

"The ADA has repeatedly advocated by their blood sugar and A1c guidelines that DIABETICS ARE NOT ENTITLED TO THE SAME BLOOD SUGARS AS NON-DIABETICS and thus should be destined to suffer the morbidity and mortality caused by high blood sugars. They ensure this sad outcome by advocating high carbohydrate diets and industrial doses of medication to cover the carbo and thereby cause both very high and very low (not normal) blood sugars."

Richard K. Bernstein, MD, FACE, FACN, FCCWS

Dr. Richard K. Bernstein is hailed as the leading authority in the treatment of diabetes by this Society and more importantly by the thousands of patients he has helped. He has lived a healthy life as a Type 1 diabetic over 64 years after overcoming severe symptoms of his own. His book is commonly referred to as the "bible for people with diabetes" and is recommended by the Society for all people interested in truly understanding and treating diabetes.

Diabetes might reasonably be described as a disease of carbohydrate intolerance:

1. normal stimulation of insulin production is impaired (type 1),
2. or the response to glucose-stimulated insulin is compromised (type 2).

Practitioners and layman alike therefore assume that some form of carbohydrate restriction is a first line of attack. All medication has damaging side effects. The Society understands people with diabetes are best served by minimizing the use of medications to the lowest dose possible and maintaining normal blood sugar levels.

Most of us are surprised to find that health agencies such as the American Diabetes Association continue to recommend high levels of carbohydrate and to emphasize a reduction in fat.

The NMS is concerned that this apparently counter-intuitive approach is, in fact, not supported by scientific research. You can find out about the scientific research and nutritional approaches advocated by the NM Society on our website.

Contents:

The Warshaw-DiabetesHealth Thing - Invitation to Discuss. By Dr. Richard D. Feinman

The Hope Warshaw Issue - Hold the Toast! By Dana Carpender

Where Is The 'Hope' For Diabetics, Ms. Warshaw? By Jimmy Moore

No Science, No Science, No Science By Amy Dungan

Is there any Hope for Diabetes? By Fred Hahn, Serious Strength

Diabetes Diet in the News. By Ramona Denton

Hope Warshaw. . . AADE Speaker. . . .haha! By Steve Cooksey

People with diabetes should eat more carbohydrates???

By April Smith

Type 2 Diabetes and a Low Carb Diet - Essential or Dogma? By Vickie Ewell

Stand Up And Say "Nuts!" By Tom Naughton

Is Diabetes Health Magazine Helping People With Diabetes? By Laurie Cagnassola

What a Diabetes Expert! By Dr. Robert Su

The Warsaw-DiabetesHealth Thing – Invitation to Discuss. By Dr. Richard Feinman

The whacko suggestion by Hope Warsaw on [DiabetesHealth](#) that people with diabetes should **increase** their carbohydrate intake — I don't know whether she was serious or just trying to infuriate — obviously generated a rather large response, especially on the DiabetesHealth website itself. I was writing my own post on the issue when the editor Nadia Al-Samarie published [a piece](#) which seems to have added to the discord. I decided to bypass the argument and I posted the following letter to her suggesting a way to introduce more information and fewer bad vibes.

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Dear Nadia,

I understand that publishing a popular site requires one to be provocative and I think you can see that many people had a strong response to Hope Warsaw's article and your response. I think you will agree however that this is a serious matter and I want to suggest a mechanism for bringing the science out for the general public. I am suggesting a discussion between opposing points of view, less a debate than a presentation of facts although one implementation might be to have a kind of jury of impartial scientists to present summaries. I would suggest that you and I be organizers and if DiabetesHealth would be one of the sponsors, I feel sure that I would be able to provide other sponsors. It would, of course, be imperative for the American Diabetes Association and the USDA Advisory committee to participate (send or endorse discussants) to establish that recommendations for people with diabetes conform to some kind of "sunshine law."

The details of such a meeting could be worked out but as a starting point, I would suggest something along the lines of the following.

There would be two panels, one who maintains that a low-carbohydrate diet (definitions to be agreed upon in advance) is the default diet, that is, the one to try first, for both type 1 and type 2 diabetes and metabolic syndrome. The other would conform to the very restricted view on such diets (only for weight loss, concerns about heart disease or kidney disease or whatever).

There would be, say, four representatives on each panel endorsed, again, by the ADA and USDA, DiabetesHealth and by the Nutrition and Metabolism Society.

Because of the voluminous literature, each side would specify ten papers in the literature, popular writings or book sections (max 30 pages each). Discussion would be restricted to these sources.

Participants would meet beforehand to set up preliminary procedures to avoid a free-for-all or any "defenestration."

Variations might include a second day in which both panels took questions from the public or press.

I feel sure that such a meeting would go a long way towards reducing the palpable bad feelings and I am sure you agree that the enemy is diabetes and related diseases and not people with other opinions. I would be glad to discuss, on the phone, how we can get started.

Best Regards,

Richard David Feinman

Comments

1. *April* says:

I think that's a great idea! I'd definitely want to help organize that. And I agree that defenestration is to be avoided.

2. *alternefit* says:

I love it! I hope they reply, and that it happens! Of course, if the past lack of response or concern for opposing points of view are anything to judge by, I am questioning whether there will be a response...but it is something that would be great to see and get out there!

rdfeinman says:

If you think it's a good idea, feel free to write to them. Or to the ADA. Or, most important, the USDA. Your tax-payer money that went into making the plate. That's why we call it the collection plate.

3. *John Hanson* says:

Nothing will happen anywhere until the ATP changes their tune. Nobody will officially counter them. That's the real target.

The Hope Warshaw Issue

Hold The Toast! by Dana Carpender

The low carb world has been abuzz with the news that Diabetes Health Magazine recently published [an article by a registered dietician and diabetes educator named Hope Warshaw](#). Ms Warshaw wrote this article, she says, to debunk two what she calls "common old dogmas" regarding diabetes management.

The second "old dogma" she mentions, and the one drawing fire from the low carb community, is the idea that low carbohydrate diets are effective for glucose control. Gee, where could we have gotten the idea that a disease that is characterized by profound carbohydrate intolerance might be treated by not eating carbohydrate? How could we be so crazy as to think that not eating food that turns directly into glucose might help control blood glucose levels?

The low carb community has pointed out, rightly, that this supposed "old dogma" is actually contrary to everything the medical establishment and the American Diabetes Association have been saying for the past few decades, at least. For a very long time, diabetics have been told that since they are at high risk for heart disease, they must eat a low fat, low cholesterol diet, and should base that diet on carbohydrate. No option for

controlling blood sugar is offered other than medication in increasing doses, as the disease progresses, and glucose control worsens. If there's an "old dogma" from the standpoint of virtually everyone in medicine today, that's it.

But Warshaw is right that advocating a low carb diet is old dogma – if you go all the way back to a time before there was any hypoglycemic medication, or even injectable insulin. Back then it was clear, it was well-known, that the only hope for survival for diabetics was a very low carbohydrate diet. It was a standard prescription, because it worked. But since both injectable insulin and metformin were first developed in the 1920s, it seems unlikely that many doctors who learned that old dogma of prescribing a low carb diet for diabetes are still practicing now. Indeed, the doctors I know who embrace carbohydrate restriction as a tool for managing diabetes and other illnesses all say that they had to discover it on their own; it certainly was not taught to them in their medical training.

Warshaw is actually recommending that diabetics get 45-65% of their calories from carbohydrates. The only solution she offers for the massive glucose load that represents is to cover it with medication.

The madness goes further, however. In a debate with Dr. Richard Bernstein, author of Dr. Bernstein's Diabetes Solution, Warshaw stated that diabetics had a "right" and "deserved" to eat their favorite delicious foods. A WHAT? A right? To eat food that requires them to take more and more medication? They deserve to go blind and lose their toes and their kidneys? Quite honestly, this is one of the stupidest, most wrong-headed statements I have ever heard. It is very much analogous to saying that children with peanut allergies have a "right" and "deserve" to enjoy delicious peanut butter sandwiches, peanut butter cups, and peanut butter cookies, so they should go ahead, and just inject epinephrine every time they do. Sound insane? It is. So is the statement that diabetics "deserve" to eat high-carb foods. "Deserve" doesn't enter in to it, for crying out loud. (My thanks to Fred Hahn of SlowBurnFitness.com for the analogy. It's remarkably apt.)

Since I talked about "Old Dogma" number 2 first, what's Old Dogma Number One? That weight loss will lower blood sugar. Warshaw says "Research shows that the greatest impact of weight loss on blood glucose is in the first few months and years after diagnosis." She goes on to say, "Large studies have shown that with loss of five to seven percent of body weight (approximately 10 to 20 pounds) and 150 minutes of physical activity (30 minutes five times a week), people can prevent or delay the progression to type 2. Once insulin production is on a dwindling course (particularly after 10 years with type 2), weight loss has less impact on glucose control."

My question would be "Weight loss HOW?" Weight loss with a low fat, low calorie diet centered on "healthy carbs," which has been – dare I say it – the dogma for thirty years now? Because if that's the case, then yes, I can see that there would be little long-term benefit from weight loss achieved that way. Especially if we're talking about 10-20 pounds as 5% of body weight – that's 10 pounds lost for a 200 pound person, or 20 pounds lost for a 400 pound person. That doesn't strike me as terribly significant in the long run.

Does Ms. Warshaw have statistics for the long term results with people who have lost weight eating a low carbohydrate diet? I very much doubt it. Indeed, she says: "Countless research studies do not show long term

(greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats." Ignoring that despite her claim of "countless studies" she doesn't cite a single one, as my friend and fellow blogger Tom Naughton pointed out, there are few studies of low carbohydrate diets that have lasted longer than six months to a year. So the studies fail to show benefits after the study ended. Big shock.

Ms Warshaw goes on to cite the legendary difficulty of maintaining a low carbohydrate diet. I must be a person of uncommon will, because I've found it remarkably easy to remain low carb for nearly sixteen years now. But it should be pointed out that most people find any dramatic dietary change difficult. Indeed, I've known for a long time now that most people would quite literally rather die than change the way they eat. I know this because they do it every day. People don't just drift away from low carb. They drift away from low fat diets. They drift away from calorie control. They drift away from vegetarianism. Regain rates for weight lost top 95%, regardless of how it's done. Old habits die hard; big surprise.

However, it seems to me that there is at least some increased motivation to stick with a dietary program that yields results. Not necessarily "I'm miraculously cured and fashionably skinny!" results, but "My A1C dropped dramatically, my blood pressure is down, my blood fats have normalized, I need less medication, and I've dropped three sizes" results? Yeah, that's pretty motivating for a lot of people. Too, I for one find it vastly easier to stick to a diet that doesn't require me to be hungry all the time, and deal with nasty blood sugar swings. Feeling good is a powerful motivator.

Clearly, some people find the lure of carbs more motivating, or have a difficult time with feeling like the odd one out when the pizza is passed around. That's too bad. And yeah, if they can't resist, they'll have to up their medication to compensate; that beats running high blood glucose levels all the time. But to actually state that diabetics should all get 45-65% of their calories from carbohydrate, and just figure medication will deal with it? And that a low carbohydrate diet is useless? That's irresponsible in the extreme.

Heck, I might go so far as to call it homicidal.

The outcry from the low carb and diabetic communities about Ms. Warshaw's article has been so vociferous that the magazine felt the need to run [an editorial statement on the matter](#). In an article titled Righteous About A Diabetes Diet, Nadia Al-Samarie commented on the fire Warshaw's article drew. She states that she is pleased that a passionate, vocal group of low carbers follows Diabetes Health, and tries to deflect accusations that Diabetes Health is anti-low-carb by citing coverage of Dr. Richard Bernstein and Dr. Atkins twenty years ago.

Then she makes a statement that invariably makes me want to bang my head on my keyboard: "Different diets work for different people." This may be true for weight loss – many approaches to weight loss will work for at least a time, usually because paying attention to diet in general results in reduced consumption of the most egregious junk, regardless of the program chosen. But weight loss is not glucose control. There is simply no logical, valid argument to be made that there is some magic way that eating carbohydrates will not raise

blood glucose. Increased glucose means increased medication, and increased diabetic complications. It's a very simple equation.

Ms. Al-Samarrie continues, "Despite the well documented merits of a low carb diet, the reality is that it's not successful for everyone... We will soon publish an article about a type 1 who diligently tried the low carb diet and still suffered from a high A1C. Low carb did not work for her. It wasn't until she persuaded her physician to prescribe metformin for her (which is generally prescribed for people with type 2, not type 1) that she achieved success. After going on metformin, she finally realized normal blood sugar. What works for one may not work for another."

Way to obviate the issue. I don't know of anyone who has said that all type 2 diabetics can be entirely medication-free with a low carbohydrate diet, and I certainly don't know anyone who has said that type 1 diabetics can all be medication-free with a low carbohydrate diet. What we have said, and what is inescapably true, is that if you don't consume foods that dramatically raise blood glucose, you will need less medication to lower blood glucose. Some people will wind up medication free, some will continue to need medication. But the vast, vast majority will have better glucose control when not eating foods that create glucose. How could it be otherwise?

She, too, trots out the "difficulty" of low carbining: "Personally, I have not been successful on a low-carb diet, and that's true of many other people with whom I am familiar. A low carb diet is difficult to stick to." That blanket statement about how "difficult" low carbining is makes me want to throw things. There are many of us who find it simple as can be. In sixteen years of eating this way, I have never been forced to eat anything I did not wish to eat, and that includes a period of about 18 months when I was on the road, eating in airports, fast food places, and hotels much of the time. The truth is, low carb food is everywhere. It is simply a matter of choosing it.

I suspect what Ms. Al-Samarrie means is "Breaking addictions is difficult," and this is certainly a valid statement for many, if not most, people. It is not, however, a valid reason to tell people that breaking a damaging addiction is a bad idea, or even inessential. Quitting smoking is legendarily hard, yet I know of no one who says, "Quitting smoking is hard, so it's unfair to say it's the only option for treating emphysema. It's fine to tell people to simply switch to organic tobacco, and keep their oxygen tank at hand."

Furthermore, Ms. Warshaw's article did not simply offer alternatives, as lame as those alternatives might be. It flatly stated that a low carbohydrate diet was ineffective for long-term glucose control, and that all diabetics should get 45-65% of their calories from carbohydrates, simply relying on medication to control the resultant glucose spikes. That this approach is patently less effective than breaking the addiction to the substance causing most of those glucose spikes apparently matters to her not at all.

Nor does the fact that this advice will inevitably lead to more lost eyesight, amputated limbs, failing kidneys. That human toll is apparently less important than the "right" to eat the food that is causing the damage. I wonder if Ms. Warshaw would be willing to tell that to the grieving children of a diabetic who has died early of complications? "Oh, but it was all worth it, because she didn't have to give up Oreos!"

The casual cruelty this represents is staggering. Damned right I feel righteous about it.

I am proud of the low carb community, and how we have rallied to shout down this dangerous nonsense. Because we have had dramatic, profound changes in our health, physical and mental, from a low carbohydrate diet, our passion is intense. Many of us, too, fear for the lives of loved ones who still buy the garbage put out by "experts" like Warshaw and the ADA. There is a desire to do something, anything, to speed change.

I have two recommendations for useful action: First, join the [Nutrition and Metabolism Society](#) . With its dedication to research, and to presenting the science of carbohydrate restriction, they are reaching doctors and other medical professionals in a way that many of us, as private citizens, cannot. Secondly, speak up. Speak out. Tell your story. When people refer to low carb as a "fad diet," or mention that they're on a low fat diet and not doing as well as they'd hoped, say, in a friendly, conversational way, "Here's what happened to me." When people in positions of real or assumed authority – like Hope Warshaw – spew nonsense about carbohydrate restriction, the friendly tone becomes optional. The raising of our voices and the telling of our stories is not.

As Gandhi wisely pointed out, what we, as individuals, can do seem insignificant – but, never the less, it is important that we do it.

Sharing LC Knowledge

Submitted by Carb Intolerant on Sat, 2011-07-09 08:11.

Hi Dana,

I've stopped trying to explain LC to overweight people. I just give them a copy of your book "How I Gave Up. . ." I can't tell you how many friends have read it and lost weight as a result. It's good to pull it out from time to time to refresh the memory as well.

Deserve?

Submitted by Lori Miller on Fri, 2011-07-08 20:50.

When Warshaw says the word "deserve," she's just telling some people what they want to hear. In real life--any part of real life, whether you deserve something doesn't count for much.

I'm keeping my father's example in mind!

Submitted by lifeaftercarbs on Fri, 2011-07-08 18:40.

My father developed type-2 diabetes in his 60s, injecting himself daily with insulin the last several years of his life, until dying at age 72 of a heart-attack. He was one of those people who went on eating desserts, such as ice cream, and all kinds of carbohydrates despite his condition. If you asked him, he'd say his blood sugar was

under control. All he had to do was take his shot. A couple of times, he had dangerous low glucose levels from not eating enough after injecting the insulin. He at least kept his vision and all of his limbs until the end. Whatever diet advice he got was the standard low-fat, low-calorie, which admittedly he didn't follow and which wouldn't have helped much if he had. I'm sure no one ever said the words "low carb" to him. I guess 72 is not all that young to go, and we all go sometime, but it would be nice not to have to stick a needle in your arm every day or worry about losing your eye-sight. So aside from wanting to lose weight, I also want to keep my pancreas in good working order, and the best way to do that is to avoid the carbo-loading that would over-tax it. Low carb is about preventing type-2 diabetes, as well as treating it. Jim Anderson.

Familial Loss

Submitted by sailgal on Sat, 2011-07-09 17:34.

So sorry for your loss Jim. I must say though, 72 is too young and I'm sure you are doing everything in your power to avoid what happened to your father. I am speaking as a 71 year young NIDDM who has been low-carbing since dx. in 2003. You have the right idea!

We're putting the cart before

Submitted by danaseilhan on Fri, 2011-07-08 18:26.

We're putting the cart before the horse on weight loss vs. glucose control anyway. If someone's weight gain is related to their typical glucose levels vs. their typical insulin levels, then controlling blood sugar **will** cause weight loss since that's the obstacle standing in the way of same.

It's not that the weight loss leads to the sugar control. It's that the sugar control leads to the weight loss.

If someone's trying to lose weight with a low-fat, low-calorie diet, chances are good the proportion of carbs in the diet is high, and it doesn't matter that they're not eating a lot of food--if they're eating enough carb to get that blood sugar high, and therefore their insulin high as well, they're not going to lose much weight because they never gained blood sugar control. At most, if they exercise a lot, they might lose some lean mass. Not exactly the results they are looking for.

Oh, and they'll be very hungry too.

Incidentally, I have stopped looking at the A1C as the gold standard for blood sugar control unless I also know the person's hemoglobin level and whether they were dehydrated. Both anemia and dehydration skew the number and cause an inaccurate result. Chris Kessler has mentioned this a time or two at his Healthy Skeptic

blog. Also, I need to know what the person typically eats and what their blood sugar is after the meal. Absent that information, I don't know much and I can't say with any authority whether they really succeeded or failed.

It'd be like a Kimkins survivor saying low-carb doesn't work because of their experience on *that* diet. How many different ways are there to do low-carb? Might it not be reasonable to assume that some methods will be more successful than others? I would think so.

These people are so silly. And I should have made this into a blog post rather than hijack yours. :P

No Science, No Science, No Science By Amy Dungan, author of Healthy Low Carb Living

Diabetes Health recently published an article by diabetes expert Hope Warshaw that has stirred up quite a hornet's nest in the low-carb community. In her piece titled [Type 2 Diabetes: From Old Dogma to New Realities](#), Warshaw discusses what she believes are basically old wivestales about diabetes care, while recommending a fantastic new treatment. The problem here? Her ideas are not new, fantastic or even scientific. And that old wivestale, or "old dogma" as she likes to phrase it, happens to be what science has proven to work for those wishing to sustain healthy blood sugar levels. What is the old dogma you ask? A low-carbohydrate diet.

Pot, meet Kettle.

Now, stop me if I'm wrong here, but I don't recall any mainstream organization ever really backing a low-carb plan for treating diabetes. How can it be old dogma, when it was never an accepted approach in the first place? The old dogma is really the low-fat, shovel-in-grains-by-barrel plan. And it is dogma. You couldn't pry whole wheat out of most dietitians hands if your life depended on it. They are firmly entrenched in the "fat is bad, grains are good" mantra.

So Warshaw says that low-carb is out, despite science repeatedly proving that wrong time and time again. Her recommendation is to increase those carbohydrates. Here's a quote from her article:

Old Dogma: People with type 2 diabetes should follow a low carbohydrate diet.

New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for carbohydrate: about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate—not a "high carb" intake.)

Yeah... That'll do it.

While we are at it, why don't we just stick an insulin pump on everyone now and get it over with. How can someone, who is supposed to be so smart, say something so ignorant? I'm no genius (yes, I know that's obvious), but even I know that carbohydrates raise blood sugar. Why would anyone in their right mind think it's healthy to eat something that will actually make their condition worse? I've heard the lame old excuses over

and over. "But diabetics deserve to eat the foods they like!" Deserve? It makes me wonder if the people that say that hate diabetics. Because eating all those foods they "deserve" also means they'll have to take medications or get shots. Do they "deserve" those too? I think what people really deserve is the knowledge that the correct dietary choices can free them from large amounts of medications, not to mention save them money. The correct dietary choices may save their lives. And why on God's green earth are we using the USDA Guidelines for diabetics? As much as I disagree with the guidelines, even they will tell you that these were written for the average, relatively healthy American. This is why we have organizations like the American Diabetes Association. These organizations are supposed to design plans specific to the needs of those with diabetes. So what happened ADA? Why are you looking to the USDA to give you direction?

Something else these recommendations lead me to ask: Is it really ignorance that keeps all this carb pushing alive? A few years ago, I would have said yes. I've tried to believe that all these diabetes experts just needed a little education on the subject and they'd do the right thing. Instead, when faced with the science, they seem to put on blinders, stick their fingers in their ears, and chant "I'm not listening!" I wonder why that is, when there is not only science, but a butt-load of personal testimonies from T2 diabetics everywhere who have used a low-carb or paleo approach to all but cure their condition. Sad to say, I'm pretty sure money is part of the answer.

The American Diabetes Association has to have funding to keep things running. That's a no-brainer. But it's who they get a large part of their funding from that has me scratching my head.

