

**Secret of
Longest Living Human
by
Dr. Hoang Hiep
(Cardiac Surgeon)**



DIABETES Type I & II CURE IN 72 HRS

By Dr. Biswaroop Roy Chowdhury

Comment on 'How to Return from the Hospital Alive' Book

**"I certainly appreciate this book.
It is interesting, important
and should be distributed."**

*-Dr. T. Colin Campbell
(Bill Clinton's Doctor)
Chief Scientist -The China Study*



DIABETES **Type I & II** **CURE IN 72 HRS**

By Dr. Biswaroop Roy Chowdhury



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DIABETES Type I & II - CURE IN 72 HRS

Dr. Biswaroop Roy Chowdhury

Disclaimer

Any dispute in connection with the content of the book can only be appealed under the jurisdiction of District Courts Faridabad, Haryana.

Dedication

Dedicated to my daughter Ivy,
loving wife Neerja
&
caring parents.

Preface

Let's Clean the System

Whoever you may be, wherever you may be living and whatever may be your present health condition, while you are holding this book, I can tell you with conviction and without any doubt that you can make a massive positive difference not only in your health condition, but also of the people around you, with the knowledge given in this book. And it's not just about diabetes it's about cleaning the whole system, that is the inner system, your biochemistry of the body and the outer environment and this includes today's political psyche of the human race and the recent socio-economic development across the developed and developing countries of the world. This book also attempts to establish a connection between our ancestral false beliefs (such as milk is a source of calcium or food supplements are good for health or depriving body of salt may kill you) and present day ill health. At the end, this book equips you with the power to take the first step in the direction of long lasting good health.

With the hope to hear from you.

Dr. Biswaroop Roy Chowdhury.

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Diabetes - A Political Disease

The Diabetes Type 1 and Type 2 Cure in 72 Hrs, the title of this book may be illusive or deceptive or even stupid to some of you, as most of you are grown up fearing that there is no cure for diabetes and generally there are no known cases of reversal of Diabetes Type 1 in the history of medical science. Even though many of you may be skeptic about the idea of diabetes cure in 72 hrs but still you are reading this book. This means there must be some ray of hope at some corner of your mind. As an author and your well wisher I suggest you to read the next 10 pages with an open mind without getting influenced by your present limiting conventional belief about diabetes. Before we go ahead let's have a glimpse of 12th July 2014 an event which will change the way you think about your health and health care.

The place was my office in Faridabad, India and the time was 7:00 am on 12th July 2014 (Saturday), eight people along with their family members had gathered from the city and nearby region. The youngest among them was 8 yrs old and oldest was 72 yrs old. One of them was a school bus driver and other was a principal of a renowned school. One thing that was common among all was that, they were all suffering from Diabetes Type 1 or Diabetes Type 2. The most recent victim of diabetes among them acquired the status of diabetic just a year ago and the oldest was diabetic for last 22 years. On that day they all were purposely asked to come without eating /drinking anything except water as they were all supposed to undergo fasting

blood sugar test. An independent agency Dr. Lal Path Lab, India's largest chain of diagnostic centre was hired to conduct the fasting blood glucose test for those patients. As they were all part of *1 Day Diabetes Cure Initiation* program, that means, all the eight patients were going to stay with us the whole day till 9 pm and will then follow the special diet for the next one week and also make themselves available for the fasting blood glucose test on 13th July 2014 to be conducted at their respective residence by Dr. Lal Path Lab. For all of them the day was going to be the life changing day as they were going to get rid of a disease permanently which was robbing them of their health, wealth and happiness. And most importantly, most of them were in their positive frame of mind as they were all referred by our ex-patients who got cured of diabetes and other associated illness with the same strategy and life style interventions.

7 am to 8 am: All Diabetes Type 1 and Diabetes Type 2 patients were tested for their fasting blood glucose.

8 am: All of them were given 10 tulsi leaves along with a nail sized piece of ginger to chew.

8:15 am: Coconut water was served to the patients and their family members.

8:30 am: They were served with very nutritious nitric oxide breakfast. Among other ingredients the major ingredients of the breakfast were sprouts, almonds, some seasonal vegetables in raw/steamed form. It consisted of 200 gm of carbohydrates, 50 gm of protein, 85 gm of fats and other important micronutrients. For most of the participants it took little less than half an hour to eat it completely as they were advised to have their breakfast till they were totally full.

At 10:45 am: It was time to check the Post Prandial blood sugar level. It was just the first 4 hrs of the 1 Day Diabetes Cure

challenge so none of the patients and their family members were ready for the pleasant surprise. The patients were asked to check their blood sugar level by their personal glucometer which they had brought along, just then Mr. Ravinder Singh Yadav, age 55 yrs, diabetic for last 2 years declared that his glucometer is not working properly as he was staring at the screen of his glucometer with disbelief. His PP was 105. He reconfirmed his P P readings using another participant's glucometer in his 2 years of diabetic life, this was the first time he could see this pleasant PP glucose level reading.

But he was not the only participant with miraculous improvement. Another patient Mr. B.D. Verma (72 yrs old) suffering from diabetes from the last 22 yrs, eyes severely affected because of the disease, had to skip his medicine totally after confirming his PP of 102.

Similarly, Rahul and Koustubh both Diabetes Type 1 patient had to drop the insulin dose by 50%. Akampreet another Type 1 Diabetic had to switch off the insulin pump for an hour or so as his body started taking charge on its own and maybe it was the first time in his 3 and a half yrs of diabetic life, his body started metabolizing sugar on its own.

The message is very clear. Both, Diabetes Type 1 & Type 2 can be reversed and remember the fact that they were made to eat a heavy breakfast with carbohydrate content equivalent or more than what they had been consuming regularly.

This was just the first 4 hrs of their journey to reverse Diabetes (Type 1 & 2) of *1 Day Diabetes Cure Initiation program*. In fact to create the Type 1 and Type 2 diabetes cure in 72 hrs, I had to consult more than 500 research papers published in highly regarded medical journals from all across the globe. You will find the reference of many of these medical journals in this book.

In reality no one needs to suffer or die of the dreaded disease-DIABETES.

To understand the art, commerce and science of diabetes and to unfold the undercover truth about the exponential rise of diabetic patients in last 3 decades (in spite of the fact that it can be cured in less than a week's time), let's have a glimpse of some significant statistics associated with diabetes.

1. Number of diabetic patient in India # 65 million (IDF 2013)
2. Number of diabetic patient in World # 381 million (IDF 2013)
3. India loses \$25 billion per year because of diabetes
4. World loses \$500 billion per year because of diabetes

About 8.5 percent of all diabetics develop retinopathy (blindness), 20 - 50 percent develop kidney disease and 60 to 70 percent have mild to severe form of nerve damage, gangrene (leads to limb amputation) etc. Studies show that 60 - 70% of amputated patients/die/within 5 years of losing limbs. Diabetics are two to four times more likely to develop cardiovascular disease (which is a contributor in 75 percent of diabetes related deaths) and two to four times more likely to suffer stroke. Multiple studies show that insulin resistance doubles the risk of heart attack as early as fifteen years before diabetes is diagnosed, along with risk of stroke. Middle-age people with diabetes have death rates and a risk of developing heart disease two times higher than those without diabetes. Diabetics are also three-four times more likely to develop clinical depression than non-diabetics.

Many of the diabetic patients end up with many form of cancers including pancreatic and interstitial cancer. With all this horrifying statistics the basic question arises that why human's should suffer the complications of diabetes and also family

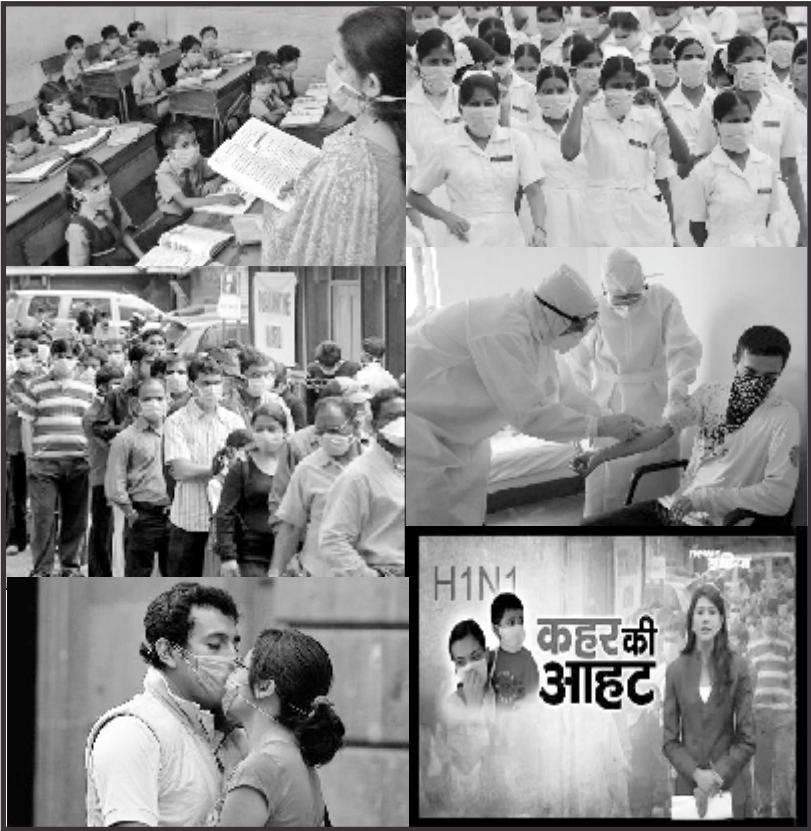
members and nation's wealth should be lost to the disease when the disease can be halted or reversed within days and that too in most inexpensive ways (you will learn it in the book)?

Now for a moment imagine that diabetes is totally erased from the face of the planet. What will happen? Certainly, mankind will benefit! Who will loose? Of course, the big pharmaceutical companies, doctors, hospital industry and various kinds of food products whose marketing revolves around diabetes. For better understanding of the nexus between the science and commerce of a disease consider a recent classic case of **Disease Mongering**: the H1N1 swine flu episode.

What is Disease Mongering?

Ans: Stating a normal human experience as abnormal, labeling them as disease and pushing people for treatment which itself leads to many unwanted complications. And further widening the diagnostic boundaries of the illness and promoting public awareness of such, in order to expand the markets for those who sell and deliver treatments.

Mentally try to travel back the memory lane to the year 2009, specifically in the month of July, August and September. Everywhere people can be seen wearing a mask. The newspapers and TV Channels were full of H1N1 swine flu reports. Government was busy buying tons of swine flu medicine and the vaccination drive was in full swing. Briefly schools and offices were shut and the streets and public places like cinema hall were all abandoned. The fear of dying with swine flu was so pronounced.



Ok now come back to the present that is 2014:

Where is swine flu virus vanished!

In reality,

There was no such epidemic called H1N1 swine flu at all.

Government of India did not have even a single documented death due to swine flu.

There is no confirmatory diagnostic test for H1N1 swine flu.

Even the vaccine was never tested for any protective value what so ever.

It was a media managed drama sponsored by pharmaceutical giants like CSL Limited, GlaxoSmithKline Biologicals, ID Biomedical Corporation, Med Immune Vaccines Inc., Novartis Vaccines and Diagnostics Limited, Sanofi Pasteur Inc. etc. with the motive of earning profit out of the fear among innocent unsuspecting human population.

This can be called as one of the recent case of disease mongering. However, in this case it got exposed within 3 years of its launch. However diabetes is being around and growing exponentially for more than 3 decades. Remember diabetes is not a disease. It is just that the body is slightly unable to maintain the homeostasis of the glucose within a given range and I will show in this book that even the most severe case of glucose homeostasis imbalance can be corrected in just one day.

What is Homeostasis?

It is the ability of the body to regulate the internal environment including temperature, blood pressure and glucose level in a tight limit for the proper functioning of various organs of the body.

The Disease Mongering Case of Diabetes Type 1 & Type 2.

Fundamental lie : Diabetes Type 1 & Type 2 cannot be cured and patients have to manage it lifelong with medications. The main credit of spreading this lie through managed and sponsored scientific findings and making the public believe it and further conspiring the inclusion of it in medical syllabus goes to *American Diabetes Association* and *International Diabetes Federation* - the custodians of diabetes.

It would be impossible for you to solve the puzzle of the diabetes deception without understanding the peculiar way the

human mind behaves. Let me help you to understand the human mind and its complexity in a simplest way, as I have been engaged full time in mind research in last two decades.

Consider the following example: for thousands of years humans believed that physiologically humans are so designed that it is virtually impossible for a human to cross a mile in less than 4 min and historically nobody could cross a mile in less than 4 min. It was only when Roger Bannister broke the 4 min barrier in 1954 by completing a mile in 3:59.4 seconds. But now even in a University Sports Meet, running a mile in less than 4 minutes is common.

That's the human mind! We are limited and controlled by what we believe! One false belief can keep us away from a simple solution, lifelong...

The same is true specially for Diabetes Type 1. Here I could not resist myself from introducing one of my juvenile Diabetes Type 1 patient, master Mehar who was a type 1 diabetic patient at the time when he first visited my office along with his father Mr. Jagjeet Singh. They were being referred by one of my most trusted acquaintance. Although Mr. Jagjeet Singh came to my office with the hope that his son will get cured of Diabetes Type 1 although harboring deep inside his heart a belief that Type 1 Diabetes cannot be cured or reversed as he was armed with a personalized mail which he received from the so called authority of diabetes in the world; *American Diabetes Association (ADA)*. That mail clearly stated that his son's medical conditions of Type 1 diabetes cannot be reversed and same was the response from Max Hospital, New Delhi from where his son was getting treatment. In fact it was the first time he had ever heard (from us) that Type 1 Diabetes can be cured. With some persuasion and coaxing I could convince him to make some

small but significant changes in his child's diet. Within first four days of doing so, the child was free from insulin. Today (it has been more than 5 months since he visited our office) he is completely cured of Type 1 Diabetes.

Today through this book, I announce that four minutes a mile barrier of Diabetes Type 1 & Type 2 is broken. I know this now. This and other success stories of my several Diabetes Type 1 and Type 2 patients, will not be taken in good spirit by *ADA* (*American Diabetes Association*) or *IDF* (*International Diabetes Federation*) as it would mean complete eradication of diabetes (Don't forget how H1N1 swine flu vanished which was once known to be a leading threat to the mankind). This means the promoters of diabetes, like ADA and IDF and also pharmaceutical giants, selling the related drugs will also become extinct like dinosaurs and which can be seen only in a museum.

For clearer understanding of the worldwide diabetes scam consider the following undercover truth:

Truth 1: Till 1997 fasting blood sugar of 140 mg/dl was considered to be normal and healthy, then an expert panel revised the guidelines and reduced the limit from 140 mg/dl to 126 mg/dl. This means if you have fasting blood glucose more the 126 mg/dl, you have diabetes. So, anyone who had a blood sugar between 126 mg/dl and 140 mg/dl which previously used to be considered normal was now a diabetes patient. Worldwide 14% new population joined the list of diabetic patients. Later it was exposed that the members of diabetes cut off panel were all paid consultants of Aventis pharmaceutical, Bristol Myers Squibb, Eli Lilly, GSK, Novartis, Merck & Pfizer, all of which make anti-diabetes drug. Following is the details of the members and their association status with pharmaceutical giants.

Company	C- PAID CONSULTANT									S- PAID SPEAKER									G-GRANT RECEIPT											
	Dr. Geroge L. Bakris			Dr. Jackson T. Wright Jr.			Dr. Suzanne Oparil			Dr. Henry R. Black			Dr. Joseph L. Izzo jr.			Dr. William C. Cushman			Dr. BarryJ. Materson			Dr. Aram V. Chobanian			Dr. Daniel W. Jones					
	C	S	G	C	S	G	C	S	G	C	S	G	C	S	G	C	S	G	C	S	G	C	S	G	C	S	G	C	S	G
Merck	✓	✓	✓	□	□	✓	✓	□	✓	✓	□	✓	✓	✓	✓	□	□	✓	✓	□	□	□	□	□	□	□	□	□	□	□
Novartis	✓	✓	□	□	✓	✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Astra Zeneca	✓	✓	✓	□	✓	□	□	□	□	□	✓	□	□	✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Bristol-Myers Squibb	✓	✓	□	□	✓	□	□	✓	□	□	✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Pfizer	□	□	□	□	✓	✓	□	✓	□	□	✓	□	□	✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
GlaxoSmithKline	✓	✓	✓	□	✓	□	□	□	□	□	✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

Further to make the situation worse, ADA pushed the fasting glucose standard from 126 mg/dl to 100 mg/dl in 2003. As a result, suddenly the number of diabetes patients in India increased from 1.3 million to 20 million in 2003 (in India three times more patients were diagnosed with diabetes since 2003) in the age group of 40 - 64 yrs and today more than 60 million Indian population is being recognized as diabetic patients.

