

For Doctors & Care Givers

# LAST DAYS OF DIABETES

Consensus

Conspiracy

Cure



Dr. Biswaroop Roy Chowdhury



INDO-VIETNAM  
MEDICAL BOARD

## NO CURE!

This is what you might have heard from your doctors. And further you might have been told that diabetes is like a life time sentence, it cannot be cured. However with medication, it can be controlled and progression towards worst can be slowed down with a timely and intensive drug & if required insulin therapy.

On the contrary, the truth is “Diabetes can be cured”. There is one major and well recognised study i.e. U.K Prospective Diabetes study-7 in which they have demonstrated how more than 50% of 2,597 diabetic patients were able to reverse diabetes with appropriate changes in diet alone.

In fact there have been several related studies, reports and findings published in journals from time to time. Some of them are listed as under:

1. *Type 2 diabetes in children and adolescents: American Diabetes Association. Pediatrics 2000.*
2. *Umpierrez GE, Woo W, Hagopian WA, Isaacs SD, Palmer JP, Gaur LK, Nepom GT, Clark WS, Mixon PS, Kitabchi AE: Immunogenetic analysis suggests different pathogenesis for obese and lean African-Americans with diabetic keto acidosis Diabetes Care 1999.*
3. *Umpierrez GE, Casals MM, Gebhart SP, Mixon PS, Clark WS, Phillips LS: Diabetic ketoacidosis in obese African-Americans. Diabetes 1995.*
4. *Mauvais-Darvis F, Sobngwi E, Porcher R, Ufveline JP, Kevorkian JP, Vaisse C, Charpentier G, Ullaussau PJ, Vexiau P, Gautier JF: Ketosis-prone type 2 diabetes in patients of Sub-Saharan African origin: clinical pathophysiology and natural history of  $\beta$ -cell dysfunction and insulin resistance. Diabetes 2004.*

**“U.K Prospective Diabetes study-7 demonstrated that more than 50% of 2,597 diabetic patients were able to reverse diabetes with appropriate changes in diet alone”**

5. *Umpierrez GE, Smiley D, Kitabchi AE: Narrative review: ketosis-prone type 2 diabetes mellitus. Ann Intern Med 2006.*
6. *Umpierrez GE, Clark WS, Steen MT: Sulphonylurea treatment prevents recurrence of hyperglycemia in obese African-American patients with a history of hyperglycemic crises Diabetes Care 1997.*
7. *Banerji MA, Chaiken RL, Lebovitz HE: Long-term normoglycemic remission in black newly diagnosed NIDDM subjects. Diabetes 1996.*
8. *Maldonado M, Hampe CIS, Gaur LK, S, Iyer D, Hammerle I-P, Bolgiano D, Rodriguez L, Rajan A, Lemmark A, Bala-subramanyam A: Ketosis-prone diabetes: dissection of a heterogeneous syndrome using an immunogenetic and beta-cell functional classification, prospective analysis, and clinical outcomes. J Clin Endocrinol Metab 2003.*
9. *Sobngwi E, Mauvais-Jarvis F, Vexiau P, Mbanya JC, Gautier IF: Diabetes in Africans, part 2: Ketosis-prone atypical diabetes mellitus. Diabete Metab 2002.*

10. Sobngwi E, Vexiau P, Levy V, Lepage V, F, Leblanc H, Mbanya JC, Gautier JF: *Metabolic and immunogenetic prediction of long-term insulin remission in African patients with a typical diabetes. Diabet Med* 2002.
11. Banerji MA, Chaiken RI-, Huey H, Tuomi T, Norin AJ, Mackay IR, Rowley MJ, Zi met PZ, Lebovitz HE: *GAD antibody negative NIDDM in adult black subjects with diabetic ketoacidosis and increased frequency of human leukocyte antigen DR3 and DR4: Flatbush diabetes, Diabetes* 1994.
12. Kitabchi AE; *Ketosis-prone diabetes a new subgroup of patients with atypical type 1 and type 2 diabetes. J Clin Endocrinal Metab* 2003.
13. Balasubramanyam A, Zern J W. Hyman DJ. Pavlik V: *New profiles of diabetic ketoacidosis type 1 vs type 2 diabetes and the effect of ethnicity. Arch Intern Med* 1999.

“ **The evidence of diabetes reversal has been so profound that the medical literature (for more details refer to the above listed reports) has referred them with many names such as Idiopathic Diabetes, Atypical Diabetes, Flatbush Diabetes.** ”

14. Yamada K. Nonaka K: *Diabetic ketoacidosis in young obese Japanese men (Letter)*. *Diabetes cure* 1996
15. Balasubramanyam A, Garza G, Rodriguez LVN, Hampe CS, Gaur L, Lernmark Å, Maldonado MR: *Accuracy and predictive value of classification schemes for ketosis-prone diabetes*. *Diabetes Care* 2006.

