

Diabetes Part Two

Because Type II diabetes is usually the result of pancreatic stress caused through an oversupply of refined or starchy foods, one of the most important factors in controlling and reversing the condition is to modify the diet. (In rare cases, substantial damage to the pancreas may be caused by factors other than life style such as cancer, pancreatitis, drugs or another endocrine disorder. For the sake of simplicity, I am referring here to lifestyle-induced diabetes).

The ability to reverse the condition will be largely determined by the degree of damage sustained by the pancreas over the course of the disease. For some, pancreatic support can make a big difference to the function of this organ if the damage is not extensive. This can be in the form of herbs and nutrients which improve the function of pancreatic cells, enzymes which replace what the pancreas can no longer produce adequately for itself, or nutrients which allow the body to activate important chemicals such as Glucose Tolerance Factor (GTF). Some the most important nutrients for correct glucose handling are B vitamins, zinc, magnesium and chromium, a mineral which is often depleted in those with diabetes. It has been shown to reduce sugar and carbohydrate cravings because of its ability to improve glucose metabolism. The amount of chromium in the body become depleted as a result of a diet high in simple sugars (glucose, fructose) which increases the excretion of the metal through urine. Chromium levels may also be adversely affected by high levels of lead in the tissues; not uncommon in those who have had vocational exposure to substances containing this metal. When a body system is severely depleted it is advisable to use an ionic form of the minerals mentioned above rather than the picolinate or chelated forms most commonly sold. An ionic form is readily available to the tissues whereas the chelated forms take a lot more work for the body to access, and the picolinate forms can become toxic if used over a long period of time.

When it comes to diet there are three key factors to consider; eating frequency, food combinations and the rate at which the food is turned into glucose which is reflected by the Glycaemic Index (GI for short). For anyone with blood sugar control problems, whether it be full-blown diabetes or the precursor stage of insulin resistance, the eating frequency should be every three hours. This means breakfast, morning tea, lunch, afternoon tea, dinner and for some people, a small snack before bed. Portion size is very important; the breakfast, lunch and dinner portions should be smaller to allow for the other snacks and prevent over-eating. In effect, this maintains a steady supply of blood glucose and has the advantage of lifting the metabolic rate which results in a feeling of increase energy and well being.

The food combination and quality of food choice is the other primary consideration. Every meal and snack needs to contain a healthy protein food and healthy fat, and the food choices need to be low on the glycaemic index. Fats and proteins slow the release of glucose from the carbohydrate foods into the blood stream, and low GI foods maintain the blood sugar over a longer period of time. An example of a breakfast which would create a blood sugar problem in a diabetic person is toast and jam. Another is corn flakes and low fat milk. The toast and jam are carbohydrate foods which when eaten on their own, tend to turn into glucose very quickly and cause a spike in the blood sugar. The cornflakes also turn into glucose very quickly because they are high GI, and low fat milk has little protein and good fat in it and so

does not do a good job of slowing the release of the sugars from the cornflakes down. An example of a healthy breakfast is porridge, unsweetened yogurt and a sliced kiwifruit. Another is one piece of dark brown rye bread with marmite and 2 poached or boiled eggs. In these examples, the yoghurt and eggs act to slow the release of the carbohydrates from the porridge, fruit and toast. The porridge and kiwifruit are low GI and the bread (if truly dark brown) will be medium to low GI. To continue this principle, put a handful of raw nuts with a piece of fruit as a snack rather than eating fruit on its own, or have a Ryevita cracker with chicken and avocado on it instead of a biscuit or muffin.

Any diabetic person must avoid sugary foods and foods which are made from refined flours such as most baking, biscuits, sweets, desserts, and ice cream. Minimising starchy carbohydrates such as potato, bread, rice, pasta, most crackers, most cereal, kumara, taro, pumpkin, cooked carrot, cooked beetroot, parsnip and broad beans to a maximum of 1-2 small palm size portions a day is advised because these are classified as fast-releasing foods. The bulk of the diet should be in line with what we were genetically designed to work with; namely lots of fibrous, green and colourful vegetables, good quality proteins, healthy fats and only small amounts of the starchy vegetables and whole grains.

Many of our diabetic patients have benefited from doing a food diary for 3-4 days and getting this checked through the clinic. This has helped them to get the optimal result using their diet as part of their treatment. Information on the best proteins is available through the website in the protein articles, and a complete list of healthy fats, carbohydrates and proteins is part of the information we give when someone comes for a dietary assessment. GI charts are available for \$3.00 from the clinic.

If you have any queries relating to this subject, please phone us on 06 3048177 or contact us through the website. The shop is open Tues, Thurs, Fri 9.30am - 4pm and Sat 10.30am - 4pm.