices.** These choices are made in conjunction with the latest science and medical methods. Our program is a straightforward, realistic, and sustainable one that can quickly produce striking changes.
- **Medications—including insulin—are secondary, not primary, for managing diabetes.** By strictly following the 30-Day Diabetes Miracle program, many of our patients can significantly reduce their oral diabetes medications, their insulin, and their blood pressure and cholesterol drugs—some within months, some within weeks, and some within mere days.
- **It's based on a diet that's very different from the standard American diet.** There are decades worth of rigorous studies that prove irrefutably that the standard American diet (SAD, isn't it?) is killing us through obesity, high blood pressure, diabetes, and other chronic diseases. And now there are many important studies that confirm undeniably the diet we recommend to all our patients works to curb the scourge of those diseases. It's true that most doctors and diabetes organizations don't prescribe our diet, but they should. We *know* it will make people with diabetes (and almost everyone else, too) much healthier, because we've seen it with so many of our own patients. The 30-Day Diabetes Miracle diet is plant based. This means it consists of fruits, vegetables, whole grains, legumes, and nuts and seeds (in moderation). The diet is filling, thanks to high fiber; it's naturally low fat; it provides plenty of good-quality protein; and it's *high in complex carbohydrates*. We know this will surprise many people with diabetes. You'll have to read on to get the details.
- **It gives you the complete truth.** The average person is bright, motivated, and deserving of the full truth about diabetes. We believe that we must give our patients the whole truth without

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dumbing down the medical evidence by assuming that our patients “will never follow the plan anyway.” You and all our patients deserve the opportunity to achieve far greater health than just managing your diabetes as your condition gradually deteriorates over time. We don’t want you to just get by with marginal, incorrect, or incomplete information. It’s *up to you* to act on the information we provide.

- **It promotes the health benefits of a physically active lifestyle without unpleasant side effects.** The 30-Day Diabetes Miracle program incorporates a unique form of physical activity, unlike the kind you’re probably used to doing—or *not* doing. Intermittent training (IT) is easier to learn, easier to do, and easier to maintain than the usual exercise prescription so many of us suffer through or strive to avoid. IT works without pain, and with little specialized training. We reject the notion of “no pain, no gain” and show that you can get *more benefits for less effort* than you’ve probably thought possible.
- **It helps you achieve your goals by helping you train your brain.** The CBT approach gives you the rational, down-to-earth tools you need to change your attitudes and behavior to maximize the overall benefits to your health and emotions. We help you every step of the way with practical advice about how to build all the foundations of the program into your daily life—starting today.
- **It will improve nearly all facets of your health, not just your diabetes.** The 30-Day Diabetes Miracle program integrates healthy lifestyle choices that will not only help you master your diabetes but also help you lose weight, lower your blood pressure, lower your cholesterol, escape depression, and appreciably reduce your chances of many other chronic diseases—from stroke and heart attack to arthritis and cancer.
- **It helps you address the key question of, “Good health—for what?”** Most popular health programs and most doctors overlook this question. You might say this is the spiritual side of the equation, an important pillar of the program. We ask you to consider *why* you want to overcome your diabetes, why you want to live better and longer. Is it just to get a few more years of languishing in a nursing home? We suspect there’s more to it, and we want to help you articulate your answers to this important question.

## CHOICES 101

ANOTHER CRITICAL POINT to the 30-Day Diabetes Miracle program is that it will allow you to make *basic choices*, tailored to your needs and abilities, about how strictly or liberally you choose to follow each part of the program. Think of it as a “choice adventure” in which you can tackle your most pressing concerns first, then move on to secondary problems. If you want maximum gains and dramatic impact in a short time—if you want miraculous results in 1 month—we recommend you follow the program to a tee, taking advantage of all our advice. If your blood sugar levels are way out of control, you’re obese, have had a heart attack or stroke, smoke, and/or can’t control your eating, we recommend you do this, starting ASAP.

### WHO ARE WE, WHAT IS LIFESTYLE MEDICINE, AND HOW CAN WE HELP YOU STOP DIABETES?

AT LCA, INSTEAD of simply fixing the symptoms of various conditions, we help individuals get to the root of their problems—*their lifestyle*. We use the enormous power of diet, physical activity, and stress management as well as intensive, personal medical supervision to overcome disease, restore health, and build lasting vitality. We empower our patients by leading each of them through a life-changing experience to restore and maintain health. While we were designed to live in good health, misguided choices have caused many of today’s chronic diseases, and diabetes tops that list. More than 2,000 people have come through our program in the past 11 years, and those who’ve stuck to their new lifestyle have shown remarkable results, which they frequently call “miraculous.” We’re setting up now for a large, comprehensive, peer-reviewed study, but we believe it’s critical to get this information to you right now. Because we’re asking you to lend us your trust, we want to introduce ourselves, and tell you a little about how we came to embrace the 30-Day Diabetes Miracle program.