The evidence of diabetes reversal has been so profound that the medical literature (for more details refer to the above listed reports) has referred them with many names such as **Idiopathic Diabetes**, **Atypical Diabetes**, **Flatbush Diabetes** and more recently **Ketosis Prone Type 2 Diabetes**.

Upon presenting the above proof of reversal, some of the doctors may adamantly argue that it may be true on rare occasions however in Diabetes Type 1, the patient would have to be insulin dependent for the rest of his life as  $\beta$ -cells are destroyed. Here also, the truth is, Diabetes type 1 which is also known to be an auto-immune disease, can be reversed as reported in **Diabetes Care- Volume 15 Jan 1991** (from **Diabetes Research Institute- Germany**) and subsequently such patients are termed as Diabetes Type 1½ instead of Diabetes Type 1 so as to create a difference between patients who are on life-long medications and the one who could reverse it completely.

Several of my Diabetes Type I patients could completely free themselves of insulin/drug dependency. The recent ones being-master Aditya Singh, a 15 year old son, Dr. V.P Singh, a senior scientist in Indian Council of Medical Research who had been on 50 units insulin for 6 months, could reverse diabetes within a week of following a specified high fruit diet (I will explain it at the end of this chapter).

Here, the obvious question could be, “Why did the doctors promote the idea of NO CURE even though there are substantial and un-ignorable evidences which proves it the other way.

My understanding could conclude at least 2 reasons for their thought process:

1. Most of the doctors are highly influenced by drug companies and acquire most of the recent medical updates through many glamorous medical conferences funded and organized by these

“ **Diabetes type 1  
can be reversed  
as reported in  
Diabetes Care-  
Volume  
15 Jan 1991** ”

drug companies. These conferences are all about biased and commerce-driven medical presentations to boost the sale of one or the other product of the drug company which has sponsored the event (Please refer to chapter 3 about law suits against most of the major drug companies).

To prove my point let me ask a question. “What should be the blood pressure beyond which hypertension is diagnosed and is fit for drug intervention?” I asked this question in more than 1000 public health programs, in more than 100 cities of more than 10 countries in last 5 years.

**The answer . . . you guessed is right! 120/80mmHg.**

The truth is, when the standard blood pressure for human beings was established for the first time (Joint National Commission–1977), the blood pressure level of more than 160/100mmHg was considered for drug intervention and it did not change till JNC-4 (1988). Only in JNC-5 (1993) it was lowered to 140/90mmHg. However in 2013, meta-analysis published by Cochrane Collaboration confirmed that there is no evidence of benefit for treating high blood pressure below 160/100mmHg.



No-where in the medical literature, medical intervention above the threshold of 120/80mmHg is recommended. It is a false education being spread by the drug industry to convert healthy people into patients.

2. Misinterpretation of the medical evidence published in journals by the doctors who are already short of time and doctors who are over engrossed in the medicalization of the health care system. Let's understand it through the conclusion of UKPDS-38 report (**UK Prospective Diabetes Study**).

*'Tight blood pressure control in patients with hypertension and Type 2 diabetes achieves a clinically important reduction in the risk of deaths related to diabetes, complications related to diabetes, progression of diabetic retinopathy, and deterioration in visual acuity.'*

“ **The first time (Joint National Commission–1977), the blood pressure level of more than 160/100mmHg was considered for drug intervention** ”

At the prima facie, it appears as if we must maintain blood pressure close to B.P standard (120/80, as perceived and wrongly propagated by the doctors) whereas if you read the whole UKPDS report, tight blood pressure control means blood pressure near 150/85mmHg and less control ranges between 200/105 and 180/105 mmHg. Similarly there is a misinterpretation about fasting glucose. Majority of the doctors identify fasting blood sugar more than 100mg/dl as diabetes whereas it has never been defined in any literature as a diabetes diagnostic parameter. It is just a range of sugar level which is pre-diabetes, where it is assumed that the people having blood sugar more than 100mg/dl may become diabetic in near future. There is a great amount of ambiguity around fasting glucose as about 55%<sup>1</sup> of the population demonstrate higher fasting blood glucose (than post prandial).

An early morning raised blood sugar value (i.e. up to 200 mg/dl) is because of '**Dawn Phenomenon**'<sup>1</sup> and not because of any impairment of the glucose metabolism. It may be understood that in many of us, our Brain (as a background preparatory mechanism) may initiate a signal leading to release of glucose by the Liver just at the time you wake up in the morning so as to get sufficient energy to start the day (till you eat breakfast as a source of energy).

Contrary to the common belief, today's modern doctors have very limited knowledge of 'Food Combination Science' and its interaction with body to reverse a disease. Doctors are trained only in pharmacology which does more harm than good to mankind.