Remember ADA is managed by Merck, Elli Lily, GSK, Pfizer all of which make anti-diabetes drugs.

Truth 2: You have understood how the diagnostic standards can be manipulated for profit by the various authoritative bodies including ADA. In reality they are not your friends but they are friends with diabetes and their sole objective is to expand and spread the disease among human population. And their involvement in officially promoting KFC, Pepsi and Cadburys (which otherwise is known to be the single largest reason of proliferation of diabetes and associated diseases like high BP, obesity etc.) is the testimonial of it. In this regard, even the Indian version of so called health guards; Indian Medical Association (IMA) is not behind. On many occasions they had been promoting the food products just for profit even it may mean health hazards for unsuspecting Indian consumers. Aggressive promotion of Tropicana (a Pepsi product) by *Indian Medical Association* is just one example. The health hazard of

drinking Tropicana is so disastrous that consuming Tropicana drink for even one week straight may lead to impaired fasting glucose and once you are diagnosed with impaired fasting glucose levels (i.e. blood sugar fasting more than 100) you are made to believe that you should be on lifelong diabetes medication. You are already now trapped in a vicious loop and have got a new dubious title of being called as diabetic patient lifelong of course you become a permanent customer for of the same industry (health) who is responsible for your health misery.

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TMA faces ire for endorsing juice brand

THE TIMES OF INDIA

NEW DELHI: The Union health ministry has taken strong objection to Indian Medical Association's move to endorse PepsiCo's Tropicana pure juice and Quaker Oats.

Speaking to TOI, Union health minister A Ramadoss said IMA should focus more on irrational use of drugs and blood products rather than endorse Dettol and Juice.

"At present, two-third of all deaths in India are being caused by tobacco, alcohol and junk food. IMA should join hands with the ministry in battling such trends. IMA should think about organising more continuing medical education sessions and help the ministry against the statistics against TB and malaria, rather than endorse commercial brands," Ramadoss said.

IMA has also received 16 letters from Director of the Centre for Tobacco and Dependence (CTD), Surata Narain, who said it was very wrong on the part of IMA to have endorsed a particular brand of fruit juice.

"If I have to watch a Panel advertisement, I'd rather watch film about Aardr than fruit juice."

IMA defends deal with PepsiCo

REGISTRATION NUMBER: INDIA/REG/2007/177499/ISSUE DATE: 2008/01/01

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- Sanjay's new ministerial portfolio: What's in it for him?

The move by the Indian Medical Association (IMA) of endorsing Tropicana juice and Quaker Oats has tested widespread criticism.

Calling it an "act of infamy", Sanjay Mehta of the Centre for Tobacco and Environment (CSE) said, "We are clear that it's completely wrong. In fact it's legally wrong. The Formation of Food Adulteration (FSA) Act clearly says that no medical association can endorse a product. There is an issue of ethics here, doctors associations all over the world have always been resisting to get into such endorsements. How can Pepsi ask IMA about it."

The IMA, which signed a Memorandum of Understanding (MoU) with the company in March this year, however, was nothing wrong in the move. This is for the first time that the IMA will endorse food and beverage products. In the past, the IMA, which represents over 4,75,000 doctors in the country, has endorsed Reditt Sanchar's Dettol soap, Frontier D Group's Pepsodent (toothpaste) and Sanjay Parked

EDITORS' PICK

-  **After 500 Sansa parking in New Delhi, DCP calls for 'improvement'**
-  **Big brother vs big brother**
-  **Sewage?**
-  **Inflation hits to 5 as fuel and ISI may hold rates**
-  **Deepika Padukone's beauty makeover: Saneer in Saneer?**

Truth 3: Sponsored education

Have you read in recent time that the moderate amount of wine is good for heart. I know most likely your answer will be- yes! If you are among the most of the unsuspecting reader and accepting any content you read from your favorite newspaper on its face value, then you are vulnerable to such kind of deceptive sponsored education, where the motive is to convince the consumer about an imaginary benefit of their product boosted by some self sponsored media managed research work. Wine is good for heart is one such classic case which is funded and propagated by the *French Technical Institute of Wine*, misleading the general mass to believe "A moderate intake of wine (2-5 glass per day) was associated with 24%-31% reduction in all cause of mortality."

In last two decades there had been a dangerous nexus between various health care associations and the food companies, where the food companies sponsor various activities of the association and in exchange the association promotes the food products among the masses through various mediums such as *Continuous Medical Education (CME)* or mass awareness campaigns or even amendment in the curriculum of the graduation level in the medical college, so as to include a particular food item even if it is known to cause a significant damage to the human body.

Examples of food company sponsors of groups that advice the public about nutrition and health, 2002.

Organisation : Activity	Sponsors : Selected Examples
American Cancer Society : Promotion campaign	Florida Department of Citrus
American Council on Science and Health : General activities	300 funding sources, including many food corporations and trade associations

Organisation : Activity	Sponsors : Selected Examples
American Dietetic Association : Fact sheets	Dairy Council, Sugar Association
American College of Nutrition : Annual meeting	Quaker Oats, Novartis
American Heart Association : Heart check	More than 50 food companies
American Society for Clinic Nutrition : Educational activities	Knoll pharmaceutical, Amgen , Best foods, Coca - Cola
American Society for Nutritional Sciences : Annual meeting	Mead Johnson, Ross Products, Proctor & Gamble
Food and Nutrition Board, Institute of Medicine : Dietary Reference Intakes	Roch Vitamins, Mead Johnson, M & M Mars
Society for Nutrition Education : Educational programs	Weider Nutrition Group, Food Marketing institute, Dole Foods, Nestle USA
Tufts University : Nutrition Navigator Web site	Krafts Food (Philip Morris)

To understand the seriousness of the issue, consider the following example of year 1985 to 1990 there had been numerous evidences that the specific category of protein called casein results in various kind of tumors, cancerous growth and even Diabetes Type 1 among children.

Casein is primarily found in animal food such as milk and meat. This means now it was the time for the health authorities like **WHO** to update and warn the masses about the latest finding

and the ill effect of milk and meat products, starting with either deleting the milk/meat products from the food pyramid or reducing the size of it in the pyramid. According to *Washington Post April 27, 1991* issue, under the influence of the dairy and meat industry associations, the revised food pyramid was dropped even if it may mean continuing with the present misleading food pyramid which had already resulted in a health disaster.

Truth 4: It's A Disease Care Not Health Care

It was 22nd June 2014. This exercise was the part of our investigative diabetes research. One of the members of our investigating team Dr. Indupreet Kaur fixed an appointment with the chief dietician Dr. Anita Jatana of Apollo with the request of getting a customized diabetes prevention diet plan for her. I was bewildered to see the diet plan which she had received. It was not diabetes prevention but diabetes promotion diet plan. At that time Dr. Indupreet Kaur was maintaining a blood sugar around 85 mg/dl and BMI of 22. She purposefully decided to follow the diet plan for a week to see the effect. After a week again her fasting blood glucose was checked. This time it was 92 and body weight increased by little more than 1 kg. She followed the diet for one more week. The result was as expected. She already joined the club of diabetes population of India, her fasting blood glucose crossed the 100 mg/dl mark and weight increased by further 1.5 kg and according to the 2003 definition of ADA; she is already a diabetic.

It's not that the dietician of Apollo Hospital purposefully wanted her every patient to become diabetic. Rather something grossly wrong happening at the educational level in medical colleges. The syllabus of the medical education is highly influenced by the drug industries and the medical colleges are

no more producing doctors rather they are producing Marketing Agents of the pharmaceutical companies, whose sole purpose is to keep the disease alive, only then they will exist otherwise they may get extinct.

No surprise that the top diabetologists (doctors specializing in diabetes) across the world are themselves diabetic, whether you talk of America's top most diabetologists Dr. David G. Marrero, director of the Diabetes Translational Research Centre at the Indiana University School of Medicine or India's so called authority in Diabetes, the much decorated doctor with Padam Shree, Dr. Anoop Misra (Director and Head, Department of Diabetes and Metabolic Diseases, Fortis Group of Hospitals). What puzzles me most is that for what Dr. Anoop Misra has got Padma Shree, the top civilian honor from Govt. of India? Is it because he has cured thousands of diabetes patients (which I doubt he has ever cured even a single patient) or is it because of his ability to ensure a patient with diabetes to remain diabetic lifelong? He is also seen on many occasions acting as a sales man of Britannia diabetes friendly biscuit (in reality there is no scientific basis that Britannia's diabetes friendly biscuit are healthier for diabetes patients). You can well imagine the fate of patients under the care of Dr. Anoop Misra with an example of Mr. S.C. Gulati, who is a senior officer with a renowned bank in Faridabad and was under the care of Dr. Anoop Misra for the past seven years only to realize that the dose of medication and complications increased quite uniformly throughout. It was only on 5 May, 2014 when he was referred to us by one of his acquaintance and to his pleasant surprise within 10 days of following our D1D2C diet, he not only got free of diabetes and the drugs but also of many complications including losing about 5 kgs of unwanted bodyweight (see his interview in the documentary).

Chapter Two

The Common Sense of Diabetes

Imagine that you are a care taker of an aquarium. You love and take care of the fishes inside. You also understand that for those fishes the aquarium is their world. In spite of all your care, the water in the aquarium gets polluted after sometime. As a result, a fish starts falling sick. Now ask yourself what you might have done if you or some member of your family falls sick. You would have visited the doctor! So you decided to take the sick fish to a doctor. The doctor upon examining the fish gave some tablets and told that the fish must take it for a week and will be cured. You become happy seeing that everything is getting alright. Since the water is still polluted, after some days the fish again falls sick. This time a little more serious. You didn't want to take a chance. So, you decided to take the fish to the best hospital of the city. Doctor advised to admit fish in the hospital for a few days. Some injections and medication did the magic again. He is alright and discharged from the hospital. You again dropped the fish into his house i.e. aquarium. But again, after a few days the fish got seriously ill. This time the general physician referred him to a specialist may be a diabetologist and upon testing, the Sr. Doctor revealed that the fish is diabetic and must take Metformin two times a day for the rest of his life and everything will be perfect. You trained the fish and instructed him to follow the doctor's advice religiously. In spite of all the best efforts from fish and you, after some time the fish again fell ill.

So, the basic question is what do you do now? Where is the problem? I know by now you must have already guessed the moral of the story. The problem was never in the fish! It was the polluted water! You simply, have to change the water. Even the best doctor of the world will not be able to cure the fish. Trying to cure the fish without finding the cause of the disease is like chasing a mirage. Every time, it will appear that the cure is just nearby but you will never be able to achieve it. In this process, you will drain yourself of the health and wealth as well.

Sometimes, to understand the solution you may not need the ultra-scientific approach towards the problem but just a common sense, which most of the modern day doctors lack.

Diabetes is not a disease where you may require the knowledge of advanced microbiology to understand the problem. It is just a specific homeostatic condition of the body which can be understood and corrected with a little common sense. To make the subject simple let's take the analogy of an airport. Imagine airport is your body and the passengers entering the airport are the carbohydrates or sugar that you eat. Now all the passengers called carbohydrates or glucose needs to be transported to their respective aircrafts, that is the various cells of the body. The activity of transportation will be facilitated by the bus (the insulin of the body).

Under normal conditions, there is a regular flow of passengers (the food) and simultaneously the passengers are transported with the arrival of fleet of buses (insulin) to the respective aircraft (the cells of the body). The whole system works in harmony. This is called homeostasis of the body or in this specific case the glucose homeostasis of the body.

Now imagine that everything is perfect in the airport except the fact that the supply of bus (insulin) is stopped. What will

happen? The passengers (food) will get crowded at the terminal of the airport whereas the aircraft will be waiting empty, craving for the passengers. This condition is called Diabetes Type 1, where the body stops producing insulin (the bus). This means the airport authorities have to outsource the bus services. That means a patient suffering from Diabetes Type 1 have to take insulin from outside source every time he eats food.

Now imagine that there is a regular supply of bus (insulin) but the door of the bus remains either fully closed or opens partially making it difficult for the passengers to get in.

This means very less number of passengers will be transported to the aircraft that too at an extremely slow pace. This condition is referred to as Diabetes Type 2, where the body is still producing and supplying insulin (bus) but it is not doing its job effectively. This means that the airport authorities have to hire some technicians and have to place them at the site of terminal gate so that the technicians may help in opening the bus gate, so as to make the transportation of the passengers smooth. That's what the diabetes drugs like Metformin do. They increases the sensitivity of the insulin so that it may work effectively and let the glucose molecules inside the cells. But the story is not over here. Try to understand, in both the above conditions it is a burden on the airport authorities as they have to either outsource the bus or hire the technicians on continuous basis. That's what you can relate with the side effects of insulin or diabetes medication such as blindness, amputation, kidney damage, heart attack and brain stroke.

Technically speaking an average size human being has roughly 5 litres of blood and at any point of time the amount of glucose which must circulate in the blood should be around 1 gm per litre. This means the total amount of glucose circulating in the

blood will be roughly 5 gm. Here upon testing, the glucometer will show reading as 100 mg/dl. Now if your glucometer is showing say 200 mg/dl, that means per litre of your blood there is about 2 gm of glucose instead of 1 gm. At this point it is important to understand that the body is not designed to tolerate too much of fluctuations in the blood sugar level. Neither more nor less.

What will happen if the blood glucose level is less than say 50 gm (i.e. 1/2 gm of glucose in per liter of blood). As you know that the blood glucose is the greatest and constant source of energy needed all the time by more than 100 trillion body's cells. Now if the level goes down to 50 gm/liter that means all the body's cell will not get enough energy supply for the proper functioning. As a result most of the body's organs may not function properly. You may not able to see clearly or may even faint. Medically this condition is called hypoglycemia.

On the other hand, if the glucose level shows 200 mg/dl or more in glucometer, this means more glucose is flowing in the blood circulation than the body could handle. This extra flow of glucose in the blood is medically called hyperglycemia. This extra glucose reacts with protein and form a poisonous compound called *advanced glycation end products* or in short AGE. AGE make the arteries hard leading to high blood pressure, heart disease and even become a major contributor to heart attack and brain stroke. However how much should be the optimum glucose level depends upon many factors including:

1. Age of the individual
2. Body type
3. Genetic makeup
4. Geographical location

For example, the average blood pressure of a healthy citizen of Portugal is 135/95 mmHg, whereas the healthy blood pressure of a Brazil tribe called Yanomamo is around 95/65 mmHg.

Our short sighted, scientific panel of experts have fixed the standard B.P. of human beings as 120/80 mmHg (before 1997 it was 140/90 mmHg). This means by today's standard if any conventional doctor visits Portugal he will label 100% of the citizens as patients of high B.P. and will put them on medication even if it may mean a threat to their life and if the same doctor visits the Yanomamo tribe of Brazil, he will diagnose the tribal population as a severe case of mass low blood pressure patients and may remind them to forcefully enhance their B.P. through medication even if it may mean increased cases of heart attack and stroke.

The ADA says the blood glucose level should be 100 mg/dl or WHO says it should be 126 mg/dl. However as discussed the optimum amount of blood glucose at any point in an individual varies depending upon various factors and so the above standards are extremely approximate and sometime may even be misleading.

The best diagnosis can be your understanding of your own health. Just ask yourself how do you rate your energy level? Are you mostly charged or you feel tired most of the time? In the scale of 1-10 how much energetic you feel throughout the day? Do you feel any kind of discomfort or pain in any part of your body on a continuous basis for a period extending over a few weeks? And in any case if your fasting blood sugar extends beyond 100 mg/dl, then it's the time to make some changes in your diet and lifestyle.

A small assumption about the brain can help you to understand not only the science behind diabetes but also the whole chemistry of the human disease.

