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DR. BERNSTEIN'S
**Diabetes
Solution**

THE COMPLETE GUIDE TO ACHIEVING NORMAL BLOOD SUGARS

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You're the only person who can be responsible for normalizing your blood sugars. Although your physician may guide you, the ultimate responsibility is in your hands. This task will require significant changes in lifestyle that may involve some sacrifice. The question naturally arises, "Is it really worth the effort?" As you will see in this chapter, others have already answered this question for themselves. Perhaps their experiences will give you the incentive to find out whether you can reap similar benefits.

Thomas G. Watkins is a forty-year-old journalist. His diabetes was diagnosed twenty-three years ago. For the past nine years he's been following one of the treatment protocols described in this book for people who require insulin.

"Following the instructions of several diabetologists over a period of years, I had the illness 'under control.' At least that's what they told me. After all, I was taking two shots a day, and adjusting my insulin doses depending on urine test results, and later on blood sugar measurements. I was also following the common recommendation that carbohydrates fill at least 60 percent of my caloric intake.

"But something was not right; my life was not 'relatively normal' enough. I was avoiding heavy exercise for fear of my blood sugar dropping too low. My meal schedule was inflexible. I still had to eat breakfast, lunch, and dinner even when I wasn't hungry. Aware that recent research seemed to associate high blood sugars with an increased risk of long-term complications, I tried to keep blood sugars normal, but wound up seesawing daily between lows and highs. By the end of 1986, I had ballooned to 189 pounds and was at a loss for how to lose weight. My 'good control' regimen had left me feeling out of control. Clearly, something had to be done.

"In that year, I attended a meeting of medical writers at which Dr. Bernstein spoke. It became clear that his credentials were impressive. He himself at that time had lived with the disease for four decades and was nearly free of complications. His approach had been formulated largely through self-experimentation. His knowledge of the medical literature was encyclopedic. Some of his proposals were heretical; he attacked the usual dietary recommendation and challenged dogma surrounding such basics as how insulin ought to be injected. But it seemed like he was doing something right. During his talk, I had to use the bathroom twice; he didn't.*

"I decided to spend a day at his office to gather material for an article to be published in the *Medical Tribune*. There, his independence of thought became clear. 'Brittle' diabetes [entailing an endless sequence of wide blood sugar fluctuations] was a misnomer that usually indicated an inadequate treatment plan or poor training, more than any inherent physical deficit, he said. Normal blood sugars round the clock were not just an elusive goal but were frequently achievable, if the diabetic had been taught the proper techniques. Beyond treatment goals, he armed his patients with straightforward methods to attain them. His secret: small doses of medication resulted in small mistakes that were easily correctable.

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“By then, my interest had become more personal than journalistic.

In early 1987, still wary, I decided to give it a try. The first thing I noticed was that this doctor visit was unlike any previous ones. Most had lasted about 15 minutes. This took 8 hours. Others said I had no complications; Dr. Bernstein found several. Most said my blood sugars were just fine; Dr. Bernstein recommended I make changes to flatten them out and to lower my weight. Those hours were spent detailing the intricacies involved in controlling blood sugar. His whole approach blasted the theory espoused by my first doctor—that I should depend on him to dole out whatever information I needed. Dr. Bernstein made it clear that for diabetics to control their disease they needed to know as much as their doctors did about the disease.

* Very high blood sugars cause frequent urination.

“Two arguments commonly rendered against tight-control regimens are that they increase the incidence of low blood sugar reactions and that they cause subjects to gain weight. I have found the opposite to be true: I shed about 9 pounds within four months after my first visit, and, years later, I have kept them off. And once the guesswork of how much to inject was replaced by simple calculations, my blood sugar levels became more predictable.

“For the first time since I was diagnosed, I felt truly in control. I no longer am at the mercy of wide mood swings that mirror wide swings in blood sugar. Though I remain dependent on insulin and all the paraphernalia that accompany its use, I feel more independent than ever. I am comfortable traveling to isolated areas of the world, spending an hour scuba diving, or hiking in the wilderness, without fear of being sidetracked by diabetes. Now if I feel like skipping breakfast, or lunch, or dinner, I do so without hesitation.

“I no longer have delayed stomach-emptying, which can cause very low blood sugars right after a meal followed by high blood sugars many hours later. My cardiac neuropathy, which is associated with an increased risk for early death, has reversed. Though I eat more fat and protein than before, my blood lipids have improved and are now well within normal ranges. My glycosylated hemoglobin measurements, used by life insurance companies to detect diabetics among applicants, would no longer give me away. Most important, I now feel well.

“Many doctors will not embrace Dr. Bernstein’s work, for the simple reason that Dr. Bernstein demands a commitment of time, energy, and knowledge not only from patients, but from physicians. Diabetics are the bread and butter of many practices. For decades, the usual treatment scenario has been a blood test, a short interview, a prescription for a one-month supply of needles, a handshake, and a bill. But that is changing. In the past few years, evidence has been amassing in support of Dr. Bernstein’s modus operandi. No longer is the old high carbohydrate diet unquestioned; more and more doctors are espousing a multiple-shot regimen controlled by the patients themselves. Most important, though, tight control is being associated with fewer of the diabetic complications that can ravage every major organ system in the body. Dr. Bernstein’s scheme provided me with the tools not only to obtain normal blood sugars, but to regain a feeling of control I had not had since before I was diagnosed.”

Frank Purcell is a seventy-six-year-old retiree who, like many of my married patients, works closely with his wife to keep his diabetes on track. Eileen, who goes by the nickname Ike, tells the first part of his story.

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Ike: "Frank had been treated for many years for diabetes, and had been treated orally because he was a type 2. As far as we were aware, he had a functioning pancreas. The thing was, as a younger man, he'd been told that he had high blood sugar, but it was ignored. This was going back to his army days, in 1953 or so. No one suggested medication, no one called it diabetes, and nothing more was done. They just said he had high blood sugar. They called it 'chemical' diabetes. It showed up on blood tests, but not on urinalysis. I guess in those days, having it show up on a urinalysis was some sort of determinant. He did modify his diet—he stopped eating so much candy, and he took off weight—he lost about 30 pounds in those days.

"In about 1983, Frank had a mild heart attack. He began to see a cardiologist, who has been monitoring his health care very carefully since then. For about two to three years, he took beta blockers and maybe one or two heart medications. As far as we could tell, his heart problems were very much in resolution—I mean he'd had a heart attack, he'd had no surgery, and seemed to be doing okay. But when he started working with the cardiologist, the doctor noted that his blood sugar thing was ongoing, and he began to feel it was of concern. He prescribed Diabinese, which was the oral medication of choice of the time, I guess, and he monitored Frank's blood sugar about every four months.

"I might say that I never even knew what a normal blood sugar was. No one ever talked about it. I had no idea whether it was 1,000 or 12. The only thing we were ever told was that it was high or wasn't high. This went on and on for close to seven or eight years. If he had seen Dr. Bernstein back then, who knows what could have been different? But eventually, the cardiologist said he thought Frank ought to see an endocrinologist. He didn't feel he was able to control Frank's blood sugar well enough himself with medication, and so he felt the condition warranted closer attention.