As a medical nutritionist I can tell you with my experience that if a patient is breathing and can eat, then he can surely reverse this critical and end-stage life style disease by just eating in accordance with food combination science. Although it seems to be too unrealistic to believe but I have proved it repeatedly with my patients. Here, I would like to share an instance which is very special to me as it included an iconic name in medical science, Dr. B.M Hegde who is my role model too. In the **32<sup>nd</sup> Social Science Congress** held in Mangalore University (1<sup>st</sup> to 5<sup>th</sup> Dec- 2015), I was given an opportunity to prove that diabetes can be reversed in 72 hours. Professor Som Shekharan, who himself was a diabetic patient taking 36 units of insulin every day, agreed to be the subject and a 5

**“Modern doctors have very limited knowledge of food combination science and its interaction with the body to reverse a disease”**

Member Committee was formed with Dr. B.M Hedge as Chairman and prominent personalities like C.K Raju (who gave India the first super computer) & Professor Anand (most reputed Professor of Jawaharlal Nehru University- Delhi) as members of the Committee. Prof. Som Shekharan agreed to follow my recommended diet for 72 hours (3 days). And to everyone's surprise he could fully withdraw insulin injections he had been taking and still maintained a healthy blood sugar within 72 hours of being on the recommended diet. Since then, till the time this book was published, he didn't ever return to insulin and could maintain a healthy blood sugar.

The whole thing about "Diabetes cure in 72 hours" is, it seems to be too magical to be true. But in actuality, it is a simple science that works! My recommended diet consists of a variety of fruits and vegetables minus animal food including dairy products. However, I am not the first person to show this profound effect

## Indian Social Science Congress (December 1-5, 2015)



Dr. B. M. Hegde 1<sup>st</sup>, Prof. Anand 3<sup>rd</sup>, Dr. Biswaroop Roy Chowdhury 4<sup>th</sup>  
and Prof. C. K. Raju 6<sup>th</sup> from right.

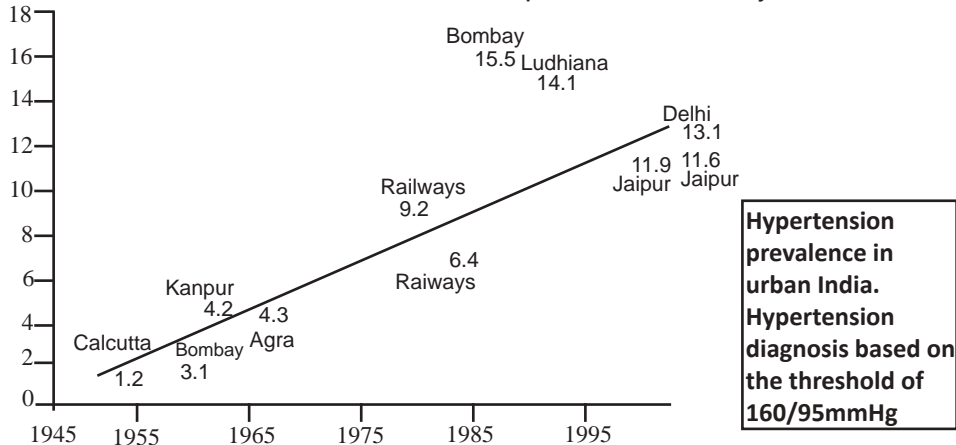
**Organised by  
Mangalore University  
&  
Indian Academy of Social Sciences**

of vegetables and fruits, neither it is the first time when medical science has witnessed such a phenomenon. Bill Clinton, after 5 failed surgeries, adopted this strategy of food- based cure and then he never ever suffered from those life threatening conditions. He credits his remarkable recovery to Dr. T. Colin Campbell & Dr. Caldwell Esselstyn (I got a rare opportunity to get trained by them). Similar effect was seen on Sarajevan people during the Sarajevo War (April 1992 to February 1996) when the residents were deprived of milk, animal food, refined oil, cooking gas and were forced to survive mainly on local fruits and raw vegetables. The result was reversal of diabetes and heart disease among most of residents who otherwise were suffering from the above mentioned health conditions during peace time.<sup>2</sup>

Infact there are populations like the Jarawas in Andeman & Nicobar Island, Okinawas in Japan or Bama in China who have never suffered from diabetes or other associated health conditions.

“**An early morning raised blood sugar value is because of Dawn Phenomenon and not because of any impairment of the glucose metabolism**”

On the other hand it has been seen that among the population with the increase in consumption of man-made food/industrial food/packed food, there is a steady rise in the prevalence of life style diseases, in last one century. Refer to the graph below for better understanding of the relationship between the urbanisation and increase in the prevalence of life style diseases .



