

# Can diabetes be cured?

By DR. JOHN BRIFFA

A recent edition of the Journal of the American Medical Association contains a commentary entitled "Can Diabetes Be Cured" [1]. It caught my eye, partly because I not only have some interest in diabetes as a condition but also because the word "cure" is not usually applied to a condition like diabetes.

The conventional wisdom is once a diabetic, always a diabetic. The commentary challenges this wisdom and talks about the possibilities of curing type 1 diabetes with pancreatic transplantation or transplantation of the cells that make insulin (the beta cells). Other, more experimental approaches, such as stem cell therapy are also discussed.

The commentary also discusses potential for the cure of type 2 diabetes, which is far more common than type 1. This author makes the claim that surgery like gastric banding, for example, offers most potential here.

The author also discusses the idea of a mechanical solution to diabetes, in the form of a device that senses sugar levels and gives an appropriate dose of insulin. Such devices are not yet available, and even if these were, I'm not sure they would constitute a cure. They will be, if they ever come into being, another—albeit more sophisticated—way to administer insulin. That doesn't constitute a cure in my book.

This article also left me wondering if there might be lower-tech solutions to diabetes. In my view, there are. Imagine that a 50-year-old man is diagnosed with type 2 diabetes as a result of blood testing. Repeat testing confirms the diagnosis. Let's imagine that this individual has no signs of complications from diabetes, such as eye, nerve, kidney, or blood vessel damage.

Remember, the primary problem with diabetes is that the body is not handling sugar well, so blood sugar levels tend to be raised. The primary underlying factors here will be some resistance to the hormone insulin (insulin not working as it should) or inadequate insulin secretion as a result of an exhausted pancreas.

Imagine this individual decides to adopt a low-carbohydrate diet. And imagine that repeat testing in, say, two month's time reveals no



**EASY DIAGNOSIS:** The cure could be on your dinner plate.

L. MCCOVY/THE EPOCH TIMES

evidence of diabetes. He continues with the low-carb diet, and a year later, repeat testing still does not reveal evidence of diabetes or evidence of complications of diabetes either. This may be a hypothetical situation, but it mirrors actual experiences had in the real world by those who advocate low-carb diets for those with diabetes.

Now, here's the question: Does this man have diabetes? The obvious (and correct) answer, I think, is no. Let's say he'd never been tested for diabetes but took it upon himself to adopt a low-carb diet, and some time later had normal lab results. No one would be diagnosing diabetes, right? He may have had diabetes, he might even have a tendency to develop diabetes, but he hasn't got it now.

However, you'd be surprised at just how much resistance some health care practitioners have to the notion that a person can cure himself of type 2 diabetes with something as simple and low-tech as a change in diet. Why is this?

Some of this may have something to do with the fact that many health care practitioners have been persuaded that the right diet for diabetics is one with a lot of carbohydrates in it. No wonder these individuals may not have much faith in the ability of diet to cure diabetes.

But another potential explanation for the skepticism regarding

the potential for diet to cure diabetes might have something to do with the fact that there's not really much money in it. No drugs, surgery, or high-tech gadgets are required. With no industry making particularly good money out of low-carbs, who is going to push this as a viable cure for diabetes?

The fact that this approach is not especially lucrative may help to explain how it can be that commentaries can be written about potential cures for diabetes that don't include any meaningful discussion of the role diet might have. I suppose it's worth pointing out that the author of the commentary is an adviser and consultant for two companies that make glucose monitors (supposedly a potential part of the high-tech solution that might cure diabetes).

The author actually starts his commentary with the following words: "For individuals with diabetes, the ultimate hope is cure. But how will this cure ever be realized?" He goes on to write: "If the answer was obvious, all effort would be directed to it. ... If only this were true.

*References:*  
Saudek CD. Can Diabetes Be Cured? Potential Biological and Mechanical Approaches. *JAMA*. 2009; 301(15): 1588-1590.

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develop breast cancer. Half got the human equivalent of two ounces of walnuts per day and half got a normal diet.

The mice eating the walnuts had fewer and smaller breast tumors and those that did get them got them later than the other mice.

"These laboratory mice typically have 100 percent tumor incidence at five months. Walnut consumption delayed those tumors by at least three weeks," Hardman said in a statement.