"We went to see a gentleman who was chief of the diabetes clinic at a major hospital here in upstate New York, where we live. Now, this is a very well thought of medical facility. The doctor met with us, and he kept Frank on the Diabinese, and monitored him every three months or so. His blood sugars were 253, 240, and he would say, 'Let's try another pill.' It was always medication. Glyburide, Glucophage—the whole bit. But trying to get his blood sugar down was very difficult. No one ever mentioned diet, really. And rarely was it ever below 200 when we went in. Rarely. When I finally found out what the numbers meant, I said to the doctor, 'Don't you think we ought to see a dietitian? I mean, we're eating the same food we always have.' We were on the normal diet that anybody's on. I had friends who are diabetics who watch certain things that they eat, and so I thought it made a certain amount of sense. He said, 'Sure. That's a really good idea.'

"He gave us the name of a young woman, and we saw her three times. She said, 'Eat eleven carbohydrates every day,' and she gave us the food pyramid—we didn't need her for that—and nothing changed, except Frank stopped eating dessert. He would have the occasional bowl of ice cream, or a piece of cake when he felt like it, or a cookie. I always bought the newest foods that came out—lowfat, low-sugar. I was more concerned about fat during that stage, as I recall.

"This went on until God intervened. I mean that. What happened was, Frank had an attack of serious hypoglycemia [low blood sugar]. No one had warned us that this could happen. No one

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had told us what hypoglycemia looked like. I thought it was a stroke. He was out of his head. He couldn't answer questions. The only thing that gave me some smidgen of doubt was that he got up and walked to the bathroom and put on his trousers. I called 911. When the medic got here, he hooked him up to some glucose, put him on a gurney and trundled him out of here, and headed for the medical center. In the middle of the ride, Frank woke up and said, 'What the hell am I doing here?' The young man said he certainly seemed to be coming out of his stroke well. By the time we got to the hospital, he was virtually himself. When they decided to do a finger stick, his blood sugar was 26, 26 mg/dl. I didn't have the education in diabetes that I've gotten with Dr. Bernstein, but I knew enough to know that this was not good. Who knows what it was before he got the intravenous?

"Now, we'll never know if he accidentally took his oral medication twice the night before—it's very possible—but I tell you, however it happened, it was the Lord who was watching over Frank and said, 'Now it's time to do something.' As scary as it was, it was also a blessing. "I have a doctor friend who's a close colleague of Dick Bernstein's. My friend had had an uncle who'd been very ill with diabetes and its complications, but his life had been prolonged in a much more comfortable fashion by Dick Bernstein. I would talk to my friend about Frank's diabetes, and he'd say to me, 'Nothing's really going to change. You're not going to get his blood sugars down until you see Dick Bernstein.' Even though my friend is a doctor, I brushed off his advice.

Frank was seeing a doctor. Why would some private doctor be any more capable than the head of the diabetes clinic at a major medical center? But after this episode with hypoglycemia, Frank went to my friend's office with me, and my friend laid it out for him, told us in grinding detail what we could expect from Dr. Bernstein, what it would be like, and how he hoped we would relate to Dick, because he's rather controversial, and how hard it was going to be—how much of a commitment it was going to take. We went away thinking, 'Let's give it a try.'"

Frank: "To be honest, when I first met Dr. Bernstein, I felt he was somewhat of a flake. I had worked with doctors in the army, and I was used to a particular kind of guy. Dr. Bernstein—now, he's a horse of another color. Until I came across him, I never met a doctor who was so focused on one thing. He is so completely directed toward this one failing of the human body that I kind of thought that maybe it was a little too intense. But the results have been rather spectacular, and I'm very happy with him. He has specific programs, he has direction, he has goals, and he is not sidetracked by anything other than tending to diabetes. He's given me a regimen. I keep track of my blood sugar, and it's pretty much under control. Instead of blood sugar counts of over 200, I now get them in the range of 85 to 105, which was the goal he set for me. I take insulin in the morning and before midday and evening meals, and before I go to bed. I don't eat ice cream, and I don't do a lot of things I used to do routinely. When I first came to Dr. B., I was looking very pale and wan, and now I'm looking much ruddier and healthier. I'm a little irritated with this constant puncturing of my fingers, but I just do it automatically now, like second nature.

"When I found out I was going to have to inject insulin, I just broke down and cried. It was like the final straw, and I thought, 'My life is over.' Now I hardly think about it. I use Dr. Bernstein's painless injection method and it doesn't bother me at all. It only takes a split second. The needle is so tiny, I can barely feel the shots of minute doses of insulin.

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I use the 'love handles' on the sides of my waist. Now, I'm a pretty skinny guy, so there isn't much there, but I can hardly feel it. He made me do it in the office. He showed me—did it to himself—and then he made me do it. Since then, I just do it routinely, all on my own. If I'm out, I do it wherever I am—at a table in a restaurant, in the men's room, et cetera—I'm not the least bit ashamed and no one seems much to notice."

Ike: "About the insulin, I had the feeling that it was going to be inevitable, and when Frank got the news he just broke into tears and really felt that this was the final insult. He'd had many physical problems, and insulin seemed like a very low blow for him. But he did it, stayed with the program, and within a month to six weeks, we began to feel that we were on top of this, knew what was going on. He can manage his blood sugar when it's a little low, when it's a little high. He knows just what to do. His overall health has improved since the beginning. Dr. Bernstein really gave us an education."

Joan Delaney is a fifty-three-year-old mother and financial editor. Her story is not unusual.

"I must admit that the prospect of following this new regimen for diabetes control seemed daunting at first. My life, I thought, would be dominated by needles, testing, and confusion. However, after a few weeks, the program became a simple part of my day's routine, like putting on makeup.

"Before I became a patient of Dr. Bernstein, I was somewhat resigned to the probability of suffering complications from diabetes. Although I took insulin, I in no way felt I had control of the disease. I had leg pains at night. My hands and feet tingled. I had gained weight, having no understanding of the exchange diet my previous doctor had thrust into my hands. I became chronically depressed and was usually hungry. "Now that I follow a blood sugar normalizing program, I know I am in control of my diabetes, especially when I see that number normal most of the time on the glucose meter. Best of all, I feel good, both physically and emotionally. I am now thin. I eat healthful, satisfying meals and am never hungry. My leg pains have disappeared, as has the tingling in my hands and feet. And now that I am in control of the disease, I no longer find the need to hide from friends the fact that I have diabetes."

About 60 percent of diabetic men are unable to have sexual intercourse, because high blood sugars have impaired the mechanisms involved in attaining erection of the penis. Frequently partial, albeit inadequate, erections are still possible; such "borderline" men may still be able to enjoy adequate erections for intercourse, after extended periods of normal blood sugars. We have seen such improvements in a number of patients— but only in those whose problem was caused mainly by neuropathy (nerve damage), as opposed to blockages of the blood vessels that supply the penis. When we initially saw L.D., in the pre-Viagra era, he asked me to evaluate his erectile dysfunction. I found that the blood pressures in his penis and his feet were normal, but that the nerve reflexes in the pelvic region were grossly impaired. L.D.'s comments refer in part to this problem.