### Clue To Cure :

To get to the cure of diabetes you have to find a common answer, which connects the following three questions:

1. Why, during Sarajevo War, its resident got cured of diabetes?
2. Why is there no diabetes among the Jarawas?
3. Why elephants (and other animals) do not suffer from diabetes and other lifestyle diseases?

A common thread which connects all of the above three is 'Man Made Food.'

Whenever man attempts to change the natural state of food by a series of industrial processes like refining and packaging, an unwanted by-product is also produced. It is a group of chemicals known as 'DLS' or 'Dioxin Like Substance'. By consuming this industrial food for a long period of time, modern man accumulates a significant amount of DLS in the body, which leads to a series of undesirable chemical activities in the body. This leads to the formation of 'AGE' (Advance Glycosylation End product) a kind of ash or waste in the body. AGE diminishes the body's ability to

**“ Bill Clinton, after 5 failed surgeries, adopted this strategy of food-based cure and then he never ever suffered from those life threatening conditions. ”**

produce a miracle molecule called Nitric Oxide (NO), which is known for its protective ability against Diabetes, Kidney Dysfunction and (Cancer by initiating the following regulatory functions of the endotheliums (the inner most layer of blood vessels):

1. Vasodilation
2. Thrombolysis
3. Platelet Disaggregation
4. Anti-proliferation
5. Anti-inflammation
6. Anti-oxidation

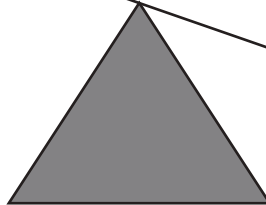
The inability of endothelium cells to initiate the above functions lead to :

- |                     |                         |             |
|---------------------|-------------------------|-------------|
| 1. Vasoconstriction | 3. Platelet aggregation | 5.Oxidation |
| 2. Thrombosis       | 4. Inflammation.        |             |



Vasodilation  
Thrombolysis  
Platelet disaggregation  
Anti-proliferation  
Anti-inflammation  
Anti-oxidant

Vasoconstriction  
Thrombosis  
Adhesion molecules  
Growth factors  
Inflammation  
Oxidant activity



Regulatory functions of the endothelium. Normal or antiatherogenic vs dysfunction or atherogenic properties.

“Diabetes reversed during Sarajevo War when the residents were deprived of milk, animal food, refined oil, cooking gas and were forced to survive mainly on local fruits and raw vegetables.”

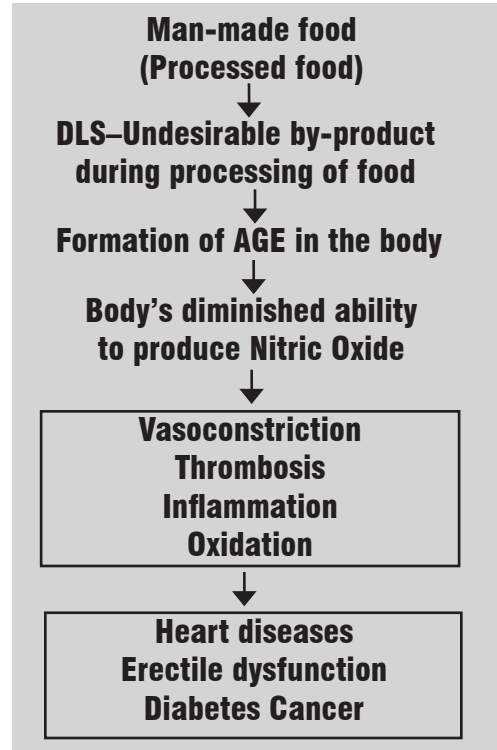
The above inactivity leads to initiation of :

1. Heart disease
2. Erectile dysfunction
3. Diabetes
4. Cancer

And other lifestyle diseases

**Among lifestyle diseases, erectile dysfunction is the most under-reported. The percentage of prevalence of Erectile dysfunction is shown below**

<b>Condition</b>	<b>Prevalence (%)</b>
<b>Obesity</b>	<b>52.4%</b>
<b>Diabetes</b>	<b>50%</b>
<b>Hypertension</b>	<b>42.4%</b>



The amount of damage caused by the otherwise seemingly harmless man-made food can be understood by conducting the following experiment.

Take a litre of Coke or Pepsi. Boil it for an hour. Once all the water evaporates observe what is left behind? Something very much unimaginable. Visually and chemically, a charcoal resembling residue.. That's what we eat!

Two years back I decided to make a small road beside my office by using this residue (by boiling gallon's of Coke). This road is still too strong to get damaged by rain or by traffic. That is what we eat and still we assume we are not being harmed by it.



Surely the first step towards cure is eliminating the cause i.e. man-made food. Stop consuming it.

