Insulin Therapies Stymie Hope for Metabolic Syndrome

by Dr. Kelly J. Gibas

On January 25th, 2013 the US Food and Drug Administration approved three new drugs for type 2 diabetes: *Nesina, Kazano and Oseni*. The names don't mean a whole lot to the lay person, so here is the '*between the lines'* action of the drugs: *all three treatments are a mixture of the drug Alogliptin which stimulates the pancreas to release MORE INSULIN after a meal.*

Ok, now jump ahead six days to January 31st, 2013. *The Journal of Clinical Endocrinology & Metabolism* published a study conducted at the UK General Practice Research Database on 84,600 type 2 diabetics. Here is the summary of the UK Study: *"By reviewing data from the GPRD between 1999 and 2011, we've confirmed there are increased health risks for patients with type 2 diabetes who take insulin [or drugs that stimulate the pancreas to release more insulin] to manage their condition. Insulin use by diabetics is associated with greater risk of dying over a decade compared to other diabetic [non-insulin] therapies." WHAT?* Six days prior to the publication of this UK study, the FDA approved three new treatments for type 2 diabetes that all involve STIMULATING THE PANCREAS TO RELEASE MORE INSULIN!

If adding more insulin [or stimulating the body to secrete more insulin] has been proven to increase health risks such as heart attack, stroke and cancer as well as increases the risk of dying, why is the FDA approving new drugs that involve more insulin, rather than educating type 2 diabetics/pre-diabetics (and the rest of us) how to manage blood sugar by creating cellular insulin sensitivity?

The FDA report cites the management of Hemoglobin A1c (blood sugar level over a 3 month period) to be the primary goal of such therapies which increase insulin secretion; the thought seems to be that the type 2 diabetic (although usually obese?) does not produce enough of his/her own insulin to adequately deliver the glucose to the cells. Thus, adding MORE INSULIN will effectively bring down blood glucose levels much the same way it does for a type 1 diabetic. The answer, in their opinion, is MORE INSULIN! However, here is the never ending problem with that reasoning, giving more insulin to an individual who already has TOO MUCH insulin will result in an inevitable rebound effect and loss of efficacy over time. Meaning, the extra insulin will initially drive glucose lower, the A1c will drop very minimally and temporarily, at the expense of a myriad of health risks associated with the hyperinsulinemia, adverse cardiac events, obesity, cancer or death; however, over time, the insulin resistant condition grows worse from the added insulin resulting in the drug's secondary failure and a rebound of elevated plasma glucose. <u>This is the epidemic of 'diabesity' plaguing America!</u>

This initiates a never-ending and potentially very dangerous cycle of chasing glucose with insulin.

The chase is dangerous! In fact, insulin therapy has been in the cross fire of examination for a while. *The Journal of Clinical Endocrinology & Metabolism* reports a 43.6% percent greater risk of experiencing an initial adverse cardiac event, cancer or death from any cause; insulin therapy was associated with twice the risk of heart attack, 73.6% risk of major cardiac event, 43.2% greater risk of stroke, 43.7% greater risk of developing cancer, 3.5 times the risk of kidney complications. Despite these statistics, insulin treatment remains the most longstanding blood-glucose-lowering therapy for people with type 2 diabetes; its use has been growing markedly in recent years. However with these acknowledged risks, there is a new spotlight on the search for safer treatments.

Education, proper nutritional therapy and the use of insulin sensitizing medications (alone), such as Metformin, for the reversal of cellular insulin resistance must become the pinnacle of diabetes treatment.

Insulin therapy has stymied both a cure and the effectual prevention of metabolic syndrome and type 2 diabetes. Sadly, insulin sensitizing drugs such as Metformin (Glucophage) are prescribed in *combination* with sulfonylurea medications (stimulate the pancreas to release more insulin). Thus, the sensitizing action of the Metformin is negated by the increased insulin secretion. However, Metformin prescribed alone, in conjunction with a low-glycemic diet and regular exercise, can reverse diabetes. Metformin acts by increasing the sensitivity of liver, muscle, fat, and other tissues to the uptake and effects of insulin. It creates cellular sensitivity by activating the GLUT 4 glucose transporters to trans-locate to the cell surface. This action lowers the level of sugar in the blood. Unlike glucose-lowering drugs of the sulfonylurea class, for example Glyburide (Micronase; DiaBeta) or Glipizide (Glucotrol), Metformin does not increase the concentration of insulin in the blood. In scientific studies, Metformin ***reduced*** the complications of diabetes such as heart disease, blindness and kidney disease unlike the insulin stimulating therapies which ***increase*** the risk of all three. Unfortunately, Metformin was approved by the FDA in December 1994 *only* for the treatment of type 2 diabetes; in Europe, Metformin is routinely used for the *prevention* of Metabolic Syndrome/type 2 diabetes.

On a daily basis, I work with clients who are diagnosed with type 2 diabetes and treated with insulin and/or sulfonylurea drugs such as Glyburide or Glipizide; they usually have little or no understanding of the aforementioned risk factors associated with these therapies. Furthermore, the patients lack the education regarding the action of the prescribed drug; instead, they are given the medication under the pretense of '*diabetes pills'* which insinuates hope for change or improvement, not a dangerous glucose chase. Part of our mission at **BRISTLECONE** is to provide an *Underground Railroad* of education, nutritional support and real time monitoring for those clients entrapped in the health care system. In the January 31st article, the FDA boasted a whopping .4%-.6% change in HbA1c after 26 weeks of Nesina/Oseni use; to clarify, that would be the A1c changing from 8.0 to 7.97 in 6 ½ months. If those were my statistics, I'd be out of business! ***Rather, we routinely see type 2 diabetics reverse their disease, normalize their fasting glucose and drop their A1c 2-5 full points, in less time, using a insulin sensitizing meal plan, exercise and biological education.***

If the UK study is accurate, the lack of disclosure and proper education by health care professionals regarding the associated risk factors of insulin therapy is fraudulent!

Be an advocate for your own health and the well-being of your family! ***It has been predicted that by the year 2020, 50% of all Americans..men, women and children…will be either pre-diabetic or diabetic.*** Currently 25% of the nation's teenagers are pre-diabetic (fasting glucose > 100). With that in mind, it makes sense that our children/grandchildren are predicted to be the first generation who will not outlive their parents. It's our responsibility to lead by example and train this generation to be reformers not statistics.

BE INFORMED; STAY WISE AND ENJOY LASTING HEALTH!

Kelly ☺