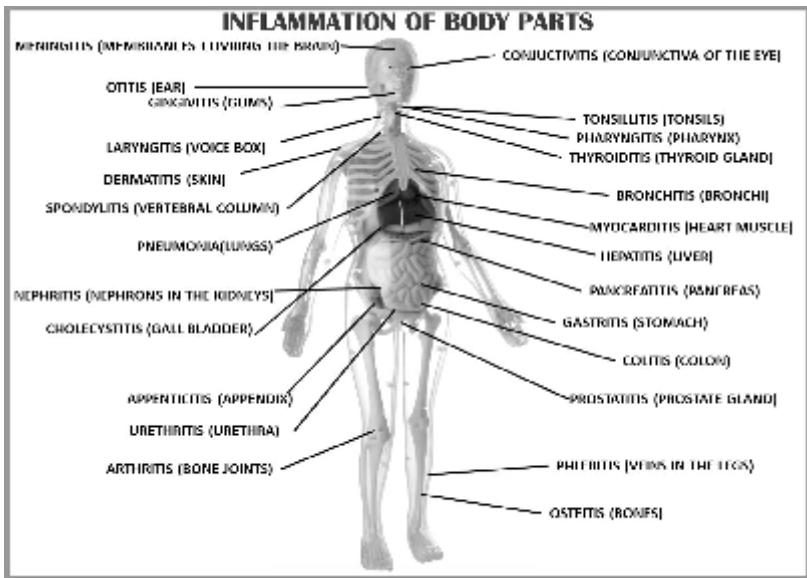
THE TARGET 100 MODEL OF THE BRAIN : Let's assume that the human brain is programmed to keep the blood sugar level near and around 100 mg/dl with not more than 30% to 35% fluctuation on either side. As you know, to achieve this target there should be around 1 gm of sugar (or any other form of carbohydrates) per liter in your blood. But what will happen if you inject say 3 to 5 times or even 10 times the amount of sugar required in your blood. This simply means that the homeostasis of the body will get disturbed and instead of having say 100 mg/dl of blood glucose it will be say, 200 to even 1000 mg/dl.

Here, the first action of the brain is to bring back the sugar level to the target level of 100 mg/dl which it will be able to achieve by stimulating pancreas to produce more and more insulin so as to transport the excess glucose to the cells of the body. This also means much increased amount of insulin in the blood circulation. It will lead to the following complications in the body:

1) All kinds of cancer: High level of insulin in the blood promotes the production of *IGF (insulin like growth factor)* a special chemical responsible for the growth of the muscles and the tissues. Here we must understand that unusually higher amount of IGF level causes abnormal growth of certain cells of the body and that forms the first step towards development of various types of tumors and cancerous growth. This becomes the starting point of cancer, as you know in cancer the cells grow at an unusually high rate and that is triggered and facilitated by IGF and also high level of sugar circulating in the body. For cancerous growth the cells need energy and that is provided by the excess sugar already circulating in the body. According to a research published in the **Lancet Oncology (2010)**, the women with high concentration of insulin and IGF in the blood have

seven times higher chances of suffering from cancer than the women with low concentration of insulin and IGF in the blood. Similarly the two researches published in the **Journal of National Cancer Institute (2000, 2002)**, men who produce high level of IGF are nine times more likely to have prostate cancer.

2) All kinds of inflammatory disease : Go back to the airport analogy and try to guess if the number of buses (insulin) plying to and fro from the airport increases many times. One consequence may be the damage to the runway. That's what the insulin causes to the inner layer of the blood vessels. High level of insulin in blood circulation causes various kind of inflammation all across the body and extending to all the vital organs. Which of your body organ will succumb to the inflammatory reactions depends on various factors but majorly on your genetic makeup. But surely one by one all the organs of the body will succumb to the inflammatory disease. To make it simple and memorable just remember that, to name the

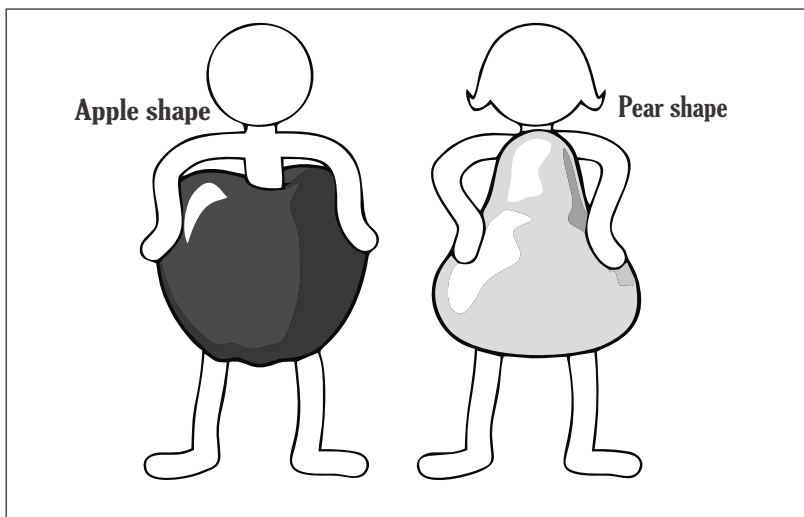


inflammation of a particular organ the suffix 'itis' is added with the organ name. For example, inflammation in pancreas as pancreatitis or the inflammation in appendix as appendicitis.

3) Various kind of hormonal diseases: Increased or decreased production of insulin hormone directly affects the production of other hormones of the body leading to over or under production of the hormones. One such example is hypothyroidism and hyperthyroidism. This in turn plunges the body into unhealthy patterns of chaos that cripples its ability to recover its normal metabolism. As you can clearly imagine from the airport example that if the amount of insulin buses plying in the airport are too many then automatically it will interfere with other important functioning such as landing and takeoff of the aircraft and transportation of goods etc. You can directly track the connection of abnormal insulin production to the following hormonal disorders:

1. Polycystic ovary syndrome
2. Erectile dysfunction
3. Weight gain
4. High blood pressure
5. Insomnia

4) High insulin circulation leads to obesity and mental disorders: Too much insulin promotes fat storage and stops your body from breaking down fats, so you gain more and more weight. Which part of the body will result in more fat gain will again depend upon your genetics and here is a bad news for Indians. Indians are more prone to fat accumulation near belly, the central part of human body. This kind of belly fat can be viewed as apple shaped whereas Europeans are more susceptible to fat accumulation around the thighs and buttocks and hence it gives an impression of a pear so called *Pear-shaped-body*.



Apple shaped body as in the case of Indians, is more prone to heart diseases. Medically speaking this kind of fat deposit is called 'Subcutaneous or Visceral fat' and is responsible for producing various kinds of inflammatory agents. Specially if the subcutaneous fat is near belly region tendency to clog within the arteries resulting in heart diseases and various kind of mental disorders including Dementia and Alzheimer as can be understood from the report published in the **British Medical Journal (2008)** and **Journal of Diabetes Investigation (2013)**.

Because of the clear cut understanding between the connection of the impaired insulin production and mental disorder like Dementia and Alzheimer's, now such brain disorders are referred as a Diabetes Type-3. That is the reason why it is seen that once the patient is cured (as in the case of many of our patients) of the diabetes automatically he shows improvement in the symptoms of brain-connected disorders like Dementia, Alzheimer's or even Parkinson. One of my patient Mr. Om Prakash Mittal is the live testimony of it. He had been diabetic

for the last 20 years with current medication till recently as follows Glizid (80mg), Nebistar (5mg) and Losar. With time as a result of the complication of diabetes and also the possible side effect of its medication he developed Parkinson and was being medically treated for it with Pacetane for last 10 years, needless to mention with ever increasing progression of both the diseases (Diabetes & Parkinson) and also related peripheral diseases i.e. high B.P. and high cholesterol with ever increasing number of pills and hospital visits and over expanding medical bill. In the month of March 2014 he was put on an anti-diabetic diet (as mentioned in Chapter 7). Clearly, he not only recovered from the diabetes totally within one month of it (followed the diet plan only upto 70%), soon the symptoms of Parkinson also vanished. It became more evident when one day his cheque was rejected by the ICICI Bank (NIT Branch) because his signatures did not match. The matter of the fact was in the past, as a result of the Parkinson's disease his hands used to shake while signing the cheque so it would match with the sample signature (as recorded by the bank, when at the time he already was a Parkinson patient). Now the absence of Parkinson disease resulted in no more shaking of the hand and as a result his current signatures did not match with the signatures done at the time he was suffering from Parkinson disease.

5) Impaired insulin production leads to multi-organ failure:

As with the explanation of the previous point now we know that the over insulin circulation leads to fat storage and inflammation which in-turn results in increase in the level of cholesterol (LDL) and fat called triglycerides, thereby causing micro-blockages all over the inner lining of the arteries resulting in the risk of heart disease and even heart attacks. It also causes your kidney to retain more water and salt, which increases your blood pressure and also promotes kidney

dysfunction with the long term complication being complete kidney failure. This way the patient often end up spending the last few years of his life and also his savings in hospital for various kind of short-sighted medical interventions like dialysis making such patients a favorite customer for the hospitals. As you know that this combination of too much of insulin and too much of glucose damages the arteries elsewhere in the body as well as resulting in the failure of that organ which includes stroke in case of brain, glaucoma and blindness in case of eyes, to name a few.

6) Pancreatic cancer: The programmed brain in order to achieve the targeted homeostasis of the blood glucose (it was assumed), over burdens the beta cells (the insulin factory) of the pancreas, resulting in beta cells themselves getting diseased and incapable of producing insulin. This in turn resulting in the substantial damage to the pancreas which houses the beta cells, resulting in much serious complication such as pancreatic cancer.

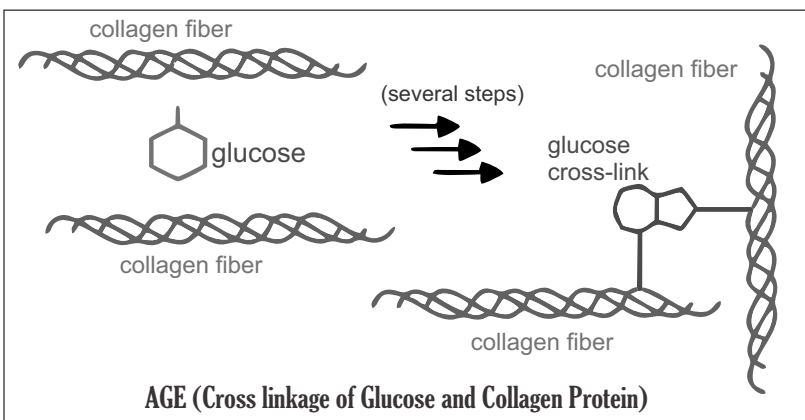
Besides forcing the pancreas to over produce insulin in order to attain the target level (100 mg/dl) of blood glucose in the body, brain may carry on some other mechanism to dispose-off excess blood sugar, even if it may mean a severe complication in the long term.

To understand it, let's go back to our Airport metaphor. Just think what will happen if the airport is overcrowded to about two times to ten times, the number of passengers (blood glucose) it could accommodate. The excess passenger may step over and embark into the restricted area of the airport leading to law and order problem and also hampering the normal working of the airport.

Here in the case of body, the brain struggles to maintain the

targeted 100 mg/dl of blood glucose. This means it had to dispose-off the excess glucose in the blood circulation that the body achieves through a very self deceptive mechanism of the body called 'Glycation', where the circulating sugar gets hooked to the near protein hence attaching itself to the walls of the arteries and also to the walls of various organs. This causes the production of a chemical called AGE as discussed previously. AGE is responsible for:

- 1) The wrinkles on the skin, resulting in your fast ageing.
- 2) Damaging the red blood cells by becoming sugar-coated hence the red blood cell loses their ability to transport, leading to various diseases such as Diabetes, Cardiovascular disease, Atherosclerosis, Heart failure which can be connected to the deficiency of various minerals and also the lack of oxygen.
- 3) It causes stiffening of the arteries specially in the male reproductive organs leading to infertility and erectile
- 4) This AGE results from effective cross linkage with protein layer of blood vessel walls and also various cells of other organs including the kidney, liver, gum and teeth



degeneration, the eyes, the joints and the brain. It's no coincidence that the diabetic patient often end up being a patient of cataract, fatty liver and other diseases associated with teeth and gums. This connection could be clearly understood with the example of my patient Mr. Yogesh Mittal (who now happens to be my friend and promoter of 'End of Illness Program' who was given an ultimatum by his dentist with dental surgery as the only option to his dental problems even if it may mean living on a complete liquid diet for 3 months post surgery and other expected complications and discomfort. On the day of his surgery, he changed his mind and decided to visit our clinic (after persuasion of his wife Mrs. Rachna Mittal). Dr. Indupreet, a dentist and a researcher of our team treated him with Wheat Grass Oral Therapy along with a customized diet (please refer to Chapter - 7). To the surprise of Mr. Mittal as well as his dentist, the gum disease reduced to 50% within the first week of the diet therapy and with that his sugar level (he was mild sugar patient as well) dropped to normal and was forced to abandon the diabetes pills.

Here the point I want to make/clarify is that for many of us in spite of taking unusually high amount of carbohydrates/sugar specially from refined food, the blood sugar range may be diagnosed within the normal range may not mean the person is free of disease or any kind of major complication. As explained, the brain in order to maintain the targeted 100 mg/dl (assumed figure) may be even over stimulating pancreas for excess production of insulin or may be creating the poisonous chemical AGE by binding the excess sugar with the various cells. For many of them it may appear more aggressively in the intestinal and colon region leading to constipation, irritable

bowel syndrome, piles and many others related digestive disorders. As in the case of sub inspector Subay Singh who was posted on a check post near our clinic. He claimed to be completely fit. As per his words, the minor things that bothered him were mildly high B.P. and a severe constipation. Although his blood glucose was very much in the normal range but now it might be clear to you that this patient is also a clear cut victim of over-refined sugar/carbohydrates consumption. I simply asked him to change his diet to a D1D2C diet (although it contains nearly the same amount of carbohydrates as he was previously consuming but from Whole Plant Based Foods - refer Chapter-7). It was no surprise that the symptoms of constipation vanished within 4 days and also B.P. dropped down to normal. Similarly you can track the connection between the kidney and gall bladder stone and the body's desperate act of maintaining the targeted 100 mg/dl sugar level. As you understand that in the presence of AGE which almost handcuffs the other functional cells specially the kidney, body loses much of its ability to metabolize and process the calcium and cholesterol which we receive from the food. As a result the calcium and cholesterol get dumped in gall bladder and kidney. For many of us this results in the stone formation. One such case was Mr. Manoj Prajapati of Moradabad of UP (one of my long time business associate). His other health parameters including B.P., blood glucose and BMI were all within normal range but was suffering from repeated kidney stone formation. As you know that after the kidney stone removal surgery, the stone often develops again back within 2 years. Since the surgery never addresses the cause, why the body is forming stones. After repeated surgeries, losing lot of health and some part of his wealth and after my lot of

persuasion, he agreed to be on the D1D2C diet. The result was as expected, the body started dissolving the stone and within 3 months he could get rid of the stone as well as the disease.

Literally saying, nobody can claim to be healthy by being on the standard popular diet (refer Chapter - 7) without being sick. For many of us there may not be any symptom as of now but it may just be a dormant disease ready to surface one day forcing you to quit your busy schedule and ending up landed in a modern day super specialty hospital, a yet another trap resulting in either getting killed by the disease or succumbing to the toxic and nonscientific (refer Chapter-3) drugs and other manipulative medical interventions.

End Note : Now in the last one decade the medical science has started to understand that identifying a disease with a singular parameter such as high blood pressure, pre-diabetes, obesity, high cholesterol, heart disease could rather be inconclusive and given a group of life style complication such as hypertension, glucose intolerance, visceral obesity, dyslipidemia and other metabolic abnormalities together as **Metabolic Syndrome**. It is important to note that almost all the studies of the metabolic syndrome relied on:

- 1) *National Cholesterol Education Program (NCEP), Adult Treatment Program III (ATP- III) Diagnostic Criteria (2001)*
- 2) *World Health Organisation (WHO) (Alberti and Zimmet 1998)*
- 3) *European Group on Insulin Resistance (EGIR) (Balkau and Charles 1999)*
- 4) *American Association of Clinical Endocrinology (AACE) (Einhorn Reavan, 2003)*
- 5) *International Diabetes Federation (IDF) (Alberti and Zimmet, 2008)*

Some other research group named the collection of lifestyle diseases as Diabesity or Diabetes Type 1.5 etc. The message is very simple. If through your life style and diet modification you can take away the burden from the body to meet its target 100 homeostasis then automatically all types of diseases namely cancer, heart disease, brain disorder, kidney dysfunction or Diabetes Type 1 and Type 2 can get cured within a short span of few days and this book is an attempt to re-establish this simple *Common Sense of a Disease*.

