



Smart Life Forum

Julian Whitaker, MD

An Orthomolecular Approach To Diabetes

Cubberly Community Center
4000 Middlefield Road, Room H1, Palo Alto, California

February 17, 2005 at 7:00 PM

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Upcoming Speakers:

- March 17, Bruce Lipton, PhD
Biology of Belief; Unleashing the Power of the Mind, Matter and Miracles
- April 21, Parris Kidd, PhD
Recent Advances in Phospholipids and Omega-3 Fatty Acids for Brain Vitality
- June 16, David Cowan, BA, CNC, CBT
Unlocking Wisdom of the Body via Electrophysiological Reactivity Using the QXCI

or SCIO Biofeedback

Opening short Bio-Med 101

by **Steve Fowkes**, past president of SLF and founder of CERL.
For his biography and CERL resources, see www.ceri.com

The title is: *Oxidants, Anti-oxidants, and Reducing Agents*

Main Speaker - Julian Whitaker, MD

Julian Whitaker graduated from Dartmouth College and received his MD degree from Emory University Medical School in 1970. He completed a surgical internship at Grady Memorial Hospital in Atlanta and continued his training at the University of California in San Francisco.

After working at the Pritikin Longevity Center, he opened the Whitaker Wellness Institute in Newport Beach, California, in 1979. Since then, more than 35,000 patients have visited his clinic and benefited from his program of diet, exercise, nutritional supplementation, and other therapies for the treatment of diabetes, heart disease, and other chronic diseases.

Dr. Whitaker is an internationally known champion of alternative medicine and a powerful voice against FDA abuses. He is a board member of the American College for Advancement in Medicine, founder of the Whitaker Health Freedom Foundation, and cofounder of the California Orthomolecular Medical Society.

His monthly newsletter Health & Healing reaches more than 200,000 subscribers every month, and he has written nine books, including Reversing Diabetes, Reversing Hypertension, Reversing Heart Disease, and Shed Ten Years in Ten Weeks.

Dr. Whitaker has appeared on numerous national television and radio shows and has lectured widely all over the United States on issues of health and the political forces within the medical profession. An Orthomolecular Approach to Diabetes The year was 1974. Dr. Whitaker had driven from Los Angeles to San Diego to meet with four other young, eager

doctors interested in nutrition and natural therapies and looking for ways to share our research and clinical experience. When he entered the small conference room of a very modest motel, he was stunned to see Linus Pauling, Ph.D.

Dr. Pauling was in his early seventies at the time, and he had won virtually every scientific honor possible, including the Nobel Prize for Chemistry. He had also been awarded the Nobel Prize for Peace for his efforts in uniting the scientific community against the atmospheric testing of nuclear weapons. (He is the only individual to have been awarded two unshared Nobel Prizes.) In fact, the British journal *New Scientist* listed Dr. Pauling as one of the top 20 scientists of all time, along with Archimedes, Leonardo da Vinci, Michael Faraday, Galileo, Isaac Newton, and Albert Einstein.

Yet here he was, sitting in a Motel 6 conference room with five unknown physicians to lend support to a fledgling movement called orthomolecular medicine and to help get the California Orthomolecular Medicine Society off the ground .

What Is Orthomolecular Medicine

Dr. Pauling coined the term orthomolecular medicine in 1968 as “the preservation of good health and the treatment of disease by varying the concentrations in the human body of substances that are normally present in the body and are required for health.” According to Dr. Whitaker, this term, rather than alternative, nutritional, natural, holistic, or complementary, comes closest to describing the kind of medicine that he practices.

The popular media tends to characterize this kind of medicine as “lite” medicine, lumping it together with prayer, yoga, relaxation techniques, visualization, and massage. While one can fully appreciate the value of these therapies, they are not true alternatives to the drugs and invasive procedures that define conventional medicine.

Orthomolecular medicine is very serious medicine, working as well as, and most often better than, mainstream therapies in the treatment of serious diseases . Diet, exercise, vitamins and minerals, botanicals, oxygen therapies, and other orthomolecular approaches are effectively used to treat serious, sometimes life-threatening medical conditions. Let’s look at diabetes as an example.

Diabetes Management: An Orthomolecular Model

Type 2 diabetes is a rapidly growing menace in this country. Caused by insulin resistance (the cells' inability to respond to insulin's signals), it affects 18 million Americans, including a disturbing number of children. Furthermore, an additional 41 million have impaired glucose tolerance and are on the verge of developing diabetes.