What havoc DLS (by-product of man-made food) can cause to the body if ingested in a significant amount can be understood through the horrific story of 'Agent Orange', an American assault on Vietnam during war in Vietnam (1955-1975). In an attempt to expose the Vietnam soldiers from their hide-out, American soldiers sprayed a herbicide to destroy the entire vegetation of around 6 million acres of Vietnamese land. As a result, the Vietnamese population got exposed to a high level of DLS (a by-product of herbicide) causing irreversible and horrific genetic defects including



mental retardation and great amount of physical defects which was passed on to the 3rd generation of the affected population.



**DLS induced war victims with various genetic defects**

Unfortunately there are no medicines to give any kind of relief to the DLS war victims as medicine production itself leads to DLS production, as a usual by product, which is the primary cause of the disaster. So the road to cure starts with discontinuing consumption

**“ AGE diminishes the body’s ability to produce the miracle molecule called Nitric Oxide, which is known for its protective ability against Diabetes, Kidney Dysfunction and cancer ”**

of all man- made products, which includes drugs as well.

That's what we exactly do in our "Diabetes Cure in 72 Hours Residential Program". The very thought of discontinuing the drug abruptly which the patient might be taking for last several years comes with a great amount of fear. The fear of fatality in the body.

It is true that in last several years of dependence on drugs like anti-diabetic pills, pills for hypertension, thyroid and heart disease, etc. the body has become its slave and abrupt withdrawal may result in some unpleasant event. However, here in our '**3-Days Diabetes Cure Program**' we carefully design the Menu of the participants so that food plays the role of medicine and helps body to manage the blood pressure, blood sugar, etc. and replace the need of medicine that too without any side effect of the medicine.

### **Foods that help cure Diabetes:**

Here to help you understand the concept of curing diabetes with the help of food let me introduce you to population of 2 extremes:

1. Kuwaiti Population: It is one of the richest country of the world and is also known for highest

prevalence (17.5%) of diabetes. I got an opportunity to live there and understand their lifestyle and eating habits.

2. Jarawas : Jarawas a hunter-gatherer civilization of Andaman & Nicobar is the population with no evidence of diabetes, heart disease, cancer or any other lifestyle disease. Since they are hunter-gatherers of paleolithic-era and had not yet learnt to domesticate animals or growing their own food through agriculture, the consumption of milk (except the mother's milk) was absolutely zero. Their major food consists of fruits & vegetables and occasionally fish and some other sea foods.

I got an opportunity to have a first hand experience of closely understanding both population one with the highest prevalence of diabetes (17.5%) and the other without any trace of diabetes. Upon close observation I could conclude the factor responsible for this extreme is the kind of food they are consuming. We can divide the food in 2 categories :

“ **Kuwaiti Population: It is one of the richest country of the world and is also known for highest prevalence (17.5%) of diabetes** ”

1. Food of Kuwaiti population : I call it **VIP diet**.

2. Food of Jarawas population : I call it **DIP diet**.

Food you are consuming can be divided in either of the two categories i.e. VIP or DIP depending on how the food behaves once it enters the stomach.

**1. VIP Diet :** It is a kind of food which on entering the stomach behaves like VIP. In India VIP (Very Important Person) like a politician or bureaucrat who can overlook and ignore or snub the laws that are otherwise applicable to every citizen of the nation. For e.g. A VIP can ignore the red light of the traffic signal and drive anyway, ignoring the risk and discomfort they may pose to others. Similarly, some food upon entering the stomach behaves like VIP and jumps into the blood stream without considering the level of sugar in the blood, the blood pressure and other parameters leading to great damage in the body.

**2. DIP Diet :** Here I call DIP as Disciplined and Intelligent People. People like the common citizens of our country who always try to follow the rules and law of the country. In the traffic signal they wait for the green light to cross the signal. Some foods, upon entering the body behave like DIP, they understand the signalling system of the liver and are able to understand the communication sign of traffic controller of the stomach i.e. incretin hormone and adds glucose



to the blood stream safely without putting unusual burden to the metabolic system of the body.

From my experience with more than 5,000 diabetes patients in more than 10 countries including Kuwaiti population, I found one thing was common in them, they were all consuming VIP food.

On the contrary the civilisations like Jarawas or Hunza or Okinawa, are people who never suffer from diabetes or other associated illnesses, are all on DIP kind of diet.

From the above observation, it is not difficult to conclude that by switching to DIP diet, a diabetic patient can reverse diabetes. That's what I do with my diabetic patient in our 72 hours diabetes cure residential program. Among those who stick to DIP diet the diabetes reversal rate is 100% in **Diabetes Type 2** patients whereas it is about 50% in case of **Diabetes Type1** patients.

“ **Jarawas a hunter-gatherer civilization of Andaman & Nicobar is the population with no evidence of diabetes** ”

## How to identify VIP or DIP diet :

The Acronym **M.R.P** can help us identifying VIP diet.