Chapter Three

The Scientific Conspiracy

The day was 30th July, 2014. It was the scene of an ongoing OPD in an average medical care centre. Patients from the nearby cities were seated with medical reports in hands and waiting anxiously for their turn to be seen by the doctor while some patients were busy filling the Diet and Medication form. Few were having a last look at their medical history while preparing to enter the doctor's chamber. On doctor's call Mr. Arun Kumar, a stage 2 cancer patient from Palwal went into doctor's chamber. He was referred by his father's boss for consultation with the doctor of this medical centre. Two more patients sitting next to him waiting for their turn were at various stages of kidney dysfunction. Next to them, was a heart patient with 100% blockage who came to this centre with the hope of skipping the bypass surgery although he was strongly recommended for bypass surgery elsewhere. In the room two juvenile patients with Diabetes Type-1 could also be clearly identified. One of them was referred by his school teacher to seek advice from this medical centre as one child from the same school already got cured of Diabetes Type-1 through the treatment of this centre. Along with few morbidly obese patients, patients suffering from asthma, skin diseases and also a patient called Jaya from South Delhi was present, who came to report that her cancer got reversed with the help of guidance from this centre.

Most of them has already tried their luck at many prestigious hospitals including AIIMS, Ganga Ram Hospital, Apollo

Hospital and other hospitals across the country and finally referred to this medical centre by the ex-patients of this medical centre. Seeing the diversity of the patients you must be thinking of some super (duper) specialty hospital with a fleet of doctors and specialists flaunting their grey hair and list of incomprehensive degrees displayed with their name plates on the door of their chamber. And expectedly they must be charging an exorbitant amount of fee from these critically ill patients. Be ready to be surprised, the reality of this medical care centre is nowhere close to your imagination. The description of the above OPD is the scene of my office!

Here, me and my team is aiming at bringing back the homeostasis (body's inner balance) of the patients. Now you know with the input from the previous chapter that whether it is the case of infertility or high blood pressure or arthritis or any other life style associated disease, it is the result of deviation from homeostasis of sugar and body's attempt to bring it back by some other adjustment resulting in some complication which are named based on various parameters including the organs most affected, the type of symptoms etc.

In my last four years of clinical experience, I am yet to see a patient who could not have successfully reversed the life style disease he was suffering from. The only condition which will be required from the patient is his understanding of the cause of the illness and will power to change the diet and lifestyle to eliminate the cause and source of the disease and hence the disease itself. That is why our health care centre is engaged in giving lot of education, guidance and follow ups as a standard part of the treatment.

Hence rather than conventional medical education playing an important role in the understanding of the homeostasis of the body it is the general wisdom that helps a patient to understand

his condition and the treatment of it. One such classic case was of Mrs. Lata Sharma, mother of my student Khemraj Sharma, who had been suffering from a severe form of eczema for more than 5 years and had undergone all kind of treatments starting from Ayurvedic treatment, Allopathic treatment from Batra Hospital, New Delhi followed by homeopathic treatment from a reputed clinic and finally long and tiring treatment from AIIMs, New Delhi. At our centre we tried to make her understand that in her case the body is unable to get rid of the waste through the normal mechanism as a result it was her body's own way of releasing the waste through skin so as to maintain the desired homeostasis. The only thing a patient of skin disease must understand that their problem is not localized although it may be seen manifesting in a particular part of the body but in reality you have to provide the body with the right surroundings (through changing your diet) so that the body may be effectively able to correct the waste elimination mechanism and hence stopping to choose the skin as a medium of waste disposal. Here in case of Mrs. Lata Sharma, she met me in my office in the month of March, 2013 along with her medical history. Her whole body including hands and legs were severely affected from skin inflammation. After understanding the concept of homeostasis, the first step for her was eliminating all the drugs and medications she had been consuming and then starting a new diet plan along with some amount of sunshine exposure daily. On 15th August, 2013 I met her in one of my health training program in Om Shanti Retreat Centre, Gurgaon. There she came up on the stage with her success story and shared with the audience how she could free herself of more than 5 yrs old disease in just a few months.

I strongly believe that health is nothing but education. Being healthy is not just your right, but also your responsibility. Here

the sad part of whole thing is that the organizations like *International Diabetes Federation (IDF)* & *American Diabetes Association (ADA)* who are primarily responsible for creating awareness and providing health education among the health care providers to the masses are doing just the opposite!

Let me give you a specific example :

1. It is proven scientifically that the main cause of Diabetes Type 1 among children is a protein called casein which is found in cow's milk. All across the world it has been seen that the babies who are exposed to the cow's milk at an early stage of their life are more prone to Diabetes Type 1 (more you will read in the next chapter). And also, it is known that eliminating animal food including milk from the Diabetes Type 1 patient's diet can help in preventing further progress of the disease and in reversing the disease (as I have demonstrated in the Video Documentary).

In contrast to this, IDF through their diabetes education programs promote and encourage the patients to consume milk and animal food.

2. Now it is being understood through ton's of research that all carbohydrates are not the same. For example, 20 gm of carbohydrate from a refined/packed food may require about 2 units of insulin to get metabolized whereas 20 gm of carbohydrate from raw vegetable may need just one unit insulin to get utilized by the body. This means by carefully selecting the carbohydrate source, insulin overdependency can be managed.

The two examples given above clearly indicate the intention of the so called health care associations. In reality, they are disease care and management associations and not health care and

management associations. Just imagine, what will make them strong:

1. Eliminating diabetes from the world

or

2. Converting every individual into diabetic patient?

Of course they will be more powerful and economically viable if the world is full of diabetic patients. The day diabetes is eliminated from the face of the earth will automatically make them extinct as well. So, although reversing diabetes is just a matter of few days (as demonstrated in my documentary) but these organizations successfully keep the truth out of the reach of the masses as well as the medical syllabus.

It is the clear case of misleading education. To make you understand, let me put a clear case of medical misunderstanding. It is famously said that in case of Diabetes Type 1 patients, the beta cells have gotten killed and so the body has lost the ability to produce insulin and hence the Diabetes Type 1 patient has to remain dependent on the outside source of insulin throughout their life and there is no way they could reverse the disease. This was what being communicated to one of my young patient's father Mr. Jagjeet by the *American Diabetes Association* through email.

The truth in case of Diabetes Type 1 patients is that, the beta cells become dormant and stop producing insulin. Upon giving the right surroundings these can recover and get into action of producing insulin. This required change in surrounding for the beta cells can be provided by appropriate changes in the diet and life style (as explained in the next chapter).

As it happened with Mr. Jagjeet Singh's, 9 yrs old son suffering from Diabetes Type 1. Within a week of their visit to my office they were forced to discard all kind of external insulin as the child's body started producing its own insulin. The shocked and surprised parents referred to their Diabetologist Dr. Anju Virmani of Max Hospital to show the result of their son's reversal from Diabetes Type 1. Here the overmedicalized doctor dismissed the recovery as a temporary phase and tried to convince the parents with the scientific-unscientific jargon like honeymoon period.

The conventional diabetologists are being trained and taught lots of medical jargons to camouflage the real recovery from disease and label them as temporary and maintaining that the disease will again strike back. They even criticize the patients who have adopted the new diet plan to reverse the disease even if the new diet plan is completely based on the medically proven results produced by their very own institution whom they consider as most reputed and of the highest authoritative value. Here as a health researcher, my greatest challenge is to choose the unbiased scientific evidence among the thousands of research published in the reputed medical journals every year. One way to achieve it is to eliminate those research outcomes which are being sponsored by pharmaceuticals companies as they are commercially driven to prove that the outcome supports their product as beneficial for the patients.

If you go one step further, you will realize that there is a good amount of confusion among various medical institutions themselves. As it is evident from the experience of my patient Mr. J. K. Paul, a supreme court advocate from Bangladesh. One day he visited my office and said, "Doctor, whenever I visit India I am diagnosed with initial stage of diabetes whereas when I am back in Bangladesh, my blood glucose level is very

much considered within the normal range!" To solve this riddle you have to go through the diagnostic parameters set by two authenticated bodies i.e., WHO and ADA. In Bangladesh, the WHO parameters are followed majorly whereas in India ADA diagnostic parameters (which is more aggressive) are being followed. Automatically more people will be diagnosed with diabetes as blood glucose range in case of ADA is narrower. Similar is the condition of my another international patient Mr. Vinay from Dubai who is suffering from cancer and is following our prescribed diet plan. Although he has no symptomatic sign of the disease but remains confused because of the highly contradictory diagnostic outcomes between the results of the diagnosis in Dubai and the one when he visits India. Similarly, lot of discrepancy can be found when patient is diagnosed for diabetes in Canada, then in UK and then USA. This means, whether you are a patient of diabetes does not depend on you, but on the place where you are being diagnosed! In this confusion do you really feel that you can ever get cured? This ambiguity makes the current medical science and its practice highly questionable. Let's take another simple example to make the point understandable. During our 1 Day Diabetes Cure Initiation program, we requested all the participating patients to bring along their glucometers. They were made to check their fasting blood sugar through Dr. Lal Path Lab and simultaneously with their personal glucometer. To everyone's surprise the outcome of the blood sugar readings varied between 10% to 20% between the results of the Dr. Lal Path Lab and their own personal glucometer and also it varied for the various brands. For example, patients who had glucometer manufactured by Dr. MorePen had 10% higher readings than the result provided by Dr. Lal Path Lab whereas the patients with glucometer manufactured by Accu Chek had as much as 20% variation.

This field of diagnosis is full of assumptions, confusion and mystery. One amazing case is the case of patients with mental illness. A patient with a particular set of symptoms may be diagnosed as a patient of schizophrenia in USA whereas the same patient will be diagnosed as a patient of bipolar disease by a doctor in Britain and an Australian doctor will label him as a patient of depression. This became evident during the launch of *Diagnostic And Statistical Manual For Mental Disorder-5 (DSM-5)* which was launched last year (22nd March, 2013). It attracted controversy from various organizations dedicated to mental disorders including International Consortium of Human Genome. The *DSM* which is considered to be the bible for psychiatrists across the world should have excluded the above mentioned discrepancy in the diagnosis of the mental disorder in their latest edition (DSM-5). But that also meant all the previous knowledge, education and treatment protocol learnt by the psychiatrist would become almost obsolete, which would have been commercially highly unprofitable, even if it may mean higher benefits for the patients of mental disorder.

Just imagine the fate of the patient; understanding that the treatment protocol and medication in all the three are different and mutually exclusive. As a patient or a well wisher of a patient do you really think that you can depend on such uncertain parameters or for that matter such uncertain science! It's more of a kind of hit and trial. May be that is the reason, doctors are called practicing doctors lifelong! Only time will tell, when the world will be clear about the medical science and clearer about conventional, commercially driven medical science.

Let's go back to our current subject "Diabetes". Let's try to understand the scientific looking popular diabetes *75 gm Oral Glucose Tolerance Test (OGTT)*. Imagine two diabetic patients with impaired fasting glucose say, at 170 mg/dl and are of same

age (say 50 year) and both are males. But let's assume patient A weighs 45 kg whereas patient B weighs 90 kg.

From the knowledge of the previous chapter it is clear that 75 gm of oral glucose intake in both the patients will metabolize differently depending on many factors including the amount of blood in the body. The patient A may have roughly 4 litres of blood in his body whereas patient B has 6 litres of blood. Surely the person with more circulating blood will have less burden of metabolizing the 75 gm of glucose and will be able to bring back the blood glucose to normal, sooner than the other patient imagining all other factors are constant. As of result of such more or less unreliable diagnostic tools the unsuspecting patients get trapped in the needless cycle of diagnosis, medicine and hospital visits and end up spending on an average Rs. 50,000 yearly. Now imagine, India is a country with second highest number of diabetic patients (**6.5 crores - IDF 2014**). It is this toxic marriage of science and commerce which has resulted in the health and wealth disaster in India. Consider these three exclusive cases:

Case 1. In year 2009, the health minister conducted a massive diabetes diagnosis program covering more than 2 crore Indians nationally. To calculate the total economic burden of their needless gigantic project, you have to include the cost of glucometer, testing strips, training the volunteers, transportation and maintenance of records. It would be highly inconclusive.

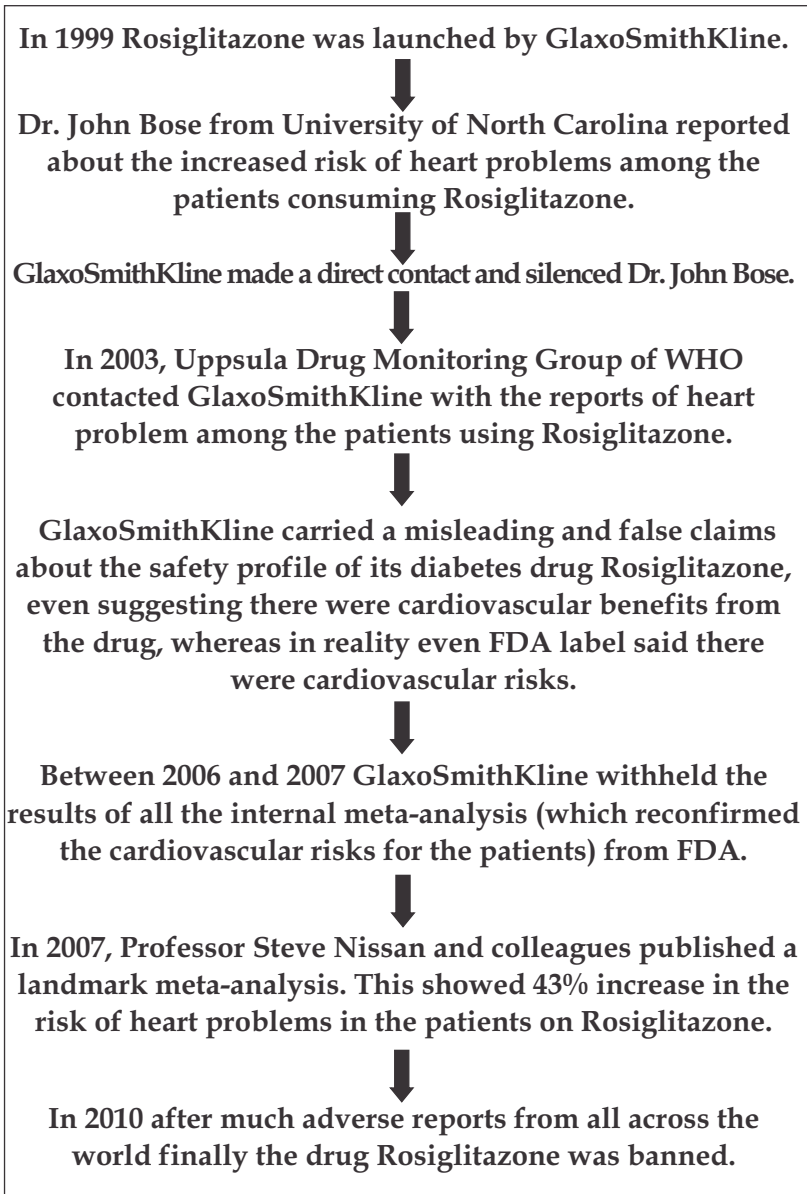
Case 2. Force feeding government school children across the country with iron and folic acid tablets has been one of the government's favorite mass health project of the recent times even if it is being declared to be toxic and injurious to the school children's health by the much respected **Cochrane Database, 2011**.

Can you imagine a fruit or a vegetable with just a single nutrient? Take an example of an orange. It is not just a source of Vitamin C. Along with it, orange is packed with more than 100 varieties of nutrients including other vitamins, minerals, etc. The arrangement of each nutrient surrounded by other nutrients plays an important role in the metabolism of each of the nutrient once they are in the body. A single nutrient in isolation (as in the case of folic acid and iron tablets) may not be able to get absorbed by the body and will remain in the body as a toxic waste, clogging the system and resulting in a challenge for the body to maintain homeostasis. To my understanding distributing and force feeding these unnecessary and toxic nutrient supplement among the government school children is an act of mass producing future diabetic and other associated illness' patients and creating a market for profit driven pharmaceutical companies.

Case 3. Pioglitazone an antidiabetic drug is banned in many countries including France and Germany since 2011 as it leads to bladder cancer. In India, government banned it on 12 June 2013 only to take a U-turn under the pressure of drug companies and suspended the ban on 31st July 2013. At present in India there are more than 30 lakh consumers of the same drug, many of them are looking toward its expected side effects, i.e. the bladder cancer. Clearly the health care system is not for patients, it is for profit. You can well imagine the market size of the diabetes drug industry in India by considering the fact that per month sale of just one drug Metformin is around Rs. 100 crore (it was Rs. 104 crore in the month of May, 2014).

To understand how money can influence government decision making doctor's understanding about the drug and its effect on the body by hiding the results of the adverse drug reaction.