[2010 Donations from Pharmaceutical Companies to the ADA](#)

Abbott Laboratories – \$701,893

Amylin Pharmaceuticals – \$896,850

AstraZeneca – \$105,586

AstraZeneca/Bristol-Meyers Squibb – \$300,200

Bayer HealthCare – \$ 454,581

BD Diabetes Care – \$689,073

Bristol Myers-Squibb – \$293,402

Boehringer-Ingelheim Pharmaceuticals – \$492,350

Covidien – \$100,000

Daiichi-Sankyo Pharmaceuticals – \$290,080

Eli Lilly - \$1,864,965

Ethicon-Endo Surgery – \$75,000

Genentech Pharmaceuticals – \$174,710

GlaxoSmithKline – \$140,405

LifeScan, Inc. (a Johnson and Johnson Company) -\$195,125

Medtronic Diabetes – \$478,751

Merck – \$1,707,267

Novartis Pharmaceuticals – \$24,855

Novo Nordisk, Inc. – \$3,402,149

Pfizer Inc. – \$325,891

Roche Diagnostics Corporation – \$ 323,455

Sanofi-aventis – \$3,270,022

Takeda Pharmaceuticals – \$653,808

So the ADA, along with these generous companies, are looking for a cure for diabetes. Out of the millions of dollars donated here, did they do any studies on carbohydrate restricted diets? They say they want to find a cure. It's right there on the ADA's website. I know people that all but claim they are cured when on a low-carb plan. Why can't these organizations put two and two together? Because in this case 2+2 doesn't equal millions of dollars in donations and pharmaceutical sales. Sorry to be so cynical, but I can't help but see this any other way. I simply don't see how there can be any real vested interest in a cure if it means meds will no longer be needed and the ADA will be somewhat obsolete. They should essentially be working themselves out of a job. Truth is it doesn't appear that will happen any time soon.

So experts like Warshaw continue to push carbs and medications like a crack peddler on the street. Meanwhile, people continue to get worse. If you think I'm angry about these recommendations, you are dead right. Diabetes is prevalent in my family. You wouldn't believe how prevalent. I'm pre-diabetic myself. I use a low-carb plan to keep my blood sugar stable, and, hopefully, avoid a T2 diagnosis in the future. One very special family member of mine is losing her eyesight to this horrible disease. She's now been told to cut out sugar completely and watch her carbohydrate intake, but is it too little, too late? What if she'd been told that decades ago, after first being diagnosed? Maybe she wouldn't be battling to keep her eyesight now. Maybe she wouldn't have suffered for so many years with a variety of ailments caused by having T2.

These recommendations are not only foolish, but irresponsible. While low-carb may not be for everyone, it sure as heck works for diabetics. I don't want to hear flimsy excuses from the likes of Nadia Al-Samarrie, who today defended Warshaw and her advice. What I want to see is some real science being used back up recommended treatments. REAL SCIENCE. We've accepted the current recommendations at face value for way too long. I stopped doing that a long time ago, and if you haven't, I encourage to to do the same now. We can make a difference if we all work together. If we can't change the "expert" minds, we'll shout over them until no one is listening to them anymore.

One way you can help us shout this nonsense down is to join the Nutrition & Metabolism Society. Every little bit helps this organization keep the scientific truth in front of the people who need to hear it most – us. They go to battle for us in the medical and scientific community and they truly care about helping people with their

nutritional needs. I'm a member and I hope, if you are able, you'll join us. At the least, click the link and check out their awesome new website. It's full of coolness.

Now if you'll excuse me, I have to go duct tape my head so it doesn't explode.

TESSA

- I thought murder was illegal in the states. It is in the UK where I live. Isn't this 'eat carbs by the bucket load' advise exactly that to diabetics by way of inducing a long, expensive, painful and tragic period of illness by encouraging this eating plan. We get our treatment free here but the tax payer ends up footing the bill, so not only was my own life at risk before I found low carb, but I am paying for drugs on our health service for fellow countrymen that wouldn't have been needed had we as a population not been told to eat low fat and high carb to stay healthy and attain a proper weight.

Who do we have to shout at to get the message through? Isn't there a method of sending a copy of Gary Taubes' book or one like that to every senator and congressman and making them read it. Shouldn't they be able to influence the recommended American diet. What about your president? Are they too interested in the tax dollars that they get from the drug companies for selling the drugs all over the world to worry about their own countrymen?

I can't see the UK diet recommendations being changed until yours are

Amy Dungan

- Tessa, great comment, and sadly very true. We could send copies of these books to politicians that sway the decisions. I'd venture a guess that some have. But getting them to read and acknowledge the science is another story. The other problem is certainly a financial issue. There is too much lobbying and money in the political world to just drop everything they've been pushing and espouse the opposite. Lots of financial backing would be lost for politicians that walk away from the low-fat, use-medications-for-everything mantra. Someone once told me that they think the generation of scientists/medical professionals entrenched in the low-fat mind set will likely have to die off, and be replaced by a new generation of experts who are open to the latest science, before we really see a change in thinking. (That sounds horrible... like we are getting rid of weeds or something. But you know what I mean.) That being said, we should continue to share the truth and work towards that change. As Laurie said, NMS is a great way to do that.

Eric Schmitz

- The thing is, the next generation of "experts" are being trained by the current generation, so it's more than just waiting for the current bunch to die off from their own advice. And that's what makes organizations like the NMS so much more important. There needs to be a strong alternative.

Also unfortunate is that we have too few politicians that are actually interested in science -- and that's evident in more subjects than health and nutrition. Science be damned when there's money to be made.

Sorry, Tessa, but you're right -- we don't export much from the US these days (besides jobs), but we do

manage to promulgate our policies and dogmas with a hey-nony. Sorry to lay this stuff on you and the rest of the world.

LaurieCag

- Tessa -
NMS (www.nmsociety.org) is working hard to do exactly what you want - contacting congress people, among many other things to get things changed here in the US. We can't do as much as we'd like with limited resources - but you can help! Please tell everyone you know to join the nutrition & Metabolism Society, ask if anyone has contacts with companies that may be willing to sponsor an initiative. With help from everyone who cares about this issue, we will succeed!
Best,
Laurie Cagnassola
Director
Nutrition & Metabolism Society

Carb Tripper

- Pass the duct tape! I feel a headache coming on, too!

AlcindaMoore

- Thank you Amy!

I graduated from nursing school 35 yrs ago last month. Back then the treatment of choice was a lower carb diet (but still not low carb), at least at my hospital (and the hospitals I worked at for several years after graduating). We saw people with complications of diabetes....loss of vision, kidney damage, blood vessel damage leading to loss of lower limbs, neuropathy, etc. But....we didn't see the complications as frequently as we do today! Also, with few exceptions, the people we did see with complications were those that were "non-compliant" with their diet or meds. If patients followed their diets and took their meds....and checked their urine for glucose and ketones....we didn't see severe complications!

The difference between now and then? Well, people weren't yet completely fat-phobic, protein was considered good for you, and carbohydrates were restricted a lot tighter than they are now.

Diabetes also runs in my family, on my mom's side. My mom (who never ate a high carb diet) was the only one in her generation that didn't develop diabetes. Today all of the family members in my generation that I still have contact with are T2 diabetics. My sister, at 70, has been for over 20 years. And, what's worse, I have a niece and a nephew that are also T2 diabetics! I also have several female family members with PCOS....also caused by insulin resistance and likely to lead to T2 if not properly treated.

Amy Dungan

- Thanks for sharing that Alicinda. It's amazing how far off base the recommendations have gotten. It's hard to say a high carb diet doesn't contribute to the problem when your Mom was living proof of what to do, and what not to do.

Dcarpend

- The term I used for Warshaw's recommendation in my podcast this week was "homicidal."

And I'm so sick of the old "Oh, eating a low carb diet is soooo hard!" wheeze. I've been doing it for 16 years -- 16 years! I have NEVER been forced to eat anything I shouldn't. I can find low carb food just about anywhere, and if I can't, the fact that I've had my big, low carb breakfast gets me through till I can. What they mean, of course is "I don't like giving up my addiction." Quitting smoking is hard, but does anyone cite that as a reason you shouldn't do it? And say "Well, for people for whom quitting isn't a good fit, we recommend lots of antioxidants to minimize lung damage, and carrying an inhaler -- maybe a portable oxygen tank somewhere along the line"? The hell they do.

Changing the way you eat is hard. The regain rate for weight lost by *any* method is upwards of 95%, because people drift. They drift from low carb, they drift from low fat, they drift from low calorie. Heck, Tom Naughton cited a figure the other day of something like 3 times as many ex-vegetarians as vegetarians, so clearly they drift from vegetarianism, too (and just as well). Most people would quite literally rather DIE than change the way they eat. I know this because they do it every day. Doesn't change what works.

Eric Schmitz

- Well, and as we were discussing, the ironic thing is that it really IS old dogma -- but only if we're talking *really* old dogma, like from the 20s and earlier, before we had developed medications to treat the symptoms of T2. Once there was a pill that could be sold, that "old dogma" was discarded, and a new one eventually took over.

Curediabetes55

- Amy my 15 year old son has Type 1 he was diagnosed when he was 10 They sent me home terrified after 4 days in the hospital of feeding him 75 carbs per meal . I found out myself after he gained so much weight that the insulin and the carbs were making him gain. When I told the doctor that I was cutting back his carbs she said why we can increase his insulin to control his sugars better ,or you can get the pump .

I told her I would rather control it with less carbs which would me less insulin . She did not like that very much . We have heard every 6 months pressure to get on the pump which is anywhere from 500 -5000 out of pocket expense plus for us about a 500 out of pocket monthly expense . He eats from 40-100 carbs a day now and we have cut his insulin in half . It is so very sad that the doctors are getting payoffs for how much of this stuff they can push like drug dealers. There is a song out that is " Its al about the money ,money ,money " It is both sad & very true !!

Amy Dungan

- It's sad indeed! And wow - \$500 a month is not chump change. My family couldn't afford it and we'd be in trouble. Thankfully you don't have to. Congrats on learning about carb restriction and having the guts to stand up to your doctor! Glad to hear your son is doing well.

Tom Naughton

- Duct tape! Yes ... the safe alternative to banging your head on your desk.

Amy Dungan

- Tom, just keep in mind it hurts when you take it off. Although maybe not as much in your case since you don't has as much hair as I do. :) If this keeps up though, we may have similar hair styles. I'm not sure how much more my hair can take.

Where Is The 'Hope' For Diabetics, Ms. Warshaw? By Jimmy Moore, Livin La Vida Low Carb

One of the things I try really hard to avoid doing at my blog is making the subject of my criticisms the people and personalities involved rather than the issue at hand. But in the case of registered dietitian and self-proclaimed diabetes "expert" **Hope Warshaw**, I have to make an exception because she has crossed the line into causing more harm than good with her irresponsible advice for people living with Type 2 diabetes. As my buddy **Steve Cooksey from the "Diabetes Warrior" blog** so succinctly put it at the beginning of an April 2011 post about her, "**Has any ADA Minion harmed as many people as Hope Warshaw?**" The pure arrogance and condescension this woman puts on full display every time she writes or speaks about what is best for diabetics to control their disease is sickening. And when you bring up the subject of low-carbohydrate nutrition for Type 2 diabetics to naturally controlling blood sugar and insulin levels with little to no drug therapy, the woman seems to lose all sense of rationality and civility. In fact, I'd dare say she's downright clueless for being touted as a top "educator" on behalf of the principles promoted by the **American Diabetes Association**—the leading advocate for diabetes education in the United States. They ought to be ashamed of themselves for associating themselves with the reckless views this lady is espousing.

The social networking sites and blogosphere lit up like a Christmas tree last week when a top diabetes magazine published a column by Warshaw about the supposed "new realities" of living with Type 2 diabetes. It appeared in the June 28, 2011 issue of *Diabetes Health* and was titled **Type 2 Diabetes: From Old Dogmas to New Realities – Part 2**. In that column, Warshaw explained that we know more about treating and controlling Type 2 diabetes now than just a decade ago and that these "new realities" have replaced the "old dogmas" about how to best deal with this disease. She focused specifically on the "two most common old dogmas" and why she believes they're no longer relevant. The first one was about losing weight to bring blood sugar down which she says has been trumped by the use of medications from the get-go for people with diabetes. As if that were bad enough, you're not gonna believe what the second one was. Try not to bang your head against the wall too hard as you read this:

Old Dogma: People with type 2 diabetes should follow a low carbohydrate diet.

New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for carbohydrate: about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate—not a "high carb" intake.)

Countless research studies do not show long term (greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats. People with type 2 diabetes, like the general public, should lighten up on added sugars and sweets (yes, they're carbohydrate). They should eat sufficient amounts of fruits, vegetables, whole grains, and low fat dairy foods—all healthy sources of carbohydrate.

Bottom line: The most important new reality for prediabetes and type 2 diabetes is: Take action as early as possible after diagnosis. Don't delay, don't deny. Get and keep your blood glucose, blood pressure, and blood cholesterol into recommended target zones.

Ummm, really Ms. Warshaw? Has it come to this now after all we've learned in the past decade from people like Dr. Richard Bernstein, Gary Taubes and others about what impacts blood sugar? To paraphrase **a famous line from the 1992 U.S. presidential campaign, "It's the carbs, stupid!"** Anyone who thinks Type 2 diabetics should NOT be lowering their carbohydrate intake shows an obvious ignorance about the carb connection to blood sugar. Here are some cold hard facts and stark "realities" that Hope Warshaw needs to learn if she's going to continue spouting information for people living with Type 2 diabetes:

- ❑ **The 2010 Dietary Guidelines is not based on science**
- ❑ A diet consisting of 45% or more carbohydrate IS a "high-carb diet"
- ❑ Research from **Gardner, Shai, Foster** and others has proven low-carb
- ❑ Low-carb diets effectively control blood sugars
- ❑ Encouraging carb consumption for diabetics makes the disease worse
- ❑ Sugary fruits, starchy veggies, and whole grains increase blood sugars
- ❑ Any food that spikes blood sugar cannot be described as "healthy"
- ❑ Low-fat dairy contains more lactose that will raise blood sugars
- ❑ High-carb diets demand the use of more medications and insulin
- ❑ Eating carbohydrates WILL raise blood glucose levels
- ❑ Eating carbohydrates WILL require medication
- ❑ Reducing medication should be a sign of improvement for diabetics
- ❑ Diabetes is a metabolic disease that require a metabolic response
- ❑ There is no biological need for carbohydrate, especially for diabetics
- ❑ Glucose can be supplied to the body through **gluconeogenesis**
- ❑ The diabetes epidemic has been made worse by the high-carb, low-fat diet
- ❑ If the low-carb diet was a diabetes drug, it'd rake in billions annually

Of course, I honestly believe Hope Warshaw knows all of this and is simply saying what needs to be said so she can keep her cushy position as a bona fide diabetes "expert." But the gig is almost up and there will be a heavy price to pay to her reputation as Type 2 diabetics realize they have been lied to. Perhaps Warshaw honestly believes in her heart of hearts that the answer to treating diabetes is indeed more and more medication. Yet it would seem to me that if there were a way to control blood sugar levels, lower A1c numbers, and get this disease under control WITHOUT medication, why wouldn't you shout it from the rooftops and to everyone dealing with Type 2 diabetes? It's rather conspicuous that Warshaw would describe a low-carb diet as "old dogma" and replace it with her "new reality" recommendation of more carbohydrates which will then require more medications to cover up. Am I missing something here? Cue the *Twilight Zone* music and Rod Serling.

Hope Warshaw has been at this nonsensical promotion of high-carb, low-fat approach for a while and is proud of it too. She is a **big believer in the carbohydrate recommendations in the 2010 Dietary Guidelines** while ignoring the countless success stories of Type 2 diabetics who have cut the carbs and experienced superior blood sugar control. Wanna good laugh at just how far off the deep end Warshaw has become? Check out this **classic debate she had with the legendary low-carb physician and genuine diabetes expert Dr. Richard Bernstein** in September 2006 on *dLife*:

As I stated earlier, the blogosphere has been going berserk over Warshaw's column with so many people chiming in about how insane it is for a diabetes leader to be telling people with Type 2 diabetes to eat MORE carbohydrates while taking higher doses of medications to cover it up. Here are just a few examples of the passionate outrage that has been floating around out there:

- [Laurie Cagnassola](#)
- [Fred Hahn](#)
- [Ramona Denton](#)
- [TuDiabetes](#)
- [Diabetes Forum](#)
- [Inner Carnivore](#)
- [Tom Naughton](#)
- [April Smith](#)

Do you think comments like any of these shared in the columns above made it through the editorial desk at *Diabetes Health*? Actually not at all. Well, not publicly anyway. But they did get the comments and they heard them loud and clear in many “strongly worded” responses from people in the low-carb community according to Publisher/Editor-In-Chief/Founder of the magazine named Nadia Al-Samarrie. Rather than addressing the concerns raised by low-carbers who have controlled their diabetes through a healthy high-fat, moderate protein, low-carb diet, Al-Samarrie instead simply circled the wagons around Hope Warshaw in a snippy response article published today entitled **“Righteous About a Diabetes Diet”** where she defended Warshaw’s promotion of more carbohydrates for people with Type 2 diabetes. UGH! Ironically, she uses her defense and promotion of Dr. Bernstein and the late, great Dr. Robert C. Atkins two decades ago as proof they do not have a bias against low-carb nutrition for people with diabetes.

While that may be true that *Diabetes Health* defended low-carb previously, that was then and this is now. Al-Samarrie said they ran Warshaw’s column because “we believe that people could benefit from it.” Riddle me this Batman: How will Type 2 diabetics being told to consume more than half of their calories in the form of carbohydrates which will raise their blood glucose levels to the degree that they’ll need to take medications and insulin to bring them back down again actually “benefit” from this advice, Ms. Al-Samarrie? That doesn’t make any sense at all. While I agree there is no one-size-fits-all diet for most people trying to lose weight, diabetes is a whole different creature altogether. It is by very definition a disease of carbohydrate intolerance. Thus, low-carb diets don’t just become a simple choice in order to best control diabetes. They are an absolute necessity!

Rather than calming the firestorm that began when Warshaw published her original column last week, Al-Samarrie has instead just poured a big bucket of gasoline on it with this ridiculous response. It’s unfortunate she chose to take the tone she did to some genuinely serious concerns brought up by those of us who espouse carbohydrate-restricted nutrition for best controlling diabetes. Perhaps hearing from a few more of my readers who have had experience trying the Warshaw methodology of consuming more and more carbohydrates while taking medications only to see their disease get worse and worse can share with the *Diabetes Health* editorial staff how livin’ la vida low-carb has changed their lives forever by bringing their blood sugar numbers and A1c levels down, lowered or eliminated their need for diabetes medications and insulin, and gave them their life back. You can contact Nadia Al-Samarrie directly at editor@diabeteshealth.com or by leaving a comment at their **Contact Us** page. LET YOUR VOICE BE HEARD! Feel free to post your feedback for *Diabetes Health* in the comments section below.

If you want to support an organization that actually cares about sharing the science supporting the use of carbohydrate-restriction for people with Type 2 diabetes, then you should consider becoming a member of **The Nutrition & Metabolism Society (NMS)** (check out the new and improved web site which I’ll be sharing more about with you soon). For a nominal donation **as little as \$10 for a Consumer Membership**, you can help NMS combat this kind of conventional wisdom idiocy espoused by *Diabetes Health* by spreading what the real scientific evidence is showing about this remarkably healthy, delicious and nutritious way of eating. If we ever hope to take on the ADA and other low-carb antagonist groups, then we need to unite our voices behind organizations who will stand up for nutritional truths. That’s what NMS is all about. THANK YOU

• Teri Fout

I especially like the comment she makes in the video—“the research shows low carb diets don’t work”. Really Ms Warshaw? Could you please post which research you’re referring to?

Its hard to believe she could write that article with a straight face. I say follow the money...I bet she's getting some compensation from Big Pharma for that sort of drivel. If she isn't, she's even dumber than the article indicates.

o **Jimmy Moore**

Prolly.

• **fred**

Who is paying her? Tom just told us where ADA money comes from. If it was from the same sources, she would be unemployed if she said low carb.

More of the oldest profession.

o **Jimmy Moore**

Sickening.

• **Brenda Nolen**

Through a low carb way of eating I am now off all Type 2 diabetes meds. I'd love to hear her explain that away, especially since I've only lost 10 pounds and am very over weight. It took about 4 months for me stabilize my blood sugars by strictly eating low carb.

o **Jimmy Moore**

Yay Brenda!!!

o **William**

July 7, 2011 at 4:52 pm · Reply

She would say that you're atypical. Most people can't live with such an "unpalatable" diet.

• **Jennifer Peacock**

Yet it would seem to me that if there were a way to control blood sugar levels, lower A1c numbers, and get this disease under control WITHOUT medication, why wouldn't you shout it from the rooftops and to everyone dealing with Type 2 diabetes?

Um...MONEY.

Big Pharma and all the people from all these medical associations don't make money from people who use diet and exercise to relieve, treat, cure diseases.

o **Jimmy Moore**

True. But there's that pesky Hippocratic oath thingy.

o **James Schipper**

Always follow the money. This woman is nothing more than a paid shill/salesperson. Go to the ADA website and look at their sponsors <http://www.diabetes.org/donate/sponsor/our-corporate-supporters.html>

Every penny in her life comes directly from pharma and food companies. She recommends eating carbs from her bosses, then drugs from her other bosses to try to mask the damage from the carbs. Disgusting and criminal.

They name the top-level supporters after Banting, who discovered insulin. But he is a distant relative of William Banting, who recommended a low-carb diet to control weight and diabetes LOL

▪ **Jimmy Moore**

Ironic eh?

▪ **Eric Schmitz**

The fact that they claim and use Banting's name makes my blood seethe.

• **Rachel**

You know, Jimmy, my husband is a diabetic...and has been talking about wanting to contribute to some diabetes charities...but he doesn't want to give his hard earned money to people that promote sick care for diabetics...he suddenly came to the realization the other day...he said "You know, why would these places and people try to even cure diabetics when they are making so much money off of it...it would be putting themselves out of business." I said to him, "You are right...that is why you do your research and give charity to places like Nutrition and Metabolism Society, Weston A. Price Foundation, or the Diabetes Warrior...there are many out there that are looking out for the health and well-being of the people...not their finances!" I bring this up because I think Hope Warshaw is out to keep her pocketbook healthy...not the people...along with the American Diabetes Association and many others...it is such a shame that they get such promotion with their ill advice and harmful ideas! I do hope that people like hope will eventually fall so that the public can truly be on the way to wellness! Keep spreading the good word! I will too!

○ **Jimmy Moore**

You nailed it Rachel!

• **Rich Trippeer**

As a type 2 diabetic that is finally beating the disease thanks to low carb, this makes me really, REALLY angry. She is literally killing people.

