
RAWHIDE HEALTH – MEDICINE IN A BETTER WAY

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Diabetes Mellitus Type II

Part III – I want to fix this!

by Dr. Dale J. Ross, M.D.

It is said that the best time to plant a maple tree if you wish to harvest and make syrup is twenty-five years ago; the next best time is now. The best time to treat DM is before you ever develop it; the next best time is to start right now. If you have pre-diabetes, or a family history of diabetes, or know that you are carrying more weight than you really should, your risk of diabetes is very real. Of course you should only read further if you actually care about your body and health and plan to work to make them better. To start this journey well, you must gather up some basics to stand on. Reading my articles on nutrition may help in this.

For patients with diabetes your blood sugar and its fluctuations are the method to learn how well your body is responding to what you are doing to it. One of the most common protests in the office is, “I eat the same thing on this day and that, and for no reason my sugars just go through the roof. I don’t understand it!” I believe you; for no reason that you know things just go haywire. However, I have been able to work with many patients to come to the point that I can know and so I share that with you.

Blood sugar is not sitting in a bottle waiting to be measured. Blood sugars are dynamic and change in response to the body and the body’s adaptation to the environment. Blood sugars have real changes because of: pressure at work, from bills, that ornery child or grandchild you love so much; exercise, food combinations, time of eating, activity, activity related to stress and pressure; various medications and combinations/interactions, weight and fat storage (medically described as adiposity), sleep, vitamins, herbs; even the pancreas itself may put out more or less insulin as it attempts to do the job we already know it can no longer adequately handle. Then take and cross over each of these plus many more in every combination and addition possible, multiplying effects and outcomes – life is an ever changing and evolving factor that just does not stay the same!

Stress response hormones, even from good things like having the new grandbaby for his first sleep over can impact the endocrine system and the next morning or two mornings later your sugars are double what they have been. You do not need to become discouraged by this, just be willing to learn by what your body is telling you. Accept that finding out what allows your sugars to jump may not be so simple as the example above for every variation; then accept your role in the actions to make a difference. Keep on learning about yourself and trying to do the best that you can with that gained knowledge. As with hunting, you must be looking at the right place, at the right time, for what is there to find what you are after. One part of this is that if you are hunting moose and you spot a cougar, as beautiful as it is to see, you are not looking in the right place. What you are seeking simply is not there. Be diligent.

Elevated blood sugar just means that you have more free calories floating around in your system than you can possibly use or even store right then. By example, the biggest change for patients that undergo

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bariatric surgery (surgery to cut out or shrink/limit the stomach size) is that they have dramatic caloric restriction. It is expected that patients will be able to take in no more than 500 calories (technically kCal) each day in the first thirty days after surgery. Why can diabetes disappear in these patients? Why do they dramatically lose weight? The only “why” should be asking why would it not. They just went from an intake of 2,000 – 5,500 kCal daily to just 500 kCal. The weight goes away and the sugars drop; really they could do nothing else. A safe, medically sound and even supervised diet, coupled with energy producing exercise (*yes energy producing, so look to my article on the body and lazy Man*), can outstrip surgical outcomes without ever cutting you open. You really can have the success you desire if you come to understand what it takes to get there.

Not everyone that comes to me is looking to become diabetic free or get off all of their medicines. It truly takes a lot of effort to achieve those goals. Often our goal, as doctor and patient together, is to at least help them to live happier and healthier, to become educated on diabetes, to prevent the bad things from happening too soon (bad things are heart attacks, strokes, blindness, kidney loss, etc.), and to maybe be an example to someone else they know and love.

So how do we go about fixing a system that is misunderstood, overloaded, broken down or burnt out, and the equivalent of being fed diesel when it is supposed to be on regular unleaded. I tell you, I have had patients work hard, very hard, knocking themselves out because they wanted to get their diabetes under control. I liken some of these efforts to a pick-up with all four wheels spinning but the tires are sitting up on the shelf – I have seen a lot of people put a lot of energy into going nowhere fast by their continued poor choices and misunderstanding of what they should be doing. Make sure the car you are driving has tires before you engage the clutch. You are sure to make much better progress when you do. I have in fact had patients, some with only a little education from me and some who needed more, take off and have the success you think you can only dream of. You can win against diabetes!

Future related topics will delve into bariatric surgery; exercise – for health, pleasure and energy; weight goals; nutrition; medications – pills and insulins; comorbid conditions; the mental state for success and others.