Consider the case of Rosglitazone which was first marketed in 1999 by GSK.



During this chronicle of events since the launch of Rosiglitazone it was very clear from the very beginning that it was causing much damage to the patients health but to camouflage it, GSK bribed doctors with gifts and hospitality. It paid doctors millions of dollars to attend meetings and to speak for them, in lavish resorts, it used, in the justice department's own words, 'sale representatives, sham advisory boards and supposedly independent Continuing Medical Education (CME) programs. Finally, in 2012, GlaxoSmithKline was held guilty and was fined \$3 billion. But GlaxoSmithKline was still in profit out of the whole scam since the total sale of Rosiglitazone were \$10 billion.

At the end of the day when the commerce wins over science, only the innocent patient losses. With all the above evidences in front of you, as a patient of diabetes or as a well-wisher of a diabetic patient you might be in a confused state thinking whether to adopt the aggressive drug treatment or not; as you know that the patient with diabetes are more likely to experience heart attacks, strokes, kidney disease, loss of blood circulation to the legs and feet, nerve damage, vision loss and cognitive impairment. So the physicians tries to aggressively control the blood sugar often by prescribing multiple medications, all with the hope of preventing the complications of diabetes. But the truth is that, the patients under intensive treatment to lower the blood sugar with medicine actually fare worse and die sooner than those who follow less aggressive control.

A large study called *ACCORD (Action to Control Cardiovascular Risk in Diabetes)* included thousands of patients over several years and was supposed to demonstrate that "tight control" with drugs would be superior to less stringent efforts. It did not work that way. The result of *ACCORD* shook the medical

community to its core. At the time of writing this book many diabetes experts were still shaking their head in amazement about the unexpected and disappointing outcome of the *ACCORD Trial*.

In spite of the clear cut evidence, IDF still recommends much aggressive drug therapy to tightly control the blood sugar level. And this is not the first time when the result against the intensive drug therapy is being demonstrated. Over forty years ago when the medical science was not commercialized, a large study called *UGDP (University Group Diabetes Program)* also shocked the medical community. It turned out that the people treated with diabetes drug were more likely to have heart attacks and related problems and more deaths than patients treated by diet alone.

So conclusively as a researcher in the field of diabetes, I can tell you is that what matters is bringing back the homeostasis of the body in a natural way without drugging the body and it takes just few hours to few days to free yourself of all the *3D's that is Diabetes, Drugs and Doctors*.

Truth of Cure - Sabotaged

It was 7th July 2014. The place was one of the most exotic locations of the world the Vong Tao Island. More than 1000 spectators were gearing up for a very special event. Among many internationally known performer and rock star band, crowd was eagerly waiting for the beginning of greatest celebration of its own kind. The moment was the unveiling of the largest ever table full of delicious sea food. It was gigantic 777 meters long and getting a chance to dine on the table was a matter of privilege. Along with the obliged, more than 1000 privilege card holders (each worth approximately 100 dollars) and international media crew the organizers of the event the Pepsi Co. officials were waiting for the beginning of the celebration. Finally as scheduled, the chief guest of the event arrived in black Mercedes Benz E-class. Girls with a charming smile and beautiful flowers were all there to receive the chief guest and as I stepped out of the car and had the first glimpse all around, I was convinced that it was a perfect amalgamation of nature's beauty and man's creativity. As a Chief Editor of **Asia Book of Records** and the Chief Guest of the event, I was on official duty to verify and certify the biggest table measuring 777 meter created by Pepsi Co. Ltd. to popularize their brand 7up cans and cold drink. I got the opportunity to ask the officials about, why to spend so much of money in promoting a brand which is already quite well known worldwide? Here in his answer, lies the key to the human behavior. Human brain is not

motivated by what is known, but it is driven by what is repeatedly seen and experienced. Your brain is not controlled by the logic and intelligence, more often it is triggered by what you are repeatedly exposed to.



Dr. Biswaroop Roy Chowdhury with PepsiCo Official

While writing this and waiting at the Singapore airport for a connecting flight I decided to buy some fresh fruits. I was not only surprised rather amazed to know from the information desk that in this 5 km long airport shopping lounge, full of shops selling virtually all kinds of good had no place for the poor fruits! And it's not the one and only case of world's largest and most ultra modern airport in the world! Same is the story with world's holiest place called Haridwar (situated on the banks of river Ganges) which witnesses more than 10 million pilgrims every year from all across the world. I spent 6 days in this city to conduct a training program on 'Mind Body Dynamics'. Though I was staying in one of the best locations and hotel Grand Sai in the heart of the city, every day I had to travel nearly 2 km to buy fresh fruits for me and my family (which includes my 10 month daughter Ivy).

As I spend a substantial part of my life in the research of the human mind and memory (I have authored 25 books on the subject), I know my daughter will not be motivated and influenced much by what I will teach her as she grows but will be more programmed and controlled by what she will experience around her on a continuous basis. That's how the human brain works. If a human brain is repeatedly exposed to a lie as truth, the brain bypasses its own logical and intelligent analytical ability. Because of this behavior of the human brain the advertising industries (and not the actual benefit of the product) play an important role in the sale of health products even if it may be a serious health hazard. For example, just recall the ridiculously insane advertisement of Complian, that the children who drink Complian grow two times faster in comparison to the children who don't. To understand the facts given ahead in this chapter you really have to overcome the present conditioning of the brain which may be under the influence of the over commercialization of the sponsored food science. Here in this chapter you are going to witness a very simple, powerful, practical, scientifically proven, cost effective, pain free (unlike bitter pills and traumatic surgeries), quick acting and long lasting solution to your life long sufferings from various life style diseases including Diabetes (Type 1 & Type 2). Many of you must have already spent much of your fortune in treating these diseases, as is evident from the *World Bank Data* which says, in India, every fourth family at some point of their life had to either take loan or sell their fixed assets to meet the expenses of the cost of treatment of their life style diseases. The data also revealed that every year nearly 8 crore people go below poverty line under the burden of the life style diseases. In spite of the human crisis, scientifically reliable and cost effective solution has a rare chance of getting adopted by the masses.

Because as already explained, for majority of us, our brain is not triggered much by a logical, true and intelligent idea. Our brain is more oriented and driven by what we see around in a magnified and glorified way. It takes a little courage and will power to adopt something new which does not have much reference in our vicinity. And this is the job of a leader. Today I invite you to be a leader once again (assuming that you had played the role of a leader before as well). This means that you have to keep your mind open for any new outcome without being biased of past limiting beliefs. So, with a positive mind-set let's try to solve the puzzle of diabetes.

Imagine a person is trying to open the lock of a door with the key but is unable to do so. Now try to enlist, what could be the possible reasons :

1. He may be using wrong key.
2. The key might have gotten destroyed or damaged.
3. Lock might have gotten damaged.
4. Something got stuck in the hole.
5. Person may not be skillful to open the lock.

Little bit of sum of all the above factors contributed in the inability to open the lock.

To unlock the door you have to approach the problem from all the above 5 angles. Same is true for Diabetes Type 1 and Type 2.

Here we have to understand that we are made up of say 50 trillion cells and each of the cells to survive and perform its role in your survival needs energy, which it gets from the food you eat. But the food specially the carbohydrate cannot enter the cells as the door of the cells remains closed.

It is the insulin key, a type of chemical produced by pancreas which opens the door of the cell, so that the carbohydrates of the food may enter the cell and utilized for energy. Here the insulin

represents the key which opens the cell so that the carbohydrate (the person operating the key) may enter the cell.

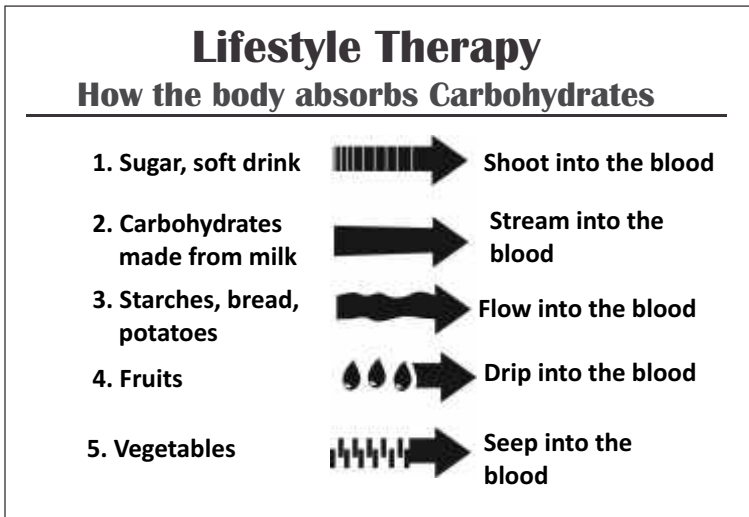
Person : Made of Carbohydrate

Insulin Key : Made of Protein

Cell Lock : Made of Fats

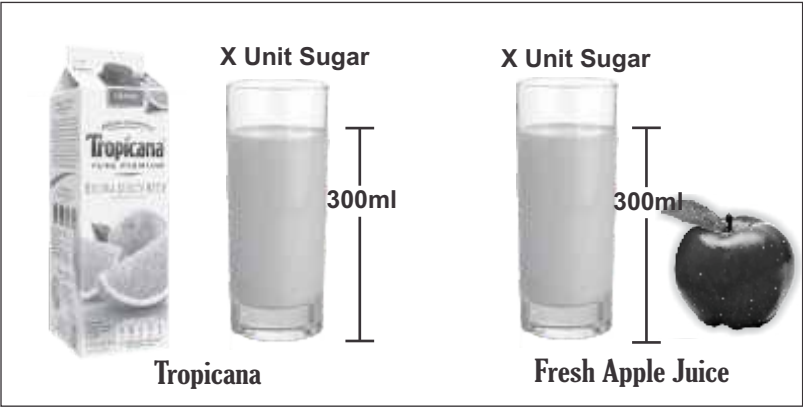
As you know the main ingredient of the food we eat consists mainly of carbohydrate, protein and fats. This means to solve the problem we have to investigate all the 3 raw materials as we know in diabetes, carbohydrate is not able to enter the cell as the insulin is unable to open the cell lock, hence the cells starve to death leading to severe complications. To get to the solution of the above problem we have to investigate all the 3, i.e. carbohydrate, protein and fats.

Carbohydrates : It is the most important source of energy found in every food you eat. However all the carbohydrates are not same. To understand, let's take four varieties of food containing carbohydrates or its simpler version i.e. sugar as glucose or fructose. Carbohydrate from different sources dissolves in

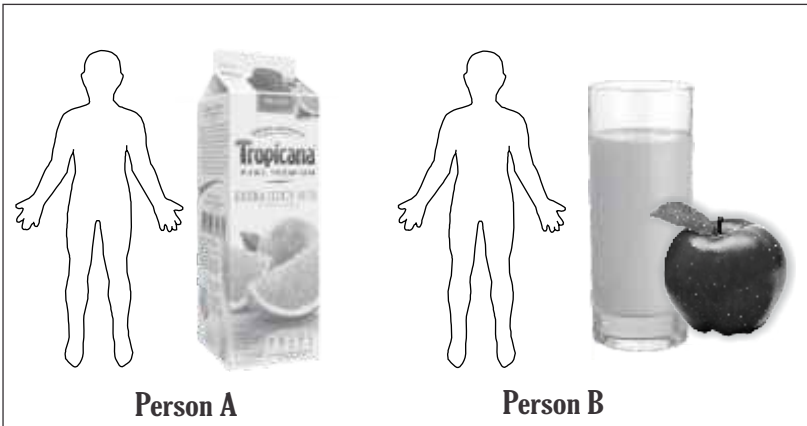


blood differently as shown in the illustration given below. The sugar from cold drinks or other beverages and breads, cakes, biscuits, shoots into the blood which means it is fast acting. However the sugar/carbohydrate from the fruits, drops into the blood and that from raw vegetables seeps into the blood which means slow acting. '*The slower, the better*'.

The food are ranked on the basis of its carbohydrate action with the blood. It is called the Glycemic index or Glycemic load. To understand the mechanism and the concept of Glycemic load let's take a hypothetical example. Imagine you have one glass of fresh apple juice (squeezed just now) and one glass of Tropicana packed apple juice and lets further assume both are having same amount of sugar (in reality Tropicana on an average has 8 times more sugar, that too in refined form).



Now imagine two persons with exactly same body parameters including BMI, age, fasting blood sugar level, HbA1C and the metabolism rate. The person A drinks Tropicana and person B drinks fresh apple juice.



By now you already know that the blood at any point of time can hold only a limited amount of sugar (glucose), about 1 gm per liter of blood. Beyond that it can additionally have 50% tolerance in either direction. Any fluctuation beyond that range will lead to lot of catastrophic effects including formation of AGE, weakening of heart, overload on kidneys and also damage to many sensitive organs, including eyes, brain and even pancreas itself (as it plays a major role in the control of blood sugar in the body).

Person A : The moment he drinks Tropicana juice (packed fruit juice), instantly the sugar will shoot through the intestinal wall into the blood vessels irrespective of the amount of sugar already present in the blood stream. The sugar from the packed fruit juice may appear identical chemical-structure-wise in comparison to the sugar from fresh apple juice, but is different behavior-wise. It acts unpredictably and is highly undisciplined. Such sugar is never considerate or friendly to the body.

Person B : He is the consumer of the freshly squeezed apple juice. The sugar in this form is highly disciplined and law abiding. Imagine a scene of a law abiding citizen crossing a

road. He will take into account the circumstances, understand the traffic flow, consider the distance he needs to travel to cross the road and mentally adjusts his travelling speed with ever changing speed of vehicle approaching him. It involves very minute calculations and no super computer of the world can perform it to the perfection as the human mind performs, that too effortlessly, day after day. This is one of the important skills which we have inherited, a must for our survival. The fresh and living juice also works in the similar manner. They are like a human brain which enters the body and before crossing the internal wall and entering into the blood stream considers various factors including the amount of sugar already present in the body.

Conclusion : Broadly speaking, the blood sugar control of the body does not depend much on the amount of sugar or carbohydrates you have consumed, rather it is more dependent on the source of carbohydrates.

To understand this let's consider some highly regarded scientific studies :

Study 1: According to the study published in the **Journal of American Medical Association (2002)**, carbohydrates from baked potatoes, yield greater Glycemic load than the carbohydrate from the boiled/raw potatoes. As I explained in the previous example that both the juices are having same source i.e. an apple, but the method involved during extraction of the juice and also the packaging changed the way the carbohydrate will finally work in the body.

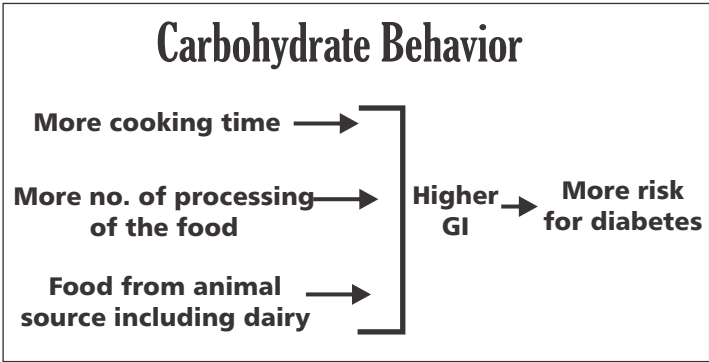
Study 2: Study published in **Diabetes Care (Journal) - 2008**, states that the glycemic index of the fresh and raw fruits and vegetables are much lower than any kind of food specially the processed food made of the same vegetable/fruits or the food

from animal source. This means if your main diet consists of mainly fruits and vegetables rather than over cooked, processed food, your blood sugar level will be under control.

Study 3: *Canadian Trial of Carbohydrates in Diabetes (CCD)*, which tested high glycemic index (high GI) v/s low glycemic index (low GI) for over one year on change in HbA1C and C-reactive protein (CRP). The low GI diet significantly reduced CRP levels by 30% compared to the high G I diet. The trial was reported in **American Journal of Clinical Nutrition (2008)**.

Study 4: In **2007 Cochrane Review**, was published the meta-analysis of six weight loss trials in which the total number of participants were 202 with a follow up time from 5 weeks to six months. The low GI diets promoted a significant weight loss of 1 kg, fat mass loss and a BMI reduction of 1.3 kg/m² compared to high GI diet.

