

When You Are Serious with Mike Nichols, MD

Adult Onset Diabetes is NOT Genetic, Which is Why it is Curable

The proof that Adult Onset Diabetes Melitus (AODM) is not genetic is simple and available to reason almost unaided by facts: the rate is rising faster than genetics change. More people have it now and from Parents and Grandparents who did not have it. QED

One of my favorite old maxims applies here: "Genetics loads the gun and behavior pulls the trigger." Can't change the gun or the ammunition but you sure can take your finger off the trigger and, here is the flaw in the aphorism, you can un-shoot the bullet. AODM is almost always reversible.

Hard work? Sure! Worth it? You be the judge. AODM left to its own devices kills the eyes, the kidneys, the finger tips and toes, the brain and the heart. Lowers testosterone, impairs memory, speeds loss of bone mineral density. AODM is aging in very high speed. Little more, nothing less. Get old quick, feel bad in the meantime and die soon(er). Yuck!

Make no excuses:

- * Sleep better; there is no way around this one. It is the lynchpin.
- * Eat little or nothing that stimulates or stimulates very much insulin.
- * Eat big early, eat little late. The day as an upside down pyramid: Big breakfast, modest lunch, small dinner.
- * Exercise in a way that increases your metabolic capacity; this is not 'aerobic' exercise. In fact too much of this will make matters worse.
- * Meditate/contemplate/pray/Qigong/Yoga: some form of deep spiritual and breathing and rhythm related activity on a daily basis.

5 things and you will not have diabetes anymore. Now admittedly, like most things, this is easier said than done. It entails a wealth of detail but at the end of the day it is as simple as those 5 things.

Now at some level everyone knows these things and still most people, knowing these things fail to cure their diabetes. I know part of the answer why and it is not because everyone is lazy or lack discipline. Frankly changing these simple things means a complete reset of values, relationships, behavior, expectations and desire.

As you can see this is too much to ask of anyone. So...take all of the drugs your doc will give you. Or. Or actually make the changes. This will require constant feedback of change, like week to week change in triglycerides, or insulin levels or heart rate recovery, or time to onset of sleep and sleep endurance and quality. Commitment is one thing but day-to-day monitoring and effective feedback is essential for success. By the way pricking your finger to check your blood sugar is not an effective way; in fact it is counter-productive.

Dr. Mike Nichols is one of the pioneers in the development of protocols for prescriptive exercise & a particularly prolific writer on the topic. You can view more of his articles at: whenyouareserious.com