He has been using an orthomolecular approach to diabetes prevention and treatment for more than 25 years. In his opinion, this is the only way to handle the rising tide of diabetes. You can't stop it with a pill, but you can stop it with a program of safe, affordable orthomolecular therapies.

In 2001, the National Institutes of Health (NIH) announced the results of a three-year study that confirmed the superiority of the orthomolecular approach: Diet, exercise, and weight loss prevent type 2 diabetes far better than Glucophage, the country's leading diabetic drug. In this study, 3,234 overweight men and women with impaired glucose tolerance (a pre-diabetic condition) were randomly assigned to a lifestyle program, a daily dose of Glucophage, or a placebo. Patients taking the drug lowered their risk of developing diabetes by 31 percent. But those who ate a low-fat diet, exercised for 30 minutes five days a week, and lost weight lowered their risk by an astounding 58 percent!

Even though this approach requires much more effort on the part of both patients and physicians, it is infinitely better than the drug treatments so commonly used, for it does much more than simply lower blood sugar: It engenders optimal health.

Lower Blood Sugar With Natural Therapies

Patients with type 2 diabetes don't just have high levels of blood sugar. They also have high levels of both insulin (released in response to elevated blood sugar) and blood fats (caused by metabolic disturbances of insulin). These abnormalities upset metabolism and contribute to a plethora of problems, including weight gain, high blood pressure, and increased risk of heart disease.

Diet can improve or worsen this state of affairs. Refined carbohydrates (anything made with sugar or white flour), processed grains (most cold cereals, white rice), and starchy

vegetables (white potatoes) exacerbate this vicious cycle. Fiber-rich carbohydrates beans, vegetables, oatmeal, and other whole grains, on the other hand, help to ameliorate it. Some kinds of dietary fat also throw a wrench into the works, so one should avoid fried foods and processed fats and include healthy fats from avocados, olive oil, and cold-water fish like salmon and sardines.

Exercise dramatically improves insulin resistance. The exercising muscle takes up glucose, even when insulin is absent. And the benefits of exercise last long after you take off your walking shoes, for regular exercise increases insulin sensitivity. Equally important, exercise promotes weight loss. In the NIH study, regular exercise (just 30 minutes, five days a week) and a low-fat diet resulted in an average sustained weight loss of 10-15 pounds. Weight loss alone helps prevent and reverse diabetes in many patients.

An additional orthomolecular approach to lowering blood sugar and insulin levels is with targeted nutritional supplements. These include *Gymnema sylvestre*, cinnamon, banaba leaf, and chromium, which have been shown in numerous clinical studies to improve glucose control. However, the most powerful natural agent for lowering blood sugar and improving insulin sensitivity is vanadium. This trace mineral acts remarkably like insulin, stimulating the uptake of glucose into the cells. In one study, patients taking 100 mg of vanadyl sulfate (a vanadium compound) daily for four weeks had a 20 percent average reduction in blood sugar. Remarkably, these benefits extended after the supplement was discontinued!

How to Prevent Diabetic Complications

So much emphasis is placed on blood sugar control that conventional physicians routinely ignore a crucial aspect of this condition, and it's one that can only be addressed with orthomolecular therapies. Diabetes is a nutritional wasting disease. The elevated blood sugar levels that characterize diabetes cause excessive urination. In fact, "diabetes mellitus" is taken from two Greek words meaning "to pass through" and "honey," referring to excessive glucose-laden urination. Excessive levels of glucose in the blood overwhelm the kidneys' capacity to reabsorb glucose and other water-soluble nutrients along with it. It becomes an osmotic diuretic, washing out virtually everything.

Every time the blood sugar level rises and urination increases, the diabetic patient loses water, magnesium, zinc, B12, B6, folic acid, and many other nutrients. Although water is

replaced by drinking, nothing is done to replenish the water-soluble nutrients that are also swept out. The diabetic condition demands that these nutrients be replenished, and in large supply, to prevent the devastation that comes from nutritional deficiencies.

Yet of the approximately 15,000 patients with diabetes who have been treated at the Whitaker Wellness Institute since it opened in 1979, few if any of them had been put on a nutritional supplement regimen by their conventional physicians to counteract these inevitable losses.

As a result of the continual nutritional losses that occur in diabetics, body parts simply fall off. Diabetes is our number one cause of blindness, amputation, and kidney failure, and it dramatically increases the risk of both heart attack and stroke. These complications are virtually inevitable. If people were given an osmotic diuretic every day and nutrients were not replaced, the same complications suffered by diabetics would result. Let's examine some of these losses and their consequences.