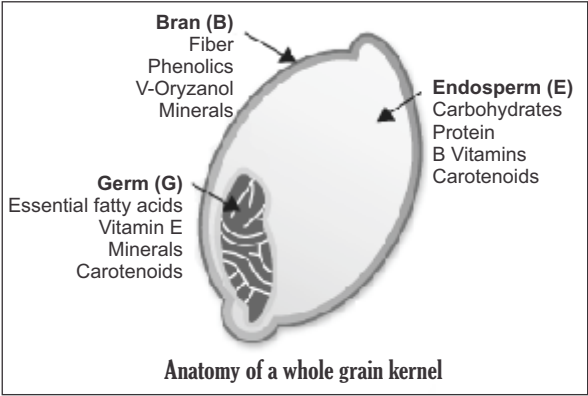
There had been 100's of researches all across the world pointing to the fact that all carbohydrates are not same. What matters is the source of carbohydrate i.e. whether the carbohydrate is from the plant or the animal origin. Along with it, also matters whether the carbohydrates you are consuming is in its natural state or the state had been changed through various intermediate industrial processes before it enters your body.



A significant research published in **Current Atherosclerosis Reports-2010** demonstrated that the time of cooking is directly proportional to the increase in GI resulting in lot of burden on the blood sugar making a person more prone to diabetes. In the same research it was proved that the simple whole grain consumption in its natural state helps the diabetic patient to get a more stable and acceptable blood sugar. However, the refining followed by cooking of the grains rapidly shifts the grains from the low GI range to high GI range.

The concept is very clear, that the grain which is the main source of carbohydrate in many societies, in itself will not be harmful for diabetic patients in any amount as long as it is in its natural state, however the change of state makes it the main player/culprit in increasing the diabetes patients in countries like India where rice and wheat are the main source of food. The influence of grains, particularly rice, on human body can be understood by the research published in *Journal of Diabetes*, 2009. In this study among 320 rural Bengalis, uniquely predisposed to developing diabetes and consuming more than 70% of their total diet as rice had significantly higher fasting glucose levels than those who were consuming regular food. In this study all the participants were eating refined & cooked rice. The total duration of the trial lasted for 5 years. For greater

understanding of the concept you have to consider the anatomy of a grain.



Grains are highly nutritious in their unaltered form but are often mechanically refined and milled to remove bran and germ. This increases the palatability and shelf life. However, it drastically decreases the nutritional content. For example, white flour, which is mostly finely ground and bleached endosperm, has 80% less fiber, 30% less protein, and 10% more calories per gram compared to whole wheat flour (Whitney and Rolfes, 2008). With the loss of the bran and germ, refined flour is also stripped off important vitamins and minerals. For example, white flour is 60%-70% lower in thiamine (B1), riboflavin (B2), vitamin (B6), magnesium, and zinc compared to whole wheat flour (Whitney and Rolfes, 2008).

Here, it is important to understand that wheat bran contains antioxidants, polyphenols and phyto-estrogens which helps in reducing inflammation, improve blood sugar stability as demonstrated by a research published in **Nutritional Research Review Journal (2010)**. However the bran/fiber from a supplement will not produce a beneficial effect as can be understood through the research published in **American Journal of Clinical Nutrition (2010)**. Food in its complete unrefined form with fiber intact, can only produce the beneficial effect.

In the 1970's Burkitt and Trowell, were the first to note that the African natives who consumed large quantities of unrefined whole plant foods had almost negligible cases of coronary heart diseases and diabetes. Even during World War I and II it was seen that many countries including Denmark, England and Germany who were deprived of the refined food because of scarcity of resources to process the food, the rate of diabetes and heart diseases reduced to 50%, but again returned to the initial high after the end of war when the supply of refined food resumed.

Importantly, in a recent pooled analysis of 120,877 participants followed for over 20 years in the Nurses' Health Study, strongly

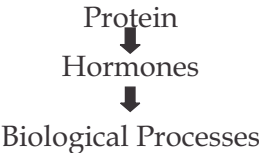
suggested that whole food (unrefined and unprocessed food) are important in preventing weight gain as reported in prestigious **New England Journal of Medicine (2011)**.

Conclusion : From all the evidences from highly regarded sources it is now clearly evident that it is not much important that how much carbohydrate a diabetes patient is consuming. Its rather more important to know that from which source the carbohydrate or its simple form i.e. glucose or sugar is coming and also the number of processes (cooking) it might have undergone before it is being consumed. This means carbohydrate from plant origin in its most natural state without any kind of cooking or processing is useful for human body at any amount. As you know that wild animals keep on grazing grass and eat plants the whole day but never become hyperglycemic even if there is over consumption of carbohydrates. So for solution of diabetes rather than focusing at reducing the dose of carbohydrate as cure, it would be more meaningful to consume the carbohydrate in an unrestricted amount from the plant based food, in a chemically unaltered state as is also indicated by **American Journal of Clinical Nutrition (2008)** article.

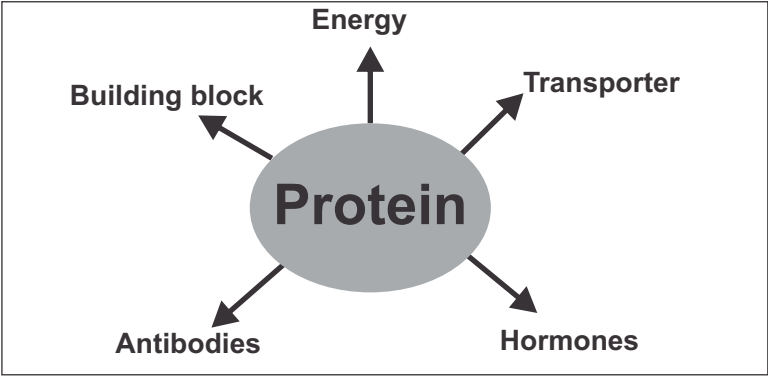
Protein : As you know from the previous explanation that the insulin key also plays an important role in maintaining the homeostasis of the blood sugar, and insulin is made up of protein. So, here we have to investigate a little bit about the role of different kind of proteins in the body.

Let's have a look at some of the major facts associated with protein, which may help in the understanding of the whole body metabolism and its protein connection.

- 1. Protein is the most abundant organic chemical in the cells. Excluding water, protein accounts for about half of the body weight.
- 2. All hormones are made up of protein, which in turn directly regulate the biological processes in the body.



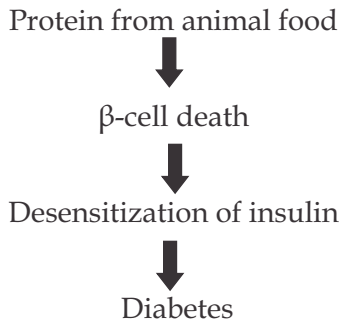
- 3. Biological transporter like hemoglobin is made up of protein, which transports oxygen and carbon dioxide in red blood cells.
- 4. Antibodies are made of protein, which helps to combat the invasion of intruders such as bacteria and viruses.
- 5. As a source of energy and glucose, proteins can be sacrificed to produce energy as well as to produce glucose.
- 6. Protein is the building block of the basic structure of all the organs of the body.



Though in the journals many studies are done to find the association between the dietary protein intake and diabetes. In the following table is the reference of four such studies.

Reference	Follow up time (years)	Study Type	Population	Adjustment	Effect Size
De Koning et al 2011 (dekonning, Fung et al 2011)	20	Cohort	HPFS, 40475 male health professionals	Age, smoking, physical activity, coffee intake, alcohol intake, family history of T2D, total energy intake, and body mass index	High animal protein and fat: 1.37 (1.20–1.58) High vegetable protein and fat : 0.95 (0.84–1.07)
Sluijs et al 2010 (Sluijs, Beulens et al 2010)	10	Cohort	38094 participants of the European Prospective Investigation into Cancer and Nutrition (EPIC) - NL study	Unadjusted	Total protein : 2.15 (1.77– 2.60) Animal Protein 2.18 (1.80 – 2.63)Vegetable Protein: 0.84 (0.70–1.01)
Villages et al 2008 (Villages Goa et al 2008)	4.6	Cohort	64227 middle aged Chinese women	Age, energy intake, BMI, waist to hip ratio, smoking, alcohol consumption, vegetable intake, fiber, physical activity, income level, education level, occupation, and hypertension	Soy Protein: 0.88 (0.75-1.04)
Bujnowski et al. 2011	7 years	Cohort	1730 employed white men aged 40 to 55 yrs	Age, education, cigarette, smoking, alcohol intake, energy, carbohydrate and saturated fat intake, and history of diabetes and other chronic diseases	Animal protein: 4.62 (2.68-7.98) Vegetable Protein: 0.58 (0.36-0.95)

All the four studies given in previous page, indicated towards only one conclusion which was also pointed in **American Journal of Physiology (1989)**, i.e. high protein intake from animal food impairs insulin sensitivity and promotes insulin resistance. The study also suggests that the insulin desensitization might lead to the β -cell death as is also explained in **Diabetology Journal (1996)**.



Similar research results from *Woman's Health Study* (as published in **Diabetes Care Journal - (2004)**) and results from the *European Prospective Investigation into Cancer and Nutrition (EPIC) - NL* study proves that among the subjects with higher consumption of animal protein, were also at increased risk of Diabetes Type-2. Similarly through a metanalysis as published in **Diabetes Care Journal (1998)**, it is proved that daily intake of fish oil has no protective effect on hyper glycemia in Type 2 Diabetes as previously assumed.

Protein from Cow's milk : There had been many studies done all across the world to understand the relation between Cow's milk protein and Diabetes Type 1.

See the table (next page) for reference of some significant research work to establish relation between dairy products and diabetes.

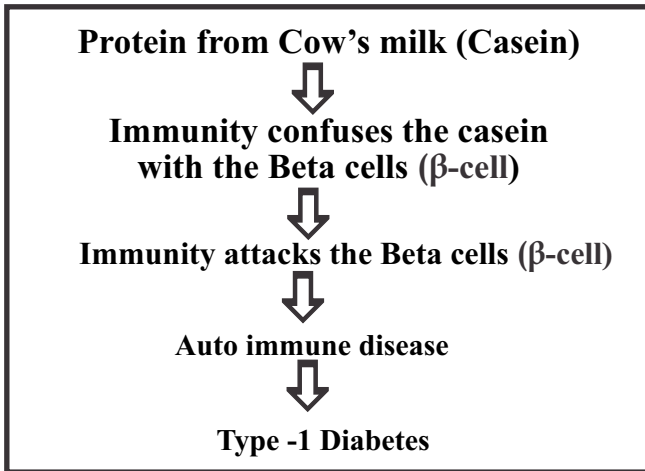
S. No	Year	Place	Published in / by
1.	1992	Finland	New England Journal of Medicine
2.	1994	USA	American Academy of Pediatrics
3.	1999	Finland	Diabetes Journal
4.	2005	China	The China Study

The above studies concluded the following :

1. The chemical structure of milk is so designed that it is suitable to be consumed by the infants. If you observe the behavior of animals you will find that no animal consumes milk lifelong except humans.
2. The chemical structure of the milk of each of the mammal is designed differently and hence drinking milk of the other species may not be biologically correct. Here the humans break the nature's law by being the only animal to consume milk of other species.
3. Cow's milk is made of specific protein called casein. According to a landmark study published in, *The China Study*, the protein casein is not fit for human consumption. As for many of us, our immunity confuses between the protein fragment of cow's milk and the β - cells of the body. This results in our immunity attacking the β - cells of the body leading to an autoimmune disease specially Diabetes Type-1.

Now a link between cow's milk consumption and Diabetes Type-1 among children is clearly understood. This also explains that Finland, which has the highest milk consumption also has

world's highest per capita rate of insulin dependent Diabetes Type 1 patients as published in **Diabetes Care Journal (1999)**.



Plant protein : There had been several studies specifically designed to understand the effect of plant protein on diabetes. Following are some of the significant research studies :

S. No.	Year	Published in	Topic
1.	2000	American Journal of Physiology and Endocrinology and Metabolism	Plant protein compared with casein improve glucose tolerance and insulin sensitivity.
2.	2002	Diabetes Care	Beneficial effect of plant protein intake in post menopausal women with type 2 diabetes.
3.	2003	Journal of Nutrition	Plant protein extract antidiabetic and hypolipidemic effect.

S. No.	Year	Published in	Topic
4.	2004	Diabetes Care	A prospective study in type 2 diabetes in middle aged and elderly women.
5.	2005	Hormonal Metabolism Refresher	Beneficial effect of plant protein intake in post menopausal women with type 2 diabetes.
6.	2008	American Journal of Clinical Nutrition	Plant food intake and the incidence of type-2 Diabetes in Shanghai Women's health study.
7.	2008	Metabolism	Effect of plant protein on insulin resistance.
8.	2010	Diabetes Care	Dietary intake of total animal and plant protein and risk of type-2 diabetes in European prospective study.
9.	2012	European Journal of Nutrition	Plant protein intake and the risk of Diabetes type-2 in China and Singapore

All the above studies indicate that if the protein is consumed from a plant source that too in its natural state then it helps in insulin sensitivity and reduces the risk of diabetes.

Following are the studies done on the effect of nut consumption on diabetes risk.

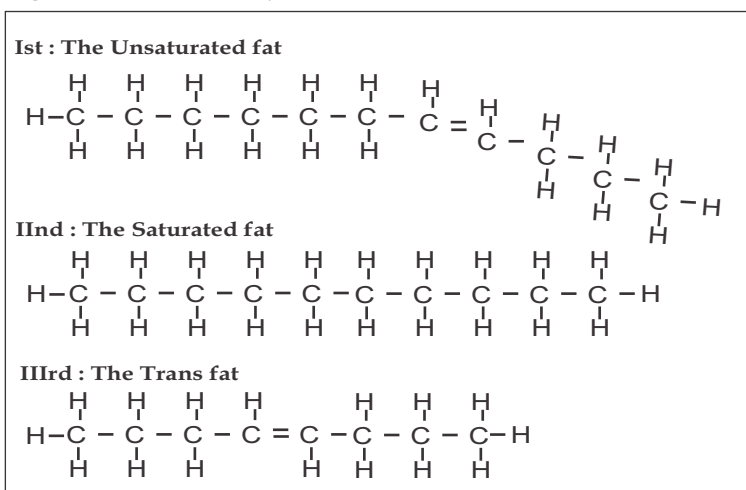
S.No.	Year	Published in	Topic
1.	2002	British Journal of Nutrition	Nut, metabolic syndrome and diabetes
2.	2003	Journal of American Medical Association	Nut consumption and risk of type 2 diabetes
3.	2008	Journal of Nutrition	Possible benefits of nut consumption in type 2 diabetes
4.	2006	Journal of Nutrition	Almonds decrease postprandial glycemia, insulinemia and oxidation stress in healthy individuals
5.	2007	Metabolism	Almonds and post prandial glycemia - a dose response study

Conclusion of the above studies: The nut consumption in its uncooked state helps to improve insulin sensitivity and reduce the risk of diabetes.

Going through various scientific documentation now it is convincingly clear, that all proteins are not the same and its effect in the human body depends not only on the source from where we are receiving it but also whether it is consumed in its natural state or it got altered through various stages of processing/cooking. The study also clearly established that protein from animal food including milk and milk products disrupts the metabolism resulting in serious complications including auto-immune disease like Diabetes Type 1 in children and Diabetes Type 2 in adults. As you know that the raw material for the insulin key is protein. This means the quality of

raw material will play an important role in the functioning of the insulin key.

Now from the above study we have understood that the best form of raw material for the insulin key is the protein from plant source in its natural state. However as you have previously understood that how well the insulin key will work in the transportation of sugar/glucose in the cells will also depend on the cell lock. This means even a perfect key will not be able to open a lock if there is some fault in the lock. Here in this case, as we know, the major ingredient of the cell lock is fat, which is also one of 3 constituents of all kinds of food you eat. How important is the fat in human body can be well understood by the fact that if you take out all the water from your brain then the 60% of the remaining matter is fat. But here we must understand that not all the fat are same. Some kind of fats are useful and important for the body, while others are harmful. Like protein and carbohydrates, the fat metabolism in the body depends on the action of the fat and varies depending upon the source from which you are consuming it. Majorly the fat can be categorized into three types.




Take a quick look and try to find one important characteristic which differentiates the unsaturated fat (the 1st type) from rest of the two.

Saturated and trans fats have straight structure whereas unsaturated fat is slightly bent. This insignificant looking difference plays a major role the way it works in the human body.

Symbolically lets represent the unsaturated fat as  and

saturated & trans fat as 

Now imagine you have two varieties of logs, ones which are absolutely straight and the others with a little bend and irregularly shaped. Which of the two can be stacked together uniformly?