#### **Dr. Franklin House**

I was born in Mexico City, into poverty, and came to America when I was 15, feeling culturally challenged. Education was in my blood and

DNA. So medical school seemed natural for me—the perfect synthesis of altruism from my family’s missionary past and an emergent capitalism I found in the American land of opportunity. I went to Loma Linda University, got my M.D. in 1962, and did a rotating internship at the Loma Linda University Hospital. The following 2 years were devoted to military service at Fort Hood, Texas, in the U.S. Army as surgeon of the 1st Battalion of the 13th Armor.

I stayed on in Texas, and founded a multispecialty clinic, a community hospital, and a long-term-care company. Throughout medical school and in the years afterward, my altruistic and acquisitive tendencies did battle, as I suspect they do for most doctors. Things started to change for me during my time working in obstetrics. I became keenly aware of the need for basic nutritional knowledge among my young maternity patients. It comes as a shock to people that most medical school students get very limited education in nutrition, at least not in the way that nutrition education can be really useful. I could see the consequences of this omission in the prevalence of chronic disease among so many of my patients. You might come to the same conclusion just strolling through your average shopping mall.

Around this time my attention became focused on my family. My dear wife, Bonnie, had suffered with pain for years. She had what appeared to be a familial arthritic predisposition. Since the time we courted, this miserable nuisance had interfered with our lives. I started out resenting this intruder when she reacted with an “ouch” the first time I hugged her. As time passed, her pain progressed, and more joints became involved in spite of my best diagnostic and therapeutic efforts.

After my graduation from medical school, we eventually settled on a small Texas ranch. One Sunday after feeding the cows, I heard some stirring in the bedroom. What I discovered next changed my plans for that week and every one since then. Bonnie was crawling to the bathroom. “The pain is so severe I can’t walk,” she said, groaning. “I do this almost every day, Franklin; it’s just that you leave so early you never see me do it.”

That incident motivated a systematic search for an answer that we had failed to find in the many prescription drugs we had used through the years. We began exploring lifestyle treatments, mainly dietary changes. When we implemented a plant-based diet and altered our lifestyle, Bonnie found total and enduring relief. When I could squeeze her again, I began to embrace lifestyle medicine.

With this experience, I reorganized my practice to include thorough wellness evaluations, physical activity assessments and prescriptions, and

lifestyle lectures. For the next dozen years Bonnie held healthy-cooking classes in our home. As I saw my patients get better, I was hooked.

When I was chairman of the board of a nonprofit organization that provides medical care to the people of Micronesia, I made some 15 medical trips between 1985 and 1996. There I saw on a large scale how lifestyle medicine can begin the process of radically altering the course of a culture's health and well-being. Currently, there are Micronesians in their early 20s who are already suffering long-term complications related to diabetes, such as amputations, blindness, and kidney failure. In my experience, North America is not more than a decade or so behind Micronesia in the demographics of diabetes.

Since I came to LCA in 2000, first as its president and now as chairman of the board, I've been encouraged that we've planted this same seed in rural Oklahoma, a place no less in need of a change in thinking and in treatment of diabetes. By now we've cared for patients from nearly every state in the union and from many different countries.

My great motivation as I enter my 70s has been to use my own vitality and health to promote lifestyle medicine to a world in need—a world very close to home now. I want to tell all the indelible individual stories of so many of our patients whose diabetes has been *stopped* and whose lives have been *restored* by following our program. The fact that you're reading this book gives me as much hope as we want to give you.