○ **Jimmy Moore**

That's putting it nicely.

• **Dave**

Looks like the Emperesses aren't wearing any clothes! I don't know which is worse, Hope's article or Nadia's pathetic defense of it! The level of carbs that Ms. Warshaw is promoting is higher than what the average American consumes (up to 65%)! BTW, the comment that I submitted hasn't yet been published (and I doubt that it will).

○ **Jimmy Moore**

The gig is up...it's only a matter of time.

• **Anne**

Hope is a consultant for some food and nutrition companies <http://www.hopewarshaw.com/services>

I will add my name to the long list of people who can lower blood glucose very nicely with a low carb diet. I use my glucometer as my guide. Her advice will help only the pharmaceutical companies and doctors who treat diabetic complications.

I worked in an eye clinic for many years. The patients with type 2 diabetes would come in with horrible complications. I don't think I remember any one saying their A1C was under 7. Actually, many had never heard of an A1C. If they checked their blood sugar they said they were told to check only upon awakening and before bed. Never after eating. With advice like that, no wonder they had so many complications. These are people who had seen diabetic educators too.

- **Marie**

Two points. First, the “no long term results” argument always kills me. If low carb eating produces such improved results in six months to a year, why would it not continue? IOW, they act as if at the end of a year all of a sudden horrible, evil things would happen to a body if continuing to eat low carb.

Second, I wonder if either of these women would let a loved one, spouse or child, who suffered from diabetes, eat 45% (or more) of their daily diet in carbs.

“Go ahead, honey, eat more bread. I have your insulin shot ready.”

- **Jimmy Moore**

Awesome points!

- **Joe Leonardi**

It would seem to me that her continued employment and income comes from more and more people being “treated” for type II diabetes; so if that is the case then it would seem to be in her financial interest to push more and more people to stay type II diabetics. I’m just sayin’!

- **Jimmy Moore**

Yep

- marilyn

To quote Tom Naughton, “Head. Bang. On. Desk.”

- **Katarina wikholm**

That is such an awesome expression. Being mindful both of head and desk, my personal equivalent response is Hyperventilating. In. Paper. Bag.

- **Jimmy Moore**

Hs ha!!!

- PhilM

My comment on Hope’s article seems to have been censored!

- **Jimmy Moore**

Yep!

- tam

As a first step, potatoes, bread, and cereal should be tread as what most people think butter or sugar should be treated as. Some very low percent of the diet.

- Stephanie Urban

Shame, shame! But then why do people fall for it? When you know that it hasn’t worked for you in the past, why would a diabetic listen to this? What because she works for ADA? Love of money can’t possibly the root of all evil, can it? Time to wake up, folks. Thanks for keeping up the fight!

- **Jimmy Moore**

People are very trusting of authority figures.

- **Peter Silverman**

If you eat less carbs, you'll have less blood sugar. But that's different than whether you're also affecting the insulin resistance or how your pancreas functions, which have to do with the disease itself. And it's not clear to me that those things are actually improving. In their new book, Volek and Phinney seem to be saying if you stop eating low carb, within hours or days your insulin resistance is back to what it was. So it kind of sounds like you're not actually affecting the disease process by eating low carb, though eating low carb may still be a good idea even if it's not curing you. Anyone: please let me know if I'm wrong, I'd rather be eating right than blogging right.

- **Rich Trippeer**

You are absolutely right, Peter. I have diabetes. I can never eat sweets and have them affect me the same way they would affect a non-diabetic. That said, a low carb diet allows me to to achieve normal blood sugars, which is of the highest importance. Diabetes is a word. People don't die from diabetes – they die from complications due to diabetes, which can be abated with a low carb diet.

- **Jim T.**

Not to sound like a defender of what Ms. Warshaw wrote, but I checked the web sites of the Canadian, British, Irish, Australian, New Zealand, and French diabetes associations, and their dietary advice appeared to be basically the same.

Group-think and intellectual laziness (which go hand-in-hand) can be more pernicious than outright willful corruption, and more difficult to overcome. It is likely that the members of the diabetes establishments in the English-speaking countries read the same journals (and peer-review each other's articles), and go to the same conferences, and are personally acquainted with each other, and wind up thinking the same thoughts. This happens in many fields. Is Ms. Warshaw that much worse than the rest of her colleagues?

Mr. Moore, would you consider asking her to be interviewed on your podcast? Your courtesy, and your ability to separate disagreement about an issue from the person promoting it, are exceptional. You would give her a fair chance to reply to your objections to her stance; your listeners can judge whether her replies are convincing. If it is possible to decrease the heat and increase the light, then some good would come of it. If she declines the opportunity, well, that would tell us something too.

- **Jimmy Moore**

Jim, I have asked her and would indeed give her a chance to speak. No response from her.

- **Alan**

Not surprising really, after all the heat over the last few days I imagine she will be keeping her head very low indeed. Not that she will be missed, we don't need any more ignorant articles like that.

- **Jennifer Eloff**

Really shocking! As far as Diabetes Health is concerned – don't even get me started. Somebody there is not ethical at all and they treated me appallingly. My husband was up in arms. See, I worked for them for a period of time (for no money, just PR) but a new editor was hired and he was pro low-fat/higher carb. They put Marlene Koch (low fat/high carb/Splenda cookbook author) in my place without even giving me notice. The first I saw was a spread by Marlene in the new magazine. At the same time in the previous issue, they published several of my recipes without giving me credit at all – so no money and no PR either! Talk about adding insult to injury! Anyway, needless to say I completely lost respect for that magazine as they try to sit on the fence re low-fat or low-carb and so they deserve to be shot from both sides!!

The danger I think of Ms. Warshaw's article is that it prescribes an increase in carbohydrate intake for diabetics, who are in a much more dangerous state day to day than someone like me who can experiment with diet with few to no short term health consequences. Carb intake for diabetics isn't just a matter of opinion, it's a matter of life and death. There's nothing wrong with offering an opinion, but a recommendation that diabetics increase carb intake to higher than what a typical American *now* consumes should be backed up with more facts and evidence than Ms. Warshaw offers.

When considering these questions of health, I often marvel at how fortunate I am to be a) a relatively healthy person b) blessed with excellent health care though my excellent job c) living in 2011 d) surrounded by, at least electronically, some of the best minds in medicine and medical research who are willing to take their valuable time to answer my questions, even when inane. How do people who don't have these resources navigate? The answer, I fear, is that they rely on the recommendations of the government, the ADA, and the AHA. That gives these agencies a great responsibility to be right when they recommend, at least as right as is possible given the (true) current state of the science. That's why we call on the ADA to acknowledge the validity of a low carb diet as, while not the only vehicle for treating type 2 diabetes, a powerful and important tool.

Posted by april at July 6, 2011 9:53 AM

Comments

I agree 100% - Thank you April.

I hope that everyone who reads this post will pass it on, post it on Facebook, Twitter & everywhere possible. It may help save a life!

Posted by: [laurie](#) at July 6, 2011 11:00 AM

Are you familiar with the work of Dr. Neal Barnard and the Physicians Committee for Responsible Medicine? He recommends a moderate-to-high carb diet for diabetics as well. I've found his reasoning pretty convincing. My boyfriend's diabetic mother is on his plan right now, actually, and has dropped 15 lbs in 6 weeks AND has already needed to reduce her diabetes meds. She hopes to be rid of them completely eventually, and she's heading in that direction.

But as you said, every body is different, and biochemical individuality must always be taken into account,

Posted by: [Amber Shea @Almost Vegan](#) at July 6, 2011 3:27 PM

I have a co-worker who has BOTH type 1 and type 2 diabetes. He must lie to his doctor about what he eats, since he lives off pasta, sandwiches, ramen noodles, and a balance of both diet and regular Mountain Dew, based on what his blood sugar is doing. And goldfish crackers. And, yet, he says the doctor doesn't think he could make any improvements, diet-wise, and so has put him on yet another medication. To my credit, even though I don't particularly like him, I have mentioned some stuff about lower-carb diets for diabetes-sufferers.

Posted by: [Kyniska](#) at July 8, 2011 1:54 PM

Great post April, you might like to read this marvelous response to Hopeless Warshaw by Tom Naughton <http://www.fathead-movie.com/index.php/2011/07/07/nuts-to-the-nutty-diabetes-expert/> ...and Amber don't get me started on Neal Barnard, just read the comments on this page (FYI the last comment

is from me)

<http://www.thelivinlowcarbshow.com/shownotes/2909/dr-neal-barnard-on-vegetarian-and-vegan-diabetes-control-episode-415/>

(apologies for lack of hyperlinks you may need to copy n paste)

Posted by: [Steve Wilson](#) at July 8, 2011 7:26 PM

Correct me if I'm wrong, but isn't the whole issue with diabetics the fact that they can't clear sugars out of their blood normally? For type I, that's caused by lack of insulin production. Insulin is necessary for glucose transport into cells. For type II, that's caused by lack of function on the receiving end.

In either case, the problems are caused by the elevated blood sugar. Therefore, it seems very clear that any high-glycemic load meal would be bad--and that would include high-carbohydrate (percentage of caloric intake) diets. And therefore, there seems to be little basis for advising a high-carb diet.

Unless I'm mistaken, it seems like Warshaw doesn't know how diabetes works; for a medical worker (especially one writing an article giving dietary advice to diabetics), that shocks me. I get that no diet is right for everyone, but in this case it seems like the --um-- wrongness? of high-carb diets has a very sound mechanistic basis.

Posted by: Marie at July 11, 2011 7:56 AM

Type 2 Diabetes and a Low Carb Diet – Essential or Dogma? By Vickie Ewell

The newest diabetes diet recommendations came out a few days ago: eat more carbs, and use drugs to keep your blood glucose under control. Scary stuff.

Diabetes Health Magazine recently ran an article by Hope Warshaw entitled "Type 2 Diabetes: From Old Dogmas to New Realities – Part 2." In that article Warshaw first focuses on and ridicules weight loss for diabetics in connection with better glucose control, and then likewise attacks a low carb diet – calling both of them old dogma.

For those who have actually studied the principles and science behind carbohydrate restriction and/or have put them to the test, adversity against our own personal truth and experience isn't new. But when someone looked to as an authoritative voice presents that, a minimum carbohydrate intake of 45% of daily calories is the new reality for diabetics, it's hard to walk away and let that be.

Is Weight Loss for Diabetics Really Dogma?

When I was first diagnosed with pre-diabetes, my physician believed that if I could just lose 10 pounds, my fasting blood glucose levels (121 mg/dl) would correct themselves, and I would escape diabetes. In fact, he was so sure that was true, he never retested me to back up his view. Warshaw pegs that perspective as dogma, but the issue of weight loss and diabetes is far more complex than to shove it aside just because "research shows that the greatest impact of weight loss on blood glucose is in the first few months and years after diagnosis."

Why? Because Insulin Resistance sits at the heart of Type 2 Diabetes. It literally drives pre-diabetes forward, and sets the stage for glucose toxicity. While "the biggest bang for the effort per pound is likely in the pre-diabetes phase," as Warshaw says, that's only because most physicians and patients don't know anything about how and why a low carb diet works. And that makes articles like this one potentially dangerous.

Tell a Type 2 Diabetic that weight loss for him or her is fruitless, and you're going to have hundreds of overweight and obese individuals giving up their efforts to overcome the effect of the obesity epidemic in their lives. Tell a Type 2 Diabetic (who has elevated insulin levels by definition) that *"it's time to progress to blood glucose-lowering medication(s), because it's doubtful that weight loss alone will get and keep blood glucose under control,"* and you're going to end up with a world full of fat, sick, diabetics suffering needlessly with diabetic complications.

If you're no longer pre-diabetic, just give up. Stop trying to diet. Just use drugs. It all sounds like a Big Pharma commercial to me.

The sad thing is, people shove insulin injections away for as long as possible for a reason. A good reason. A reason low carb dieters are very aware of – that higher and higher insulin levels (when insulin resistant, rather than insulin deficient) lock up body fat stores, and encourage the body to store more and more calories in your fat cells. While it's true that calories count (even Dr. Atkins himself said that), when the body wants to up its fat reserves, (which insulin encourages), it simply slows down the metabolism to do it.

Is a Low Carb Diet for Diabetes Old Dogma or Essential?

While going on Metformin at diagnosis has been standard medical practice for as long as I can remember, and a med that hardly anyone fights against, the scary thing about this article is what it says about low carb diets: that they are no longer essential to achieve good blood glucose control, because that's *"old dogma."*

The new advice? *"Nutritional recommendations for people with Type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for carbohydrate: about 45 to 65 percent of calories."*

Now that's scary...because the fastest way to lower elevated insulin and blood glucose levels is with a low carb diet. And telling people with Type 2 diabetes that they should be eating more carbohydrate foods than their body can personally process, rather than less, sets them up for not only persistent overweight and obesity, but also serious diabetic complications.

Yet the article proposes a diabetic toss away carb restriction in favor of eating a minimum of 45% of their daily calories in carbohydrates. At 1,900 calories a day (my current maintenance level for 160 lbs), 45% of my calories would be 214 grams of carbohydrates per day, or over 71 grams per meal. That's twice the amount of carbs it takes for me to maintain good blood glucose control! And four times the carbs to bring my blood glucose levels back down to normal quickly, if elevated.

Now, in all fairness, I am not diabetic. I've only been diagnosed with pre-diabetes. The classification that Warshaw says can be helped through dietary control. However, were I to eat at the levels this article recommends – 45% to 65% of my daily calories in carbohydrates – I "would" be diagnosed as diabetic, (with post-meal blood glucose levels over 200 mg/dl), because that's how high my blood glucose levels would soar.

The only reason why I am not diabetic today is because my current physician only diagnoses diabetes from an A1c test, and I've been following a lower carb diet since January of 2007.

"Yeah, but the article says a low carb diet works to prevent diabetes progression," you may say. True. But give me the level of carbohydrates that this article recommends (over the course of a few days so the enzymes needed to digest that amount of carbs up-regulates), and my post meal blood glucose levels would be over the line for a diabetes diagnosis.

How do I know? Because the last time I ate 60 grams of carbohydrates per meal consistently, starting from a base level of a normal 84 mg/dl, my post meal blood glucose levels rose to 210 mg/dl, my fasting blood glucose to 127, and my basal levels to 110. Were I to eat 71 grams of carbohydrate or more at each and every meal, day after day, what do you think would happen?

Has the American Diabetes Association Made a U-Turn?

I was particularly shocked to hear Warshaw say that the ADA supports the current U.S. Guidelines for “healthy” non-diabetics as a ruler for those with metabolic issues, because their 2011 guidelines for diabetics talks about metabolic individuality, self management, and how important it is to find the “*best mix of carbohydrate, protein, and fat*” for any one particular individual that would help them “*meet the metabolic goals and individual preferences of the person with diabetes.*”

In fact, when it comes to low carb diets themselves, they even said that “*Monitoring carbohydrates, whether by carbohydrate counting, choices, or experience-based estimation, remains a key strategy in achieving glycemic control.*” And that “*In one study, those subjects with type 2 diabetes demonstrated a greater decrease in A1c with a low-carbohydrate diet than with a low-fat diet.*”

So why is there so much negativity directed towards a low carb diet? Why is Warshaw suddenly announcing that the ADA has changed their mind, and now wants to put all diabetics on a level of carbohydrates that will guarantee them perpetual glucose toxicity?

Glucose toxicity KILLS beta cells!

But an even bigger puzzle is that according to the ADA, “*The RDA for digestible carbohydrate is 130 g/day and is based on providing adequate glucose as the required fuel for the central nervous system without reliance on glucose production from ingested protein or fat.*” Now, if that's true, then why or why is Warshaw recommending such a high carbohydrate level for diabetics? A hundred-and-thirty grams a day is quite a bit less than 45% of our daily calories.

The Same Old, Same Old Argument: No Long Term Low Carb Studies

At the end of her article, Warshaw uses an old, tired argument to manipulate her readers to move to her side of the fence. She says that “*Countless research studies do not show long term (greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats.*”

While her argument is technically true, (most low carb studies do fit within the time period she holds up), the lack of data isn't because those of us who have been following a low carb diet for years are unwilling to come forth with our stories and medical records. It's because most scientific studies-to-date use individuals who are not interested in adopting a permanent low carb lifestyle. They go off the diet when the study ends or when the study instructs them to move to maintenance, return to their old eating habits, and gain the weight back.

Well...duh!!!

Shortly after my brother-in-law went in for double by-pass surgery, my husband and I went through thorough physical testing ourselves – from initial simple blood work to rather expensive stress and heart artery tests. The results amazed our personal physician as well as the cardiologists. In fact, the main cardiologist told me he had never seen arteries as clean as mine were. And while my husband's arteries were labeled in “good” shape, my personal physician told me that mine were considered “excellent.”

The difference between my husband and I? A low carb diet!!!

At that time, my pre-diabetes was UN-diagnosed by my physician because it had completely reversed itself. In fact, my physician told me at that time, that I was the healthiest patient she had ever seen. She was totally amazed. And while she was in full support of my low carb diet, she didn't understand how or why it worked.

The Bottom Line: A Low Carb Diet is Essential for Diabetics!

I'd like to say that after my test results, I was sold on low carb diets, and that my husband and I have lived happily ever after. But like all of those other scientific study patrons to date, I became a wayward low carb child this past year, and basically ran away from home. That was due partially to being sick from a serious flea bomb exposure, and partly because my husband and I found out that we both have celiac disease. My hope was that gluten was behind my metabolic issues.

Maybe initially it was. And maybe it wasn't. There's no way to tell. But running away from home only made things worse for me.

Like I said above, if I choose to eat too many carbs at a single meal, my blood glucose levels will soar into diabetic ranges. But if I keep my carbs to a maximum of 15 to 20 grams for breakfast and lunch, and a maximum of 40 grams for dinner, my glucose levels remain normal. On an ordinary day, I eat fewer carbs than that – that's just the maximum I can have, that will keep my Neuropathy from surfacing, and my weight stable at 160 pounds.

What I have on my side so far is that a lower carb diet does keep my blood glucose levels within tight targets. I don't eat anything that causes my levels to rise above 140 mg/dl at one hour, or to stay elevated above 120 mg/dl at two hours. Most of the time, I try to eat what keeps my levels at or below 120 mg/dl at all times, because that's a more normal blood sugar target.

Were I to follow the advice given me in this article, that kind of drugless control would not be possible. My Neuropathy would have me on pain medication, and Big Pharma would be supporting me with Metformin and/or insulin injections. If the bottom line (according to this article) is really to *"Take action as early as possible after diagnosis. Don't delay, don't deny. Get and keep your blood glucose, blood pressure, and blood cholesterol into recommended target zones,"* then I can honestly say that a low carb diet has helped me to do exactly that.

The Nutrition and Metabolism Society is Working to End the Madness

The goal of the NM Society is to fight against all of the misinformation presented these days against the effectiveness of low carb diets – false and dangerous information such as the madness introduced in this article. Ridiculing low carb and calling it old dogma hurts diabetics, and those suffering from the complications of overweight and obesity, because low carb diets offer a way to correct the metabolic imbalances at the heart of many of those problems.

If you wish to join with the [Nutrition and Metabolism Society](#) in the fight for truth, consider paying a visit to their website, and join in their cause and goals. Your help can make a difference in the world.

Melanie Hundley said...

Vickie,

Thanks for your article. You might also enjoy some of Jennie Ruhl's writing on this topic. She encouraged

me to get in the 5% Club for my HbA1c, and I've managed to stay there for two years now following the Southbeach diet, trying to walk every day, regularly testing about 2 hours after eating and making adjustments, and using just metformin oral medication. I lost about 90 pounds the first year, too. Thanks again for sharing your perspective.

Melanie

Stand Up and Say “Nuts!” By Tom Naughton

As the Allies were advancing in December of 1944, the Germans launched a massive counter-attack in what became known as the Battle of the Bulge. The 101st Airborne Division was sent to hold the town of Bastogne, a vital transportation hub the Germans desperately wanted. The “Screaming Eagles” were surrounded, outnumbered, short on ammunition, and freezing in their summer uniforms. But when the German commander demanded their surrender, U.S. general Anthony McAuliffe sent a one-word reply: “Nuts!” The Screaming Eagles dug in and held the town.

The Grains-and-Drugs Axis is in full counter-attack mode. The USDA Dietary Guidelines call for greater restrictions on fat and more whole grains in our diets. The new My Plate tells us to fill 25% of our plates with grains. And now the dimwits at Diabetes Health magazine — which reaches hundreds of thousands of diabetics — are telling people with blood-sugar issues to eat *even more carbohydrates*.

That advice comes in the form of an article titled [Type 2 Diabetes: From Old Dogmas to New Realities](#). There's no subtitle, but there should be, and it should read: **Just give up and take your drugs, dangit!**

In the last decade, dramatic changes have occurred in our understanding of the onset and progression of prediabetes. Lightning speed changes have also occurred regarding the therapies available to achieve optimal blood glucose control. Even with all of this change, however, many old dogmas hang on. It's time to be aware of the new realities. In this article, I focus on two common old dogmas and the new realities.

Old Dogma: Losing weight will make blood glucose levels plummet no matter how long you have had type 2 diabetes.

New Reality: Research shows that the greatest impact of weight loss on blood glucose is in the first few months and years after diagnosis... Once insulin production is on a dwindling course (particularly after 10 years with type 2), weight loss has less impact on glucose control.

The reality is that if blood glucose is out of control, it's time to progress to blood glucose-lowering medication(s), because it's doubtful that weight loss alone will get and keep blood glucose under control. Today, most experts, including the American Diabetes Association and American Association of Clinical Endocrinologists, agree that people with type 2 should start on a blood glucose-lowering medication that decreases insulin resistance—the core problem in type 2—at diagnosis.

Got that? The people whose livelihood depends on writing prescriptions for drugs agree that you need drugs, so take your drugs. I agree that weight loss alone won't lower high blood sugar — I've known some skinny type 2 diabetics — but that doesn't mean a change in diet can't do the trick. It just has to be the right kind of diet, one that won't jack up your blood sugar in the first place.

Speaking of diet ...

Old Dogma: People with type 2 diabetes should follow a low carbohydrate diet.

New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines for carbohydrate: about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate—not a “high carb” intake.)

Countless research studies do not show long term (greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats. People with type 2 diabetes, like the general public, should lighten up on added sugars and sweets (yes, they're carbohydrate). They should eat sufficient amounts of fruits, vegetables, whole grains, and low fat dairy foods—all healthy sources of carbohydrate.