**M** (of M.R.P) stands for milk, milk products & other animal foods. Consumption of milk and milk products is one of the major cause of diabetes specially in Diabetes Type 1. Humans are the only animals who consume milk lifelong and humans are the only animals to consume other animal's milk. The major factor here is the protein of the milk called **casein** that causes all the disturbances in the metabolic system and trigger the auto-immune self destructing mechanism of the body where the body's immunity attacks the  $\beta$ -cells (worker of pancreas responsible for the production of insulin). All over the world, the rate of increase of Diabetes Type I among children is alarming. According to a major report in the China Study it is observed that all the children diagnosed with Diabetes Type 1 were put on cow's milk or formula milk in their early childhood and just by stopping the consumption of animal milk much of the diabetes quietly disappeared. Milk and milk products is surely a VIP diet.

**R** (of M.R.P) stands for Refined Food. The prevalence of diabetes dramatically increased with the inclusion of refined food as a major diet in their lifestyle. All refined food including refined sugar, refined salt, refined oil are stripped off the necessary minerals before being supplied to the

consumer. In the absence of necessary minerals the food (refined food) behave like a VIP diet and causes unusual increase in the blood sugar.

**P** (of M.R.P) stands for packed food. One thing I observed common among all the urban diabetic patients is that more than 50% of their food comes in the form of packed food which includes biscuits, sauce, jam, bread, noodles, pasta, coffee, tea, etc. All packed foods can be equated to dead foods lacking the live-enzyme (which is responsible for understanding the signalling system of the body so as to successfully navigate the food and monitor the harmony and balance in the body).

To keep it simple, remember, if anything is in the box or a packet let it be in the packet, it is not fit for human consumption. It does not qualify as food.

On the basis of the above understanding of VIP diet, I have created a 4-step method to consume DIP diet to reverse diabetes. Following

**“ Any intervention with insulin is warranted only when the blood glucose exceeds 300 mg/dl after two hrs of eating food ”**

are the 4 steps which can help you to switch to DIP diet hence reverse diabetes.

### **STEP 1**

**Discontinue anti-diabetes  
& anti-hypertensive  
drugs for 48hrs and check if  
PP blood sugar  $\leq 250\text{mg/dl}$   
&**

**Blood Pressure  $\leq 160/100\text{mmHg}$**

**Then you can safely  
discontinue the drugs permanently**

### **STEP-2**

#### **Breakfast**

**Diabetes Reversal  
Fruit Breakfast (600 to 800gm)  
(Mango, Papaya, Watermelon,  
Banana and Musk Melon)**

### **STEP-3**

#### **Lunch/Dinner**

**Diabetes Reversal Pre Lunch  
Salad = 400 gm  
[(Cucumber, Tomato, Capsicum  
and Coconut  
(chopped or grated)]**

### **STEP-4**

#### **Stop Eating**

- 1. Packed food**
- 2. Refined food**
- 3. Dairy products**
- 4. Nutritional supplements**

Caution must be taken, while being on the above 4 steps of consuming DIP diet. The body will respond favourably by metabolizing sugar from the DIP diet and may not require an outside supplement of insulin or other hypoglycaemic drugs. So monitoring the blood sugar at least 3 different times of the day during the period when the patient is on the above 4 steps is important. While on DIP diet it is important to understand that any intervention with insulin is warranted only when the blood glucose exceeds 300 mg/dl after two hrs of eating the above food.

### **What is not a Cure:**

The treatment of diabetes is based on a seemingly simple principle. Observational studies have shown that high blood sugar is a risk factor for excess mortality, cardiovascular events and microvascular complication. It therefore appears logical that the patient would benefit by reducing the hyperglycaemia and any drug with proven efficiency on lowering blood glucose may be considered effective

**“ Hence US  
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in lowering the risk factor as well. Hence US food and drug administration approves marketing authorisation for any drug if they reduce the blood sugar.

However, this should now be questioned as several randomised trials with high level of evidence refutes the idea that reducing the blood sugar with drugs may be beneficial for the patients.

The table given below primarily focuses on RCT's and meta-analysis evaluating the efficacy of the main anti diabetic drugs currently in the market.

<b>Drug</b>	<b>Details of RCT's/ Meta-analysis</b>	<b>Outcome</b>
Sulphonylurea	UGDP (University Group Diabetes Program)	Excess mortality in patients treated with tolbutamide compared with a placebo.
	Cochrane Meta-analysis (Hemmingsen B. Schroll JB, Lund SS, Wetterslev J. Glund C, Vaag A, et al. Oral Sulphonylurea monotherapy for patients with Type 2 Diabetes mellitus- 2013)	There is insufficient evidence from RCTs to support the decision as to whether to initiate sulphonylurea monotherapy. Data on patient-important outcomes are lacking.