Of course, the straight logs can be stacked together symmetrically and properly, whereas the logs with a bend and irregular shape will not be very convenient to stack together uniformly. At molecular level also the similar things happen. The saturated and trans fats are able to position themselves next to each other in a better way and clamp together easily. This way they can accumulate and stick to the inner walls of the blood vessels, resulting in the blockage which may result in heart attack and brain stroke. These saturated and trans fats can clamp together in any part of the body and can damage the liver, brain and also the pancreatic cells. Whereas the unsaturated fat because of its shape () while travelling through the blood stream and reaching its destination never clogs the blood vessels. And also as a cell lock it is more sensitive to the insulin key than the other two kinds of fats. Following is the theoretical mechanism whereby various types of fats are involved in either increasing or decreasing the risk of diabetes.

The major source of unsaturated fat is the plant based food including nuts and seeds. The major source of saturated fat is the animal food including milk and egg. The trans fats are also known as the industrial fat as it is manufactured in industries.

We can also conclude from the results of the below given references of the major researches conducted across the globe, that consuming fat from the plant based food in its natural state can help in decreasing the risk of diabetes, whereas the fat from animal food or industrial fat such as various kind of refined oil can be harmful and result increasing the risk of diabetes.

S. No	Year	Publication	Topic
1.	1993	New England Journal of Medicine	The relation between insulin sensitivity and the fatty acid composition of skeletal muscle phospholipids.
2.	1996	Diabetologia	Dietary fats and insulin action.
3.	1999	New England Journal of Medicine	Trans fatty acids and coronary heart disease.
4.	1999	Metabolism	A high trans fatty acid diet and insulin sensitivity in young healthy women.
5.	2001	Diabetes Care	Dietary fat and incidence of type 2 diabetes in older Iowa women.
6.	2001	American Journal of Clinical Nutrition	Dietary fat intake and risk of type 2 diabetes in women.
7.	2002	Diabetes Care	Dietary fat and meat intake in relation to risk of type 2 diabetes in men.
8.	2002	Diabetes Care	Effects of diets enriched in saturated (palmitic), monosaturated (oleic), or trans (elaidic) fatty acids on insulin sensitivity and substrate oxidation in healthy adults

S. No.	Year	Publication	Topic
9.	2002	Diabetes Medical	Serum fatty acid composition predicts development of impaired fasting glycemia and diabetes in middle aged men.
10.	2003	Atherosclerosis	Influence of hydrogenated fat and butter on CVD risk factors: remnant-like particles, glucose and insulin, blood pressure and C-reactive protein.
11.	2005	Metabolism	Comparison of the acute response to meals enriched with cis- or trans-fatty acids on glucose and lipids in overweight individuals with differing FABP2 genotype.
12.	2010	American Journal of Clinical Nutrition	Fatty acids measured in plasma and erythrocyte membrane phospholipids and derived by food frequency questionnaire and the risk of new-onset type-2 diabetes: A pilot study in the European prospective investigation into cancer and nutrition (EPIC)-Norfolk cohort.
13.	2011	The Journal of Lipid Research	Effect of industrially produced trans fat on markers of systemic inflammation: evidence from a randomized trial in women.
14.	2011	Critical Review of Food and Science Nutrition	The role of meat fat in the human diet.

Through the numerous independent investigation of the role of carbohydrate, protein and fats on the human body we arrived at a common conclusion, i.e. consuming the plant based food that too in its natural state can not only help in preventing diabetes but also can play an important role in the reversal of Diabetes Type 1 & Type 2. In spite of the clear cut evidence that a single diet plan help in the reversal of a life style diseases specially diabetes, the major population has not yet adopted it because the masses are more motivated by the glitter and glamour and as I explained in the beginning of this chapter through the example of Pepsi event. The giant food industries have sabotaged the truth by camouflaging it with their glamour and larger than life presentation of the product even though it is the main cause of the life style disease and also the government fails to promote the truth as the government do not run on the health of its countrymen rather it runs on the wealth of the pharmaceutical and food industries (as most of the political parties receive major funding from food, pharmaceutical and health care industries).

Chapter Five

Diabetes Type 2 Cure

While I was in the process of completing this book I got an opportunity to meet Dr. Robert S. Zimmerman (Courtesy Dr. B.M. Makkar of Diabetes Obesity Center, New Delhi), world's leading name in the field of diabetes.



*Dr. Biswaroop Roy Chowdhury with Dr. Robert S. Zimmerman
Vice Chairman (Dept. of Endocrinology) Cleveland Clinic, USA*

Dr. Zimmerman is the Vice Chairman of department of Endocrinology and Director of the Diabetes Center in the Department of Endocrinology at Cleveland Clinic, USA's 2nd best Hospital & Research Center. He is on the Board of Directors in the *American Association of Clinical Endocrinology*. During my interaction with him, I shared with him that I got many diabetic Type 1 & Type 2 patients on a diet (D1D2C diet) similar to the

diet prescribed to the heart patients by the world famous heart surgeon Dr. Caldwell Esselstyn, (colleague of Dr. Robert Zimmerman). Most of the diabetic patients could either reduce the drug dependence drastically or reverse the disease completely with in 72 hrs to few days of following it. Dr. Zimmerman replied that the diet (as prescribed by Dr. Caldwell Esselstyn) could reverse the heart disease even in most difficult patients but they never tried this diet on diabetic patients. With this reply from him I got the answer of a question which kept coming back to my mind whenever I used to hear success story of my patients who could reverse diabetes within few hours to few days of following my D1D2C diet. I always used to think that the world is full of scientific researchers and doctors who had been working for decades, but could not discover a diet which can reverse diabetes! But now I understood that a scientifically oriented intellectual mind can sometimes overlook a simple yet powerful solution as they expect that for a difficult problem the solution should also be difficult. This behavior of humans got clearer while I was attending the lecture of a much humble professor Dr. Adi Mehta who is listed in *Best Doctors in America, 2005 - 2006*. The lecture was on his research on *Gut Microbiota*. After the lecture I asked him that how the uncooked food interacts with Gut Microbiota in comparison to the cooked food as I have discovered that the uncooked food has a potential to reverse Diabetes Types 1 & Type 2. To this he answered that he doesn't know. With my interaction with the stalwart of diabetes I could conclude that there had not been a single experiment where the diabetic patients are put on the Whole Plant Based raw food. I hope that this book will attract the attention of the doctors and researchers in the field of diabetes and will lead to much needed attention on the role of raw plant based food in reversing diabetes. Here, I present the success stories of some of my

Diabetic Type 2 patients with the hope that it may motivate many diabetic readers to adopt this diet and scientific community and like-minded people to spread this knowledge for the benefit of mankind:

Patient 1: Mr. Mukesh Saini, age 50 years, diabetic for last 6 years, father of Sparsh Saini, who attended my health workshop on 14th August 2014 in Haridwar. Till recently his sugar level used to hover around 175 mg/dl and was taking K-Pio-15 mg twice a day, K.GlimM-1mg twice daily. Within 24 hrs of starting the D1D2C diet he could free himself of all drugs. Now he maintains his fasting blood sugar near to 110 mg/dl without any medicine. We received his reports through an email sent on 28th August 2014.

Conclusion: Mr. Mukesh Saini could free himself of drugs, diabetes and doctors within 24 hrs of following D1D2C diet.

Patient 2: He is Mr. Vinay Aggarwal. He attended my health seminar on 25th May 2014 in Faridabad. At that time he was taking Zanumet 1 tablet daily and was able to maintain fasting blood sugar level of 160 mg/dl. Now at the time of writing this book he is free of medicine and is able to maintain his fasting blood sugar level of 130 mg/dl.

Conclusion: Complete reversal of Diabetes.

Patient 3: Mr. Kalyan Sarkar, age 39 years, diabetic for the last 10 yrs, director Academic Liaisons, WizIQ. Before the D1D2C diet his medication was- Metformin 500 mg & Glimipiride 3 mg before breakfast, Metformin 500 mg before lunch, Metformin 500 mg & Glimipiride 1 mg before dinner.

He received D1D2C diet prescription through email on 21st Feb. 2014. As he reported he could follow only 75% of the D1D2C diet. Within first few days of following the D1D2C diet his medication reduced to Glimipiride-1 mg in morning before

breakfast, Metformin 500 mg before lunch and no medicine before dinner.

As reported by him, he is now able to enjoy sugar cane juice still maintaining a healthy range of blood sugar level. Now after 7 months, he is no longer taking any medicine and considers himself free of Diabetes Type-2.

Conclusion: Completely free from diabetes medication and reversal of Diabetes Type-2.

Patient 4: Mr. S. C. Gulati, a diabetic patient for last 16 years had been under the care of India's celebrated diabetologist Dr. Anoop Misra (Director and Head, Department of Diabetes and Metabolic Diseases, Fortis Group of Hospitals). Mr. Gulati visited my office on 28th June 2014. At that time his medication was as follows- Galvus met: 50/500mg twice daily, Eritel AM: 40+2.5 (twice daily), Glycomet 1+500 twice daily. He was able to reduce his medicine dose to about 1/3rd.

Conclusion: He could free himself of 2/3rd of the drug dependency. Here we must understand that he was on antidiabetic drug for the 16 years. Which means it may take more aggressive adherence to D1D2C diet and some more time for the body to recover itself from the side effect of drug dependency.

Patient 5: Mr. Mahesh Kaushik, 54 years old, associated with Life Insurance Corporation. He was diabetic for last 2 years and had been on Cetapin 1000X R (once a day) till the time he visited our office (on 4/6/2014). He has been following the D1D2C diet 100% and is totally free of drugs.

Conclusion: He could reverse diabetes completely.

Patient 6: Mr. Harish Kumar, a 46 years old teacher working with St. John School, Faridabad. He was diabetic for last 4 years.

He visited my office on 30 June 2014. At that time he was taking Zemet tablet, twice a day. His blood sugar used to fluctuate between 200 to 350 mg/dl. Within the first week of following the D1D2C diet he was totally free of all medication and also able to maintain his fasting blood sugar below 126 mg/dl.

Conclusion: He is totally free of diabetes.

Patient 7: Mr. Arun Kumar Pandey, 57 years old engineer with Government of India. He was on antidiabetic drugs for last 3 years. At the time of visiting our office (on 28/6/2014), he was under following medications: Morning - Tripide-2/Istamet (50/1000 mg). Turlogest-20 mg Evening - Gluconorm SR/1 stavret. Now he is totally free of all medications.

Conclusion: He could reverse diabetes completely.

Patient 8: Mr. Sushil Aggarwal, age 45 years. He was diagnosed with sugar problem on 5/5/2007 with P.P. blood sugar at 350 mg/dl. Before starting the diet he was under following medication. Glycomet GP-1 twice a day, Glucobay 25 twice a day. He started with D1D2C diet on 28/6/2014 within 2 weeks he could completely free himself of all the drugs and yet maintaining a healthy range of blood sugar.

Conclusion: On antidiabetic drug for last 7 years as expected, to recover from the side effect of the drugs he took 2 weeks and is totally free of all medication.

Diabetes Type-2 Patients in 1 Day Diabetes Reversal Initiation Program (on 12 July, 2014)

Patient 1: Mohd. Hasim Khan, a school bus driver by profession working for St. John's School, Faridabad. He was on Glimulin 2 mg, 2 tablets daily. On 12th July his fasting blood sugar was 244 mg/dl within 24 hrs of following D1D2C diet his fasting blood sugar on 13th July dropped to 128 mg. Both the blood sugar tests were conducted by Dr. Lal Path Lab.

Patient 2: Laxmi Chopra, a 60 years old lady. At the time of participating in the 24 hrs diabetes reversal camp she was consuming Zorylm 1 tab, cardace, turmix and chlozepam. On 12th, the fasting blood sugar 178 mg/dl. On 13th, after 24 hrs on the D1D2C diet her fasting blood sugar dropped to 122 mg/dl.

Patient 3: Mr. B. D. Verma, aged 72 years, diabetic for last 22 years was on following medication at the time of joining the 1 Day Diabetes Reversal Initiation Program: before breakfast: Euglin PS M2 1.5, before lunch: Jalra 50 mg, before dinner: Euglin PD M2. On 12th July-2014, his fasting blood sugar was 141 mg/dl. After we put him on D1D2C diet on 12th July, he had to forgo his before lunch medication. On 13th July, he could maintain a healthy fasting blood sugar at 107 mg/dl.

Patient 4: Mrs. Sanyogita Hans, a 65 year old lady. At the time of joining the program, her medication was : Trijent 5 mg before dinner, Humalog: twice a day, Lantus after dinner. Her fasting blood sugar on 12th July was dangerously high at 418 mg/dl. After putting her on D1D2C diet for 1 Day, the next day her fasting blood sugar dropped to 150 mg/dl.

While this is an account of our success stories of Diabetes Type 2 patients who were either a part of our 1 Day Diabetes Reversal Initiation Program or were already following our diet plan after their visit to our office. The success stories of Diabetes Type 1 patients are given in the next chapter.

Chapter Six

Diabetes Type 1 Cure

For some of you, despite of a number of convincing evidences and testimonials about the science of cure in last five chapters, accepting the word 'cure' for Diabetes Type 1 may not be much digestible. If it is so, it is absolutely a normal human behavior. Let us try to understand how a mind accepts a truth as real, through the following example :

In 1999, *American Diabetes Association* released a nutrition guideline for diabetic patients saying that for diabetic patient consuming up to 11 cans of soft drinks is Acceptable Daily Intake (ADI). A common human mind will not question this guideline and will accept it on its face value since it has come from supposedly the highest authority on Diabetes i.e. *ADA (American Diabetes Association)*, because ADA has successfully maintained the aura of being looked at as an ultimate authority in the field of diabetes. But here the point is to maintain the aura and acceptability in the mind of masses. Here rather than science, the commerce works! That is reason why the high publicity budgeted product like nutrilitite, herbal life, various kind of health drinks like bourn vita and horlicks still doing a business at its best in spite of the fact that scientifically it has been proven beyond any doubt and as reported in **Cochrane Database-2011**, the nutritional supplement are having no health benefits, what so ever rather can cause various kind of health hazards (as I explained in my book 'Heart Mafia'). Even

after one and a half decade since the release of the nutrition guideline by ADA in 1999, our common sense has matured enough and we know very well that even a single can of soft drink a day can be seriously harmful for diabetes patients. But it took more than a decade for our common sense to come out of the influence of the ADA released guideline and create our own understanding about soft drinks. It is just a matter of time for the humans to break the limiting belief about Diabetes Type 1 (that it cannot be reversed). Common human behavior sometimes resembles the mind of a baby elephant whose master has tied him with a chain. The baby elephant tries to free himself but cannot. When he grows up, his master takes him to forest where he uproots big trees and transports tons of log. After coming back from forest, his master again ties him with the same chain, he cannot free himself! Here in reality, it is not that thin chain which has held the huge elephant captive, it is his childhood limiting belief which is coming in between his freedom! But we are humans and our brain is much evolved than an elephant's brain. This book is an attempt to free you from the limiting belief about the reversal of Diabetes specially Type 1.

Majority of the parents of the Diabetes Type 1 patients, when they visit my office- start the conversation with, "Doctor, I was told by my diabetologists that Diabetes Type 1 cannot be cured and the patient has to be lifelong dependent on the insulin treatment". The parents are further educated that in case of Diabetes Type 1 more than 70% of the β -cells (which is responsible for producing insulin) are dead and the body will never be able to recover the lost β -cells and with time the remaining cells will also eventually die. This means a Diabetes Type 1 patient can expect a routine increase in requirement of insulin supply from outside since body's ability to produce it

will deteriorate day by day. Now if for reference, you take the data from the Educator's guide of *International Diabetes Federation (IDF)*, then you will be able to clearly identify the contradiction. Lets pay attention on the following facts popularized by IDF and ADA.

Fact 1: (It may not be the reality): More than 50% of the β -cells get damaged before the Type 2 Diabetes is diagnosed among patients.

Fact 2: Diabetes Type 2 is reversible.

If you take the fact as it is, then it is logically clear that once you lose the beta cells or if the beta cells are killed, the body can recover them over a period of time. However in contradiction, the Diabetes Type 1 patients are counseled that their body will never be able to reproduce the β -cells.