Well, there you have it: the USDA and other (*ahem, ahem*) health authorities recommend we get 45 to 65 percent of our calories from carbohydrates, so it must be true. We consume a higher proportion of carbohydrates now than we did 30 years ago, the rate of type 2 diabetes has skyrocketed during that same period, so what this proves is that we should eat even more carbohydrates.

As for those “countless studies” that didn't show low-carb diets improving glucose control beyond six months to a year, there's a reason for that: most dietary studies last six months to a year. So we can interpret that statement as “countless studies failed to show any benefit after the study ended and we stopped tracking the benefits.” Over and over, we see medical authorities warning that we don't know the long-term effects of low-carbohydrate diets. Right ... because the long-term clinical studies haven't been conducted.

But there are plenty of doctors out there — Dr. Richard Bernstein, Dr. Mary Vernon, Dr. Steve Parker, Dr. James Carlson, to name just a few — who do know the long-term effects of a low-carbohydrate diet for their diabetic patients. Those effects include weight loss, lower fasting glucose, reduced reliance on drugs, and even a complete reversal of diabetic symptoms in some cases.

A few people commenting on the *Diabetes Health* article have had the same experience:

Respectfully, this column is not helpful to diabetics and probably dangerous. I am going on 6 years of eating 30-35 carbs/day. My A1c has been in the “non-diabetic” range ever since I went this route and I feel better than I have in years.

It was not until I started a low carbohydrate diet that my blood glucose numbers fell. They fell rapidly and have been easy to maintain under such a diet.

I had awful lipids and blood sugar control on a low fat/high carb diet. Now that I have switched to a lower carb diet – all my numbers are superb.

Ordinary people get it, even if the supposed experts don't. As for the experts at the American Diabetes Association, here are a few points from their own literature:

- Your digestive system turns carbohydrates into sugar quickly and easily
- Carbohydrate is the food that most influences blood glucose levels
- The more carbs you eat, the higher your blood glucose goes
- The higher your blood glucose, the more insulin you need to move the sugar into your cells
- The Food Pyramid is an easy way to remember the healthiest way to eat.

- At the bottom of the pyramid are bread, cereal, rice and pasta. These foods contain mostly carbohydrates.
- You need six to eight servings of these foods per day

Head. Bang. On. Desk.

You'd think someone writing up those guidelines might spot the contradiction. But the contradiction is less surprising when you look at a short list of who provides the ADA with its funding:

- Abbott Pharmaceuticals
- Amylin Pharmaceuticals
- AstraZeneca
- Eli Lilly and Company
- GlaxoSmithKline
- Merck & Co.
- Pfizer Inc.
- Cadbury Schweppes (candy/soda maker)
- Kraft Foods
- J.D. Smucker Company
- General Mills

From what I read online, the publisher of Diabetes Health also sells medical devices and started the magazine to promote its products. Like I always say, *follow the money*.

It's time for those of us who don't want more diabetics to be killed by bad advice to stand up and say "Nuts!" to the commanders of the Grains-and-Drugs Axis. If you know a diabetic, give him or her a copy of [Dr. Bernstein's Diabetes Solution](#) or Dr. Steve Parker's [Conquer Diabetes and Prediabetes](#). Point your family and friends to books and blogs that educate people about what causes type 2 diabetes and how to avoid it.

Then join the [Nutrition and Metabolism Society](#), one of the few organizations dedicated to fighting bad nutrition science with good nutrition science. By [joining NMS](#) at any membership level – from \$10 on up — you will be supporting the kind of research that's necessary to overcome years of misinformation promoted by the USDA and ADA.

Think of it as providing badly-needed weapons for the Screaming Eagles of nutrition research. They're surrounded, but they won't give up. And they will win the battle.

57 Responses to "Stand Up And Say "Nuts!""

1. omer says:

That Type II article is downright criminal. Like I said before, my father-in-law treated T2 Diabetes 40 years ago with a low carb diet because he and other physicians understood that the disease was caused by intolerance of carbohydrates. It's absolutely frightening to see what politics and money can do to sound medical advice.

And they call what your father did (successfully) the "Old Dogma." It was dogma because it worked.

2. *Mark. Gooley* says:

As a type 1 diabetic for over forty years, suckered throughout the Eighties and into the Aughts by the American Diabetes Association into living off starches and expecting blood sugars of 300 as the best I could do an hour or two after a meal, I try not to think about the ADA and other such purveyors of nonsense. My address is still on ADA mailing lists and I occasionally get invitations to join again. I keep promising myself to write a scathing letter in response to one or another of them, but I lack the self control not to make truly disgusting suggestions involving... well, they start with disabling the endocrine portions of these jackanapes' pancreases and force-feeding them Wholesome Whole Grains (think geese being raised to produce foie gras). Anyway, it would do no good for me to write such invective. I think that this crew will have to retire or even die of old age before we get good advice out of the ADA and their ilk.

Science progresses one funeral at a time.

3. *John* says:

This type 1 diabetic knows what happens when he doesn't take his insulin: he withers away. We cannot gain fat without insulin. It doesn't matter how much I eat. I could eat bucket loads of pure fat, sugar, and protein, and I wouldn't gain an ounce. My fat and glycogen stores would disappear.

It is crystal clear to me that insulin controls adiposity.

Experience tells.

4. *Jo* says:

I've discovered that when you have to re-read a paragraph to find out what it's saying the reason usually is because someone is trying to pull the wool over your eyes. The paragraph starting "Countless research...." is a case in point.

Yes, that one was a case of lying without exactly lying.

5. *Beowulf* says:

My grandmother has been a Type 1 diabetic for over 50 years, and she's ignored the high-carb dogma that dominates the current thinking. She eats very little sugar or starch (only a little fruit or the occasional slice of bread or potatoes). The only problem she has is that her blood sugar runs low sometimes, at which point we obviously get some juice into her along with a meal. She has no circulation, kidney, vision, heart, or other medical problems that plague most diabetics after a few decades.

6. *fredt* says:

[July 5, 2011 at 9:49 pm](#)

Is anyone up to haul ADA into open court?

I believe that's part of the reason they can't admit they got the dietary advice wrong in the first place; they'd be inviting lawsuits.

7. *Stacie says:*

I just happened to have a conversation three days ago with a gentleman from church who is diabetic. I was unaware of his diabetes, but knew about a recent hospitalization that was pretty serious (not sure what was wrong.) Anyway, he was commenting on my husband's weight loss, so I proceeded to tell him that we eat LCHF. He was familiar with low carb, because he had previously done Atkins and lost 60 lbs. He had this idea that too much protein could damage your kidneys, and also that Dr. Atkins died of a heart attack. I was able to disabuse him of those notions, but made no headway with convincing him to eat low carb. Quite frankly, this amazes me, because he has to take insulin, and who wants to do that?? Apparently, some people know low carb eating is the healthy way to go, but are unwilling to give up their carbs. This boggles my mind, but we all make our choices. I worry about this man because he is obese, diabetic, and heart disease is probably right around the corner. Well, maybe in the future I will be able to have more conversations with him.

Some people just don't want to change. All you can do is wish them well and let them go.

8. *Luke says:*

They are a mix between infuriating and annoying.

9. *James C says:*

At least 3 of the food companies listed and possible General Mills have over time replaced sugar with high fructose corn syrup in their products. I would call it collusion. They know what it does to the body and still continue to switch over to HFCS. I am still on their mailing list but no longer read that magazine. It is mostly adds pushing drugs and the articles are absolute fluff or lies.

BTW your desk proly has an indentation by now that fits your forehead.

It's more like my forehead is adopting the shape of a desk.

10. *Katy says:*

"It just has to be the right kind of diet, one that won't jack up your blood sugar in the first place."

Yep. What the "New Reality" is suggesting is akin to someone stepping on a nail, then taking some pain meds. The next day, the foot still hurts, and the pain meds are sort of working. But they'd work a whole lot better if the person removes the nail from their foot! Actually, it's worse—they're advocating that someone step on a nail every day!!

Good analogy.

11. *eddie watts says:*

there is a loren cordain paper on the dangers of using parachutes when leaping from planes. i did not read it all, but basically because of the lack of information on not using parachutes, it made parachute use look very dangerous.

if i find it i'll link it, but basically it is the exact same logic being applied here and equally stupid. scary advice going on there.

12. *mrfreddy* says:

old dogma: avoid low carb diets, they're dangerous! You need your carbs! Take your drugs!

new reality: the only people who can effectively and easily control their type 2 diabetes, often without drugs, are those who are willing to ignore the official nutritional advice-givers-and follow a low carb diet. They do this without any support from their doctors, family, friends, and their nutritionists.

Yeah, funny how she labels avoiding carbs as "old dogma." Say what? Is that really the common advice for diabetics?

13. *Pete Ballerstedt* says:

I no longer believe that the ADA, AMA, AHA, etc. are patient advocacy groups. They are special interest groups promoting their industries. The sooner we all understand that, the closer we'll be to significantly improving in the lives of millions here in the US and around the world.

There are those who do not know the truth. They repeat what they've been taught. Perhaps they can be educated. Then there are those who know the truth, but still spout the "party line." Given that they ought to know the pain and suffering their advice will produce, I can only describe them as evil.

They're trade organizations, same as the National Association of Plumbing Suppliers or whatever.

14. *Kate* says:

AAAHHHhhh!!! I am going to visit an endocrinologist on Friday, to help deal with my type 2 diabetes now that I'm pregnant. Despite my low carb diet, which has kept my numbers throughout the day stable and low, I can't seem get my morning fasting blood sugars below 115-130. This is my first trip to an endo, and I'm a little nervous. I have learned to dread going to new doctors, because having to introduce them to and explain my low carb way of life leads to.... head. banging. on. desk!!

Probably too late now, but if you could get a copy of Dr. Bernstein's book to take with you, it might serve as a shield if the doctor starts telling you to eat your carbs and avoid fats.

15. *Eliza* says:

It would make sense that if you can dramatically lower a person's insulin requirements by substantially lowering their carb intake then even a pancreas that is heading towards burn out could soldier on for quite a few years, obviating the need for insulin supplementation. I can't stand this attitude of "It's all too hard, may as well prescribe the shots". There is a generation of diabetics who haven't been given a proper chance at good health.

But what do I know, I'm not a member of the ADA.

Some people would happily take the drugs so they can continue eating pasta and bread, but I feel sorry for the diabetics who would prefer to change their diets — if only they were told which diet actually works.

16. Milton says:

So the magazine article advises diabetics to eat fewer sugars and sweets, but to continue to eat up to 65% of their calories as carbs... even as the ADA claims that the body turns carbs into sugar quickly and easily.

I think I'm going to have to create a "bang head here" marker on my desk.

Put a good pad under that spot. I find it helps.

17. Lori says:

Eli Lilly, Glaxo, Merck, and Pfizer, plus a few other pharmaceutical companies—the same ones that gave grants and honoraria to one of the researchers of the last study you wrote about—have a total of 50 diabetes medications on the market or in the pipeline. It takes billions of dollars and about 20 years to get a drug to market. They also spend a lot of money protecting their patents and defending themselves in lawsuits brought by people who say their drugs made them sick.

Think they might have an incentive to keep people diabetic?

They certainly have no incentive to recommend trying a change in diet first.

18. Jan says:

We have a YOUNG (29; he was diagnosed at 23) Type 2 diabetic here in our office. After six long years of listening to (and ignoring) me tell him to cut the carbs (especially grains), he finally did. This was, of course, after he began injecting insulin and his eyesight started to degenerate – but better late than never, I suppose.

My young friend went from injecting 60 units of insulin per day to NONE, unless he knowingly eats something he shouldn't, and then his injection is around 5 units. His endocrinologist was appalled when he told her he was going on a paleo diet...until she saw the results. We have no idea of knowing if this has changed her recommendations to her other diabetic patients, but she has told my friend to continue doing what he's doing. I guess that's something.

I'm glad your friend is doing better, but something is wrong when patients have to educate their doctors.

19. Goober says:

@Kate

I'm a low carb advocate. But be careful of going below 50NC while pregnant or breast feeding. You can still do low carb, but more at maintenance levels.

20. *Dragonmamma/Naomi* says:

Tom, I have difficulty distinguishing between the two fonts you use, and I kept getting confused about whether I was reading quotes from the article or your writing. Do you think it's possible to maybe use different colors? (After all, you don't want someone spouting that crap and saying "I heard it from Tom Naughton!")

The template I use doesn't offer many options for quotes. I'd like something with a different background color, but can't seem to make it happen.

21. *Frank G* says:

Frankly (hah!) I 'm surprised the see quote from the comment you posted above, "Respectfully, this column is not helpful to diabetics and probably dangerous. ..." I'm active on several diabetes forums and you can bet this article has been discussed, but what I kept hearing was that any critical feedback (no matter how polite) was being blocked — I'm glad to see that some got through.

I'm also glad you noticed that point about "low carb being the old dogma"... since when?

I'm heartily sick of the specious arguments people like this present.

Here is a YouTube of Dr Bernstein vs Hope Warshaw on dLife:

<http://www.youtube.com/watch?v=3PZno7Nkuuw>

22. *Lyford* says:

The comments on the article were uniformly outraged. So much so that the publisher felt the need to address it.

<http://www.diabeteshealth.com/read/2011/07/06/7219/righteous-about-a-diabetes-diet/?isComment=1#comments>

The response is as weak as you'd expect it to be...

Excellent ... people are already leaving comments pointing out the weaknesses in her rebuttal.

23. *Janet* says:

More double talk from the recent ADA meeting.

<http://www.medpagetoday.com/MeetingCoverage/ADA/27363>

Sounds like another 'statin' fiasco on the way.

Costs less than diet and exercise? Really? (I'm sure it is more effective than their recommended diet)

Oh yes, don't forget the "minimal side effects" statement. Can we assume that all the researchers are now taking this medication since it is such a good idea?

When you Google "metformin for everyone" there are items with huge lists of the good stuff metformin can do, up to and including, curing/preventing cancer.

Here we go again ... yes, some people may need metformin, and taking metformin is probably more effective than doing nothing. But diet should be the first treatment.

24. James Birdsall says:

Another Dr. Sears, not Al Sears, says:

"Sugar, like fat, gets a lot of sour press, some deserved, some not. Babies are born with a sweet tooth. Human milk is quite sweet, so a child begins life making the connection between eating, drinking, and pleasure. Sugars are one form of carbohydrates and carbohydrates are good for you, as long as you eat the right kinds in the right amounts. Carbohydrates are your body's main source of energy. You couldn't live or work without them. Your body needs a lot of carbohydrates – around 60 to 70 percent of your total calories should be in the form of carbs. But before you reach for the carbs in a candy bar, take some time to learn about sugar and other kinds of carbs. Over-processed, factory-made sugars and starches have given carbohydrates a bad reputation. Once you understand which carbs are best for your body, including which sugars are good for you, you can indulge a sweet tooth and still enjoy sweet health." This I found at

<http://www.askdrsears.com/topics/family-nutrition/sugar/sweet-facts-you-should-know-about-sugar>

Of course they are popular with Oprah and many other shows of that ilk AND they have their own line of snacks that they sell. Here is the ingredient list for Popumz Chocolate:

Multi Grain (Whole Corn Flour, Rice Flour, Whole Grain Oat Flour, Whole Grain Wheat Flour, Dehydrated Cane Juice, Salt), Soy (Low Fat Soy Flour, Rice Flour, Salt), Natural Compound Coating (Evaporated Cane Juice, Palm Kernel Oil, Cocoa Powder Processed with Alkali, Whey Powser, Soya Lecithin, Salt), Meg 3 Powder (Refined Fish Oil (Anchovy and Sardines), Gelatin, Sodium Polyphosphate, Sodium Acsorbate, Canola Oil, Natural Flavor, Tocopherols, Sunflower Oil, Citric Acid).

Yum.

Yikes. Definitely not Dr. Al Sears. He wouldn't touch that garbage.

25. Angel says:

I found out a few months ago that my brother-in-law was diagnosed with diabetes. I called my sister and asked her what sort of dietary advice they had been given. They pretty much hadn't been given any, and they were both pretty confused about how to handle the diagnosis.

I sent them a copy of "Why We Get Fat" and "Dr. Bernstein's Diabetes Solution". I don't know if they read them (they are both pretty conservative and trust doctors implicitly, and I was straightforward about how these books go against the grain – er, no pun intended!), but I certainly felt better. They'll at least have some information, written by experts, that contradicts whatever SAD advice they get from his doctors or a dietitian.

You did your part. It's up to them now to decide if they're willing to try Dr. Bernstein's advice.

26. Bex says:

This, from one of the most popular doctors in the UK at the moment.....oh dear.

<http://www.thisislondon.co.uk/health/article-23967635-we-cant-all-shun-gluten.do>

We can't all shun gluten? Why the heck not? Amazing that he think giving up gluten foods will lead to nutrition deficiencies.

27. Firebird says:

"Science progresses one funeral at a time"

New t-shirt?

Not a bad idea. I was quoting Max Planck.

28. Alexandra says:

My husband faithfully took his insulin and every other prescription (about 15) handed to him by his doctors and would never ever question any advice for fear of insulting the almighty docs. This was the main source of conflict between us but he would not consider changing doctors or looking for alternatives despite his continuing deterioration (At least one doctor had blamed his "bad" genes.) The outcome.. 18 years of suffering from most of the diseases of civilization and I became a widow a month after I turned 47.

Wow, I'm sorry to hear about your husband. That's why we have to keep fighting this nonsense. Lives are literally at stake.

People worship their doctors, they must be made to give the right advice.. not the deadly yet profitable advice.

29. Spoodini says:

Saw the movie this weekend. Absolutely fantastic – I actually had the same idea of creating documentary about losing weight on a fast food diet. Only problem is I don't know the first thing about making a documentary and I'm about as funny as an eggplant. Bravo and well done.

I'm a long term calorie counter, meaning I track pretty much exactly how many calories I consume each day and my weight + body composition changes (all daily for a couple of years). By monitoring changes in body fat and muscle, I can tell exactly how many calories I'm burning – on average as daily numbers fluctuate greatly.

I've tinkered with macro nutrient combinations over time and I can assure you the calories in/calories out is absolutely true. Saying that – I do generally eat low carb because years ago I found out what you did regarding the insulin spigot and fat storage. I've been eating eggs cooked in butter every day for years and have great cholesterol readings. When I up or lower my carb intake, there is no discernable difference in how many calories I can consume daily and maintain weight. the primary difference is that by eating plenty of animal protein + fat, I feel 200% better and under weight loss conditions I'm able to maintain more muscle while losing fat.

Just some of my personal experience to share. While I think you're right on about decreasing our sugar intake and not fearing saturated fats – I think you might have prematurely jumped to a conclusion about the calorie in-calorie out hypothesis not being true.

PS – There are many other hormones in play which convert fats or proteins into either glucose or will store them as fat – without insulin in play. This is why you can store plenty of fat without eating carbs. Insulin is, however, the largest player in this game for the average person.

I'm not actually denying that when you gain weight you're taking in more calories than you burn, or that to lose weight you must burn more than you consume. It's a matter of causality. If my toilet overflows, saying it's taking in more water than it's releasing doesn't really explain the cause. Same goes if I say someone is an alcoholic because he drinks too much — that doesn't tell us why he craves excess alcohol. However, if we say a hormonal imbalance causes our bodies to disproportionately store calories as fat and creates an energy shortage that ramps up our appetites, now we're getting at the cause.

30. Peggy Cihocki says:

I checked out the article and the comments were wonderful. They all pretty much blasted Ms. Warshaw for endangering the lives of diabetics with her advice. Don't know if you know, but the publisher/editor in chief/founder of the magazine was apparently disturbed by the vehemence of the comments and wrote a reply. You can check out her answer (and the resulting comments) here:

<http://www.diabeteshealth.com/read/2011/07/06/7219/righteous-about-a-diabetes-diet/?isComment=1#comments>

Kate, good luck with your trip to the endo and don't let him bully or scare you into doing what you know is best—for you and your baby. As to your morning fasting blood sugars, I'm not sure what is going on and hopefully your endo can help you, but I do know the liver produces some glucose pretty much all the time. Hence, my type 1 son has to take a shot of long acting insulin every day (in addition to the short acting boluses he takes with meals.) Perhaps it does more of this at night when no food is coming in?

Interesting bit of backpedaling by the publisher. Her excuse seems to be that since they gave Dr. Bernstein a voice, it's now okay to tell diabetics to forget about diet and take their drugs.

31. Peggy Cihocki says:

Kate, Sorry I meant don't let the endo bully you OUT OF doing what you know is best for your and your baby!

32. Laurie says:

Nadia Al-Samarrie, Publisher/Editor in Chief/Founder of Diabetes Health Magazine, wrote a reply to the numerous people who pointed out the lunacy of this article. Her response can be found here:

<http://www.diabeteshealth.com/read/2011/07/06/7219/righteous-about-a-diabetes-diet/>

Pretty weak.

33. Katy says:

"Some people would happily take the drugs so they can continue eating pasta and bread...."

Yes, and many are doing so simply because they believe they can, with no consequences. They've been duped! My mother was in heaven when she was first diagnosed with diabetes because the hospital (emergency trip with BG over 700) was feeding her foods that she had been shunning for years for dieting purposes: corn, potatoes, cherry pie, white flour rolls, and brownies! "All I have to do is take insulin!" she exclaimed. And the brain-dead nurses couldn't figure out why they couldn't get her BG to drop below 300. My sister and I were shocked, but we were assured that it was a big myth that diabetics can't eat sugar. It's insane.

Good lord ...

34. Firebird says:

There is a reason a Dr.'s business is called a "Practice". Unfortunately, most of them stop practicing.

LOL.

35. Jim T. says:

This is not just an American problem. I checked the web sites of the Canadian, British, Irish, Australian, New Zealand, and French diabetes associations, and they all gave basically the same dietary advice as the American one. (The French are very slightly less fat-phobic.)

I suspect that the leaders in these organisations probably read the same journals and go to the same conferences and so on. How much of this is due to pressure from corporate sponsors, and how much is due to simple group-think?

It's probably a bit of both. At least they've wised up in Sweden.

36. Luke says:

Those people are a mix between annoying and frustrating.

37. David says:

Re: Nadia Al-Samarrie's response– she erroneously claims that the protesters of the article want everyone to be on a low carb diet and that Hope was only trying to present "options." I got the sense that those commenting were presenting their own personal success/failures with low carb/higher carb diets, sort of like the truth revealed in *The Emperor's New Clothes*.

And she states that "No one argues the merits of low carb [what??], but it is not for everyone. And giving a stage to one diet does not exclude the merits of the other." It does when that's precisely what Ms. Warshaw intended. There was no discussion of "options." What does Ms. Al-Samarrie think "reality" means here?:

"New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for carbohydrate: about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate—not a "high carb" intake.)"