"I'm a fifty-nine-year-old male, married, with three children. Approximately four years ago, after being afflicted with type 2 diabetes for about ten years, I noticed that I was always tired. In addition, I was quite irritable, short-tempered, and had difficulty maintaining concentration

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for extended periods of time. Otherwise I was feeling well, with the exception that I was becoming impotent, having difficulty maintaining an erection during sexual intercourse. At the time, I had no knowledge whether these conditions were interrelated.

"After Dr. Bernstein taught me to measure my blood sugars, I discovered that they averaged about 375 mg/dl, which is very high. With my new diet and small doses of insulin, they are now essentially normal all the time.

"I began to feel better than I had in years, both physically and mentally. The problem with impotency has improved. I maintain a daily check of my blood sugars and feel that my overall improvement has also helped me recuperate quickly from a total hip replacement without any complications."

R.J.N., M.D., is board certified in orthopedic surgery. He has been following one of the regimens described in this book for the past three years.

"I am fifty-four years old and have had diabetes since the age of twelve. For thirty-nine years I had been treated with a traditional diet and insulin regimen. I developed severe retinopathy, glaucoma, high blood pressure, and neuropathy that required me to wear a leg brace. Both of my kidneys ceased functioning, and I was placed on kidney dialysis for many months until I received a kidney transplant. The dialysis treatments required me to be in the hospital for about 5 hours per visit, 3 times a week. They were very debilitating and left me totally exhausted.

"Years of widely fluctuating blood sugars affected my mental and physical stability, with great injury to my family life as a result. The resultant disability also forced me to give up my surgical practice, and to suffer almost total loss of income.

"Frequent low blood sugars would cause me to exhibit bizarre behavior, so that people unaware of my diabetes would think I was taking drugs or alcohol. I was hostile, anxious, irritable, or angry, and had extreme mood changes. I would experience severe physical reactions that included fatigue, twitching of limbs, clouding of vision, headaches, and blunted mental activity. I suffered many convulsions from low blood sugars and was placed in hospital intensive care units. When my blood sugars were high, I had no energy and was always sleepy. My vision was blurred and I was usually thirsty and urinating a lot.

"For the past three years, I have been meticulously following the lessons that Dr. Bernstein taught me. I measure my blood sugars a number of times each day and know how to rapidly correct slight variations from my target range. I follow a very low carbohydrate diet, which makes blood sugar control much easier.

"In return for my conscientious attention to controlling blood sugars, I've reaped a number of rewards. My neuropathy is gone, and I no longer require a leg brace. My retinopathy, which was deteriorating, has now actually reversed. I no longer suffer from glaucoma, which had required that I use special eye drops twice each day for more than ten years. My severe digestive problems have markedly improved. My mental confusion, depression, and fatigue have resolved so that I am now able to work full-time and productively. My blood sugar control has been excellent.

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"I now deal with my diabetes in a realistic, organized manner, and as a result I feel stronger, healthier, happier, and more positive about my life."

J.L.F. is seventy-one years old and has three grandchildren. He still works as a financial consultant, and was a naval aviator in World War II. His blood sugars are currently controlled by diet, exercise, and pills called insulin-sensitizing agents. Thanks to the diet described in this book, his cholesterol/HDL ratio, an index of heart disease risk (see page 55), has dropped from a very high risk level of 7.9 to a below-average level of 3.0.

His hemoglobin A1C test, which reflects average blood sugar for the prior four months, has dropped from 10.1 percent (very high) to 5.6 percent (nearly in the non-diabetic range). His R-R interval study (see Chapter 2), an indicator of injury to nerves that control heart rate, has progressed from an initial value of 9 percent variation (very abnormal) to a current value of 33 percent, which is normal for his age.

"I probably had mild diabetes for most of my adult life without realizing it. It first appeared as lethargy, later as fainting, stumbling, or falling, but as rare occurrences. I also had difficulty attaining full erection of my penis.

"In early 1980, I began to experience dizziness, sweating, arm pains, tendencies to fainting, and the symptoms usually associated with heart problems. An angiogram revealed severe disease of the arteries that supplied my heart. I therefore had surgery to open up these arteries. All was well for the next seven years, and I again enjoyed good health.

"In late 1985, I began to notice a loss of feeling in my toes. My internist diagnosed it as neuropathy probably due to high blood sugar. He did the usual blood test, and my blood sugar was 400. His advice was to watch my diet, especially to avoid sweets. I returned for another checkup in 30 days. My blood sugar was 350. Meanwhile, my neuropathy was increasing, along with the frequency of visits. My blood test results were consistently at the 350 level, my feet were growing more numb, and I was becoming alarmed.

"I felt okay physically, walked at least two miles a day, worked out in the gym once or twice a week, worked a full schedule as a business consultant, and didn't worry a great deal about it. But I did begin to inquire of friends and acquaintances about any knowledge or experience they might have relative to neuropathy or diabetes.

"My first jolt came from a story from one of my friends who had diabetes, foot neuropathy, deep nerve pain in his feet, and a nonhealing ulcer on a toe. He told me that as the neuropathy progressed, amputation of the feet was likely, elaborating by describing the gruesome 'salami surgery' of unchecked diabetes.

"That's when I became emotionally unglued, as they say. One thing about aging and disease, you think a great deal about the utter horror of becoming a cripple, dependent upon others for your mobility. Suddenly foot numbness is no longer a casual matter, more like a head-on crash into reality.

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"Then I met a wealthy car dealer at the golf club, with his legs cut off as high as legs go, who explained he hadn't paid too much attention to his diabetes at the time and his doctor couldn't help him. He could never leave his chair, except for relief and sleep, and he had to be lifted for that. Oh, he was cheerful enough. He joked that they would cut him off at the middle of his butt the next time, that is, if he didn't die first. A display of courage to others was a macabre nightmare to me. I got serious about getting someone, somewhere, to tell me what to do about my ever-worsening numbness, which by now had spread to my penis. My condition became an ever-present, gnawing anxiety with me, a creeping presence I couldn't fight against because I simply didn't know how to fight it.

"Then, in early April 1986, my wife and I went to visit Dr. Bernstein. The first visit lasted 7½ hours. Each detail of diagnosis and treatment was discussed. Each symptom of the disease, however minute, was described in great detail, the importance of each balanced with another, with specific remedies for managing them. Take the seemingly insignificant matter of scaly feet, a common, dangerous symptom of diabetes.

Dr. B. prescribed mink oil, rubbed into the feet morning and night. Practiced as directed, instead of split skin and running foot sores, you have skin as soft and smooth as velvet. Consider the alternative—feet split, painful, and slow (if at all) to heal—which can change your entire life. Special shoes, debilitating gait, not to mention the horrible possibility of progressive amputation; all things that really can happen if your diabetes is not treated properly. "What is of highest importance, I believe, is the in-depth explanation of diabetes, its causes, symptoms, and treatment. He gives you the rationale for treatment, so that you have a comprehensive understanding of what is wrong and how it can be corrected.