### **Dr. Stuart Seale**

By the age of 15, I knew I wanted to become a doctor. It was the late 1960s, and everyone was watching *Marcus Welby, M.D.* on TV. In 1976, I was accepted into Loma Linda University School of Medicine, and I graduated in 1979. The pull of Dr. Welby won me over to family medicine, and after I completed residency in 1983, I entered the private medical world on top of my game. I had received excellent medical education and residency training, and felt I was competent to handle whatever came my way. The American medical system is one of the best in the world when it comes to intervening and treating the acute crises our patients face in their battles with disease, but we fall far short of other Westernized countries in terms of overall healthcare measurements. Despite spending nearly twice as much per capita on healthcare as other Western countries, the United States is ranked 37th in the

world by the World Health Organization based on healthcare performance.<sup>11</sup>

Even though I managed the health of several thousand patients in my practice, I let my own health deteriorate. In the early 1990s, on a muggy July day in Missouri, I had an epiphany. I was only in my 30s, but I was exhausted from mowing the lawn. I was 40 pounds overweight, and because I never did routine aerobic activities, I was breathless. As I watched my 5- and 9-year-old boys riding their bikes, I told myself it was time for a change. I wanted to keep up with my sons and daughter as they grew, to be involved in their activities, and to enjoy life with them. I also felt professionally ashamed. I likened myself to those cardiologists I had seen perform coronary angiograms on patients and then go to the doctor's lounge to smoke.

The first thing I did was buy an expensive pair of running shoes. I knew if I invested heavily in the shoes, I would use them. And I did. The first few times I ran, I could go only a few blocks before slowing to a walk. But I persevered, and within 6 months I was running 25 miles per week. The craving for better physical performance fueled a desire to improve my nutrition, so I began to eat more fruits and vegetables and fewer animal products. It's a cliché, but true—the pounds started to melt away. This increased my desire even more to learn about good nutrition, a subject sorely lacking in my formal medical education, as Dr. House mentioned.

By 10 years after my transformation began, my diet was totally plant based. My nutritional beliefs changed as I studied the scientific research, which is readily and abundantly available to anyone who is interested enough to look for it—there's a lot of it among the notes and resources of this book and available at [www.diabetesmiracle.org](http://www.diabetesmiracle.org). I became convinced beyond a doubt that for virtually every common disease afflicting American society, a plant-based diet not only is the best prevention but also the best treatment.

As my knowledge of nutrition, physical activity, and health developed, it became increasingly frustrating for me to keep treating patients as I had been in my medical practice. For 20 years, I saw many patients with diseases that really weren't getting any better. The problems were just being managed, not eradicated or reversed. Usually this was because the only accepted treatment was medications, which were routinely increased to keep up with the progression of the problem. On hospital rounds, I observed patients eating the very diet that had put

them in the hospital in the first place: plates loaded with refined carbohydrates, colorless food, and fatty meat dishes drenched in gravy. I began taking time to counsel my patients, not only on the importance of diet and physical activity but also on how to affect change. I told them what the research said was best. Most of the information fell on deaf ears, and I got discouraged. From time to time someone showed a real interest, and in my enthusiasm over having a receptive listener, I would blow my whole schedule, creating a waiting room full of unhappy patients. My growing desire was to educate and treat all my patients in a manner that would motivate them to change their lifestyle as the best means to improve or eliminate their diseases. I no longer fit into the medical system as well as I had initially.

Determined to change my medical practice, I contacted Lifestyle Center of America. My initial interest was to visit Oklahoma to see how they treated and educated patients on lifestyle medicine. The call turned into a recruitment effort on their part, and 10 months later I joined them as a staff physician, clinic director, and educator. Now I'm medical director, program physician, and educator for LCA's Diabetes Wellness program in Sedona, Arizona. The patient improvements I have witnessed during my time with LCA have been nothing short of miraculous. In less than 3 weeks, patients with type-2 diabetes who eat a totally plant-based diet and engage in a moderate physical activity program go from more than 100 units of insulin per day to no insulin at all—and their blood sugar levels are under better control! Along the way, blood pressure and LDL cholesterol levels drop significantly. LCA patients have more energy, less constipation, less joint pain and stiffness, and even less depression than other diabetes patients. Even patients with diabetic neuropathy (nerve pain or numbness in the feet and legs), one of the most frustrating conditions to treat in a conventional manner, show signs of improvement in the short time they are with us. My experience at LCA has only confirmed to me what the research predicts will indeed happen.