So, diabetics should eat even MORE carbohydrates than what Americans are currently eating. Yes, indeed, NUTS!!

The publisher is backpedaling, but it's not working. Ms. Warshaw specifically tried to steer people away from low-carb diets, not offer options.

38. Stacie says:

"Carbohydrates are your body's main source of energy. You couldn't live or work without them.' Wow!!!! I am so glad to know this. So I wonder what you would call what I have been doing this past year. (driving a school bus, homeschooling a five-year old, doing copious amounts of research, helping my husband with CAD become healthier through low-carbing, adopting a pit bull someone tied to a tree in the middle of the woods and left, trying to cope with an incredibly difficult 17-year old , etc., etc.) If anyone knows pit bulls, you know they are very energetic and require lots of exercise. So yes, I am in the backyard several times a day playing fetch with Zeus. Oh, the only carbs I eat are green, leafy veggies. So, have I not been living and working? Am I dead?

When I loaded up on that "main source of energy," I was tired half the time.

39. Amy Dungan says:

Thanks to years of awful dietary advice, my precious aunt, a type II diabetic, is losing her eyesight. She's now progressed to the stage that she's bleeding behind her eyes and surgery is necessary to save what sight she has left. It truly angers me when I see such blatant disregard for the truth pushed aside so a self-serving agenda can take its place. Shame on Warshaw and her cronies for what they are doing to diabetics everywhere. If they truly wanted to help, they'd be more open about the options and take the positive experiences of low-carbing diabetics seriously.

I don't know if she's misguided or just a flack for pharmaceutical companies. Either way, her advice sucks.

40. Nick says:

Hey Tom....again...thanks for posting!

If you read through all of the bashing on the Diabetes Health website, you will see that this "flaming" produced a counter article.....which basically said "Hey Low carbers...we are happy that this diet works for you, but unfortunately, it doesn't work for everyone".....

Really....DUH! But that's not what you said...it appears that the public is finally catching on, and with the internet, we get the ability to "shoot back" YEAH!

Unfortunately, I was unable to give the article a rating. I tried to give it one star, but it refused to accept my rating....apparently, the game is still rigged!

Keep up the Great Work Tom! Looking forward to seeing you again on next year's cruise!

Looking forward to seeing on the cruise as well, Nick. We'll have to try some new songs on karaoke night.

41. Pam says:

I went to another class today on nutrition and it was good, but most of the information presented wasn't new (to me!), but they did give a couple of good, low carb recipes.

Anyway, just wanted you to know that I advocated for everyone there—including the instructor—to watch “Fathead” & to check out this blog. Hopefully they'll get as much out of it as I do!

Thanks for all you do to educate the masses!

I hope they do that. Thanks for the plug.

42. Karen J says:

Yup- follow the money. There isn't any money in keeping people healthy. And the willing media follows...

The media moguls are hesitant to tick off their advertisers.

43. timmah says:

Every time I read “carbohydrates are your main source of energy” or “carbohydrates are your primary energy source”, I picture a reporter in the 1880s misinterpreting results of a study that says “primary fuel”.

Primary has lots of meanings. In this case, it means “first”. It does not mean “preferred”.

There's one catch: Alcohol is the primary fuel source. Your body disposes of the poison by using it for fuel.

I wonder if the major brewers, vintners and distillers would be on board with manipulating the various alphabet action committees and government agencies to start a campaign to convince the American public to get at least 50% of their calories from alcohol.

After all, it is your primary fuel source.

Taking it full circle: convince big pharma to sell “drive home kits” and the food companies to sell “hangover helper” meals.

I can picture the new MyPlate, with a glass of whiskey sitting where the milk is now.

44. C says:

Gits. At least some people get it. When my sister began showing signs of insulin resistance, my mom immediately moved all grains, sugar, and starch out of the house and told her to eat mostly meat, eggs, and vegetables. My sister took that information and decided to become a carnivore. Fascinatingly enough, the brown marks on her neck, which are signs of serious carbohydrate intolerance, have now basically vanished

TAKE THAT, YOU MORONIC "AMERICAN DIABETES ASSOCIATION"
A.k.a., "American money-making association with no interest in general health".

Btw...if that's not enough proof for you, "American money-making association with no interest in general health", she has lost a TON of weight and is now trying out for sports, which she has never done before.

Good for your mom!

45. C says:

@BexThanks for posting that link. I needed to scream at someone about bad nutrition info. I feel kinda bad about taking it out on that guy though...and I feel bad for my poor keyboard.

46. Auntie M says:

Kate, I'm a Type II diabetic who's pregnant. If your endo is like mine, they'll recommend that you go to "diabetes counseling", which is complete crap. If you can skip it, do. Otherwise, just smile and nod your way through their stupid presentation. This time, I was told by my guy that he was "obligated" to tell me about the counseling and give me their number. I replied that I'd done the counseling. His answer? "I'm obligated to TELL you about it." (little smile). I responded that I'd be happy to smile and nod at his recommendation. He's fairly good about not bugging me about my diet.

I've ended up taking insulin and eating a few more carbs than I would normally just to balance things out (mostly rice, avoiding gluten). I'm still eating low-ish carb, but not as low carb as I would without the insulin. My numbers were really messed up at the beginning of the pregnancy, but my latest A1c, with insulin, was 5.1. That made the doctors VERY happy, and I don't think they cared HOW I did it, as long as the number was good.

If you keep your numbers low, you won't need much insulin, and they're mostly happy to see those blood sugar numbers and may not ask too many questions. Once a week I e-mail them a spreadsheet I created that lists my numbers. Then they call me if the doc wants to change anything. When I'm asked, I say that I'm avoiding gluten and eating "real food". They tend not to question that. If they want a food log, do it, but make sure the numbers speak for themselves. I'm not afraid to tell my doctors that I feel better when I eat this way, and it's working, so what's the problem?

On a happy, updated note, I've made it to 22 weeks without ending up in the hospital or going into labor, so that's two of my previous records broken! When I get to 24 weeks, I'll be further than I've ever been. This time, I'm not eating cabbage like the last two times, which can't hurt. Hang in there. 😊

Congratulations and best of luck with the pregnancy.

47. Robinowitz says:

Wow! Just...WOW! Why is it that when a person recounts their personal low-carb success story the high-carb pushers just write it off as 'hard to stick to' and 'not for everyone'? How many of us out there tried—with little success—to stick to a low-cal/fat high-carb diet to control weight/health...for years? I know I did just as the USDA told me to do and I still kept gaining weight and having high blood sugars and I was always craving fat and sweets. I'd say HFLC is infinitely easier to stick with than anything else and anyone that doesn't believe that has an agenda to push. I sometimes think it's hard to believe how hard people like Hope and Nadia fight for their way to be the correct one, in spite of the fact that there are obviously thousands of people just like us that have success with this way of eating. But somehow LCHF supporters' comments get dismissed as dogmatic. What are Hope's and Nadia's articles if not dogmatic in favor of their chosen beliefs? I didn't read any comments from the high-carb camp on Hope's article sharing how great her recommended diet works for them.

Hmm...wonder why??

There's nothing logical about Ms. Warshaw's advice. "Hard to stick to" doesn't mean a diet isn't effective. And if anything is hard to stick to, it's a tasteless lowfat diet.

48. Linda says:

"Some people just don't want to change. All you can do is wish them well and let them go."

So true, and I know you're correct, but it is hard to follow. My neighbor came to me a few months ago, burst into tears because she had just come from another medical appointment and had weighed in at over 300 lbs. She's about 5'5" or so. I told her about the LCHF WOE, suggested she look into it, do some research, get off of the carbs, start food diaries and keeping track of her carb intake in order to determine what her body can and cannot tolerate. She listened politely but I would bet the whole idea has already been dropped. She still thinks fat is bad, hates eggs, is still eating those frozen Lean Cuisine frozen meals, etc. Breaks my heart.

I know, it's tough. You want to help, but you're battling years of misinformation.

49. Mitch says:

@Tom "I'm glad your friend is doing better, but something is wrong when patients have to educate their doctors."

That's not the part that saddens me. I let people slide on being wrong, because they have the rest of their lives to become right. However, Dr's turn into arrogant know-it-all's when a patient comes armed with facts. It threatens their usefulness, so I can't really expect different.

Your family Dr. is two things, a repository of medical information and an inference engine. Their info function is now largely obsolete, the internet is way better, and they are mad about it. Just like how the MPAA is mad about downloads.

I have a degree in CS, and in my AI class we had a lesson on "expert systems". There was a computer built sometime in the 80s that could out diagnose a newly minted Dr. Well seasoned Drs still beat the computer.

What does that say for the profession of family Dr eh?

I've met good doctors and bad ones. The good ones are worth their weight in gold. The bad ones mean well but don't have the knowledge.

50. *Laura* says:

Apparently there are a lot more comments than you're being allowed to see.

<http://talk.news-medical.net/profiles/blogs/is-diabetes-health-magazine>

I wrote to Ms. Warshaw myself. We'll see if she responds.

Is Diabetes Health Magazine helping people with diabetes? By Laurie Cagnassola

I think not.

I also think using censorship to cover up an obvious blunder which could inflict danger on people with diabetes is wrong.

I was horrified to read in an article written by Hope Warshaw, a frequent Diabetes Health Magazine & ADA article contributor as well as Diabetes "Educator", that she suggested it was time for people with diabetes to increase carbohydrate consumption. If you think you misread that, don't worry, so did I. In fact I re-read the following excerpt from the article at least 4 times:

Old Dogma: People with type 2 diabetes should follow a low carbohydrate diet.

New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for carbohydrate: about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate--not a "high carb" intake.)

I immediately posted this comment:

This is astounding. Diabetes is a disease of carbohydrate intolerance. Dr. R.K. Bernstein arguably the foremost diabetes expert in the US, who has dramatically improved the lives of thousands of people by reversing symptoms and lowering medications, recommends people with diabetes consume less than 30g/CHO daily. Is this article really stating that people with diabetes should UP THEIR CARB INTAKE from a max of 50% to 65%? Please help me to understand this.

My comment was not published. The next day I re-posted the same comment. Again it was not published.

I wrote to the editor of Diabetes Health Magazine and asked why my comment was not published. I got no response.

Several colleagues wrote to me saying they had left a comment that was not published.

I called Dr. R.K. Bernstein and asked if he had a comment on Hope's advice to the people. This was his comment:

The ADA has repeatedly advocated by their blood sugar and A1c guidelines that DIABETICS ARE NOT ENTITLED TO THE SAME BLOOD SUGARS AS NON-DIABETICS and thus should be destined to suffer the morbidity and mortality caused by high blood sugars. They ensure this sad outcome by advocating high carbohydrate diets and industrial doses of medication to cover the carbo and thereby cause both very high and very low (not normal) blood sugars.

Richard K Bernstein, MD, FACE, FACN, FACCWS.

I asked Ron Raab, President of Insulin for life (& T1 diabetic) what he had to say:

The epidemic is driven very significantly by the amount of carbohydrate that the profession recommends.

Diabetes is very largely a disorder of carbohydrate metabolism, yet the recommendations are for a high carb diet.

Until this is changed the epidemic and bad control will continue.

One issue is: how the profession could have got it so wrong for so long?

Again, I wrote to the editor of Diabetes Health Magazine and asked why many comments in response to Hope's article were not published. I got no response.

Several colleagues wrote to the DHM editor asking the same question. They got no response either - but the outcry may have been the reason Diabetes Health Magazine slowly began to allow some comments through. Based on the number of Facebook posts and blog articles I have seen on Hope's article, I have to believe hundreds of comments were submitted. Why don't they want readers to see the strong reaction to misinformation? Why would a publication with a mission to help people with diabetes suppress the very information which may indeed help them?

I offer you the comments that were published. As the director of an organization with a mission to end the obesity and diabetes epidemics (Nutrition & Metabolism Society) I would like to hear from you as to how you feel about the article and the comments. If you prefer not to reply in this blog, you may e-mail info@nmsociety.org . I thank you in advance for your input.

Comments

Posted by **Anonymous** on 28 June 2011

The idea that a diabetic should NOT eat a low-carbohydrate diet is nonsense. First of all, diabetes is a condition of carbohydrate intolerance (so it makes sense to control carbohydrate intake, no?) Plus, there are studies which show generally good glycaemic control on low carbohydrate diet. Thirdly, my experience in practice as a doctor is that these diets work. Could I ask Ms Warshaw if she uses these diets in her practice? Has she tried them? If my patients took her dietary advice they would, in the main, end up with poorly controlled diabetes and the problems associated with this (blindness, kidney disease, amputation). Would she care to comment?

Posted by **SJKurtz** on 29 June 2011

I wholeheartedly agree that going on medications at diagnosis is both appropriate and helpful. In my opinion as a layperson and a person with diabetes (Type 2), Metformin is a wonderful drug. However, my experience as a patient is that even on the maximum dose of Metformin, my blood glucose levels did not drop under the ADA diet that my dietitian prescribed. It was not until I started a low carbohydrate diet that my blood glucose numbers fell. They fell rapidly and have been easy to maintain under such a diet. In my quest to avoid diabetic complications by maintaining good blood glucose control, eating a diet of even 40% carbohydrates would make that goal much more difficult and perhaps impossible.

Posted by **Judith** on 29 June 2011

Respectfully, this column is not helpful to diabetics and probably dangerous. I am going on 6 years of eating 30-35 carbs/day. My A1c has been in the "non-diabetic" range ever since I went this route and I feel better than I have in years. I am not an exception among the many folks I know who live a good life on restricted carb diets.

And guess what--it's a delicious and delightful way to eat. I can even bake yummy sweet treats using nut flours and stevia! What's not to like?!

Posted by **Judith** on 29 June 2011

My original post didn't seem to go through, so I'll try a briefer version: Going on 6 years of 30-35 carbs/day. It does work for many of us. And I agree with Anonymous.

Posted by **Anonymous** on 29 June 2011

I am really surprised to read that "Countless research studies do not show long term (greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats." You obviously have not been looking at studies, because they are out there. I am a T1 so don't have the same problems as a T2, but I know from participating in the DOC, those T2s that follow low carb have much better results than those that don't. T2s often have insulin resistance and the best solution for that is low carb. Dr. Bernstein is one of the biggest advocates for low carb diets for diabetics – he is a doctor and living proof that they work.

Posted by **Anonymous** on 29 June 2011

Low carb and exercise has helped me control my blood glucose numbers. Diabetes is a disease of elevated blood glucose so we should do what is appropriate to lower those numbers.

Ozbuc

Posted by **matingara** on 29 June 2011

i have to agree with all the comments so far. carbohydrates are a very dangerous and should be consumed with caution and knowledge. i had awful lipids and blood sugar control on a low fat/high carb diet. now that i have switched to a lower carb diet - all my numbers are superb. and the diet is easy to follow and very satisfying!

Posted by **Anonymous** on 29 June 2011

The first point on weight is rational, though of course reaching and maintaining ideal weight should be the goal every diabetic (actually for everyone).

But where on earth did the comment that low carb diets don't work come from.

The more carbs I eat the more insulin I need to inject or meds I need to take to force my body to handle them. A low carb diet keeps blood sugars more stable (and naturally lower, and makes insulin use lower (and safer) and reduces the need for meds.

I would love to see the references for the 'countless studies' show that low carb diets are not effective or safe long term for diabetics. From my readings and personal experience I've seen exactly the opposite.

Posted by **Anonymous** on 29 June 2011

Quite honestly after reading this article I am ashamed to call myself an RD. It flies in the face of logic to even suggest that restricting the very thing a person with diabetes has problems metabolizing (e.g. carbohydrates) would not be beneficial. Nope just keep on eating like the rest of America is the "expert" recommendation. Easy for someone not staring complications from diabetes in the face to say keep eating high amounts of carbohydrate and just take more meds. This ends up giving the message to people with diabetes they don't really have to modify their behaviors-just go to the doc and have them tell you to take another pill.

Posted by **Karen D.** on 29 June 2011

I am another type 2 diabetic who has been on a very low-carbohydrate (30 to 35 grams/day) for the past nine years, and I have maintained normal, non-diabetic blood glucose levels for all that time. My A1Cs have been consistently been in the 4.9 to 5.1 range. My family doctor was very disapproving when I first told him what I was doing, but over the years he has completely changed his mind; he has acknowledged that I am the only diabetic patient he has ever had who consistently had normal blood sugars. I, too, follow Dr. Richard's recommended diet (See his book, "Dr. Bernstein's Diabetes Solution")

I must admit that I actually feel very, very angry when I read advice such as Hope Warshaw gives in the above article. It is simply untrue that there have been no studies that show the advantage of low-carb eating to diabetes - people like Ms. Warshaw simply ignore them because they have closed their minds to anything that challenges their beliefs. Has she read some of Gary Taubes' work, especially "Why We Get Fat and What To Do About It"? Has she read "Life Without Break"? In fact, has she read Dr. Bernstein's book? I know she once debated him on TV (I think it was on dLife, but I'm not certain of that), but I suspected at the time that she had not even read his book.

A final comment: My endocrinologist is a strong believer in managing diabetes the way I do. On my first visit, when I showed him my glucose log book, he was amazed and asked how I was able to keep my blood glucose with no insulin or medications. I showed him my Dr. Bernstein book, which he was familiar with, and he said, "Doctors who don't realize that's the way all diabetics should be eating have their heads buried in the sand." I couldn't agree more.

Posted by **Anonymous** on 30 June 2011

I did not want to go on a low carb diet, so after diagnosis I followed my dietitian's advice and found my blood glucose levels rose and my weight still increased. I changed to low carb and my blood glucose levels are in a good range (5s and low 6s) and I am slowly losing weight. I would also add that before diagnosis I followed the

low GI diet my doctor recommended, in fact I had been doing that for several years. So why did I end up diagnosed with Diabetes 2?

Posted by **Diet Doctor Pepper** on 30 June 2011

Following the advice of Dr. Eades, Dr. Atkins, and Dr. Bernstein, I went on a low carb diet after my fasting blood glucose hit 274 (because my primary physician told me to eat as much fruit and veggies as possible). It took 6 months of low carb dieting, but finally my FBG went below 100 and has stayed there because I DO NOT eat carbs.

Posted by **Black57** on 30 June 2011

I have been low carb for 10 years. I have been learning and researching my lifestyle the entire time I have been doing it. So, I do not understand why, with such advanced knowledgeable people, would there be no studies on longterm benefits of doing low carb. I do eat fruits and vegetables and find it baffling that so many people do not realize that they are low carb. As a matter of fact nearly 90% of the planet's veggies are indeed low in carbohydrates which makes it easier to absorb the nutrients contained in these items. There are plenty of low sugar fruits that can be consumed on a low carb diet without triggering insulin or glucose spikes. Why? Because the sugar content is very low. TO figure this out it is important to test blood glucose levels, that's why they make the blood glucose meters. I am pre-diabetic and I use my diet to manage my blood glucose and I take supplements that also work with my diet to control my blood glucose. My goal is to stay healthy and to never need meds.

Posted by **Black57** on 30 June 2011

Just to add, although my doctor encourages me to continue my low carb lifestyle, I have never been told from my dietitian to go low carb. My doctor told me that from his observations, low carb diets are the best way to manage glucose levels without medication. My point being is that low carb is not at the top of the charts as a recommendation for treating diabetes. Low carb is not common dogma for diabetes treatments. BUT, it should be.

Posted by **Anonymous** on 30 June 2011

I have had diabetes for over 20 years. When first diagnosed, I was on a low fat, higher carb diet and my blood sugar was very hard to control. My HbA1c was in the 11 range. I was headed for all kinds of complications. I could not gain control of my blood sugar. In 1995 a nutritionist suggested a low carb diet along with a moderate amount of protein and fats, such as nuts, avocados, real butter and lean meats. I now have an HbA1c of 6.2 and feel much better. I also have good cholesterol numbers. This article is not only frightening to read, it is dangerous to anyone who has diabetes.

Posted by **Anonymous** on 30 June 2011

Respectfully, what makes diabetes such an insidious condition is its varying effect on individuals as well as the appropriate regimen for good control. What works well for one individual may not work well for another. I personally have had great success with a low carb diet and my endo only need to see me twice a year.

Posted by **Anonymous** on 30 June 2011

Since starting on the Paleo 2.0 diet, I have been feeling better than I have most of my life. I am losing weight and my blood test results are getting better. Not sure why articles like these are even allowed to be posted.

Posted by **Dogwatch** on 30 June 2011

Daily pills, some weight lifting, and some aerobic exercise several times a week, and a low, low, low carb diets keepd me alive and happy.

If I let any one of those go, up heads the A1C. It takes discipline, but it can be done.

While there's no 'one-size-fits-all' approach, I think the first rule of thumb for anyone in the diabetic range is to follow a low carb diet.

That doesn't mean you don't avoid bread, popcorn, and fruit; just choose wisely. I eat carbs and enjoy them. But I balance it with protein and common sense.

Good luck to all;

Christopher Alexander
Albuquerque, New Mexico

Posted by **Anonymous** on 30 June 2011

After diagnosis I followed the diet Hope Warshaw advocates and it was a total failure in controlling my blood glucose. I started the "eat to your meter" program and eliminated the foods that were causing my sugar to spike. Foods like whole grains fruits and starchy veggies, the article promotes, needed to be eliminated. My A1C went from 13.1 to 5.6 4 months and I was able to eliminate one of the two drugs I was taking.

I consider my diet healthy as it contains plenty of non starch veggies, meat and cheese. I am coming up on 2 years on this diet and have no trouble sticking to it.

I think Diabetes Health should publish an article highlighting the low carb approach to T2 treatment, including references to the numerous peer reviewed studies that show low carbs effectiveness and safety. Readers of your website need to be exposed to the full range of diet options so they can make an educated choice.

Posted by **chanson3633** on 30 June 2011

I'm not sure why the "old dogma" is that Type2's should eat a low carb diet. That has never been the dogma as far as the ADA is concerned (unless you go back to pre-insulin days, prior to 1928). The Old Dogma is "Diabetics should eat the same diet as any other healthy person." I think the New Dogma should be: "Go Lo-Carb."

Posted by **Anonymous** on 30 June 2011

I was diagnosed with type 2 almost 2 years ago. I was not told anything about what to eat or testing my blood sugar.

I came to the ADA site first for diet advice. I followed it for about 2 weeks. My blood sugars were never less than 200.

Then I switched to Dr. Bernstein's low-carb diet. In a matter of a couple of days, my blood sugars were in normal range.

Why on earth would I want to eat more carbs and have high blood sugars? It's clear the ADA approach did not work for me.