"First, through frequent finger-stick blood testing, we came to an understanding as to the specifics of how to attack my diabetes. We started with diet. It wasn't just eat this, don't eat that, but eat this for these reasons and eat that for other reasons. Know the reasons and the differences. Knowing the how and why of diet keeps you on the track, and the discipline of that knowledge makes control easy. For without continuous diet observance, you will surely worsen your diabetes. He explains that the effect of uncontrolled diabetes on the heart can be much more deleterious than the other popular demons—cholesterol, fat in the diet, stress, tension, et cetera—demons not to be ignored, obviously, but merely put into proper perspective to the main villain—diabetes.

"Well, the results for me are the numbness of my feet and penis have regressed, and my erections have improved. My feet are now beautifully supple and healthy. The severe belching, flatulence, and heartburn after meals have disappeared. The other ills of diabetes have apparently not greatly affected me, and now that I know that controlling my diabetes is the key to a healthy heart, I expect to reduce greatly any future risk of heart attacks.

"One great result of my ability to normalize my blood sugars has been the stabilizing of my emotional attitude toward the disease. I no longer have a sense of helplessness in the face of it; no longer wonder what to do; no longer feel hopelessly dependent on people who have no answers to my problems. I feel free to exercise, walk vigorously, enjoy good health without worry, enjoy my precious eyesight without fear of diabetic blindness, yes, even have a new confidence in normal sexual activities.

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"All of the enjoyments of health that were slowly ebbing away are now within my control, and for that I thank my new knowledge and skills."

LeVerne Watkins is a sixty-eight-year-old grandmother and associate executive director of a social service agency. When we first met, she had been taking insulin for two years, after developing type 2 diabetes thirteen years earlier. Her comments relate in part to the effects of large amounts of dietary carbohydrate, covered by large amounts of insulin, while she was following a conventional treatment plan.

"In less than two years, my weight had increased from 125 to 155 pounds; my appetite was always ready for the next snack or the next meal. All my waking hours were focused on eating. I always carried a bag of goodies—unsalted saltine crackers, regular Coca-Cola, and glucose tablets. I always had to eat 'on time.' If I was a half-hour late at mealtime, my hands would begin sweating, I would become very jittery, and if in a social gathering or a conference or meeting at work, I would have to force myself to concentrate on what was taking place. During a meeting that I was chairing, the last thing I remember saying was, 'Oh, I'm so sorry,' before I toppled out of the chair to wake up and find myself in the emergency room of a local hospital.

"During a subway ride which generally took about 25 minutes, the train was delayed for close to 2 hours and—to my utter dismay—I had forgotten my bag of goodies. As I felt myself 'going bananas,' sweating profusely and perhaps acting a little strange, a man sitting across from me recognized my MedicAlert bracelet, grabbed my arm, and screamed, 'She has diabetes!'

"Food, juice, candy bars, cookies, and fruit came from all directions. It was a cold, wintery day, but people fanned and fed me. And I was so grateful and so very embarrassed. I stopped riding the subway, and rescheduled as many meetings and conferences as I could to take place directly after lunch so that I would have more time before the next snack or meal would be necessary.

"I felt that I had no control over my life; I was constantly eating, I outgrew all my clothing, shoes and underwear included. I had been a rather stylish dresser since college days. Now I felt rather frumpy, to say the least. Once, I tried to discuss with my diabetologist how I was feeling about gaining weight and eating all the time. I was told, 'You just don't have any willpower,' and 'If you put your mind to it, you wouldn't eat so much.' I was very, very angry, so much so that I never consulted him again.

"On my own, I tried Weight Watchers, but the diet I had been given by the dietitian to whom the diabetologist had referred me did not mesh with the Weight Watchers diet. So along I limped, trying to accept that I was getting fatter each day, was always hungry, had no willpower, and most of the time was feeling unhappy.

"My husband was my constant support through all this. He would say, 'You look good with a few more pounds. . . . Go buy yourself some new clothes,' especially when I would ask him to zip something that I was trying to squeeze into. He always clipped newspaper and magazine articles about diabetes and would remind me to watch specials on TV. He encouraged me to be active in the local diabetes association, and would accompany me to lectures and various workshops. Then, on Sunday, April 3, 1988—Easter Sunday—he clipped an article from the *New York Times* entitled 'Diabetic Doctor Offers a New Treatment.' Little did I realize that this thin news article would be a new beginning of my life with diabetes. I must have read it several dozen times before

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I finally met with Dr. Bernstein. Since that first meeting, I haven't had one single episode of hypoglycemia, which I had formerly experienced very often. Following the regimen of correcting my high and low blood sugars, taking small doses and different kinds of insulin, and eating meals calibrated for specific amounts of carbohydrates and protein, my outlook brightened and I began to feel more energetic and more in charge of myself and my life. I could now hop on the train, ride the subway, drive several hours, and not fear one of those low blood sugar episodes. I started once again to exercise every day. My stamina seemed to increase. I didn't have to push hard to accomplish my daily goals at work and at home. Within a couple of months, I was back to 129 pounds, had gone from size 14 to size 10, and ten months later to size 8 and 120 pounds. Even the swelling and pain in my right knee—arthritis, I was told—abated. I feel great. My self-esteem and self-worth are whole again. I now take only 8 units of insulin each day, where I had previously been taking 31 units.

"I am also conquering my uneasy and frightening feelings about the long-term consequences of having diabetes. While I once thought that heart disease, kidney failure, blindness, amputations, and many other health problems were what the future probably held for me, I now believe that they are not necessarily outcomes of living with diabetes.

"But my life is not perfect. I still occasionally throw caution to the wind by eating too much and eating foods I know are taboo. Sticking with my diet of no bread, no fruit, no pasta, no milk, seemed easy when it was new, but now it is not easy, and loads of my efforts go into making salads, meat, fish, or poultry interesting and varied. My fantasies are almost always of some forbidden food—a hot fudge sundae with nuts, or my mother's blueberry cobbler topped with homemade ice cream. But when all is told, I feel that I am really lucky. All my efforts have really paid off."

A.D. is a fifty-five-year-old former typesetter whose diabetes was diagnosed fourteen years ago. As with many other people who use our regimen, his test of average blood sugar (hemoglobin A1C) and his tests for cardiac disease risk (cholesterol/HDL ratio) simultaneously dropped from high levels to essentially normal values.

"I watched my mother deteriorate in front of me from the complications of diabetes, finally resulting in an amputation of the leg above the knee, and a sorrowful existence until death claimed her. My oldest brother, who was also diabetic, was plagued with circulatory complications that resulted in the amputation of both feet, with unsightly stumps. Diabetes robbed him of a normal existence.