Drug	Details of RCT's/ Meta-analysis	Outcome
Insulin Therapy	<p style="text-align: center;"><b>UKPDS</b> (UK Prospective Diabetes Study)</p>	<p>Insulin therapy failed to reduce either mortality or diabetes-related complications. In comparison, the risk of insulin-induced hypoglycaemia increased by 130%</p>
	<p style="text-align: center;"><b>ACCORD</b> (Action to Control Cardiovascular Risk in Diabetes)</p>	<p>It showed that insulin use frequently achieved glycemic targets. However, the study was not able to find any effect on patient-relevant outcomes and excess mortality was observed.</p>
	<p style="text-align: center;"><b>VADT</b> (Veteran's Affairs Diabetes Trial)</p>	<p>It showed that insulin use frequently achieved glycemic targets. However, the study was not able to find any effect on patient-relevant outcomes and excess mortality was observed</p>
	<p style="text-align: center;"><b>ADVANCE</b> (Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation)</p>	<p>It showed that insulin use frequently achieved glycemic targets. However, the study was not able to find any effect on patient-relevant outcomes and excess mortality was observed</p>

Drug	Details of RCT's/ Meta-analysis	Outcome
Alpha-glucosidase inhibitors	(Cochrane Meta-analysis (Alpha-glucosidase inhibitor for type 2 Diabetes mellitus-2005)	There was no evidence of clinical efficacy with these inhibitors.
Incretin	SAVOR-TIMI (Saxagliptin Assessment of Vascular Outcomes Recorded in Patients with Diabetes Mellitus)	<ul style="list-style-type: none"> <li>•There was no evidence of clinical efficacy with saxagliptin according to the main endpoints (cardiovascular death, myocardial infraction or stroke).</li> <li>•Saxagliptin failed to reduce total mortality, any other important criterion such as myocardial infarction or stroke However the risk of hospitalisation for congestive heart failure rose unexpectedly</li> <li>•There was also a statistically significant 14% increase in the risk of hypoglycaemia in patients taking saxagliptin.</li> </ul>



Drug	Details of RCT's/ Meta-analysis	Outcome
Incretin	EXAMINE ("Examination of Cardiovascular Outcomes: Alogliptin vs. Standard of Care in Patients with Type 2 Diabetes Mellitus and Acute Coronary Syndrome.")	Study showed that Alogliptin had no better clinical efficacy on the main endpoint or on any other criteria.
GLP-1 Analogues	Meta-analysis ( Glucagon like peptide-1 receptor agonists and cardiovascular events: a meta-analysis of randomised clinical trials. Exp Diabetes Res-2011)	<ul style="list-style-type: none"> <li>•GLP Failed to demonstrate either positive or negative effects.</li> <li>•&lt; 26 weeks excess risk of acute pancreatitis or pancreatic cancer.</li> </ul>

The above evidence clearly suggests that lowering the blood glucose with anti-diabetic drugs may not necessarily lower the risk of heart disease or risk of mortality.

## **Mechanism which makes anti diabetic drug ineffective in lowering the risk factors:**

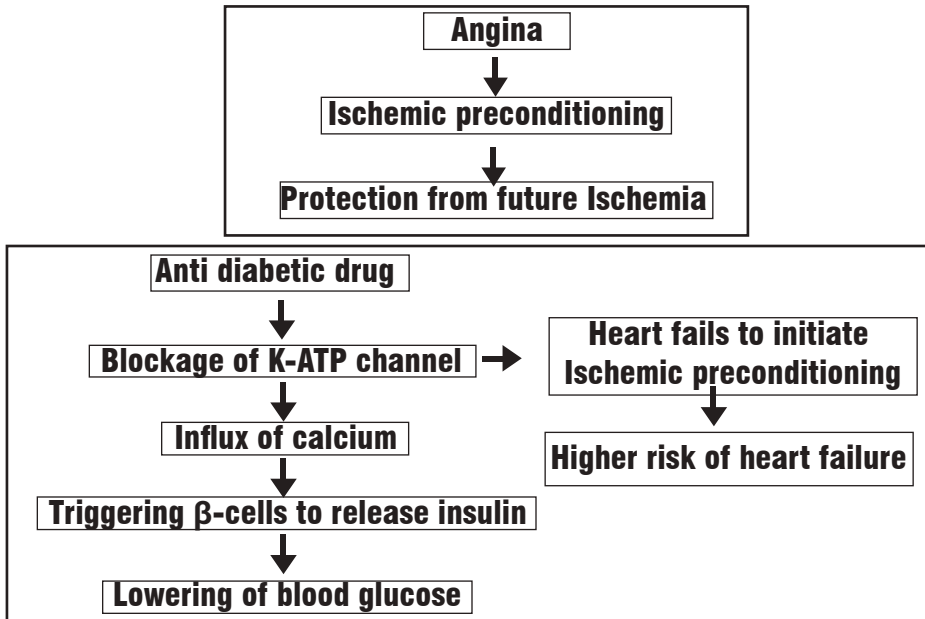
Here's a little understanding of the heart's protective mechanism called Ischemic preconditioning that may help you to conclude that anti-diabetic medication is not just a waste but also life threatening for the patients consuming it.