"It is clear that walnuts contribute to a healthy diet that can reduce breast cancer."

The study adds to evidence that omega-3 fatty acids can provide a range of health benefits, from preventing heart disease to lowering cancer risks.

Scientists have been unsure whether the types found in nuts and leafy green vegetables work as well as the omega-3 fatty acids found in fish oil.

# Sex after a heart attack?

By W. GIFFORD-JONES, M.D.

Suppose you survive a coronary attack. How is it going to affect your sex life? Is it time to forget about amour and switch to backgammon or hooking rugs? Or, is a little romp in the bed still safe? Dr. Randal Thomas, director of the Cardiovascular Health Clinic at Mayo Clinic, says, "A person's life is essentially thrown upside-down following a coronary attack. They see their frailty and how close they came to dying, and it can lead to a lot of psychological issues and need for recuperation."

Another cardiologist, Dr. Nieca Goldberg, at Lenox Hill Hospital in New York City, says, "Female patients worry about increased heart rate and sweating during sex, after having a heart attack. Sex sidelines many patients after a coronary, especially women, and they have higher rates of depression."

Goldberg explains that some patients simply give up sex after a heart attack and are too embarrassed to talk to their doctor about it. So you're getting a little frisky and wonder how long you have to wait before having sex? Guidelines, issued by The Princeton Consensus panel, state that sexual activity is too risky during the first two weeks after a heart attack, but that 70 percent of patients are at low risk for a coital heart attack and can resume sexual activity within three to four weeks. The other 30 percent may require further testing before being given the green light.

A study reported in The Journal of The American Medical Association followed 1,774 heart attack patients. It found that patients at highest risk only had a 20 in 1,000,000 chance of having a second heart attack during sex. This is certainly better than the odds of winning in Las Vegas. In fact, it claimed that anger was three times more likely than sexual activity to trigger another coronary attack.

Another study, at the University of Maryland, found that even men suffering from chronic heart failure could safely engage in sexual activity.

What actually happens in the real world? Some coronary patients never say die and have to prove their sexual prowess at the first opportunity. At a recent medical meeting, a speaker reported that one patient in a private hospital room had engaged in sex the day after the heart attack! That must be one for the Guinness Book of Records. It might also be one for a newspaper's obituary page the next morning.



**MEASURED EXERTION:** Sexual activity expends the energy equivalent of climbing two flights of stairs.

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For the less adventuresome, sex after a heart attack is a worrying time. Some fear sudden death during or following intercourse. And you can bet that if the person who had the heart attack isn't worried, his or her partner will be anxious. After all, who wants to be responsible for triggering a second coronary and possibly death in the bedroom?

This should be neither a major worry for most people nor a reason to put sex on the back burner. After all, studies show you don't need the same energy as running in a marathon race. Experts say that intercourse expends about as much energy as walking two to three miles per hour or climbing two flights of stairs. So most people should just consider sex an enjoyable workout.

However, a word of caution because I have no desire to be responsible for death in the bedroom. Never use sex as a way to enter The Guinness Book of Records following heart attack. Moreover, if you're planning a clandestine affair after a coronary attack, remember that studies show the stress associated with cheating increases the risk of heart attack. Nelson Rockefeller discovered that fact the hard way.

Finally, if you develop chest pain, an irregular heart rate, or excessive shortness of breath during sex, don't push your luck. Stop and see your doctor.

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# Are VA protocols behind iraq soldier suicides?

By MARTHA ROSENBERG

Why are suicides among Iraq war soldiers twice that of other wars?

One reason could be that 80 percent of troops with post-traumatic stress disorder (PTSD) are given drugs that didn't exist during other wars.

Antidepressants like Prozac, Zoloft, Paxil, Celexa (selective serotonin reuptake inhibitors or SSRIs), Cymbalta, and Effexor (serotonin norepinephrine reuptake inhibitors or SRNIs) are so closely associated with suicide that they carry suicide warnings.

According to published newspaper reports, 660 people, including at least 17 Iraq war veterans, have killed themselves on SSRIs and SNRIs since 1988. Many more have attempted suicide and committed felonies, self-harm, police stand-offs, murders, murder/suicides, and mass murders with high-powered weapons.

Yet what does the U.S. Department of Veterans Affairs suggest as a treatment for PTSD?