"When I began to experience the all-too-familiar diabetes symptoms, my future looked bleak and I feared the same fate. I immediately searched for help, but for two years floundered around getting much medical advice but not improving. In fact, I was getting sicker. My doctor had said, 'Watch your weight,' and prescribed a single daily oral hypoglycemic pill for my type 2 diabetes. It sounded easy, but it wasn't working. My glucose levels were in the 200 range all too often, and occasionally reached 400. I was constantly exhausted.

"I started Dr. Bernstein's program in 1985. Since then I have recovered my former vitality and zest for life. At my first visit, he switched me to another approach—a fast-acting blood sugar-lowering pill 3 times a day, before meals, along with a slower-acting pill in the morning and at bedtime. My regimen was totally overhauled to eliminate foods that raised blood sugar, and to

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reduce greatly my consumption of carbohydrates in general. Macaroni and ravioli had been important parts of my diet since birth. I had to give these up. I didn't mind a greater emphasis on protein. I even began to include fresh fish in my diet.

"My initial reaction was that these restrictions were too high a price to pay, and that I would be unable to continue them for long. Also, I was asked to check my blood with a blood sugar meter for a week prior to every visit to Dr. Bernstein. That meant sticking my finger several times a day. I was willing to discipline myself for a short period in order to be able to return to a more active, vigorous life and to put my malaise to rest. At the beach, I was sorely tempted to give up the diet, while watching family and friends eat without restrictions. But since my body was feeling healthier, I continued with the program. After about two months, with many dietary slips on my part, I managed to better discipline myself because I sensed it made me feel better. My glucose level started to descend to 140, 130, and finally to 100 or less on a consistent basis.

"Dr. Bernstein also encouraged me to purchase a pedometer, a device that clipped to my belt and measured the distance that I walked each day. I began to walk daily, holding 3-pound weights and swinging my arms. This was yet another thing to bother with, and I felt it would cut into my free time. But the result was an invigorating high. By this time, I didn't mind pricking my fingers several times each day, as it showed me the way to better blood sugars. Fortunately for me, New Rochelle has many beautiful parks. I chose Glen Island Park because it is near Long Island Sound and nicely kept. This meant getting up earlier in the morning to walk during the week, but that was no problem since I am an early riser. I bought some cast-iron dumbbells for additional exercise. I learned about arm curls, overhead raises, arm circles, and chest pulls. I didn't realize that there were so many different exercises that you could do at home to benefit your health.

"My glucose levels are now consistently within or near the normal range, not at the sorry levels which nearly put me in the hospital. That all-consuming fatigue is gone, and I feel that now I'm in control of my diabetes instead of the reverse. With adherence to the program, I know that I don't have to suffer the same debilitating effects that afflict so many other diabetics."

Harvey Kent is fifty-one. He has known about his diabetes for approximately six years, and we suspect that he probably had it for three to four years prior to his diagnosis. He has a family history of diabetes, and his story is fairly typical.

"I went in for a routine physical. I've always had high risk factors— both my parents had diabetes, my brother had diabetes, and my sister has diabetes. My brother, who was forty-nine, passed away recently from diabetic complications. My sister, who is fifty-nine, is on dialysis. When I found out I had it, I felt I was going down the same slippery slope. I'd been trying to lose weight, but not very successfully. The doctor I was seeing, an endocrinologist, kept upping my medication. Every time I went to see him, I wound up taking more and more, and my blood sugars weren't going anywhere but up.

"I kept having the feeling that as far as treatment went, nothing was happening. I wasn't in bad shape, but then I watched my brother pass away, and I thought, 'I've got to do something.'

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"I happen to live in Mamaroneck, New York, near Dr. Bernstein, and my wife suggested that I see him for a second opinion. I kept wondering, 'Is there another approach?' That's really how it started. The standard approach was always to tell me to lose weight, to exercise, and to take medication. I was trying to do all those things, but I wasn't having much success at any of them except the taking of medication. As it turned out, Dr. Bernstein still said the same three things, but his approach to each of the categories was radical, especially on the diet. The diet has been a major factor—I've lost a lot of weight.

"Once I started getting a sense of what Dr. B. was talking about—which was really right from the first visit; he's very thorough in his explanations—I kind of figured it out. Just to demonstrate the effects of diet, he told me to stay on my same diet and measure my blood sugars, but I started cutting back on the carbohydrates, so by the time we sat down to negotiate a meal plan, which was maybe the third or fourth session, he just confirmed what I'd already started about a month before.

"Before I met Dr. Bernstein, I'd been under treatment for diabetes by three different doctors. The guy I was seeing before Dr. B. is an endocrinologist/ diabetes doctor with a fairly large practice. He never once said to me, 'You know, by controlling your blood sugars, most of these complications are reversible.' When Dr. B. told me that—well, for a diabetic who's stuck with this disease for the rest of his life, that's nice to hear. Nobody ever tells you this. At least I don't remember anyone ever explaining this to me. I've been a member of the ADA [American Diabetes Association] for several years, and no one ever said anything like that to me, anywhere. I was lucky. I hadn't developed that many complications—not like my brother and sister—but I knew how fast they could get you.

"With my old doctor, I'd been told to monitor my blood sugars and then come in every three months. What it was supposed to do, I wasn't sure—keep you honest, maybe, but I couldn't figure that out. I was checking my fasting blood sugars in the mornings. They were averaging somewhere about 140 mg/dl. And when I'd go in, the doctor would do blood work, scratch the bottoms of my feet, and check my eyes, then say, 'See me in three months.' The whole thing would take maybe half an hour and then I'd see him again in three months. I wasn't sure what the whole thing was about. The thing is—and I found this out with my sister and my brother—it's a slippery slope. You start out as a type 2 and you get this kind of treatment, and you burn out your pancreas, and before long, you're insulin-dependent.

"When I saw Dr. B., he did a very extensive medical exam and uncovered everything there was to uncover. He checked everything. He found that I had an anemia, and so we started doing things to deal with that. I had not had retinopathy or neuropathy. I had some protein in my urine, a potential sign of kidney disease. But he said that could be from my old kidney stone, or it could be from the diabetes. He said we'd wait awhile until my blood sugars were normalized, then test again and find out, because if it was the diabetes, it should clear up.

"The first thing he did was get me off Micronase and onto Glucophage. Micronase is one of those oral hypoglycemic agents that stimulate your pancreas, and he said, 'Why are you doing this? You're burning your pancreas out quick.' He looked at my blood sugars carefully and told me I was low at particular times of the day and told me what I had to do to cover the valleys as well as the peaks. Insulin. I never wanted to take insulin. My father did it, and the idea just brought back horrible memories. My other doctor would say, 'All else is failing, now you have to go on insulin.'

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What Bernstein says is, 'I want you to take insulin in order to cover your peaks and to keep your pancreas from burning out.' This seems to me a much more sensible approach.

"My wife is very perceptive about the whole thing, and she said what I really needed was a coach, and Bernstein is very much like a coach. Having read up about him and knowing that he was an engineer, you can see the difference in his approach. You can see less of the medical model and more of an engineering model: he's putting you back together, taking your components and manipulating them in order to accomplish something. He's a diabetic himself, he knows the thing inside and out, and so you get the sense that he's much more actively involved. Now I measure my blood sugars 5 times a day, but instead of just jotting them down and saying come back in three months, he adjusts the medication, using it to tweak the peaks and valleys, to get the most optimum response. Now I have excellent control.