Ischemic preconditioning : As a result of blockage in the arteries which lead to the heart, the supply of oxygen is diminished resulting in a severe pain in the chest. This triggers the heart's protective mechanism so that in future episode of deprivation of oxygen, the effected heart cells are better prepared to survive. This is called Ischemic preconditioning. This complete protection mechanism is being initiated and mediated by the K-ATP channels.

**Anti-diabetic Mechanism** :Sulfonylurea a class of anti-diabetic drug blocks the K-ATP channels which results in influx of calcium triggering the  $\beta$ -cells of pancreas to release insulin which results in decrease in blood sugar. This entire anti-diabetic mechanism is based on blocking the K-ATP channel which itself means blocking the heart's ability to protect itself from heart attack.

The very purpose of anti-diabetic drugs is defeated as it is prescribed with the goals to reduce

the risk factor (such as heart disease) of diabetes by lowering the blood sugar. Instead it leads to increase in the risk of heart disease.



Conclusively, the first step towards getting rid of diabetes is by discontinuing all kinds of diabetes drugs and switching over to DIP diet.

### **Nutritional Fulfilment with DIP Diet**

Before I end this chapter and the book as well, I must put an end to questions and confusions regarding nutritional fulfilment by being on DIP diet. Since the DIP diet is free of milk, milk product, animal food and has very little use of grains, some conventional nutrition expert may challenge the DIP diet saying that it may lead to the deficiency of various nutrients like Calcium, Vitamin B-12 or Carbohydrates.

Here to answer the questions, I will take the help of my experience when I was invited as Guest of Honour by the Govt. of Thailand in 'Festival of Elephants' on November 20<sup>th</sup>, 2015. As I was surrounded by more than 250 elephants, I was curious to know whether they ever suffer from diabetes or any other lifestyle disease. Dr. Pitara the Govt. appointed doctor for elephants informed me that there is no known case of diabetes or any other lifestyle disease in the history of elephants. While I was interacting with the doctor, a repeated announcement caught my ears



**Dr. Biswaroop Roy Chowdhury 4<sup>th</sup>, Dr. Pitara 5<sup>th</sup>  
and Tanya Phonan (Chief Editor Thailand Book of Records) 6<sup>th</sup> from right**

"Ya-Leang-Chang-douy r-han-khong-kon. Chang-cha-puey"

Upon asking my friend and Chief Editor of Thailand Book of Records, it was translated for me. It

meant "Do-not offer human food to the elephants, elephants will become ill."

Elephant, the strongest & the biggest animal on the planet survives only on DIP kind of diet and never ever is deficient in any mineral/vitamin. Neither they fall sick of diseases like Diabetes as humans do.

Finally, Wish you a happy DIP Dieting.

**Let 3C's (Census, Conspiracy & Cure) help you to get freedom from**

**3D's (Diabetes, Drugs & Diagnosis)**

***References:***

1. *The Dawn Phenomenon Revisited, Endocrine Practice 2005.*
2. *The European National Nutrition Conference, Vienna 24-28 May,1998.*

# Till 1947, our Country was slave of English....

**What can patients expect within 72hrs of reading this book:**

- 1) 100% of Diabetes patients will be able to free themselves of anti-diabetes medication ...Safely.
- 2) 100% of the Dyslipidemia/High Cholesterol patients will be able to free themselves of statins .... Easily.
- 3) 70% of the Hypertension patients will be able to free themselves of antihypertensive medication ...Surely.
- 4) 50% of the Insulin dependent patients will be able to free themselves of insulin...Completely.

This blunt and to-the- point, evidence- based book has potential to disrupt the Diabetes Industry & pull entire country out of the economic & social burden of diabetes and associated conditions like hypertension and high cholesterol..... Permanently.



## **Dr. Biswaroop Roy Chowdhury**

- Two Guinness World Records (Mind & Body)
- Specialization in China Study, Cornell University (USA)
- Author of 25 books on Mind & Body
- Doctorate in Public Health (Vietnam)
- Paper published on 'Diabetes Cure in 72hrs' (Mangalore University)
- Certificate in Cochrane Guideline, Penang Medical College (Malaysia)
- Cardiovascular Life Support Instructor - American Heart Association
- Post Graduation in Diabetes Education- International Diabetes Federation
- Diploma in Echocardiography- Medical University of Vienna(Austria)

# ...Today, the Country is slave to English Medicine