We have a way to go, though. It frustrates me that the traditional medical community has largely ignored the most effective and powerful method of disease prevention and treatment we have. For most doctors, the lifestyle approach seems too extreme to recommend. Their alternative is to put patients into a medical system that accounts for more than 200,000 deaths per year because of medication error, physician error, or adverse events associated with medications or surgery!<sup>12</sup>

If the information in this book could be packaged in a pill form, it

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would undoubtedly become the world's most prescribed drug. It would not only prevent but, research has shown, could also *reverse* type-2 diabetes, obesity, coronary artery disease, hypertension, and elevated blood lipids. It could prevent the majority of cancers from which Americans die. It would give relief to arthritis sufferers, help prevent osteoporosis, relieve constipation, and even help those with hemorrhoids. This “wonder pill” would have no adverse side effects and would cost nothing. So, take this healthy lifestyle information and devour it, digest it, and put it into practice. Let it do its magic for you, and your life will be transformed forever!

### Ian Blake Newman

My worried assistant found an ad for LCA in a diabetes magazine. It showed a handsome fisherman casting a fly across a stream. Confident and vigorous, he looked like a man running for governor of Missouri. “He swears LCA saved his life,” Genie told me. “You could use a little of that.”

Grudgingly, I called for a packet of information. Soon I was squinting in front of the LCA video—everything was blurry lately—with a heaping bowl of ice cream and an equal measure of doubt. It was 2004. I was 36 years old. Since college, I'd gained 35 pounds, eating like a guy going to the electric chair. Food was a kind of convenient consolation prize for my hard luck in the health department. I'd been diagnosed with a rare, complicated cancer at 27 and suffered, too, from a degenerating back and joints; crippling, almost daily migraine headaches; chronic sinus infections; Lyme disease; and awful allergies to boot. I joked that it was only a matter of time until I got scurvy or beriberi. But it was no joke. I was on the brink of clinical depression, and who could blame me?

I'd had more than a dozen surgeries by age 30, one more traumatic than the last (imagine how much fun a “radical neck dissection” can be). For years I was either locked for days on end in a lead room for massive radioactive iodine ablation treatments or hooked up to intravenous antibiotics for 6-week stints, or connected to an electric stimulator literally wired into my spine to jolt my limbs and help me walk (which I did like Frankenstein's monster). Whenever I could work, I overworked and stayed stressed most of the time. Several times over those years, I'd drive straight to the hospital after toiling my usual 15-

hour days as professor and journalist, and pull down my pants for a shot of narcotic painkillers.

Then one day in 2004, I experienced a wonderful turning point: My insurance company informed me that, based on my latest clean blood work, I was officially cured of cancer. Then 6 months later, my pancreas quit its day job, and I had type-1 diabetes.

I was prescribed a big dose of insulin, offered a (literally) 20-second demonstration on how to use a syringe, and given to understand that I could expect serious complications like blindness, stroke, and amputations—if not now, then later. Meantime, five shots a day, in the stomach. At least it was a big target.

At first my blood sugar was 565 one hour and 64 the next. I couldn't see. I couldn't drive. I couldn't control my mood swings. In short, I couldn't cope.

I read books, went to doctors on both coasts. They bandied medical jargon: *supercalifragilistic ketoacidosis*. One doctor in New York informed me of another threat: My triglycerides were so high they were unmeasurable. One doctor in California told me I was a ticking time bomb. I was boggled and desperately forlorn.

I tried to commit to various radical diabetes diets. The theme seemed to be, "Protein is good; carbs are bad." I'd never been big on meat, but suddenly I was eating sausages and pork chops on a daily basis. I tried to stay as active as possible, but I wasn't losing weight, I was gaining.

I certainly had no confidence that some place in the middle of Oklahoma would offer me anything useful, new, or inspiring. What could "them Okies" possibly teach a savvy New Yorker like me?

And what if they tried to convert me into some kooky lifestyle cult? They all seemed so nice on the phone, but that's how they get you. They invite you over for tofu and smile a lot. But next thing you know you need to be rescued and deprogrammed.

Another problem—how could I spend that kind of money on myself? But I looked at that scary number in my blood test meter and decided that a stint at LCA would be cheaper than a funeral.

Of course it was the wisest, most gainful decision I ever made. At LCA, I found my Oklahoma antidote. It was worth 10 times what I paid. I didn't wind up in a cult. Instead, I met the best-informed and most compassionate doctors and nurses I'd ever known. I learned more in 18 days than I would have in 25 years of following my routine and my usual assumptions.

But, literally and figuratively, it was not a piece of cake. I realized after a few days there it was a radical lifestyle intervention. It was boot camp—my fellow guest Bill called it “Sugarless Farm,” and it was exactly what I needed. It knocked me out of my poor-eating, not-moving groove and taught me the difference between that groove and a grave is only a matter of depth.