"The diet takes some getting used to. Most diabetics, I would surmise, love to eat. Especially if you come from a culture where food is the coin of the realm. People ask me now, 'What do you eat?' I say, 'I have turkey, some salad, and a Diet Coke.' I used to be a big pancake eater. Talk about your carbohydrate! Every Saturday and Sunday morning for years I would make pancakes for my wife. Now I make them for her and for my daughter and don't have any—or occasionally steal just a bite—and I miss it, but I am so much more in control now, and I feel so much better. I've seen so much of my family go down the slippery slope, it seems a small sacrifice for good health. "Since the time I started seeing Dr. Bernstein, I've lost close to 30 pounds. My blood sugars have dropped by about 35 percent, but my weight loss was not on a weight loss diet, just on Dr. Bernstein's meal plan. I still have a way to go, but for the first time I feel like I'm in control."

J.A.K. is a sixty-seven-year-old business executive who had had type 2 diabetes for twenty-four years, and had been taking insulin for twenty, when he started on our regimen. He writes the following:

"I visited Dr. Bernstein on the recommendation of some good friends, as I had just lost the central vision in my right eye due to subretinal bleeding.

"It took hours of instruction, counseling, and explanation to make me clearly understand the relationships between diet, blood sugar control, and physical well-being. I was hoping for the possibility that I might experience an improvement in my already deteriorated physical condition. I have diligently followed up on what I was taught, and the results are obvious:

- I no longer have cramps in my calves and toes.
- The neuropathy in my feet has normalized.
- Various skin conditions have cleared up.
- Tests for autonomic neuropathy (R-R interval study) totally normalized in only two years.
- The difficulty I had with digestion has cleared up completely.
- My weight dropped from 188 to 172 pounds in six months.
- My original cholesterol/HDL ratio of 5.3 put me at increased risk for a heart attack. With a low-carbohydrate diet and improved blood sugars, this value has dropped to 3.2, which puts me at a lower cardiac risk than most nondiabetics of my age.
- My daily insulin dose has dropped from 52 units to 31 units, and

I no longer have frequent episodes of severe hypoglycemia.

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- My overall physical condition and stamina have improved considerably.

“All these improvements occurred because I learned how to control my blood sugars. As a matter of fact, my glycosylated hemoglobin (a test that correlates with average blood sugar during the prior four months) dropped from 7.1 percent to 4.6 percent, so that I am now in the same range as nondiabetics. I have developed full confidence in my ability to manage my own diabetes. I understand what is happening. I can adjust and compensate my medications as the need arises.

“If I have to miss a meal, for whatever reason, I can adjust accordingly and am not tied to a clock, as I was before I learned these new approaches to blood sugar control.

“I would say that not only has my physical condition improved, but my mental attitude is far better today than it was ten or fifteen years ago. My only regret is that I did not learn how to be in charge of my diabetes years earlier.”

Lorraine Candido has had type 1 diabetes for more than twenty years and has been my patient for ten. She is in her sixties, and she and her husband, Lou, her “copilot,” work together to keep her blood sugars normal. Like a lot of happily married couples, Lorraine and Lou sometimes almost speak as one. When Lorraine comes in for treatment, Lou is with her. When she calls on the phone, Lou is on the other line. They talk about how starting the program changed their lives:

Lorraine: “I had a lot of complications. Bladder infections, kidney infections—and then my eyes. My feet were numb up to my heels. As a matter of fact, one day I was walking barefoot and I wasn’t aware of it but I had a thumbtack in my foot all day long. I had neuropathy of the vagus nerve. I had an ulcer from medication. My mother had had eye problems, and so when I went to an ophthalmologist, he said, ‘You have some of your mother’s problems. We’ll keep an eye on you; come back in a year.’ And I thought, ‘Uh-oh.’ When Dr. Bernstein examined my eyes, he said, ‘Oh, I’ll make an appointment for you.’ Right away I had laser surgery.”

Lou: “I firmly believe that if she hadn’t gone to Dr. Bernstein, she would’ve been blind. Her last two visits to the eye doctor she got excellent reports. As a matter of fact, he said he had no idea where the fluid in one eye had gone, but it was all gone.”

Lorraine: “I was elated. He said my left eye had made great progress and I was doing well.

“When I first met Dr. Bernstein, I had no idea what I was getting into. All I knew was that I wasn’t feeling well and I was going nowhere. I was kind of scared, didn’t know what I was getting into, and didn’t know if I wanted to. It was plain and simple. I liked Snickers candy bars. He said, ‘No.’ I couldn’t have anything I liked and wanted, and we kind of butted heads—but then I realized, ‘Hey, come on, is there really a candy bar worth dying for?’

“He’s a very gentle gentleman. I think he’s extremely caring; you’re not treated like cattle, you’re treated as a person, and he answers all your questions. Between the two of us, at the beginning we had a lot of questions. Really, I don’t know if I could live without him.

“We found him—it’s kind of embarrassing, but our son used to have a newsstand, and Lou would go help him out on Sundays, and Lou would bring me home the papers to read. Well, in one of

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those horrible tabloids—you know, when they run out of weird stuff, they run unusual medical stories reprinted from somewhere else—the headline on this was ‘Diabetic Heals Himself,’ and you know, we didn’t think that much about it. But I wasn’t feeling well, and so we made some inquiries. Now of course we’re in a different state and nobody I knew had ever heard of him, but we called his office. I didn’t talk to a nurse or someone, he got on the phone himself and he offered us references.

Well, that settled it right there. I mean, how many doctors do you know of who’d offer you references? So Lou said, ‘Pack up, honey, we’re going.’”

Lou: “She had a doctor up here in Springfield, Massachusetts, she was seeing and I was getting pretty concerned about it. Her feet were getting numb, she had kidney problems. I don’t have diabetes, but I happened to have the same doctor as my internist, and I said to him, ‘Isn’t there something you can do for my wife?’ He had a son who worked at the Joslin Clinic, which we had heard was very good. ‘Can we take her to the Joslin Clinic?’ But he said, ‘What can he do for her up there that we can’t do for her here?’ We got sort of scared. They were running her the standard way they treat diabetics—standard but safe. Safe for them, but not much help for Lorraine.

“At Dr. Bernstein’s, to start, it was a 10-hour training period—two 5-hour sessions that she had to take at the start.”

Lorraine: “It was my husband, me, and the doctor. No waiting room for hours. Now, to be honest, when we walked out of there— it’s a 2-hour drive between our house and there—I didn’t want to do it. But on the drive back home after the first session, we talked. We talked constantly, and I knew I didn’t want to do it, but I also knew I was going to do it. Common sense just dictated it. I wanted to live, and I wanted both feet and both eyes. It was plain and simple. The feeling in my feet has come back almost 100 percent, by the way.”