Posted by **Anonymous** on 30 June 2011

Ms. Warshaw, since there are "countless research studies" that have proven low-carb diets do not show benefits on blood glucose, weight, etc., it would have been informative if you would have at least cited one.

Posted by **Anonymous** on 30 June 2011

So you recommend that diabetics like me eat higher carb diets and then take as much medication as needed to keep blood sugar under control? How can that possibly make sense? I agree Metformin beginning at diagnosis is frequently beneficial but it needs to be combined with exercise and a low carb way of eating - this combination gives me an A1C of 5.1.

The only advice a new diabetic needs on diet is to "Eat to your meter". Anything that raises the blood sugar above the damage level must be limited or eliminated.

Pushing drugs as the best first option is doing a disservice to diabetics. Medications have their place and can be necessary but lifestyle changes including low carb are a better solution when possible.

Posted by **Anonymous** on 1 July 2011

I am an RNCDE and must say that every time I read/hear about avoiding low carb diets from dietitians I feel like that professional has not done enough research or actually talked to enough people who follow low carb diets! I think the American Dietetic Association must start to update their guidelines to include low carb mealplans. As someone with prediabetes it has helped me and I know from LISTENING to my patients it has helped many people as well. Its time to modernize an old standard!

Posted by **cde** on 1 July 2011

Diabetes mellitus continues to be the one (and only?) medical condition best treated with SELF-management. Ultimately, each person with the condition must decide what "works" and how "works" is defined. I listened to Ms. Warshaw and the vast majority of health care professionals of her persuasion (most of them, it seems, do NOT have diabetes), and I listened to Dr. Berstein. After trying both, there was no doubt about the "winner," that is, the approach that I wanted to use to prevent DM complications. About 12-13 years ago, after about 30 years of trying to make the kind of diet recommended in this article "work," I happened to figure out that carbs are the fly in the ointment. Dr. Bernstein's book confirmed this observation and provided the missing support and guidance, in concrete terms and numbers, so that I could eventually arrive at an A1c 4.7% - 5.2%. I will say that unless I had tried to self-manage my blood sugars with the kind of advice Ms. Warshaw gives, for many years and with many iterations and permutations, I would never have believed or discovered the effects of carbs on the blood sugar levels of a person with DM (that is, me). The contrast (between the Standard American Diet [SAD, for short] and Dr. Bernstein's approach) was very valuable and convincing to me. Dr. Stan De Loach Certified Diabetes Educator

Posted by **Judy Barnes Baker** on 1 July 2011

This advice defies logic. Diabetes is a condition of carbohydrate intolerance. Many, many, studies have shown that a low-carbohydrate diet can prevent and reverse the complications of diabetes and more are coming

out every day. It is tragic that diabetes "experts" and our health organizations continue to withhold this life-saving knowledge.

Posted by **Anonymous** on 1 July 2011

Received my initial T2 diagnosis 4 months ago with an A1c of 6.7. I immediately increased the amount of exercise I was doing. After a few weeks of research I started to lower my carb intake, shooting for no more than 50g a day - am now between 35-40g a day. My A1c 3 months after diagnosis was 5.7. Still exercising and shooting for my next A1c test in five months to be below 5.0.

Posted by **Anonymous** on 1 July 2011

The sad thing about articles like this is that it makes patients think CDEs don't know what they're talking about, so they won't believe anything they say. And other than diet, they do sometimes offer useful advice.

However, apparently Ms Warshaw is unaware of the fact that skim milk increases BG faster than almost anything else. Some type 1s use it when they're low for that reason.

She is also apparently unaware of the more recent studies that carried out LC diet studies to two years. And she seems to be confusing studies concerned with weight control (people tend to regain no matter what diet they're on) with studies concerned with A1c.

There's no question that true LC diets (some people call diets with 45% carb low carb because it's lower than the 60% recommended by ADA) result in lower A1cs. The criticisms used to be that lipid levels would increase.

But recent studies have struck down the "lipid hypothesis" of heart disease too.

Posted by **Anonymous** on 1 July 2011

When I eat the recommended diet (HIGH carb, grains, high-glycemic fruit, high-glycemic veggies) I have an HbA1C in the 9's or 10's despite injecting insulin -- LOTS of insulin. When I follow a sensible diet (LOW carb, lots of low-glycemic veggies, small amounts of low-glycemic fruits) I have an HbA1C in the 5's with little or no injected insulin. Any questions?

Posted by **leolioness** on 2 July 2011

I have a long history of seeing patients who have eaten low carb be able to achieve lower blood glucose. Both T2 and T1 profit from keeping to a low carb regimen. I am appalled that low carb diets are dismissed this way. There needs to be a whole new generation of dietitians educated about low carb nutrition but the older generation teaching them must be sadly out of touch.

Posted by **Anonymous** on 2 July 2011

Ms. Warshaw's bottom line advice: "Get and keep your blood glucose, blood pressure, and blood cholesterol into recommended target zones."

But there's disconnect in there somewhere because then she says low carb diets are not the answer.

This is completely and utterly irrational, since multiple studies have shown that the net health effects of switching to a low carb diet are LOWER blood sugar, LOWER cholesterol and LOWER blood pressure.

Posted by **seashore** on 2 July 2011

Why do the ADA and most diabetic clinicians recommend a high carb diet, which make the diabetes worse? Let me present my theory.

Diabetics have a high incidence of coronary heart disease (atherosclerosis). The popular dogma is that coronary heart disease (CHD) is caused primarily by excessive fats and cholesterol in the diet. Hence the ADA recommends a low-fat diet, which in turn results in a high-carb diet.

The truth is that fats and cholesterol DO NOT clog arteries, and elevated fats and cholesterol in the blood DO NOT cause CHD. The primary cause of CHD is elevated blood glucose, which seriously damages the arteries. When digested, carbs are converted into glucose. To avoid elevated blood glucose without requiring excessive insulin or diabetic medication, one must minimize the carbs in the diet.

In other words, a low-carb diet is essential if a diabetic is to minimize the incidence of coronary heart disease and other diabetic complications.

Posted by **Anonymous** on 2 July 2011

This article is ridiculous! I agree that it could even be dangerous to diabetics. Look, the answer to helping diabetics prevent complications and control blood glucose levels does not lie in medications (big pharma wants it this way, period...but that is about the money). It lies in the quality of the foods we eat...and their effects seen in the body. Plain and simple, there is not a benefit to eating high-carb or what this lady calls moderate carb (ha, yeah, whatever). The benefit comes in avoiding grains and products that create inflammation...especially for diabetics! Uggh, when are we going to move past the true dogma that the money-grubbers choose to push? There are plenty of studies showing results QUITE THE OPPOSITE of what is suggested in this weak article!

Posted by **Anonymous** on 2 July 2011

I was a Type II diabetic for 10 years, thanks to the ADA's recommended high carb meal plan. I was diagnosed with an A1c of 11. I took all those "wonder" drugs which left my blood sugar bouncing from high to low all day long. I even passed out from a few episodes of severe reactive hypoglycemia.

I went low carb and now my BG levels stay in the 70s-80s, even postprandial. I am no longer obese (I could never lose weight before), I don't suffer from low blood sugar and I don't take any medicine.

How can something be old dogma when it was never taught to diabetics in the first place? That doesn't even make sense. The ADA diet is what is truly old dogma and hasn't ever worked, obviously, if you look at how many people still suffer from diabetes.

Posted by **Anonymous** on 3 July 2011

I beg to differ with these findings. I think there are plenty of studies and Type2 Diabetics that prove that a controlled carbohydrate diet...low in glycemic index help to offset the Type2 diabetes and relieve the sufferer of medications.

I find that most articles are written by someone, professional or not, who has no proven statistics about using medications and using fruits, grains, legumes, vegetables and low fat is helpful to the diabetic. Also articles written are funded by someone or entity pushing their unproven products/agricultural/medications I have seen proven statistics that show how controlled/low carbohydrate dietary guidelines save diabetics from

deteriorating health, control of their blood glucose and early death. They are quickly weaned off medications. Anyone who has lived long-term this way will gladly tell you about their experiences. Plenty of clinical studies prove this out.

Posted by **Anonymous** on 3 July 2011

I am a type I diabetic and I know for a fact what 45-65% of calories as carbs can do to my BG... This is absurd and border-line dangerous statement from some "best-selling author". "Countless research studies" would better fit in the article if there was at least one link to such a study showing no long term benefit of low-carb diet on BG.

Posted by **Anonymous** on 4 July 2011

I am newly diagnosed with type 2 diabetes and was given the standard ADA diet advice. Based on my testing results low carb is the way to go. Carbohydrates cause your blood glucose to rise and in my experience the more carbs I consume the higher my BG readings are (even when eating healthy carbs).

In my opinion, Diabetics should be taught to eat to their meter. I have been eating low carb for almost 1 year now and my diet includes lots of non starchy vegetables, fruits(strawberries, blueberries, raspberries),lean meats,eggs,nuts and some low carb desserts occasionally. My A1C is 5.6 and have accomplished this by diet/exercise alone.

It doesn't make any sense to me to load my body full of carbohydrates and then try and control the BG rise with medications and insulin. Eating low carb has allowed me to control my diabetes with diet/exercise alone, giving me A1C readings and Blood Glucose readings comparable to a non-diabetic. It defys logic to tell a diabetic to consume 45-60% of their calories from carbohydrates the very thing that their body is unable to handle.

Posted by **Anonymous** on 4 July 2011

I too find this article disappointing and a disservice to all of us living with diabetes. After discovering the Bernstein low carb approach and learning how to happily and deliciously eat this way, I went back to school and am now a Health and Nutrition Coach... a new entrance into the health care mix. Through a 3 or 6 or 12 month program, I teach people HOW to enjoy a life with low carb living... I cook with them, provide recipes, hold them accountable to their goals through small weekly action steps, and provide unconditional support. Change does not happen over night... and it is challenging to eat low carb in a world surrounded by carbs on every street corner. My clients come to me AFTER they have been through the traditional system and cannot understand why they cannot get a grip on their blood sugars... well all the above comments are the proof of the pudding... carbs! Try some delish chia seed pudding tonight... I did...

Posted by **Anonymous** on 5 July 2011

My earlier comment has not been posted, but I want to agree that controlled carbohydrate with moderate protein and sufficient saturated fat works for me. A1c of 5.6 down from 13 for seventeen years.

Posted by **Anonymous** on 5 July 2011

Did you know that type 1 diabetics with no active insulin cannot gain weight? It won't matter how much I eat. I could eat every day a whole cow, two pigs, and a truck full of chickens; I would continue to wither away. It is crystal clear to anybody who cares to look: insulin controls adiposity [and much more]. Increase your insulin

levels and you will store more nutrients as fat and glycogen. Reduce insulin levels and these stores will reduce. I'm not betting my future on "High Carb Hope"

Posted by **Anonymous** on 5 July 2011

Type 2 diabetes is, at its essence, carbohydrate intolerance.

To suggest that eating carbohydrates is the answer to carbohydrate intolerance is farcical.

Posted by **Anonymous** on 5 July 2011

This article is downright criminal. It's akin to advocating drinking and driving. It's that dangerous. Advising Type II Diabetics to eat carbohydrates is quite literally putting gasoline on a fire. Nothing good can come from it and frankly I am utterly disgusted that this article was published. The fact that it was published shows that Hope Warshaw and the editors of this website are utterly clueless to both the underlying pathology of diabetes as well as the current research.

Finally, as a side note, my father-in-law treated T2 Diabetes with a low-carb diet 40 years ago because it was widely understood that T2 Diabetes is the result of carbohydrate intolerance. He would blister at this article and the ignorance put forth. The greatest impediment to diabetes treatment are the two ADAs (diabetics and dietitians association). If doctors didn't listen to these two associations, T2 diabetes rates would plummet.

Posted by **Lyford** on 6 July 2011

This article is misguided. At best.

Anyone with Type 2 diabetes who chooses to follow Ms. Warshaw's advice and carb up is just begging for problems, for retinopathy and neuropathy and dialysis. The most basic fundamental trait of type 2 diabetics is that they cannot process carbohydrates without generating dangerous blood sugar levels. To be recommending that they eat more carbohydrate is just outrageous. Some people are going to have to take some medications, but no one needs grains or fruits to make it through the day, and most, if not all, diabetics are far, far better off without them.

Really, just an outrageous article. If I were to plan to jack up my blood sugar and whine about the consequences, I'd do just what she's recommending.

What A Diabetes Expert! By Dr. Robert Su

In the June 28, 2011 issue of Diabetes Health Magazine (online), Hope Warshaw, MMSc, RD, CDE, published an article, "[Type 2 Diabetes: From Old Dogmas to New Realities – Part 2.](#)" She wrote, "Old Dogma: People with type 2 diabetes should follow a [low carbohydrate diet](#). New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for [carbohydrate](#): about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate—not a "high carb" intake.)" She went on, "Countless research studies do not show long term (greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats. People with type 2 diabetes, like the general public,

should lighten up on added sugars and sweets (yes, they're carbohydrate). They should eat sufficient amounts of fruits, vegetables, whole grains, and [low fat](#) dairy foods—all healthy sources of carbohydrate." To no one's surprise, her opinions that discredited "low-carb diets" drew a flood of negative comments. The readers' outrage prompted Ms. Nadia Al-Samarrie, Publisher/Editor in Chief/Founder of Diabetes Health Magazine, to publish [an editorial comment on July 6, 2011](#). JEV News sought comment from Robert Su, M.D., author of [Carbohydrates Can Kill](#) and podcast host of the [Carbohydrates Can Kill Show](#). Below is Dr. Su's comment.

"It is a shame that a supposedly diabetic expert has not done a thorough review in all literatures that have repeatedly shown how and why carbohydrate restrictions can safely help halt, or even reverse, the progression of T2DM into T1DM, and stabilize the blood glucose level in T1DM. . It is perfectly logical to restrict the supply and broaden the use of blood sugars in the treatment of diabetes mellitus.

Ms. Warshaw did not just express her personal viewpoints from her serious misunderstanding of a very basic knowledge: **Carbohydrates except indigestible fibers are sugars and become blood sugars after digestion.** Many of her fellow diabetes experts share her flawed viewpoints. Unfortunately, during the recent decades, these experts have dominated the governmental agencies such as USDA in charge of designing Dietary Guidelines, and professional organizations such as American Diabetes Association, American Heart Association, American Dietetic Association, and et cetera. In April 2010, [their misunderstanding of diabetes mellitus and its treatment with hypoglycemic agents and insulin resulted in the failed clinical trial](#) of attempting to aggressively lower the hemoglobin A1c level for diabetic patients ([ACCORD](#)). Because of their unscientific belief that influences over what and how people should eat, we have had a difficult time in controlling the rising trends in obesity, diabetes mellitus, coronary artery disease, and other diseases. Consequently, the health care cost continues to skyrocket and be untamable without rationing the care. Carbohydrate restrictions can help prevent and manage diabetes mellitus, can it also help reduce the need of health care and contain the health care cost without the need of rationing.

Indeed, one diet does not fit all. I do not insist that everyone should tolerate a standard carbohydrate-restricted diet for diabetes mellitus and other disorders. Rather, everyone can modify the carbohydrate-restricted diet and make it enjoyable to him. Flatly denying carbohydrate-restricted diet the choice for diabetic patients without first getting the facts out simply reflects the flawed conception and stonewalling of Ms. Warshaw and her fellow diabetes experts.

With my due respect, I want to say this to these diabetes experts. Perhaps, if they unfortunately fell victim to the detrimental disease, they would be much more interested and diligent in looking for the best diet for treating diabetes mellitus in self-experimentation, before they would give a sound advice to others again."

10 Responses to What A Diabetes Expert!

1. [laurie](#)

Right on, Dr. Su!
Thank you!!

o [Robert K. Su MD](#)

Thank you very much for your hard work, Laurie!

2. Gabe

You would think that so many letters behind a name would indicate a 'smarter' person...

- o [Robert K. Su MD](#)

I know what you meant. No, absolutely not! When we found out how flawed these people's thoughts on a very straight-forward scientific matter, we should wonder how they studied the course in biochemistry and managed to pass it. But, we do not fault someone for his/her inability to remember certain things that he/she had learned sometime ago. We should criticize them for refusing to refresh their knowledge and stonewalling the real science. What are they afraid of? Even with so many letters behind a name, these individuals are just a crowd who praises the Emperor's new cloth like ordinary folks do.

3. Bob Schrichte

Until there is a true cure, any modality which offers benefit should be considered. Especially modality with considerable documentation to back it, as your well stated response cites. Bravo !

- o [Robert K. Su MD](#)

Absolutely true! Thanks.

4. diana

Type 2 diabetes doesn't actually require a cure — it requires eating the way our bodies were designed and adapted to eat. That's all!

The way I eat now is the way that I should have been allowed to eat, my entire life: low-glycemic veggies and some fruits, and a lot of fat and meat. We all descended from hunter-gatherers, or foragers, and the best foods were organ meats and fatty parts of wild herbivores. Unfortunately, I became vegetarian, in part because I thought it was better for my health. It's a great part of why I *am* now diabetic!

- o [Robert K. Su MD](#)

Thank you very much for your comment and sharing your personal experience. Indeed, it requires some work in defining the term "cure." By strictly defined, "cured" should be the state of origin. There is no way to restore the mass of beta cells to the size of a healthy newborn. However, by grossly defined, "cure" should be the state that no disease is ongoing. Thus, "cure" for T2DM should be the state that the individual does not demonstrate abnormal reading of blood glucose without the need of medication or insulin. When the individual is "cured", he should have a low level of inflammation and low risks of diseases.

I appreciate that you reaffirm that vegetarian diet is not healthy, in my opinion, unless modified with a much smaller amount of carbohydrates with low glycemic index and load as well as more protein and fat, which can come from coconut oil, eggs and cheese.

5. diana

No coconut oil, but I lived on eggs and cheese. No, it's NOT enough to combine proteins or to load up on eggs and cheese. I was careful and ended up diabetic. As to "cure" — I can appear cured by tests via your standards, and yet if I go back to eating normal US fare, it's clear I'm not really "cured" at all. HbA1c will double, if not triple! A true cure would be in restoring beta cell function, and I've lost a lot of that. Nope, there is no real cure for T2DM. There is only eating the way we were supposed to, designed to.

- o [Robert K. Su MD](#)

This is exactly my point that we can only use the loose term of "cure" when one does not consume more than an amount of carbohydrates, which he can tolerate without abnormal BG readings or the need of medication or insulin. It is just opinion based on literature review that there may be possible to expect the improvement in the size of the mass of beta cells if one's BG level is normalized sooner within a low, normal ranges all the time. However, it does not mean that this individual can go back to abuse his beta cells with carbohydrates again.

Is there any Hope for Diabetes? By Fred Hahn

Yes. Indeed there is. But it's not exactly the kind of hope we want.

[Hope Warsaw](#) is a registered dietitian and diabetes educator who has gained a modicum of fame in the diabetic world. In fact, the great and powerful ADA endorses her work by virtue of the fact that they offer her articles on their website. As you'll see in the video of her with Dr. Richard Bernstein later in this post, she's pleasant enough and she appears to be sincere in her recommendations.

However, sincerity ain't enough. And it sure doesn't lower blood sugar.

In a [recent egregious article](#) in Diabetes Management, Hope made some very shocking comments regarding how diabetics should manage their diet.

In fact, her comments are so shocking that it's high time that diabetics and the people who love them get super P.O.'d, [email the magazine Editor-in-chief](#) and demand the scientific truth because what Hope is penning is almost criminal. What she writes, in my humble opinion, is tantamount to malpractice for an R.D.

As I see it, Hope (and others of her ilk), have some serious explaining to do. A diet for managing diabetes is more than a matter of personal food preferences as Hope suggests. We all already know we have the "right" to eat whatever we want and "deserve" to eat the foods we love. But these "rights" are totally beside the point. We are not all that different physiologically and in many ways we are virtually identical.

"Just the fact's ma'am." as Sgt. Friday said. That's what diabetics need to know. Take a look at this statement:

Old Dogma: People with type 2 diabetes should follow a low carbohydrate diet.

New Reality: Nutrition recommendations for people with type 2 diabetes from the American Diabetes Association and other health authorities echo the recently unveiled U.S. 2010 Dietary Guidelines (1/31/11) for carbohydrate: about 45 to 65 percent of calories. (Americans currently eat about 45 to 50 percent of calories as carbohydrate—not a "high carb" intake.)

Old dogma? DOGMA??! It is not imagined, believed or an opinion that low carb diets work to control blood sugar – it is scientific fact. In fact, it is the only diet that can do so. Again, it's not about what we like to eat, it's about what manages the condition best.

And according to the USDA, the 2010 Dietary Guideline do not apply to diabetics or anyone with a health/medical condition. Shouldn't Hope know this?

But hold the phone – she says that the ADA wants diabetics to derive 45% to 65% of their caloric intake as *carbohydrate*? I checked and this is not exactly what the ADA says but Hope sure is saying it. How can Hope support or rather, conjure up this wildly absurd recommendation? If followed, this recommendation will sure sell a lot of glucometers, insulin and Metformin!

O.K. Let me see if I have this straight. Fact: Diabetes is a condition of carbohydrate intolerance and if you're a diabetic, your blood glucose level has to be monitored regularly to make sure that it is within a healthy range. (Even the Hope Warshaw's of the world agree on this.) And carbs are the worst blood sugar offenders by far be they a glass of soda or be they a slice of 87 grain bread. All carbs turn to glucose.

O.K., now, a diabetic eats carbs and her blood sugar soars. She then is forced to take medicine to bring her blood sugar down or to keep it low before she eats the carbs in the first place – not the fat, not the protein – the carbs. So, given this scenario, the infinite wisdom of Hope is to recommend that diabetics derive 45%-65% of their calories from carbs.



I need a moment here. I think we all do.

Take that recommendation in my peeps. The ADA and Hope thinks it's A.O.K for a diabetic to take in most of the calories they eat as carbs.

That's like the [AAFA](#) telling people who are severely allergic to peanuts to eat more peanuts but have that EpiPen ready or to inject themselves with an EpiPen before they eat the peanuts. But make sure to eat lot's of 'em!

And hey, all you [celiacs](#) out there now hear this – you need to eat more bread! Don't worry about your IBS or the other deadly conditions that gluten causes you. We got some good ol' drugs to take care of all that!



The ADA food pyramid on the right. Do you see the insulin sprinkled at the top like icing on the cake? Yummy!

Hope goes on to say:

Countless research studies do not show long term (greater than six months to a year) benefit of low carb diets on blood glucose, weight control, or blood fats. People with type 2 diabetes, like the general public, should lighten up on added sugars and sweets (yes, they're carbohydrate). They should eat sufficient amounts of fruits, vegetables, whole grains, and low fat dairy foods—all healthy sources of carbohydrate.

