

BY PAUL S. INSELMAN, D.C.

# EVEN DIABETICS NEED GOOD NUTRITION

Let me go on record right now by saying that I have never treated a case of diabetes. Diabetes is a disease process, and I, as a chiropractor, do not treat disease processes. Amazingly though, I have treated patients with diabetes. I have found in my clinical practice that when homeostasis is restored by removing vicosomatic, or somatovicero reflexes, patients with diabetes are often improved to the point where their medical doctors either lessen the amount of medication that the patient was taking, or remove the patient from their medication completely. Obviously, as a chiropractor, I never decrease nor remove patients from medication, but it is interesting to note that when hard copy blood and urine test results come back normal, the medical physicians usually will alter the patients medications on their own.

"The term homeostasis is used by physiologists to mean maintenance of static, or constant conditions in the internal environment."<sup>1</sup> The internal environment is "the environment in which each cell lives. It is not the external environment surrounding the entire body, but the local extracellular fluid (internal environment) surrounding that cell. It is from this fluid that the cells receive oxygen and nutrients and into which they excrete wastes."<sup>2</sup>

In my clinical practice, I look to restore homeostasis and remove the causative stress whether it is mechanical, nutritional or emotional. I remove the mechanical stress that is altering homeostasis by adjusting the patient, the nutritional stress by using Enzyme Replacement Therapy, and the emotional stress by referring to the appropriate discipline. If a patient is in a disease process, I refer him/her to the appropriate medical doctor. There are many patients that I will co-treat with a medical doctor. Regardless of their

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diseased state, or homeostatically stressed state, my treatment is aimed at improving or correcting homeostasis as stated above.

Diabetes mellitus is a chronic degenerative disease caused when the pancreas either fails to produce insulin or the body's cells are resistant to the action of insulin. Without insulin, the body cannot process and use glucose, which is the chief source of energy for cells. If the body's cells have become resistant to insulin, glucose cannot be moved from the blood to the cells in order to be transformed into energy. There are two types of diabetes mellitus: Type I diabetes or juvenile diabetes, also known as insulin-dependent diabetes and Type II or adult onset diabetes.

Type I diabetes occurs mostly in children and young adults. In type I diabetes, the body cannot produce insulin. If insulin is not present, glucose builds up in the bloodstream and spills over into the urine. This spilling of glucose into the urine leaves the body starved for energy because the cells are unable to get the necessary nourishment from the glucose. Common symptoms include excessive thirst, hunger, urination, dehydration, and weight loss. Insulin injections must be taken daily to keep blood glucose levels stable.

Type II diabetes occurs primarily in

middle age and makes up 90% of all diagnosed cases of diabetes. In type II diabetes, the pancreas is still able to produce insulin, but the action of the insulin is blocked primarily from too much fat in the blood. The symptoms of Type II diabetes is the same as Type I. Exercise, weight control, diet and oral medications can be used to control Type II diabetes. Occasionally Insulin injections may be used temporarily.

According to the national Institute of Diabetes and Digestive and Kidney Diseases, there exists up to 16 million diagnosed and undiagnosed cases of diabetes in the United States. Estimates as of 1995 reveal that there are 800,000 insulin dependent diabetics and about 7 to 7.5 million non insulin-dependent diabetics in the United States. In 1993 about 400,000 deaths from all causes are estimated to have occurred in people with diabetes. This figure represents 5 percent of all persons known to have diabetes and 18 percent of all deaths in the United States in persons age 25 years and older. As of 1993, diabetes was the seventh leading cause of death listed on U.S. death certificates.<sup>4</sup>

The prevalence of diabetes as of 1993 was 4.2 million women, 3.6 million men, 100,000 children age 19 or younger and 3.2 million adults age 65

or older were diagnosed with diabetes.<sup>5</sup>

Common long term complications from diabetes are: Cardiovascular disease, stroke, hypertension, blindness, kidney disease, nerve disease, and amputations.<sup>6</sup>

### CASE HISTORY

A 40-year-old male presented to my office with a complaint of lower back pain of four months duration. The onset was insidious in nature. The patient had seen his primary care physician who prescribed muscle relaxants. After four weeks with no relief, the patient was referred to an orthopedist who had an MRI of the lumbar spine performed. The MRI revealed a degenerative disc at L5. The patient was advised to perform knee to chest exercises at home and to learn to live with "the aging process".

After several months of trying to learn to live with the aging process the patient came to my office for further diagnosis and treatment. My examination revealed that the pain was not present in the lower back or buttocks but rather was localized to the T9-T11 area on the left as well as the T6-T8 area on the right. All orthopedic tests were negative. All deep tendon reflexes were grade 2 and symmetrical. There was no sensory loss noted. There was palpable spasms under the left costal arch, right flank, Masseter Muscle bilaterally, and the epigastric region. Upon further questioning, the patient stated that he had chronic indigestion, hypertension for which he was medicated for, and asthma for which he was also medicated for. His family history revealed that his father was diagnosed with adult onset diabetes at age 43. I discussed with the patient that I felt that his back pain was caused from a vicerosomatic reflex emanating from the pancreas and liver. This working diagnosis was made from the palpable spasm of T8-T11 on the left along with palpable spasm of the left costal arch (pancreas), and from the palpable spasm of T6-T8 on the right and the accompanying palpable spasm of the right costal arch (gallbladder) and right flank (liver). It was my opinion that if his back pain was mechanical in nature, I should have been able to reproduce the pain upon physiologic movement or provocative orthopedic testing. A vicerosomatic reflex would have been present upon rest, which this pain was, as well as during provocative ma-

neuvers. I also felt that if the patient's MRI findings were the cause of his pain, his pain pattern should have been either localized at the L5 vertebrae, or it should have radiated across the lower back and/or down into the buttocks and legs if the L5 nerve root was being irritated. My working diagnosis was thoraco-lumbar segmental dysfunction caused by a vicerosomatic reflex.