Lou: “We found out about the diet on the first visit, and it took about a month to get her blood sugars into the target range. She had been running 300, 400 mg/dl blood sugars pretty regularly.”

Lorraine: “I was kind of reluctant to start with. It was clear that Dr. Bernstein’s program wasn’t a ride in an amusement park. In some respects, it was a whole new way of living, and we had to change all our grocery lists—but I had a supportive friend here in Lou. When I started on the diet, we pretty much ate the same food. He didn’t have to, but he did. He would have a few extras here and there and I wouldn’t, but it was years before I could go into the supermarket, because it felt like I couldn’t have anything there. It was very hard to get used to. I resented being told what to do and how to do it.”

Lou: “It’s very difficult. You have to understand something. When she started the program she was close to sixty years old, and we were accustomed to living in a particular way.”

Lorraine: “We have grandkids—we’ve been married forty-five years—we have six kids and seven grandkids, and they come over for chocolate chip cookies and ice cream.”

Lou: “The program works—”

Lorraine: “Because I’m still here.”

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Lou: “—but it’s difficult to do, because you really have to be dedicated.”

Lorraine: “Let’s put it this way. There are no hot fudge sundaes here. Ever. Not for Thanksgiving, not for Christmas, birthdays, anniversaries— there are no deviations from the program. The first week, because of the change in diet, I lost 15 pounds. You looked at what you were eating, measured it —”

Lou: “It was a combination of things. The amount of insulin changed a lot. She was taking sometimes 80 to 90 units of insulin on a daily basis, and now she’s taking 13½ units. Insulin is the fat-building hormone, so reducing your dosage changes things substantially. And you’re changing the amount of carbohydrate you’re taking in, and so she lost all this weight.”

Lorraine: “Altogether, I lost 85 pounds. I wear junior size clothes. Call me stubborn, but I still resent being told what to eat.”

Lou: “Let me put it this way. You live a quality of life and give up what you have to —”

Lorraine: “Like fudge.”

Lou: “Or potatoes. The point is, you have to decide somewhere along the line. Are you going to live and enjoy the rest of your life without problems, or are you going to fight the reality of the situation and go down the tubes? It’s a choice.”

Lorraine: “It’s an attitude. I don’t like his program, but it works. I’m still here. I miss the goodies I give my grandkids, all the cookies, candy bars, ice cream. And the holidays. Everything’s kind of restricted.”

Lou: “The irony of this is, my wife, since she lost all the weight, she dresses in very sporty clothes. Now, I’m a racewalker. She doesn’t exercise, but because of heredity or whatever, she has beautiful, strong legs, and so she wears these spandex tights and such, and people ask her,

‘How much do you run?’”

Lorraine: “He’s a champion racewalker, very self-disciplined. Not me. I had a conversation with God, and He said, ‘Don’t sweat.’ I’m Lou’s cheerleader. I stay home and read books.”

Lou: “She walks with me sometimes. But I laugh my ass off.”

Lorraine: “It’s fun to go shopping and buy junior sizes with my granddaughters—but I don’t let them borrow my clothes. Before I started the program, I never thought about how I looked, how I felt— all I know is, the clothes I was buying were one size fits all.”

Lou: “Now look at her.”

By the way, Lorraine’s cholesterol/HDL ratio has dropped from a high cardiac risk 5.9 to a very low risk 3.3. It isn’t unusual for people with diabetes to make major changes in other aspects of their lives once their blood sugars have been restored to normal after years of poor control. The

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changes that we see include marriages, pregnancies, and reentry into the workforce. The story of Elaine L. falls into the last category. She also points out the disabling fatigue that she experienced when her blood sugars were high. This problem has led other diabetics, desperate to retain their abilities to function productively, to abuse amphetamines. Elaine is a sixty-year-old mother and artist. Her story is not unusual.

"When I developed diabetes twenty-one years ago, I began a fruitless odyssey to learn all I could about this disease and to have the tools to be able to deal with the psychological and physical roller coaster that I was experiencing.

"The hardest thing to cope with was the total loss of control over my life. I was told that I was a 'brittle' diabetic and that I would just have to endure the very high and very low blood sugars that were totally exhausting me. I feared that my eyes would be damaged. I'm an artist, and this frightened me the most. I knew that this disease was destroying my body every day and that I was helpless.

"We went from doctor to doctor and to major diabetes centers around the country. I never could get a handle on how to become 'controlled.' I was given a gold star for 'good' blood sugar by one doctor; told I 'had imbued the number 150 with mystical significance' by another; informed that if my blood sugars were high after lunch today, I could correct them before lunch tomorrow. All the while, I was feeling worse and worse. I stopped painting. I was just too tired. I was so scared to read any more of the diabetes magazines, because I kept learning more and more about what was in store for me.

"I'd been diabetic about five years when an uncle in Florida advised me to read Dr. Bernstein's first book. It made a lot of sense, but when I read it, I thought, 'Diabetes has robbed me of so much already, I don't have any more time or effort to give to it—and who wants to be a professional diabetic?' Of course, there was a lot of anger and denial and even attempts to forget about being diabetic. Maybe I could forget about it for a while, but it never forgot about me.

"A seed was now planted, however, in spite of myself. I knew that no matter what happened down the road, I needed to feel that I had tried everything possible, so that I would never have to say, 'I wish I had done more.'

"I was very wary of my first visit to Dr. Bernstein's office. I really thought I would hate having to change my diet yet again. I did not relish the idea of multiple daily injections, testing my blood so often, and keeping records. The fact is that I did hate all of that until I found I was recording better and better blood sugars. The diet wasn't any more restrictive than the American Diabetes Association diet I had been following, and most important, I was feeling better and much less tired. In fact, I began to paint again and soon rented a studio. I now paint full-time, but this time I actually sell my work.

"The regimen that I feared has, in the end, given me the freedom of which I had dreamed."

Although Elaine does not mention it in her story, her cholesterol/HDL ratio dropped from an elevated cardiac risk level of 4.74 to the "cardioprotective" level of 3.4, as her long-term blood sugars approached normal. Furthermore, her weight has dropped from 143 pounds to 134

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pounds, and her hemoglobin A1C has dropped from a very high 10.7 percent to a nearly normal 6.0 percent.

Carmine DeLuca is in his early sixties and has had type 2 diabetes since about age forty-five. Like many of my patients, he had been in "standard" treatment and found his condition getting progressively worse.

"I was taking pills, tried some diet changes, but after about ten years my diabetes just got worse. Through the years, as a diabetic, I had seen some articles about Dr. Bernstein, and he had appeared several times in the local newspaper. A colleague at work mentioned this Dr. Bernstein to me, the same guy who had been in the paper. She said, 'If you ever want to go to someone, go to this guy.' And I heard from a few other people around the area who said, 'He's excellent.'