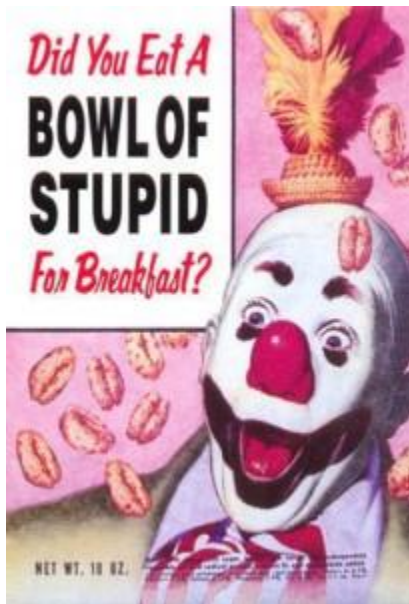
This is one wacky-worded paragraph.

OK – here's where Hope is truly hopeless. Don't you just love it when people say things like "Countless research studies..." Really – countless?" There are so many that the number is actually uncountable? That's quite a lot. But why doesn't she cite a few if there are so many? After all, she's an R.D. and should hold herself to higher standards rather than blurt out false exaggerations.

And she virtually admits in this statement that she doesn't know what macronutrient raises blood sugar. In other words, why isn't she suggesting to diabetics – nay – shouting to them from on high – that they must keep their carb intake as low as possible and to make sure that the carbs they do eat come from vegetable sources? Why is she telling diabetics they should eat sufficient amount of carbs? For what purpose? Doesn't she know of and hasn't she read the National Institute of Health's DRI report, specifically the section on carbs? [Here it is:](#)

Clinical Effects of Inadequate Carbohydrate Intake

The lower limit of dietary carbohydrate compatible with life apparently is zero, provided that adequate amounts of protein and fat are consumed.



If you take a look-see at the [comments section](#) in the Diabetes Management mag article above, you'll see that what Hope has to say about low carb and what people who are actually low carb have to say is quite different. And if you look closely, you'll find nary a response from Hope. You also won't find a single comment in support of Hope's hogwash.

As I was writing this I read Nadia Al-Samarrie, the Editor-in-chief of Diabetes Management magazine's [article on her response to the responses](#). And what does she have to say? Hold on to your glucometers:

I am delighted that such a passionate, vocal group of low carbers follows Diabetes Health, but I take issue with their implication that Diabetes Health does not support low carb, and I disagree with their conviction that low carb is the one true path for people with diabetes.

It's not a conviction, it's scientific fact. Question Nadia – Will a low fat, high carb diet work to better blood sugar? Nope. A low protein, high carb diet? Nope. A low calorie diet? It might if the calories that are lowered come from carbs but who can stay on a low calorie diet? You'll never take in enough micronutrients.

Or this one:

Despite the well documented merits of a low carb diet, the reality is that it's not successful for everyone.

Wait a sec – does she mean that for some diabetics a low carb diet doesn't keep their blood sugars more normal than a high carb diet? I think she does. If she didn't, she'd be a lot clearer.

And anyway, it is physiologically impossible that this could be true for anyone who is diabetic. No diabetic would do better with more carbs rather than less carbs in their diet. It makes no difference whether they like the diet or not.

Shaw said: "Forget about likes and dislikes. They are of no consequence. Just do what must be done. This may not be happiness but it is greatness."

"Personally," Nadia says "I have not been successful on a low-carb diet, and that's true of many other people with whom I am familiar. A low carb diet is difficult to stick to."

Quitting smoking is difficult too if you're a smoker. But if you're a smoker, you'd better quit if you have emphysema. Same goes for alcohol if you're an alcoholic. Again, it's not about preference, it's about the facts. And most diabetics are kept from knowing the facts.

What Nadia doesn't know or can't come to grips with, is she's a sugar addict. She wants her sugar and by gum (sugar free, right Hope?), she's going to have hers.

Nadia goes on and on and on like this – it's an interminable read. The illogic and "unscientificness" of it is enough to make your blood sugar boil.

Well, it's one way to kill subscriptions.

But I suppose we do have to remember that magazines need to sell and to sell they need articles. I mean, can you imagine what would become of Diabetes Management magazine if every single article was a scientifically sound article with nary a sentence that misled? One shudders to think at the result.

Nadia and Hope – birds of a feather.

Take a look-see at [this video](#) of Hope and Richard Bernstein M.D. discussing the issue. (Sorry I couldn't figure out how to embed the video here.)

After listening to what Dr. Bernstein is saying, and he's stating facts, how can she hold the position she does? Has she ever read [Dr. Bernstein's book](#) which is arguably the definitive text on the subject of diabetes? Might she be afraid of being sued by thousands of people who have followed her recommendations if she was to come clean and own up to the reality of diabetes management via a very low carb to no carb diet?

It seems to me that she should be more afraid to *continue* giving the advice she is. But it appears that Hope would rather your diabetic grandmother lose her feet before she loses face.

I say enough is enough. We've had it, haven't we? I sure have. Aren't you sick and tired of seeing commercials with false claims like Cheerios makes your heart healthy or the innuendo that oatmeal will cure your heart disease?

We need an outside judge or judges – a panel of new scientists to take us in a new direction – the right direction – which is away from dogma and opinion and instead towards known scientific nutritional realities. We need science. Science after all, is science.

Dr. Richard David Feinman, President of the [Nutrition and Metabolism Society](#) and Professor of Cell Biology at SUNY Downstate Medical Center suggests a new process:

"The previous Guidelines have not worked well. It is simply unreasonable to ask the DGAC to audit its own work. An external panel of scientists with no direct ties to nutritional policy would be able to do a more impartial evaluation of the data. This would be far better for everyone."

I agree. Perhaps we'd see science rule the day and not dogma – true dogma.

Like Mark Twain said: "Be careful about reading health books. You may die of a misprint."

I doubly agree. And I've written [two of them!](#)

So, considering all this, should Hope be the voice for diabetics who feel hopeless or should diabetics be Hopeless for there to be any chance of hope? I think you know the answer. At least I hope you do.

So please, write, email, shout and stomp your feet. Don't let Hope and her cronies continue to spout their misinformation. Do something about it. And do it now!

Annick

Hi Fred, from Spain!

I recently bought both your books. They are great, but I have a question about the kid's program. I have three kids: 16-14-12. They are fairly active and slender (ballet, karate and soccer). So, they did the program and were quite fresh (not like me) so my question is, could they try the adult program?

Thank you very much for your books and your blog

[Fred Hahn](#)

Thanks for purchasing my books Annick! Spain huh? I'll be in Barcelona in July for a few days – are you in this city by any chance?

The kid program is essentially the adult program so yes they are good to go!

Cheers,
Fred

CarbSane

No diabetic would do better with more carbs rather than less carbs in their diet. It makes no difference whether they like the diet or not.

The diabetics in Shai who fared best after two years were the Mediterranean group that consumed the most carbs of the three. Hard to square that with your blanket statement.

Recently I compared the results in diabetics of ketogenic vs. very low cal diet
<http://carbsanity.blogspot.com/2011/07/diabetes-crash-cures-vlcal-vs-vlcarb.html>
Hard to ignore those as well.

Your statement: *It is not imagined, believed or an opinion that low carb diets work to control blood sugar – it is scientific fact. In fact, it is the only diet that can do so. Again, it's not about what we like to eat, it's about what manages the condition best.*

No, it's not scientific fact. Not even close. And controlling blood sugar is only part of the problem. A high fat diet does little to reverse the actual beta cell dysfunction over the long haul for many/most, and

may even contribute to continuing degradation of beta cell function. I don't see a lot of the self-righteous low carbers even addressing this. All in the name of science of course ...

By the way, your argument against the low calorie diet — as in “who can stay on a low calorie diet?” is no different than your argument that LC is the right diet for diabetics and unsustainability doesn't negate that. I agree.

P.S. Did I miss your blog post on that email exchange with Keith Frayn?

Ramona Graham

Yo, Carbsane! The unsustainability of a low calorie diet is very different from the “unsustainability” of a low carb diet. On a low calorie diet, people report gnawing hunger. On a low carb diet, people typically give it up because they can't resist the taste of bread or sugar, not because they are hungry. Hunger is a driving biological force while sugar addiction is... an addiction which CAN be overcome. I speak from personal experience.

I think the reason low-carbers get “self righteous” as you say is that we have broken from the mainstream and found miraculous success. It does tend to make someone a bit evangelical (I know I am, and I'm trying to stop myself) about the lifestyle.

I'll leave the rest of your questions to Fred. Grazie.

Ramona Graham

@ Carbsane

Sorry if I misunderstood what you were saying, it was a bit unclear to me. I just checked out your blog so now I have a better idea of your mind-frame. That is all.

Thanks, Fred, for posting this!

[Fred Hahn](#)

Carbsane – please post a link here to the Shai paper you are referring to so we are talking the same language.

Regardless, it doesn't matter what the Shai paper showed, the point is that if you're a diabetic, you want to eat in a manner that keeps blood sugar normal. The kinds of carbs you eat matter but what matters most is how controlled blood sugar is. You don't control blood sugar by eating a lot of carbohydrate. To argue this point is ridiculous. Do you think a diabetic should derive 45-65% of her calories as carbs no matter what those carbs are? It's a yes or no question.

I got side tracked on the ASP issue but Dr. Frayn agrees that insulin and not ASP is the primary regulator of both fatty acid uptake and fatty acid release. It appears that the ASP story was a nice one, but it hasn't been substantiated according to Frayn.

[Fred Hahn](#)

And Carbsane you're not thinking clearly on this issue. Will a low fat, high carb diet control blood sugar? Let me ask you – if a T2D came to you and said “What is the best way to eat to control blood sugar?” what would you say?

[Fred Hahn](#)

Here's some telling stuff from the Shai paper (if this is the right one):

Mediterranean Diet

The moderate-fat, restricted-calorie, Mediterranean diet was rich in vegetables and low in red meat, with poultry and fish replacing beef and lamb. We restricted energy intake to 1500 kcal per day for women and 1800 kcal per day for men, with a goal of no more than 35% of calories from fat; the main sources of added fat were 30 to 45 g of olive oil and a handful of nuts (five to seven nuts, <20 g) per day. The diet is based on the recommendations of Willett and Skerrett.²¹

Low-Carbohydrate Diet

The low-carbohydrate, non-restricted-calorie diet aimed to provide 20 g of carbohydrates per day for the 2-month induction phase and immediately after religious holidays, with a gradual increase to a maximum of 120 g per day to maintain the weight loss. The intakes of total calories, protein, and fat were not limited. However, the participants were counseled to choose vegetarian sources of fat and protein and to avoid trans fat. The diet was based on the Atkins diet (see Supplementary Appendix 2).²²

Ahhhhhh...so the low carb diet was unrestricted in calories, they were instructed to increase carbs to a non-low carb diet amount and the fat they ate was instructed to be polyunsaturated. Yes this looks like a real low carb diet to me. Sheesh.

CarbSane

Yeah sheesh alright. You came on my blog and made all sorts of claims about ASP etc. Yet you never did blog on it. I don't believe you. Put up or shut up with Frayn's email.

Second, you and your friends can't have it both ways. Jimmy cites Shai in his condemnation of Hope, Taubes cites Shai in his claims about carb restriction. So is Shai relevant or not?

Hands down, Med won the day for the diabetics.

<http://carbsanity.blogspot.com/2010/09/shai-and-diabetes.html>

Oh that's right. Lindeberg had superior results with Paleo right?

VLC diets manage blood glucose. They do not, unfortunately favor restoring proper pancreatic function that is at least possible. Dogma ... yep.

[Fred Hahn](#)

Carbsane – I will indeed be blogging on it. Blogging is not my main goal – running my gym is. And relax please. What I told you was the truth. His email will be in my blog.

Shai is pro low carb. Email her and find out.

Your take on it is a bit convoluted. You are cherry picking the issues and ignoring the fact that the so-called LCD was not calorie controlled, full of polys, and increased over time in total carb intake. Please read:

Low-Carbohydrate Diet

The low-carbohydrate, non-restricted-calorie diet aimed to provide 20 g of carbohydrates per day for the 2-month induction phase and immediately after religious holidays, with a gradual increase to a maximum of 120 g per day to maintain the weight loss. The intakes of total calories, protein, and fat were not limited. However, the participants were counseled to choose vegetarian sources of fat and protein and to avoid trans fat. The diet was based on the Atkins diet."

Vegetarian sources of fat and protein? This is based on an Atkins diet? My butt it is. Do you not see the problem with this? The Med diet was not counseled to get their fat and protein from vegetarian sources. The study is crap.

And look at everything else – did you really read this study? If so, you missed a lot. Do you not remember that the LCD were instructed to eat more carbs at month 6 and notice what happens to the diabetics when this occurs.

Annick

Unfortunately, no, we live further north in Oviedo and we are leaving soon for our hollidays.

We'll try with the longer program then. Thank you again.

Annick

[Fred Hahn](#)

You're welcome Annick!

[Fred Hahn](#)

And Carbsane, you might want to read this:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2129159/pdf/1550-2783-1-2-7.pdf>

CarbSane

So let's see, the Shai study is crap but Shai is "pro LC" so ...

The science is anything but settled that VLC over the long haul is any better or perhaps worse for treatment of all T2's.

You imply that unrestricted calories equates to a higher caloric consumption. Again, false, with the requisite disclaimer that the dietary records should be looked at with a grain of salt. Cherry picking ... LOL. I posted about Shai's sub-analyses of their data vis a vis the diabetics in their study.

I know blogging is not your focus, but that was a LONG time ago with promise of a blog post in a week or so. What major analysis does this require? You know my email, care to share it with me? Yeah ... didn't think so.

[Fred Hahn](#)

So let's see, the Shai study is crap but Shai is "pro LC" so ...

****That's right. One group eats a restricted calorie diet and the other doesn't. The "Atkins" group is told to derive their fat and protein from vegetable sources and told to increase their carbs at month 2 to a max of 120 grams per day.

In Figure 2 where weight changes are shown, the low carb folks crush everyone else up to month 2-3, slowing weight loss at, you guessed it, month 2-3 where they steadily increased their weight as they steadily increased their carbs but not their calories.

The science is anything but settled that VLC over the long haul is any better or perhaps worse for treatment of all T2's.

****Really? Then you are not reading the science on the subject. According to the collective research on the subject, a low carb diet should be the go-to diet for any diabetic. And you didn't answer my question. If a T2 diabetic came to you and said "What's the best way to eat for my condition?" what would you say?

You imply that unrestricted calories equates to a higher caloric consumption. Again, false, with the requisite disclaimer that the dietary records should be looked at with a grain of salt. Cherry picking ... LOL. I posted about Shai's sub-analyses of their data vis a vis the diabetics in their study.

****Strawman. That is not what I am saying. I am simply stating that if you do a study with one group having restricted cals and another ad libitum, your study is crap. What you're forgetting and not seeing is that the diabetic has busted metabolic machinery. Notice how they fared when told to eat more carbs! This study actually shows that diabetics need a low carb diet. By the end of this study the Atkins arm was NOT NOT NOT low carb. 40% of their energy intake was from carbs Carbsane. Look at Table 2 with opened eyes please.

I know blogging is not your focus, but that was a LONG time ago with promise of a blog post in a week or so. What major analysis does this require? You know my email, care to share it with me? Yeah ... didn't think so.

****Well I need to ask his permission first don't I? I have not yet done that for the blog I am writing so it takes time and effort. I want to get it right. I am not a biochemist and this stuff is complicated as you know.

CarbSane

Obviously you haven't bothered to read the dietary intake records reported in Shai or you would not be making the claims you do. Lack of deliberate restriction does not mean the LC group didn't REDUCE calories ... they did. If records are to be believed, they were the most restricted group! Obviously you haven't read Shai or even looked at your buddy's analysis ... it's all there clear as day. The LC group's

carb restriction from baseline was reportedly similar for all three timepoints. (see here a screenshot of a condensed table from my blog post on the subject: <http://tinyurl.com/5unt3da>).

YOU need to open your eyes and see that the Med group ate the MOST carbs of the three and fared hands-down the best for most metabolically messed up group (on that we agree) the diabetics. They ate MORE carbs all along. And for the record if I increase my % carbs from 45 (typical SAD) to 65% but decrease my calories (spontaneously) from 3000 to 2000, I'm not eating *more* carbs. The SAD scenario is $3000 * 0.45 / 4 = 338g$, the latter is $2000 * 0.65 / 4 = 325g$.

I've been reading the science. McGarry, Frayn, Boden, Bierman, many others. Study after study. Verifiable results not anecdotal boastings. You ignored the Shai diabetes results so I'll link to that graphic as well. Med beat the crap out of both other groups for the diabetics: <http://tinyurl.com/5tekxnm>

As regards Frayn, it was almost 5 months ago (<http://tinyurl.com/5w45d4z>) that you wrote this: "Would you like to know what Dr. Frayn said RE: Insulin vs. ASP? I bet you would. Well, tune into my latest blog (I should be done with it in a day or so) to find out." And previously here you said you would be including it in your blog. That implies you have the appropriate permissions. Mind you I won't be holding my breath.

For the record if a diabetic came to me I'd say try a low carb diet for it's weight loss potential and b/c it can help control those blood sugar levels in the short run. But choose leaner protein sources and when you stop losing weight if you have not reversed course to normoglycemia, it's time to address insulin sensitivity more directly. Higher carb approaches DO work in many to restore proper insulin functioning. A preferred state if you ask me.

[Steve Parker, M.D.](#)

Hi, Fred et al.

It's interesting to note the Ms. Warshaw's article didn't mention the ADA's current stance on low-carb eating. Here's a quote from the ADA's Standards of Medical Care in Diabetes-2011:

"For weight loss, either low-carbohydrate [under 130 g/day], low-fat calorie-restricted, or Mediterranean diets may be effective in the short-term (up to two years)."

Ms. Warshaw misrepresented the ADA's position to a degree.

(For the record, I don't think the ADA goes far enough in terms of carb restriction.)

-Steve

jethro

It never ceases to amuse me pronouncements from "dietary experts" that look that they need to lose 50+ pounds.

That's InSane!

Brandon Schultz, D.C.

@CarbSane -

Could you please clarify the pancreatic healing mechanisms of the Med. diet vs. LC?
Thank you.

In health,
Brandon

[Fred Hahn](#)

Yes I'd like to know about this.

Kab

@CarbSane – It really doesn't matter what "studies" show if the advice that is gleaned from them does me no good or worse yet harms me. I know from personal experience (you could call it a "self study" if you like) that the low-fat, high-carb (essentially the "healthy" diet recommended by Hope for diabetics) drove me right into full-blown diabetes with PP blood sugars in the 300+ range.

When I finally wised up and went VLC (20-30 g/day carbs) my PP bg went down to around 100. I did not go hungry but I lost 40 or 50 lbs. in about 4 or 5 months. I am a small 60 yo woman and for me that is the difference between obese and normal. The best part is I got my bg down to normal (A1c ranges in the 5s) AND WITHOUT TAKING ONE "diabetic" med. I have no worries about side-effects nor about the disease "progressing" because I am not wearing out my pancreas anymore.

Since the first, I have stayed in ketosis for over four years on my VLC diet. Though I will never eat another slice of grain type bread or fruit, I don't care; I am thankful I will be keeping my toes, eye sight, etc. while the typical prognosis for most diabetics on medication (who eat Hope's recommended diet) is a continual increasing of meds until at some point there just isn't enough to take that wouldn't be toxic in itself.... all for the sake of eating their cherished high-carb foods because they have some sort of perceived "entitlement" to eat what they want. I just don't see how that makes any sense... at least not when the goal should be health and survival. But after almost five years of trying to convince my fellow diabetics (yes, I also was once an "evangelist" of LC) I've quit trying to spread the word about this very simple, all-natural method of controlling bg. 99.99% of the time, it goes in one ear and out the other with excuses like "I've tried that but can't stay away from fruit/bread/dessert/(whatever their addiction is)." And they inevitably add, "Anyway my doctor says I am doing fine as long as I stay below 180 pp". So, as I've said, I've quit my preaching... let them be. Every so often when I see them again, they'll remark that they are doing "just fine" but are starting to have circulation problems, etc. but the doctor has increased/changed/ added meds to get their bg back down again, giving them more HBP med, and now everything is good again. I'll probably see them in a wheelchair someday with no feet but they'll be happy I guess as long as they can keep munching on fruit and whole-grain cereals and popping their "miracle" pills". Not my cup of tea but to each his own.

Alex

In the Shai study (if it is the same one I am thinking of), it was reported that the low carb subjects 'were counseled to choose vegetarian sources of fat and protein and to avoid trans fat. The diet was based on the Atkins diet' but someone – possibly Dr Eades – contacted Shai and asked her for clarification. In

her response she said that the notion of a 'vegetarian Atkin's diet' was absurd and that, to her recollection, those in the study that ate low carb did indeed have animal sources of fat and protein.

Secondly, if both groups restricted calories and lost body fat, at the cellular level they would have been on high fat diets (the cells consuming their own body fat) with much of that being saturated and monounsaturated, as that is the predominant make-up of human body fat.

Alex

OK – I have tracked it down. It appears in the comments to Dr Eades original blog post on the study (again, assuming it is the same one!) and it appears that it was Dr Eric Westman who initiated the exchange with Shai:

Here is a more detailed account of the Westman/Shai correspondance:

Eric Westman:

In reponse to the queries about what was eaten on the "low-carb" arm of the study published this week in NEJM, I asked Dr. Shai to clarify what kind of foods were eaten, because the sentence in the methods section (page 231), "participants were counseled to choose vegetarian sources of fat and protein," has been interpreted to mean that this was a "vegetarian low-carb diet."

"Hello Eric,

This is kind of funny that some could think of a "vegetarian low-carb" diet. Is it a new suggested strategy? could be interesting idea but this wasn't the case here. Our low-carb diet was based on Atkins, the participants read the book and the recipes were more or less comparable to what you know in the states. Beef is the main red meat. What could be different? People here would not mix in the same meal meat and butter, a salad is considered a very rich one and not a lettuce based, and the main dressing is olive oil. As for beverages, same industry that makes money everywhere.

For example, a plate could include : fish or fried/not bread coated chicken/or red meet, broccoli and mushrooms coated with eggs, roasted eggplants, vegetable salad (peppers, cucumber, green leaves, not lettuce) with olive oil dressing. I understand that some of the low-fat people find it hard to believe that such a low-carb diet was tremendously favorable within 2 years in a well designed study, but these are the facts and the science of tomorrow, with the next long term studies in the pipeline, may confirm or not these findings.
Best regards, Iris [Shai]"

This from <http://www.lipidus.org/node/1742>

Maybe someone with Westman access could verify this, so a lid could be put on the discussion?

