

The Snackwell Effect, Part 2

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The Snackwell Effect, [Part 1](#) talked about how we lost our ability to regulate blood sugar by overwhelming our bodies with cereal, bread and Ho-Ho's. I finished the article by recommending that you (or your patients) measure a few days of carbohydrate intake (not calories or fat, just grams of carbs) and see how far away from the number 72 you were. This article is going to be about how to reverse this whole process.

First, let me explain what will happen if we don't. Eighty-one percent of all adults over the age of 55 are diabetic or pre-diabetic. If we really wanted to deal with the health care crisis, we'd be dealing with this first. Pretty much everyone dreads receiving a diagnosis of cancer. You don't want to get cancer? One of the very first things you should do is cut down on carbs. Tumors have four times the number of insulin receptors as regular cells because cancer cells need all that glucose for their extra-fast metabolism. Ask any oncologist and they will tell you the same thing. There are studies that show the link between sugar and cancer.^{1,2} Yet, most people do not deal with their diet until after a diagnosis, when it's basically too late.

How about heart attacks? The number one cause of death in diabetics is a heart attack, and they are SEVEN times more likely to have one. Why? Because the high levels of insulin and glucose basically create a "sludge" in the bloodstream. When that thicker blood gets to the capillaries, it can't make it through, causing the tissue a lack of oxygen. As more and more capillaries get clogged up, the tissue starts to die -- whether it's in the heart, causing a heart attack, or in the kidneys, causing kidney failure, or in the eyes, causing blindness, or causing neuropathy and ultimately gangrene and amputation. Every 24 hours, 230 diabetics have a limb amputated. And many more have a heart attack.

Worried about Alzheimer's? If you have blood sugar issues, you should be. A Swedish study showed that borderline diabetics had a 70% chance of dementia and Alzheimer's, and this connection is especially strong with people who DIDN'T have the genetic tendencies. The risk was especially high for people who also had hypertension.³

How many patients have hypertension and want to know if acupuncture can help? Of course it can, AND you will have much better results if you also deal with their insulin resistance and diabetes; the excess insulin and sugar causes slow but serious damage to the capillaries, raising the blood pressure.

I could go on and on. There are direct links of blood sugar imbalances for everything from anxiety to PCOS, from depression to arthritis. It is so prevalent that stabilizing someone's blood sugar is often the first thing we do in our practice, leaving only a few symptoms left for us to "clean up", so to speak. So how do we do this?

The first step is to be very clear for yourself what's going on, so that you can explain it to patients in a way that they understand. I filmed a series of YouTube videos for this very reason, available at www.youtube.com/merrittwellness. Feel free to see how I explain it, and you can send the link to

patients as well.

The second step is to get clear on how many carbs are actually being consumed per day. It's easy to use one of the diet web sites. They allow you to look up commercial products such as Starbucks mochas, as well as generic foods. Two things to watch out for: make sure the serving size is being taken into account since most people don't pay attention to that, and that everything is being measured, since it's easy to write off milk and beans as proteins even though they still have quite a few carbs.

Research has shown that a body system that is not "broken" can manage about 70-100 g of carbs per day. 4 Notice that I'm not advocating a "no-carb" diet. That's not reasonable or fun. We typically recommend people limit their intake to around 60 g to rein in their sugar cravings. So what does 60 g look like? Well, a banana is 29 g. A piece of bread is 20-24 g. An 8-ounce flavored yogurt is 25 g. That grande mocha, made "healthy" with non-fat milk and no whipped cream is 42 g.

When someone starts to restrict carbs, which were often nearly the only thing raising their blood sugar and helping them have energy (since so many of these people eat low fat, while fat would actually help to stabilize their blood sugar), the rules they had about eating have to change. One of the first rules that needs to be broken is the low-fat rule. Eating low fat is what got us into this mess, and to get out, healthier fats are going to need to be added. Butter would be a good start -- it helps you absorb the minerals from vegetables. More protein would be helpful - eggs, nuts/nut butters, full-fat dairy products like cheese, some meat - all of these will give the body energy while not triggering insulin. When insulin is not triggered, the overworked receptor sites can start to recover (which starts the process of reversing the insulin resistance and diabetes), and with insulin out of the bloodstream, the body can start to access fat.

More vegetables need to be eaten, but don't fall into the trap of thinking fruits are just as good. Fructose is a sugar and turns into fat much more efficiently than glucose. High amounts of it (as in high-fructose corn syrup and agave nectar) causes fatty liver disease and lipid problems in the blood. Don't count green vegetables and the like in the carb counting. Count potatoes and other starchy ones, but all the rest of them are fine. However, don't eat those green vegetables by themselves; eat them with some butter, a dip or olive oil, or spread some peanut butter on celery. Something has to be added that will give you a little more energy.

The other piece to this, and this is possibly the most important part, is that you have to eat every two to three hours, before you are hungry. No exceptions. Eating frequently like this allows the adrenals to begin to recover from the ups and downs of carbohydrate intake, and since the blood sugar stays more stable, people have fewer cravings. They notice their energy is better, they start to sleep deeper, are more rested when they wake up because their body is not having to work so hard to stabilize itself.

The results can be very quick. We sell a package in our office designed just for this, and we see results in less than a week. It doesn't mean that they're "fixed" yet, but just this one piece can turn around conditions you as a practitioner may have been struggling to improve for your patient: insomnia from liver blood deficiency, spleen *qi* deficiency or kidney deficiency. Not to mention that you have now also given your patients the tools to start taking care of themselves.

There are other elements that can be added in as well. Herbs can often help reduce carb and sugar cravings. We often give people coconut oil (the refined is just as healthy and doesn't taste like coconut) because, as a medium-chain fatty acid, it's used by the body as quickly as a carb, but doesn't trigger insulin. Our patients love using it and find that it stabilizes blood sugar remarkably

well and far longer than most other foods. We also keep a jar of nut butter in our office fridge, and have found a nut butter manufacturer ([Justin's Nut Butters](#)) that has "to-go" packs, which are easy to carry and help people keep away from the all-too-accessible carbs.

The YouTube video I mentioned earlier says much of this; it was filmed primarily so that people could learn from it and pass it on. The father of a patient saw the video, and took on the recommendations. His diabetes had not been under control for years, and seeing this explanation just made it "click" for him. A few weeks later, he was in his doctor's office, and she was stunned at the improvement in his numbers and asked him what he was doing. She said, in amazement, "You're doing this only with food and lifestyle changes?"

That's what we have to do; start educating people on how to do it themselves. It's completely possible to reverse this awful trend and the first step is to understand it clearly and then be able to explain it to your patients. You may be the only one who does.

References

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SEPTEMBER 2010