"Over the years, I've had trouble with my eyes, my feet, and my hands, but that was before Dr. Bernstein saw me. I had tried to watch my diet, but being Italian, you know, you're always involved with the pasta, the bread, and so forth, and so I really didn't do very well on dieting. Apparently the pill that I was taking was literally burning me out. I was just going to a general doctor, an internist, and what did he know? I used to keep blood sugar about 140 to 160, and then all of a sudden it started hitting the 200 mark, and it was starting to hit it consistently, and then close to 300, and then over 300, and the nerve endings in my feet were gone, and the feeling in my hands. I did have, at age fifty, two cataracts. I don't know if you want to blame it on diabetes, but I guess you can. Finally, when it was so high, I said, 'Well, something has to be done. What have I got to lose?'

"And so when the time came, I thought, let me go to the best. Everybody talks about how excellent he is, so I made an appointment. My blood sugars were very high, in the high 300s, like 375. When I saw Dr. Bernstein, I had no idea what I was getting myself into. I had just heard that he was one of the best, and so I said, 'Lemme do it.' He struck me as very, very knowledgeable. I learned an awful lot—he told me things about diabetes that I just never heard about, even from people with diabetes. He made you feel good, because he literally grew up with it. He was very professional, yet you could sit down and talk to him. He said he was always available, available 24 hours a day, and he has been, no matter what. You go into that, and you feel pretty good. 'I've lost weight since I started seeing him. A few pounds here and there, but the thing is, even though I haven't taken off a lot of weight yet, everybody says, 'Hey, you look great.' But you could see, prior to seeing Dr. Bernstein, that it was tearing me down, people could see I wasn't looking that good.

"Starting the program was tough, but it was carbohydrates that were killing me. He put me on the diet. I never had a problem with cholesterol, but for some reason, every time you turn around, people are talking about high cholesterol this, high cholesterol that, so I thought about it. But I didn't give a damn about carbohydrates; nobody talks about carbohydrates and cholesterol. At least until Dr. Bernstein said, 'You don't eat this, you don't eat that,' and I said, 'These are all carbohydrates.' And so I'm on the diet and, boom, I start losing a little weight.

"The thing was to get used to doing without the carbohydrate, but it's okay, because I like meat, I like salad, I like vegetables. I can eat all the cheese I want—I mean, within reason. My blood sugar has been good, averaging under 100, and I feel like a million.

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THE COMPLETE GUIDE TO ACHIEVING NORMAL BLOOD SUGARS

"I'm strictly on insulin and one pill, and we've reduced the insulin, and as my blood sugar improves, I think we'll reduce it even more. I see him now every two months or so, and for a week prior, I measure my sugars 4 times a day and bring the chart to him. He really analyzes it—you know, 'All right, take this, don't do this. We'll reduce this. Don't eat that.' He's got a system all his own and it's great. It works. It can be a pain in the neck, but hey. He tells me I'm a good patient. I'm here to prove that it's not impossible to change, and the results are there."

Mark Wade, M.D., is one of many physicians with diabetes. He is board certified in pediatric medicine. His lovely wife not long ago gave birth to their third child. His story has a number of parallels with my own.

"Dr. Bernstein's program turned my life around. Prior to meeting Dick Bernstein at age thirty-four, I had spent twenty-two years of my life as what I then considered a well-controlled insulin-dependent, juvenile-onset diabetic. I'd never been hospitalized for ketoacidosis [a serious condition caused by high blood sugar in combination with dehydration] or severe hypoglycemia, had what I considered good circulation and nerve function, exercised daily, and ate pretty much whatever I felt like eating.

"However, cuts and lacerations took months or years to heal instead of days, and always left ugly scars. Once or twice each year, I would develop pneumonia that typically lasted four months and had me, without fail, out of school or work for two and a half months per episode. My mood swings went from kind and lovable to short-tempered, hotheaded, and uncaring four to five times daily, congruent with my routine blood sugar swings from high blood sugars (300 to 500) after meals to hypoglycemia (less than 50) before meals. This Dr. Jekyll/Mr. Hyde personality made me very unpredictable and unpleasant to be around, and came close to causing me to lose my wife and the closeness of family and friends. I was forced to eat my meals at exactly the same times each day in order to avoid life-threatening episodes of low blood sugar. Even so, I had to adjust my life around the inevitable periods of hypoglycemia. If I didn't eat, my life was in trouble, and unfortunately so were the people who had to interact with me when I was hypoglycemic. Most of the times those were the ones I loved most. "My training as a physician, as an intern and resident, averaging 110 hours a week of work, was at times a nightmare, though I did it, trying to balance rounds, clinics, emergency room and ICU schedules, screening patients, long hours of reading, and an unreal demand on physical tolerance, emotional stability, and consistency that almost drove me to the breaking point. My mission was to be an excellent doctor, and I was, with a calm, cool demeanor which I presented externally. But inside I was a mess, and my interactions with my loved ones and close friends were horrible. I was an avid basketball player, jogger, and weight lifter, but despite doing these activities daily, I found my performance and endurance were usually modulated by my blood sugar—and was never really sure whether I would be able to perform for 10 minutes or 2 hours. In addition, despite my high level of exercise, 1 to 1½ hours daily for twelve years, I was never able to develop a muscular or athletic body type, even though I worked hard at it.

"I was always extremely conscientious about testing and exercising and eating and doctor visits, to the point that my friends thought I was neurotic. I was consistently following the conventional guidelines recommended to diabetics, and I thought I was a rather model patient. The problems that I described above, I had been led to believe, were a natural part of life for a diabetic. No one showed me that my life could be better, that I could control my diabetes rather than let my diabetes control me, that with recognition of a few principles that are really just common sense, a

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few extra finger sticks and a few extra injections and better control of my dietary intake—I could be in charge for real! “

Nine years ago, I met Dick Bernstein. Dr. Bernstein not only gave me the most complete, comprehensive, logical, reasonable, and informative teaching on diabetes that I have ever encountered, but his uniquely expert and comprehensive physical examination and testing illuminated for me the most accurate picture of my overall health and the subtle tolls that the previous management of my diabetes had permitted. Then with a personalized, comprehensive, tightly controlled but reasonable diet, exercise, and a blood sugar–monitoring plan, he put me in control of my diabetes for the first time. Sure, the diet plan, finger sticks, and 5 to 8 painless insulin injections a day for my program require a high degree of discipline and self-control, but it’s doable, it works, and this comparatively small sacrifice brings me the freedom of lifestyle, quality of life, and longevity that nondiabetics take for granted.

“The results have been as follows: I can eat or fast whenever I choose. I plan my day around my activities rather than around my meals, have the ability to be much more flexible in my schedule and participation in activities, and now have the ability to adjust my daily activities easily to accommodate ‘emergencies’ or sudden changes in schedule—activities and adjustments that nondiabetics take for granted. Best of all, the wild mood swings have been eliminated and I’m sick much less often and less seriously.”

All of these people have been patients of mine and have seen wonderful improvements in their health. If you’re curious about how people have fared using the original edition of this book, I urge you to look at the testimonials on the Web site for this book at www.diabetes-book.com/testimonials/testimonials.shtml and those in reader reviews of the original edition on www.amazon.com to see similar reactions from people who have tried the program but have never been under my direct care.

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