Dr Eades comments: I have Westman access and the response is verified.

[Fred Hahn](#)

Weird. Then why did they describe the low carb diet that way when they wrote the paper up and sent it for publication? That makes no sense whatsoever.

The problem also is we do not know what kind of carbs they ate and that matters.

Alex

An appendix (available as a PDF file) to the full text of the study says, of the low-carb diet:

“Low Carbohydrate Diet- This low-carb, non-calorie restricted diet aimed to provide 20g/day of carbohydrates during the induction phase (first 2 months), and returned to this level of severe carb restriction after each religious holiday. At other times participants were instructed to increase carbs gradually up to maximum of 120g/day to maintain the weight loss. Total calories, protein and fat intake from any source (except industrial- trans fats) were not limited.”

So here there is no mention of protein and fat being restricted to vegetable sources – instead it says “from any source”. Also, 20g of carbohydrates per day for the first two months seems to be in line with the induction phase of the Atkins’ diet – which it claims to be modelled on. It also says that participants returned to this level after religious holidays (maybe because they splurged on carbs at that time?) and other than that, that they should gradually increase their carb intake up to a MAXIMUM of 120g per day (i.e., to a level that allowed them to maintain their fat loss). Again, this seems to be in line with the Atkins’ diet protocols.

As to the actual foods consumed, there is a ‘food pyramid’ provided for each diet which illustrates the types of foods that can be eaten. In the case of the low carb food pyramid, meats, poultry, eggs and fish are at the base, then vegetables, followed by fruits, then nuts, seeds, fats, oils and dairy and finally at the apex (consumed the least) wholegrain products.

A typical day's diet (in the low carb maintenance phase – presumably when they could increase their daily carb intake up to 120g) looked like this:

Breakfast: Sour cream 15% fat (liberal)

Lunch: Fish or chicken or beef (fried but not bread-coated), stir-fried zucchini with herbs, roasted eggplant & a fresh vegetable salad with 2 tbspn of tahini.

4 pm: 2 small almond cookies (based on eggs, almonds and sugar substitute)

Dinner: Cream cheese, broccoli & mushrooms (coated with eggs – no flour), tuna, olives & a fruit flavour diet yoghurt

Night: Walnuts (5 small), apple.

Of course, this does not mean that they adhered to these menus – though I understand meals were provided in a cafeteria setting, so maybe there was some modicum of dietary control?

What I don't understand is that Dr Eades quoted this study as showing that the low carb diet beat the low fat diet – whereas others seem to be saying it was the Mediterranean diet that came out on top!

Alex

I should add that I disagree with carbsane's observation that:
"The diabetics in Shai who fared best after two years were the Mediterranean group that consumed the most carbs of the three. Hard to square that with your blanket statement."

The fact is that the proportion of glycated haemoglobin at 24 months (in the diabetics) decreased by 0.9% in the low-carb group but only by 0.4% and 0.5% in the low-fat and Mediterranean groups respectively. The full-text goes on to say:

"The changes were significant ($P < 0.05$) only in the low-carbohydrate group ($P = 0.45$ for the comparison among groups)."

HbA1c gives a picture of blood sugar control for around three months prior to the sample being taken, so I see this as a better indicator of which diet gave the best results for those with diabetes.

[Fred Hahn](#)

I agree Alex. Good investigating.

CarbSane

@Brandon: I suspect it has something to do with lowering the accumulation of fat in the pancreas. I've blogged on this if you're interested:
<http://carbsanity.blogspot.com/2011/07/diabetes-crash-cure-pancreatic-fat.html>

[CarbSane](#)

So Alex ... ignore the 30 point lowering of FBG, and dramatically better fasting insulin (relevant in hyperinsulinemic diabetics far more than having anything to do with anything in a non-diabetic) and HOMA-IR score. OK.

[Fred Hahn](#)

The Med diet group might – we don't know – have been getting most of their carbs from green vegetables, etc. The Atkins group, while eating 300 calories a day less carbs, might have been getting theirs more from grains and sugars. I don't know – do any of you?

If you look at what the subjects were eating at the end of a year or even six months, when body weight starts leveling off, all the diets are not that different.

The Atkins group is getting ~40 percent of their calories from carbs, supposedly (Table 2). So the fact is that maybe, just maybe, the Med diet seemed healthiest to the subjects on this diet so they merely complied better than the subjects on Atkins or the the low-fat diet. This is why these studies are bogus. You just have no idea exactly what happened. All you know is what you told the people to do, but you are clueless to what they actually did.

When I suggest that all three diets were roughly the same, I mean that the errors in what people eat can be so large that they negate any differences between the diets — 300 extra calories of carbs in the Atkins group vs. 20-less calories of protein in the Med diet group, etc.

Look at how the Med Diet group supposedly continued to cut out fat as the study went on, but the Atkins group did not continue to cut out carbs. It suggests that the Med Diet group thought they were eating healthy and so kept at it. There are too many possible explanations.

As for the diabetics, Q: why in the world would an Atkins diet work better for nondiabetics and Med Diet work better for diabetics? It doesn't make any sense. unless, as a friend suggested, maybe their compliance to the diet was dependent on whether or not they knew they had diabetes. The diabetics thought the Med Diet was a healthy diet so they stuck with it. They didn't think that way about Atkins so they didn't.

It's possible...

Alex

@CarbSane: You said:

"So Alex ... ignore the 30 point lowering of FBG, and dramatically better fasting insulin (relevant in hyperinsulinemic diabetics far more than having anything to do with anything in a non-diabetic) and HOMA-IR score. OK."

What I find strange when reading the results of the study in the full-text version is that they favourably compare the outcome of the diabetics on the Med diet to those on the low-fat diet but the low carb diet hardly ever gets a specific mention!

As for fasting insulin, the results clearly state:

"In contrast, insulin levels (Figure 4E) decreased significantly in participants with diabetes and in those without diabetes in all diet groups, with no significant differences among groups in the amount of decrease. Among the participants with diabetes, the decrease in HOMA-IR at 24 months (Figure 4F) was significantly greater in those assigned to the Mediterranean diet than in those assigned to the low-fat diet (2.3 and 0.3, respectively; $P=0.02$; $P=0.04$ for the interaction among diabetes and Mediterranean diet and time)."

On the one hand they seem to be saying that all participants (diabetic and non-diabetic) had an improvement in fasting insulin on all three diets and that there was no significant differences in the amount of the decrease in all three groups. Again, they compare and contrast the Med diet with the low-fat diet but do not specifically mention the low carb diet.

Then you come to the actual data – the baseline characteristics data are all lumped together with only a number/percentage shown for who was diabetic. Since the results data you are quoting only shows the CHANGE from baseline (and is separated into diabetics and non-diabetics) it makes it difficult to draw any firm conclusions – you are looking at a mean change in both diabetics and non-diabetics quoted SEPARATELY from a baseline that is the mean of BOTH diabetics and non-diabetics! Perhaps there were some diabetics with low fasting glucose/insulin and HOMA-IR and some non-diabetics with high fasting insulin/glucose and HOMA-IR – there's no way to tell from the amalgamated baseline data. Since the results show that the LC diet trounced the Med diet on many of the factors you seem to concentrate on in the non-diabetics, knowing the individual baseline figures would be most illuminating! As it is, maybe those in the LC group already had lower fasting insulin and less insulin resistance than

those in the Med group so had less of a change even though they may have achieved the same or better final scores – there's no way to tell from the data as presented.

[Fred Hahn](#)

'Tis true Alex. And that is why this study is crap. These people have to learn HOW to put their data together.

Carbsane clearly has it out for Taubes and other staunch LC advocates and thinks she understands the subject better than Taubes, Eades, Feinman, Volek, Westman, Vernon, Phinney, etc. when in truth her ability to read, absorb and think through the LC research is lacking.

Nothing against you personally mind you CS.

I'll say it again, if you're a diabetic, the less carbs you eat the better.

Mike

Jethro;

"It never ceases to amuse me pronouncements from "dietary experts" that look that they need to lose 50+ pounds."

Fred – are you going to take that?

Kab:

"It really doesn't matter what "studies" show if the advice that is gleaned from them does me no good or worse yet harms me. I know from personal experience (you could call it a "self study" if you like)"

You're right, Kab – screw doing actual studies – let's extrapolate Kab's personal experience and foist it onto the rest of the world as fact. Nobody is arguing against doing what works for you.

Fred:

"Carbsane clearly has it out for Taubes and other staunch LC advocates and thinks she understands the subject better than Taubes, Eades, Feinman, Volek, Westman, Vernon, Phinney, etc. when in truth her ability to read, absorb and think through the LC research is lacking."

Translation (and typical low carb taliban default argument): When all of my scientific arguments get legitimately shot down, I will play the "personal vendetta" card.

Mike

I'm anxiously awaiting the Frayn email response too. When can we expect that?

Alex

@Fred: It is amazing, when you really scrutinize the data presented in studies, how many times you find it does not strongly (if at all!) support the conclusions reached by the study authors – or people quoting them in support of their particular bias! Either that or it is so poorly presented, it does not allow any conclusions to be drawn either way.

In the Shai, study and many others, I would much prefer to see the data for individual subjects rather than a mean for all subjects with standard deviations. At the very least – if you are going to show results for both diabetics and non-diabetics – present the baseline data for those groups separately as well.

As it stands, all we can say about the baseline fasting insulin and HOMA-IR of those diabetics and non-diabetics in the Shai study, is that those in the Med diet group had a fasting insulin that ranged from 6.6 to 22.6 and HOMA-IR ranging from 0.7 to 6.5 while those in the LC diet group had a fasting insulin ranging between 3.9 and 24.3 and a HOMA-IR ranging from 0.3 to 6.1.

So those in the LC group had individuals with both lower and higher FIs than those in the Med group and individuals whose IR that was lower across the board than those in the Med group. But which belonged to the diabetics and which to the non-diabetics? We can make a logical assumption but to assume makes an ASS out of U and ME!

[Fred Hahn](#)

Mike –

Kab was not suggesting that we don't do studies just that studies are often poorly done and don't reflect reality.

I have no personal vendetta against CS. And I have already shot down her arguments. And if you read her blogs you'd know that I am right.

The Frayn email will come when I post my blog on ASP. I want to get it right. So sorry but you'll have to wait. And all of the stuff on insulin is in his textbooks. Insulin and not ASP is the daddy of fat storage. You'll see...

[Fred Hahn](#)

And I think Jethro was referring to CS, no? I weigh 160 at 5'10" with 8.8%BF.

Diabetes Diet in the News By Ramona Denton

Published on June 28, 2011, in [Diabetes Health Magazine: Type 2 Diabetes: From Old Dogmas to New Realities – Part 2](#), by Hope Warshaw, MMSc, RD, CDE.

This very short article would seem to indicate that following a low-carb diet is “old dogma” and that some kind of “new reality” has provided a wiser course of action.

The wiser course of action seems to be not to try diet and exercise as a means to control Type 2 Diabetes, but to keep carbohydrate intake high, and start taking dangerous medications to combat insulin resistance as quickly as possible after your blood sugar problems are diagnosed.

Wow. I'm almost speechless.

I think her advice is bad, bad, BAD!

I'm neither a scientist nor a medical professional of any kind, so I'm going to say – officially – that this is “just my personal opinion.” That said, there are plenty of scientists, medical professionals and plain old smart people, who agree with me. I read their blogs, so I know they're out there.

I could pick apart almost every sentence of this article, but I'm not going to bother. That would be tedious for both of us. What I will do, is attack her citation of LARGE and COUNTLESS studies that support her conclusion that low-carb diets don't offer any long-term benefits to type 2 diabetics, because I believe they most certainly do.

In her article, Ms. Warshaw references:

“Nutrition recommendations ...”

“Large studies have shown that ...”

“Countless research studies do not show long term benefit ...”

Citing LARGE and COUNTLESS studies sounds so impressive. **Yet she fails to actually quote ONE STUDY that truly supports her conclusion that diabetics need to eat so many carbohydrates to manage their diabetes.**

If you have read the fine print of even ONE nutritional study, you probably know that there are large and countless problems with them.

Here are just a few, off the top of my head:

1. Real, controlled nutritional studies are terribly expensive, and most people don't even do them. This would be a study in which the food of the participants is really controlled, by making them live in a controlled environment, and measuring all their food. *Terribly expensive.*

2. To really prove anything with a nutritional study, you have to control all variables, other than the thing you want to study, to make sure that those don't interfere with the outcomes.

For example, if you're testing something related to carbohydrate intake... FAT intake must not be a variable. Protein intake must not be a variable. Smoking status. Physical activity. Everybody in your study must have matching levels of fat and protein intake, smoking status and physical activity, and ever other thing you can think of. Otherwise you cannot prove that the CARBS were the determining factor. It could have been something else. We call this a confounding variable.

3. The other kind of nutritional studies, the cheaper kind, is called an observational study. Most nutritional studies – by far – are observational studies. And, here's the big, fat FACT about observational studies: THEY DON'T PROVE ANYTHING!

Observational studies are properly used to identify relationships that would be interesting to study further. Sometimes, the people conducting the studies will say different things are LINKED, or that there is a CORRELATION.

There is a well-known statistical correlation between smoking tobacco and lung cancer. This means that where tobacco smoking is observed, lung cancer is also observed. It doesn't say which causes which. And it doesn't tell you if there is another variable involved, which maybe causes both. This is one that is so well known that it doesn't really prove my point, because everybody (including you) already believes that smoking causes cancer.

How about this? Over the past 200 years the number of pirates has diminished. Over the same period of time, marketing surveys have determined that the amount of fun people are having has also diminished. In fact, statistically, the amount of fun people are having is directly correlated to the number of pirates there are. So, if we want to have more fun, more of us should become pirates...

This example shows how absurd that is. Just because two things exist together doesn't mean one causes the other. It really doesn't. Don't let politicians or pseudo scientists fool you into thinking that low-carb diets cause poor health based on **observational nutritional studies that can't prove anything**.

4. Finally, my last point – off the top of my head – is to attack the data gathering techniques of observational studies. I know that sounds a little jargon-y, but here's what I mean.

Have you ever taken a survey or filled out a questionnaire? Of course. We all have. Many observational studies use questionnaires to gather their data.

How accurate are the data collected on these questionnaires? Your guess is as good as mine. But we are only guessing. And the people filling them out are probably doing a lot of guessing, too! Some multi-year studies provide their study subjects with an annual questionnaire.

Do you remember what you ate a year ago? A month ago? Yesterday?

How accurate can they possibly be?

*For a really great presentation on how to tell **what you can (and can't) tell from nutritional studies**, check out [Science For Smart People](#) on Tom Naughton's [Fat Head Blog](#). It is both informative and entertaining!*

As Tom would say: "You've been fed a load of bologna!"

Support [The Metabolism Society](#) in their efforts to support better nutritional studies and exploiting the full therapeutic potential of carbohydrate-restricted diets.

The Metabolism Society is dedicated to addressing the problems of obesity, diabetes & cardiovascular disease through public awareness and education. The Society believes specifically that the therapeutic potential of carbohydrate-restricted diets for the treatment of these diseases is under-investigated and under-utilized. The Society seeks to support research in this area. Our mission is to improve current nutritional guidelines and to see that sound scientific information is provided for the public.

Lovin' it Low Carb
Ramona Denton

Responses to Diabetes Diet in the News:

1. *Mary Titus*

I find it interesting that health professionals will tell you to watch your protein because protein destroys kidneys. But they will push you to eat sugar which kills the pancreas. Diabetes is known to lead to renal disease, so why not consume a diet that reduces or prevents the ravages of diabetes in order to protect the kidneys. Wouldn't that be like killing 2 birds with one stone.

- o *Ramona Denton*

Yes Mary!! The untruths being perpetuated by the experts and authorities are astounding!

2. *alternefit*

I absolutely LOVE it! You picked up on some of the same stuff I did...when I read it, I said "Uhhh, what is this lady talking about...studies? She's living in a fantasy of her own type of world." There are plenty of ways to scientifically refute her...based on legit sources! Thank you!

3. *Where Is The 'Hope' For Diabetics, Ms. Warshaw? « Liberation Wellness*

[...] Laurie Cagnassola – Fred Hahn – Ramona Denton – TuDiabetes – Diabetes Forum – Inner Carnivore – Tom Naughton – April [...]

4. *Tom Naughton*

To quote a scene from the Seinfeld show: "But I don't want to be a pirate!"

So let's just think of Hope Warshaw as someone wearing a puffy shirt.

- o *Ramona Denton*

That's perfect, Tom!!

Hope Warshaw... AADE speaker...haha! By Steve Cooksey

Has any ADA Minion harmed as many people as **Hope Warshaw**???. I hope not. She's an author, a diabetes educator and she does videos on youtube.... her record is there for all to see.... sadly.

She issues terrible advice to diabetics that only accomplish two things....

1) Keeps diabetics on ever increasing amounts of drugs and insulin.

2) Keeps diabetics requiring her books and services.

At last year's American Association of Diabetes Educator's meeting I could find NO mention of low carb foods or low carb discussions, talks etc ... NOTHING. This struck me as odd ... since that is THE national group for "Certified Diabetes Educators"....

I went digging and found the link to this year's [CDE Annual Convention.... Here](#). At the bottom of the page is a link button that says "Plan Your Sessions". I clicked on that link and it brought up a page where you can search for topics. So I searched for "Low Carb".... and I found one this YEAR!!!

Woo HOO!!! I thought... perhaps conventional wisdom *IS* changing. ... but then my initial enthusiasm was greatly diminished when I saw what the National CDE's had done. They brought in a 'RINGER'... to talk about carbs.

They brought in Hope Warshaw a noted high carb proponent who has been giving poisonous advise to people for many decades.

THIS is the person who will 'educate' Certified Diabetes Educators on how to maximize profits by continuing to push grains and sugar.....you know, as part of a balanced diet. The same diet that has been in affect while we have an epidemic of obesity and diabetes.

Listen to this exchange between [Dr. Bernstein, a TRUE diabetes educator](#) and **High Carb Hope Warshaw...** watching this makes my stomach turn.

THIS is the 'lady' the National Certified Diabetes Educators want to discuss... carb consumption???? Are you serious???

Is this a JOKE???

I'm sure Monsanto, PepsiCo or BigPharma is paying for this.... ugh! If not, they should be.... cause they definitely profit it from the advice

13 comments to Hope Warshaw... AADE speaker...haha!

- [Adrienne Larocque](#)

[April 12, 2011 at 3:25 pm](#) [Log in to Reply](#)

Dr. Bernstein has much more restraint than I do. I would have choked the woman on-camera! Stupid, stupid woman! Stop harming people!

- o [Steve Cooksey](#)

[April 12, 2011 at 7:25 pm](#) [Log in to Reply](#)

I agree Adrienne... I am working on a follow up post and I need to watch the video in it's entirety but I can't... it's too ridiculous.

She is harming people... we both know that. I do differ with you slightly ;) ... I don't think she's stupid. I think she's willfully ignorant, intellectually lazy or deceitful.... not sure which. Either way... her advice harms MILLIONS daily. :(

- [Chris Mason](#)

[April 12, 2011 at 4:36 pm](#) [Log in to Reply](#)

I would be very interested in seeing the research she is using in the beginning to justify saying that low carb diets are not sustainable for an individual over a long term. I rather doubt it.

o [Steve Cooksey](#)
[April 12, 2011 at 7:16 pm](#) [Log in to Reply](#)

Chris, Thanks for the comment my friend.

Low carb diets are sustainable ... I know of two in particular who have been on them ...for decades. Dr. Bernstein (T1) and Art Devany... I know MANY more who have been on them for YEARS including Mark Sisson and Rob Wolf.

I myself have been on this meal plan for over 18 mos. Not only is it sustainable it is ENABLING. I love it.

No doubt not everyone will be able to stick to it... but High Carb Hope is either intellectually lazy, willfully ignorant or a liar to say those things. If all the self serving high carb ADA Minion would start promoting it... more lives could be saved.

• [ADA Minion Interview](#)

[April 12, 2011 at 11:04 pm](#) [Log in to Reply](#)

[...] Hope Warshaw... AADE speaker...haha! [...]

• [Justgeo1](#)

[April 13, 2011 at 7:31 pm](#) [Log in to Reply](#)

I think that lady is on drugs... or has had a traumatic head injury...

I have no idea where she gets her informations, and what she would do if she actually had diabetes... I don't think she would last very long... diabetes complications would kill here in a couple years!

o [Steve Cooksey](#)
[April 14, 2011 at 8:34 pm](#) [Log in to Reply](#)

Thanks for the comment... I just published a new post showing EVEN more imbecilic advice... disgusting really. :(

• [Diabetes Dogma?](#)

[April 14, 2011 at 5:48 pm](#) [Log in to Reply](#)

[...] Previous Posts about Hope Warshaw are HERE and HERE. [...]

• [Pathetic Diabetes Advice](#)

[April 25, 2011 at 3:19 pm](#) [Log in to Reply](#)

[...] 1st post – after discovering “High Carb” Hope Warshaw was a speaker at the America..... SHE is going to educate Certified Diabetes Educators on ... carb consumption... HA! [...]

• [Taking a Stand... Do SOMETHING!](#)

[May 23, 2011 at 5:52 pm](#) [Log in to Reply](#)

[...] can read my posts detailing Hope's hopeless high carb tendencies. Here, Here, Here and [...]

• [Diabetics should Increase Carb Consumption?](#)

[June 30, 2011 at 10:27 pm](#) [Log in to Reply](#)

[...] Entries20 I've heard of "High Carb Hope Warsaw" before: Hope Warshaw... AADE speaker...haha! We are just whackos to people like her. Unfortunately she represents 99.9% of our support [...]

• [Where Is The 'Hope' For Diabetics, Ms. Warshaw? « Liberation Wellness](#)

[July 7, 2011 at 12:22 am](#) [Log in to Reply](#)

[...] Warrior" blog so succinctly put it at the beginning of an April 2011 post about her, "Has any ADA Minion harmed as many people as Hope Warshaw?" The pure arrogance and condescension this woman puts on full display every time she writes or [...]

- [Diabetes Misinformation | My low carb journey](#)

[July 7, 2011 at 7:09 pm](#) [Log in to Reply](#)

[...] published work, there are other folks in the low carb community that handle that just fine, like Steve Cooksey and Jimmy Moore. But I was alerted to this article the other day I just had to say [...]