"We recommend SSRIs as first-line medications for PTSD pharmacotherapy in men and women with military-related PTSD," says the VA's National Center for PTSD's Iraq War Clinician Guide, 2nd Edition. "Findings from subsequent large-scale trials with paroxetine [Paxil] have demonstrated that SSRI treatment is clearly effective both for men in general and for combat veterans suffering with PTSD."

In fact, 89 percent of veterans with PTSD are given antidepressants, and 34 percent are given antipsychotics, according to an article in the June 2008 Journal of Clinical Psychiatry.

In April, Dr. Fred Baughman and family survivors presented the deaths of two veterans who were taking the leading antipsychotic, Seroquel, to an FDA committee that is considering widening the drug's use.

A January 2009 Journal of Affective Disorders article by VA authors recommends "close monitoring" for suicide for 12 weeks "following antidepressant starts," when risk greatly rises. While scientific studies continue to confirm the danger of SSRI use in young and bipolar patients, another voice says it's not



MARTHA ROSENBERG

what it looks like.

"Suicide attempt rates were lower among patients who were treated with antidepressants than among those who were not," says an article in the July 2007 American Journal of Psychiatry ("Relationship Between Antidepressants and Suicide Attempts: An Analysis of the Veterans Health Administration Data Sets") by Robert Gibbons, director of the Center for Health Statistics at the University of Illinois at Chicago. "These findings suggest that SSRI treatment has a protective effect in all adult age groups. They do not support the hypothesis that SSRI treatment places patients at greater risk of suicide."

This is not the only time Gibbons has gone to bat for the controversial antidepressants. In an article called "Early Evidence on the Effects of Regulators' Suicidality Warnings on SSRI Prescriptions and Suicide in Children and Adolescents" in the September 2007 American Journal of Psychiatry, he indicated "black box" suicide warnings that the FDA mandated in 2004 for a national rise in young people's suicides. Why? Because the warnings discouraged doctors from prescribing SSRIs!

Of course the "SSRI deficiency" argument is as insipid as blaming the obesity epidemic on the unavailability of fen-phen. But many joined Gibbons in the round of big pharma "I-told-you-sos," including Charles Nemeroff of Emory Uni-

versity School of Medicine, who was later disgraced for undisclosed pharma conflict of interests.

Unfortunately, Gibbons was wrong. The suicide stats he analyzed did not yet reflect the effect of the black box warnings and he ended up having to tell The New York Times the "early evidence" was actually not evidence at all, but "suggestive."

Worse, Zoloft-maker Pfizer contributed \$30,000 to the article's belly flop, writes Alison Bass, author of "Side Effects: A Best-Selling Drug on Trial," in the Boston Globe. Not much return on investment there.

Of course it should come as no surprise—except to journal editors—that Gibbons is financially linked to Effexor-maker Wyeth, now Pfizer, and that his second author, John Mann, is linked to Pfizer and GlaxoSmithKline.

A bigger surprise is that Gibbons is rolling in taxpayer-funded grants from the National Institute of Mental Health, including some to study antidepressants and suicide.

What firewalls are in place to keep pharma "science" from becoming government science, promoting deadly pills?

What protects U.S. taxpayers, public health monies, and, most importantly, our veterans?

Martha Rosenberg is a freelance writer.

# Eat walnuts to reduce breast cancer risk

WASHINGTON (Reuters)—By eating walnuts, women could reduce their risk of breast cancer, researchers said last week.

Researchers at Marshall University School of Medicine in Huntington, West Virginia, found that lab mice bred to develop breast cancer had a significantly lower risk of breast cancer if fed the human equivalent of a handful of walnuts a day.

"Walnuts are better than cookies, French fries, or potato chips when you need a snack," Elaine Hardman, one of the researchers working on the study, said in a statement.

"We know that a healthy diet overall prevents all manner of chronic diseases," she said.

Hardman said, although the study was done with laboratory animals, likely the same mechanism would be at work in people.

"Walnuts contain multiple ingredients that, individually, have been shown to slow cancer growth including omega-3 fatty acids, antioxidants, and phytosterols," Hardman's team wrote in a summary presented at the American Association for Cancer Research's annual meeting in Denver.

The researchers used specially bred mice that normally always

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