The patient decided to commence Enzyme Replacement Therapy in an effort to clear the vicerosomatic reflexes and restore homeostasis that I felt was causing his back pain.

A dietary analysis revealed that the patient mostly ate foods that were high in fat and sugar. A 24-hour urinalysis, as prescribed by Dr. Loomis, revealed 3+ glucose, poor protein digestion, and poor simple sugar digestion. After finding 3+ glucose in the urinalysis, blood work was ordered. A fasting blood glucose level was 160. Triglycerides were 299. Total cholesterol was 256 with the cholesterol/HDL ratio at 6.1 and LDL's were 154. Glycohemoglobin was 11.3 and his relative risk for developing diabetic retinopathy was 4.0. I made a diagnosis of diabetes mellitus (a disease process) and referred the patient to his medical doctor with a copy of the test results obtained. I also called his medical doctor who was unaware that his patient was even diabetic. The medical doctor prescribed Chlorpropamide (Diabinese).

After researching the side effects, the patient felt that the medication would probably cause premature death from cardiovascular disease,<sup>7</sup> so he decided on his own that he would not take the medication, but rather try to control his diabetes with diet.

### TREATMENT

Treatment was aimed at improving fat, protein, and simple sugar digestion. By removing the physiological stress and restoring homeostasis at the cellular level, the vicerosomatic reflex would clear and the patient's back pain would improve. Remember, I am a chiropractor restoring homeostasis; I was not treating his diabetes, I was treating him.

The patient was advised to eat a low fat diet and began taking plant enzyme supplements that were rich in lipase and lipotropic herbs to improve fat assimila-

tion. The patient was advised by his medical doctor to purchase glucose sticks and to monitor his urine after eating. If there was no glucose spillage, then the diabetes was being successfully managed. The patient was given a two-week course of manual adjustments of the T6-T8 areas and T8-T11 area. After 2 weeks, the patient was holding his adjustments so he was discharged.

### RESULTS

Within one day the patient was not spilling glucose into his urine; within 4 days the patient's back pain was 90% improved; within 1 week the patient's back pain was totally gone; within 2 weeks the patient was holding his adjustments and was discharged from my care. Ten weeks later, another urinalysis and blood work-up was performed by his medical doctor with all normal results obtained. Four months later, the patient is still following the dietary recommendations and is taking his enzymes and has had no recurrent episodes of back pain or glucose in the urine. Subsequently, the patient reported to me that his medical doctor took him off of his blood pressure medication when his pressure dropped to 110/65 and he became dizzy. He also reported to me that he had not used any antacids, Xantac, or his asthma inhaler since he began Enzyme Replacement Therapy. The patient also reported that he lost about 18 pounds. Ten

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weeks after commencing Enzyme Replacement Therapy, the patient returned to his medical doctor for follow up for his diabetes; much to the doctor's surprise he diagnosed the patient as having his diabetes completely managed via diet and enzymes.

### DISCUSSION

By restoring homeostasis at the cellular level, it is amazing what the body can do. Call it God, nature, innate intelligence, spirit, whatever; there is a driving force in the body that controls it. Once we remove the stress that is altering homeostasis negatively, the body really does know what to do. Of course if a patient is in a diseased state and the body has been dam-

aged where homeostasis is unable to be restored, then medicine or surgery would be required and thank goodness it is there. No one treatment holds all of the answers to health and disease. I still maintain though, that even diabetics, cancer patients, low back pain sufferers, allergy sufferers and all health problems across the board need good nutrition. Nutrition gives us the basic fuel to perform bodily functions and protect us against disease states. Good nutrition starts with the proper diet, and then the ability to digest that diet. If you cook your food, you kill the enzymes in the food that are responsible for digestion. If you eat enzymeless food, you will get incomplete digestion. If you get incomplete digestion, you will disrupt homeostasis. If you disrupt homeostasis for a long enough period of time, you will develop disease processes. It is as simple as that. >

*Paul S. Inselman, D.C. has been in private practice in Mineola, N.Y. for 11 years. Since incorporating Enzyme Replacement Therapy to his office procedure, the clinical results that Dr. Inselman has received have been outstanding. Inquiries should be directed to him at 476 Jericho Turnpike Mineola, N.Y., 11501 or call him at 1-516-747-1122.*

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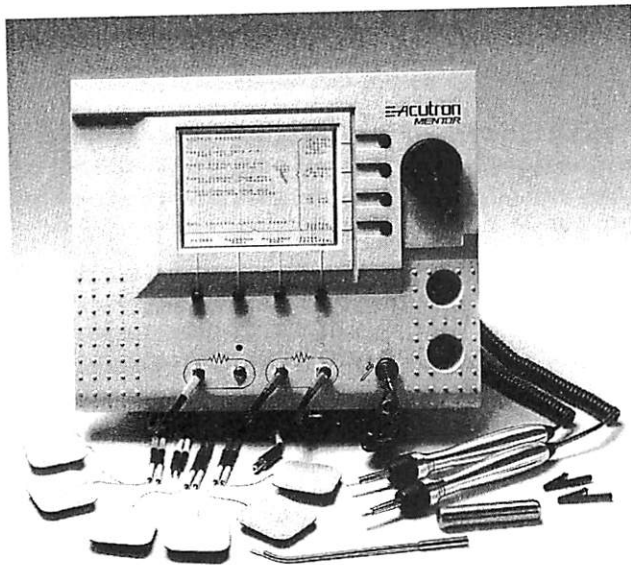
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