Magnesium

Excessive urination washes out magnesium. Low magnesium levels are present in 25 percent of diabetics, and even those with levels considered to be "high" for diabetics don't reach the average levels of the non-diabetic population. As magnesium levels decrease, glucose control deteriorates because magnesium is essential to normal carbohydrate metabolism, insulin sensitivity, and glucose transfer across cell membranes. Low levels are associated with diabetic retinopathy: Diabetics with the lowest magnesium levels have the greatest risk of going blind. Low magnesium is also associated with high blood pressure and vasospasm (constriction of blood vessels) as well as cardiovascular disease. Shouldn't all diabetic patients be taking supplemental magnesium?

Zinc

This is another water-soluble nutrient that is flushed from the body, and as a result, many diabetics have low zinc levels. This deficiency may impair the immune system, particularly T-cell function, which could lead to more infections and non-healing ulcers. Zinc deficiency also can cause diarrhea, which triggers further nutrient losses still. Shouldn't all diabetics

be taking supplemental zinc?

B complex vitamins

B6, B12, and folic acid are water-soluble and therefore vulnerable to loss via excessive urination from diabetes. This leads to increased homocysteine levels and dramatically increased risk of cardiovascular disease. Low levels of B6 can cause glucose intolerance, depression, and dry skin. A B12 deficiency may have no obvious symptoms at first, but over time it can produce mental disturbances, anemia, and impaired nerve function. A lack of folic acid may bring on depression, forgetfulness, insomnia, irritability, and fatigue. Shouldn't all diabetics be taking supplemental B vitamins?

Antioxidants

Diabetics are routinely low in virtually all of the water-soluble antioxidants and are often low in fat-soluble vitamins A and E as well. At the same time, high blood sugar causes severe oxidative stress, which consumes whatever antioxidants are available. If antioxidants are not liberally replaced, then free radical damage is accelerated. Vitamin C is a water-soluble antioxidant and vulnerable to urinary losses as well as poor cellular uptake. Deficiencies are linked with poor wound healing and susceptibility to infection. Shouldn't all diabetics be taking supplemental vitamin C and other antioxidants?

Glucose Control Won't Solve the Problem

The reality is there is not a single essential micronutrient that is not either wasted or used up in diabetic patients. Not one. And the consequences of this fact are obvious. Good glucose control reduces urinary losses of micronutrients as well as the other stresses of the diabetic condition. However, it does not eliminate them, because even under good control there are regular periods of high blood sugar. This point is missed entirely by virtually every conventional physician. Focusing on glucose control alone simply leads to devastation for the diabetic patient, and even those with good control still go blind and suffer amputations.

When an aggressive orthomolecular approach is used to correct these numerous nutritional losses — even after problems have already occurred — complications can often be mitigated and future occurrences prevented.

For instance, *Jerome*, who had been treated for a diabetic ulcer on his foot for years, was awaiting amputation when he checked out of the hospital and came to our clinic. He gave him EDTA chelation therapy and put him on large doses of all the beneficial micronutrients. His foot ulcer healed, and he has had no further diabetic complications for the past 13 years.

Theodore, who had type 2 diabetes and was taking large doses of insulin, was also facing amputation because of a non-healing ulcer on his foot. Same story. With good wound care and lots of vitamins and minerals, the wound soon healed, and over the next ten years, Theodore was spared from any significant diabetic complications. During that time, his brother, who was also diabetic but did not undergo nutritional therapy, went through several amputations and died from complications.

Roxann, another type 2 diabetic, had been on insulin for 16 years. She had retinopathy, angina, high blood pressure, a history of two heart attacks, and an open ulcer on her foot that refused to heal. But the most debilitating of her problems was neuropathy. Nerve damage left her with virtually no sensation in her feet, and she could barely get around on her own. Roxann came to the clinic and started on a comprehensive nutritional regimen. Given the severity of her condition, she also underwent a course of Enhanced External Counterpulsation (EECP) and hyperbaric oxygen therapy (HBO). Within three days, the feeling began to return to Roxann's feet. She had more energy, less pain, and a renewed sense of hope. By the end of her second week at the clinic, she was walking normally, and she and her daughter did something that would have been unthinkable just three weeks before: They spent two days strolling around Disneyland and Catalina Island.

Note to Members and Non-paid Attendees

All non-members who have attended once must pay \$10.00 for each meeting or \$60 for the whole year, with full membership benefits.



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