I saw the spread of gorgeous food laid out on the first morning and thought it was some kind of cruel joke. But no, it was breakfast. And it was delicious, wholesome, and filling. Lunch was even better. I was eating fruit and bread and rice and even some gourmet desserts. Despite that, within a few days, I cut my insulin intake by nearly half. “It’s a miracle,” I thought. They even taught me how to make the food, so I could keep eating as well at home.

I dropped 35 pounds, meaning I’m back at my high school weight and waist size (it’s weird to even write that!); I cut my insulin intake by *more than half*—which is why I was able to lose the weight; I came off my triglyceride drug and two other medicines; I lowered my resting heart rate to an athletic level, according to my doctor; and I adopted a whole new way of thinking about food, stress, and physical activity. I’ve got my blood sugars under super tight control—better than most people who don’t have diabetes. My doctor back home now asks me to print out my blood sugar patterns using the software that came with my insulin pump. He makes copies and shows his other patients what’s possible with good education and motivation—with good *choices*. I got my life back, and my hope.

And I can see again! Maybe I’ll go fishing and consider a bid for Missouri governor.

I’m convinced now that there’s no reason I should suffer the usual complications of diabetes. As you’ll see in Chapter 3, those complications are a function of high blood sugar *and high insulin levels*, both of which I have under tight control by following the LCA prescription.

Meantime, I want to spread the word about what LCA’s 30-Day Diabetes Miracle program has done for me—and can do for you. I’d met one of the guests at the airport when we both arrived; I pushed her wheelchair. She wept the whole time. She said she expected to die by the following Christmas. Just 2 weeks later, she was walking (albeit slowly!) around the track and crying for a different reason—because she knew she’d get to see her grandkids grow up.

xxx | **Stop Diabetes Before It Stops You**

I saw enormous changes in just a few weeks, too. I noticed something interesting after a while. By eating on the LCA food plan, moving on the LCA activity plan, and thinking on the LCA behavior therapy plan, a whole lot more than just my blood sugars improved. I no longer needed painkillers, my headaches were gone, my sleep was better, I was much less depressed and stressed, and even my allergies were abating. One day I was in an elevator with Dr. House in New York, marveling at this weird new high I felt, which was surprising because I'd given up caffeine the year before. I told him I had more energy, more zest for life, more optimism. "That new feeling you have," Dr. House informed me, "is called 'health.'" I could get used to it.

When I realized that every 18 days, dozens of lives are transformed at LCA that same way—thousands have already been restored to health—I just had to get involved, spreading the LCA program to a wider audience. The idea for this book was born out of many conversations I had with the LCA staff and administration during that first stay and several subsequent trips. On one visit, in the winter of 2005, we sat around the board room talking about two articles on diabetes that had come out in the same week in major newspapers, the *Boston Globe* and the *New York Times*. This is from the *Globe*:

Type-2 diabetes is sweeping so rapidly through America we need not waste time giving children bicycles. Just roll them a wheelchair. Forget the basketballs and baseballs. Give them Braille flash cards. The next thing you know, iPods, Game Boys and Xboxes will come with glucose meters.<sup>13</sup>

This is from the *Times*:

Within a generation or so, doctors fear, a huge wave of new cases could overwhelm the public health system and engulf growing numbers of the young, creating a city where hospitals are swamped by the disease's handiwork, schools scramble for resources as they accommodate diabetic children, and the work force abounds with the blind. . . .<sup>14</sup>

Scary stuff. But it doesn't have to be that way. Type-2 diabetes is *preventable*. The LCA doctors and their colleagues in lifestyle medicine had proven it. Diabetes, like most chronic diseases, is a disease of our *culture*,

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a disease about *choices*. That means that it's also a disease that's reversible. Different inputs, different outputs. Different choices, different outcomes. So we had the brash idea that winter to try to get America to start making different choices. To offer a diabetes miracle, to one person at a time, through an easy-to-understand book that translates what LCA does in its residential program into one you can do at home. We're confident that if you follow LCA's no-nonsense, scientifically sound plan, your health will improve dramatically in as little as 30 days. It's our singular wish to someday see headlines in the *New York Times* and the *Boston Globe* tell the story of a global miracle: millions of people conquering the negative forces of our culture and living in renewed health and optimism. We hope for you to be there in that picture standing with us, beaming, proud, and healthy again. Doesn't that sound good?

Could you use a little miracle in your life? We encourage you to read on.