Here technically, saying that β -cells got killed is very harsh and also misleading rather the truth is β -cells are dormant and inactive for a while and upon providing an appropriate homeostasis of blood sugar the β cells again become active and start producing required insulin and the patients may not be dependent on outside source of insulin. The ability of the body can clearly be demonstrated from the example of one of my Diabetes Type 1 patient, 'Master Mehar'. A 9 year old boy who visited my office on 17 April, 2014 along with his father. His father reported that he is going under treatment from Max Hospital and his diabetologist Dr. Anju Virmani has already given him the sentence of living life with diabetes. I convinced him to have faith in miracle of the human biochemistry and to his surprise, within four days of following my recommended D1D2C diet (for Diabetes Type 1 Type 2 cure), he was forced to stop all the insulin doses as his son was able to maintain healthy blood sugar. Since then, till the time of my writing this book,

Master Mehar was totally free from insulin or any other medication. Here a common question asked by the parents is that how long the patients has to follows D1D2C (Diabetes Type 1 Type 2 cure) diet? Once the child has totally recovered from the disease, he /she must continue with the diet for 12 more weeks as that is roughly the age of the red blood cells of the body. Once you get brand new RBC's you will be as normal as anyone else and can live without the fear of reoccurrence of the disease. However you must remember even the healthiest person on earth cannot stay healthy if he challenges, abuses and disturbs the homeostasis of the body (as you read in Chapter 2) on continuous basis.

Some more success stories of Diabetes Type 1 Patients

Patient 2: His name is Sanjeev. He is a 13 years old shy boy and is a Diabetic Type 1 patient since last 5 years. He came to my office on 5 May, 2014. At that time his total insulin intake was 30 to 35 units in a day.

As a part of our protocol we made him fill the diet and medication form through which we try to understand the current, physical, mental and biological state of the patient. Dr. Indupreet took his case (I was out of station). He was given D1D2C diet and telephonic follow up was taken on a regular basis by my ex-patient and now a promoter of D1D2C therapy, Mr. Yogesh Mittal. As expected Sanjeev had to reduce his insulin dose constantly and within a month his dose reduced to 2 units of insulin per day. Everything was going fine except the fact that his father reported that Sanjeev has lost some weight in last one month. Although in this diet in first 2 months body is expected to lose approximately 10% of the total weight. In case of Sanjeev his BMI was 19 which means he did not have any further scope of losing weight. I suspected that Sanjeev must be

consuming the D1D2C diet much less than what we have recommended (keeping in mind his age and life style). I invited him and his father for a lunch in my office.

Here we gave him a lunch plate with recommended quantity of D1D2C diet. As expected he consumed less than 50% of his total body requirement. Here I persuaded him to eat and complete his meal. With little reluctance he ate and finished his diet. Here the important lesson is that the human mind is much controlled by his old habits. To break an old habit and change for good may sometime need little bit of will power. Here in this case we cannot blame Sanjeev for his behavior towards the diet; after all these days children are too choosy about everything around them.

How difficult a child's mind can be understood by the example of another Diabetic Type 1 patient, a 12 years old girl named Monika. My wife volunteered to motivate the Diabetic Type 1 child to eat this new diet. Monika's first response to the diet was "I will die but not eat this diet". Does the diet tastes awful? On the contrary the diet tastes very good. The only thing is, to consume this Nitric Oxide Diet, you have to chew it properly as it is made up of whole food whereas the children of this generation are more habitual of eating refined food. And this is the major cause of not only exponential increase in diabetes but also other life style associated diseases amongst youngsters.

Patient 3: His name is Aman. He is 14 years old and is Diabetic Type 1 for the last 3 years. His father runs a chemist shop in Panipat. He visited my office on 14 June 2014. At that time his medicine intake was as Morning 6-7 units of Insulin, Lunch 7-8 units of Insulin, Dinner 3-4 units of Insulin, and Lantus:15 units. Within the first 10 days of following the diet his insulin requirement was reduced to 3 units of Insulin in a day and 6-7

units of Lantus. During the follow up we understood that he could implement only up to 70% of D1D2C diet in his life style. Here I must emphasize that the D1D2C diet is so powerful that it restores the blood glucose homeostasis within 72hrs of following it except for the patients who have been under insulin therapy for more than a year and the insulin intake has caused much damage over the period of time. So if the patient is on insulin therapy for less than a year then it takes not more than 72 hrs of following this diet for the patient to be off the insulin therapy on the other hand if the patient is on insulin therapy for more than a year then for each year add 3 more days. That means in case of Aman it should take approximately 9 to 10 days for complete recovery from the Diabetes Type 1. But if he follows D1D2C diet partially then he may take much longer time to be fully off the insulin dependency.

Patient 4: His name is Aryan, a 17 years old boy. He came to my office on 14th June 2014. At that time he was on following medication, Insulin 4 units each in the morning, lunch and dinner, and Lantus basal 4 units at night. He was under Diabetic Type 1 medication for the last 14 months.

Within the first week of contacting him we found that his morning units reduced to 3. Lunch time dose reduced to 3 units, dinner dose units remained the same at 4 units. Lantus dose also remained the same.

However, he could maintain his blood sugar between 90-120mg/dl at night which earlier used to be above 200mg/dl. The major challenge with these school going diabetic patients is that it takes lot of effort by their already skeptical parents to put their child on this new diet even if it may mean a complete reversal of the disease within few days. Here also in case of Aryan, to our understanding on the basis of telephonic

feedback from his parents, he could follow only 50% of the D1D2C diet.

Report of Diabetes Type 1 Patients of 1 Day Diabetes Reversal Initiation Program:

As you already know, on 12th July we invited few Diabetes Type 1 & Type 2 patients and after monitoring their fasting blood sugar, we put them on D1D2C diet. Here is the report of the performance of Diabetes Type 1 patients.

Patient 1: His name is Akampreet, a smart and active 13 years old boy, Diabetes Type 1 patient for last three and a half years. At the time of joining the diabetes reversal initiation program (12th July 2014) at 7:00 am, he was taking Nova rapid 90 units a day on an average. On 12th July itself because of the influence of D1D2C diet, he was forced to reduce the insulin to 46 units, although the next day his fasting blood sugar raised to 196 mg/dl. This means had he pumped 48 units of insulin instead of 46 units he would have achieved the desired fasting blood sugar the next day.

Conclusion: Almost 45% to 50% reduction in insulin requirement within 24 hrs of the D1D2C diet.

Patient 2: His name is Kostubh, a cute 6 year old boy. He was diagnosed with diabetes at the age of 3 year. His medication before joining the 1 Day Diabetes Reversal Initiation Program are as

Humalog mix25 = 2 units morning; Humalog mix50 = 2 units night

During the program:

Humalog mix25 = 2 units morning

Humalog mix50 = 1 units night

Conclusion: The insulin requirement during the camp dropped by 25%. Here in this case the result would have been better but he travelled all the way from Bharatpur, Rajasthan to attend the program and some Diabetic Type 1 patients are sensitive to physical stress as it increases their insulin resistance.

Patient 3: He is Rahul, a 13 years old boy had been Diabetic Type 1 patient since March 2010. He continued with his routine 18 units of Humalog along with Encorate chrono-300 mg half, Frisium 0 mg half, Levipil 500 mg half. His fasting blood sugar on 12 July (before the beginning of D1D2C diet) was 93 mg/dl, dropped to 53 mg/dl the next day. Similarly his P.P. also dropped from 387mg/dl to 108md/dl the next day. Here, I must mention that the patients following the D1D2C diet must be very careful about their medication dosage. If they don't taper it carefully than they may land up in a hypoglycemic state. On 13th July, Rahul had to reduce the total insulin intake to 8 to 10 units.

Patient 4: He is Akshay, a 16 years old boy diagnosed with Diabetes Type 1 in March 2013. On 12th July his fasting blood sugar was 221 mg/dl. He could maintain a P.P. of 164 that day and didn't take his routine before dinner tablet Glycomet 500 mg. Still next day he could achieve 178 mg/dl of blood sugar (normally his fasting blood sugar used to fluctuate between 250 to 300 mg/dl).

All the evidences and references of the patients given in chapter 5 and 6 demonstrate simple yet powerful and long-lasting impact of D1D2C diet. By now this diet must have aroused lot of curiosity in you. Next chapter reveals the D1D2C diet and the rules that needs to be taken care of while following this diet.

Chapter Seven

The D1D2C Diet

The most important feature about D1D2C diet is that it shifts the blood sugar homeostasis towards the healthy range within the first 72 hrs of following it. So if a patient is under Diabetes Type 1 or Diabetes Type 2 medication or/and on insulin for not more than 1 year then he will be forced to abandon all his medication/insulin within 72 hrs of the diet intake otherwise he may face hypoglycemia (low blood sugar). So I recommend strongly that the patients must monitor their fasting blood glucose and PP glucose level daily, once they are on this diet. For the Diabetes Type 2 patient who is on medication for more than a year, he has to adjust his drug consumption appropriately on the basis of daily fasting and PP blood glucose level. As mentioned previously that D1D2C diet is able to reestablish the blood glucose homeostasis appropriately within 72 hrs of its implementation. But for the patients who are on medication for more than a year, the withdrawal of medication /insulin should never be sudden, as over the period of time the body has become addicted and habitual of the drugs. The complete withdrawal of the medication and full recovery of the patient will depend on the length of time he was under medication. For example for Diabetes Type 2 patient for each 1 year on medication, withdrawal from medication may take 2 days. For example if a patient of Diabetes Type 2 is on medication for last 10 years and now he decided to follow D1D2C diet. Then to withdraw the medication completely it

may take roughly 10x2 days i.e. 20 days of following the D1D2C Diet. However, the reduction of the medication dose should be in correlation with the improved blood sugar level (both fasting and P.P.). Similarly for Diabetes Type 1 patient, for each year on medication/insulin add 3 days. This means if a Diabetic Type 1 patient is under intensive drug/insulin therapy for last 10 years, the reversal may take 10x3 days i.e. 30 days of following D1D2C diet.

10 Rules for following D1D2C Diet

Rule 1: The quantity of food prescribed plays an important role. Both Diabetes Type 1 & Type 2 patient must eat a specified quantity of food depending on his age, weight and height. To calculate the quantity of various food intake refer to my patent pending invention - 'The HOBS Wheel'. **HOBS** stands for *homeostasis of blood sugar*. The patient may eat more than the quantity as calculated through HOBS Wheel but must not eat less than the specific amount (HOBS Wheel is not a part of this book and may require some training to use it).

Rule 2 : Time taken to consume a specific food also plays an important role. The patient must eat slow. The Diabetes Type 2 patients must take approximately double the time to chew and eat the food in comparison to the time taken while eating at a regular speed. For Diabetes Type 1 patients it must be preferably 3 times the time of consumption of food at a normal speed.

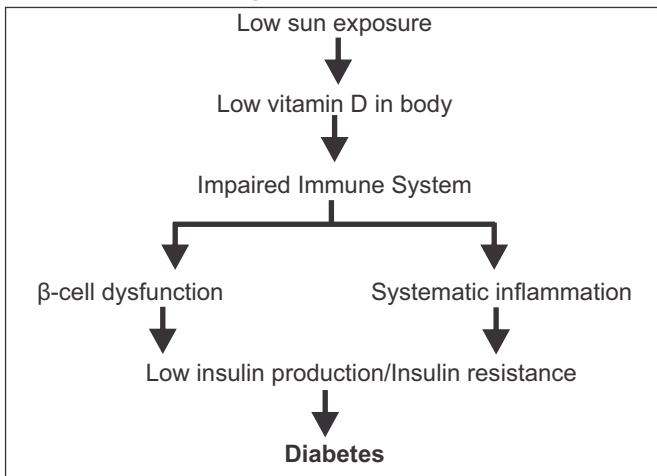
The mantra is chew properly and eat slowly.

Rule 3 : Have food at the same time every day. Don't fluctuate the time beyond the bracket of 15 minutes. This means you must fix a time for breakfast, lunch and dinner, and try not to disturb it beyond the 15 minutes bracket. Once you follow the fixed routine for few days, your brain will be able to anticipate when

the body will be receiving the food and accordingly will create an internal environment, which will help to maintain a healthy blood sugar level.

Rule 4 : You must stop consuming all kind of nutritional supplements, tonics and powders totally, as it interferes with the body's homeostatic balance (although this rule is in contrast to what is being advised in *American Diabetes Association Guidelines, 1998*).

Rule 5 : Diabetes Type 1 & Type 2 patients must expose themselves to direct sunlight for at least half an hour per day.



The above flow chart is the rough summary of the result obtained from the following independent researches.

S.No.	Year	Published in	Topic
1.	1980	Science	Vitamin D deficiency inhibits pancreatic secretion of insulin.
2.	1998	British Journal of Nutrition	Inadequate vitamin D status: Does it contribute to the disorder compromising syndrome 'X'.

S.No.	Year	Published in	Topic
3.	2004	American Journal of Clinical Nutrition	Vitamin D: Importance in the prevention of cancers, type 1 diabetes, heart disease and osteoporosis.
4.	2005	Diabetologia	Vitamin D and Diabetes.
5.	2007	National Cancer Institute	The sunshine vitamin : benefits beyond bone.
6.	2007	New England Journal of Medicine	Vitamin D deficiency.
7.	2007	Clinical Endocrinology and Metabolism	The role of Vit. D and calcium i type 2 diabetes: A systematic review and meta-analysis.
8.	2008	American Journal of Clinical Nutrition	From Vit. D to hormone D:Fundamentals of the vitamin D endocrine system essential for good health.
9.	2008	Diabetes Obesity and Metabolism	Role of vitamin D in the pathogenesis of type 2 diabetes mellitus.
10.	2008	Diabetes Education	Vitamin D and Diabetes: Let the sunshine in.
11.	2009	Journal of Clinical Endocrinology and Metabolism	Expanding roles of Vitamin D.

Rule 6: The Diabetes Type 1 & Type 2 patients must discontinue eating the following :

- ✓ All kinds of dairy products including cheese, milk, butter, ghee and curd.
- ✓ All kinds of refined food including refined sugar, salt and refined oil.
- ✓ All kinds of packed food including biscuits, sauce, jam and bread.
- ✓ All kinds of animal food including fish and poultry.

Rule 7: Patient must spend about half an hour or more in some kind of physical exercise where he has to breathe deeply. The physical activity may include playing badminton, brisk walk, jogging or any kind of breathing exercise.

Rule 8:

The first thing in the morning : As you get up from the bed, start with chewing 10 leaves of tulsi along with a small piece (size of your nail) of ginger. You must chew it slowly like a mouth exercise holding it in your mouth for 5 mins. The juice of tulsi and ginger, once it reaches intestines work as a signaling agent and stimulate and prepare the pancreas for producing insulin.

Next in the morning : Once you finish with chewing tulsi and ginger, you may consume coconut water. It is the nature's mineral water. You must understand that the diabetic patients specially the ones who are undergoing medication are often deficient of necessary minerals. Early in the morning, when the body cell receptors are most active, the coconut water can help to restore the mineral balance in the body.

The Nitric Oxide (NO) breakfast : This can be a very powerful and stimulating breakfast for the diabetic patients. As you

know because of the higher amount of blood sugar among the diabetic patients, the inner lining of the blood vessels (endothelial layer) either gets inflamed and sticky or gets clogged, leading to the risk of heart attack and brain stroke. The nitric oxide breakfast helps to produce necessary nitric oxide which improves the health of the endothelial layer, hence clearing the blockage and associated sickness:

How to prepare nitric-oxide breakfast:

Ingredients:

50 gm sprouts, 50 gm coconut, 20 gm almonds (soaked overnight), large tomato, 1 medium sized beetroot, 1 green chili, few coriander leaves, lemon to taste.

Method:

Take beetroot, peel it off and cut it into bite size pieces.

Now chop tomato, green chili and coriander finely.

Now take a bowl add badam, sprouts, tomato, beetroot, green chilli.

Add lemon to taste.

The quantity of breakfast : As specified in the diet plan (in accordance with HOBBS Wheel)

Total Time to consume the breakfast should be around 30 mins.

Mid morning snacks : After 2 to 3 hours of eating breakfast, you have to refill the body with soluble carbohydrates which you will mostly get from fruits. Here I will encourage you to first check your blood sugar. Like most of the diabetic patients you may be surprised to see that the blood sugar will be much towards the lower side in comparison to your blood sugar at the similar time on any other day of the past. This also means that you have to compensate this reduced blood sugar load by

adjusting your afternoon medication. In case of patients on insulin, they may reduce bolus insulin depending upon their glucometer reading. As mid morning snacks you may choose one or two types of citrus fruit roughly around 300 gms. Here it is important to remind you that your blood sugar level depends on three factors :

- 1) What you eat
- 2) How you eat i.e. time taken to consume the food.
- 3) The quantity you eat

While consuming 300 gms of fruits you must take at least 20 minutes to consume it.

Rule 9:

The lunch : The lunch can be Rainbow Vegetable Meal. Here we must understand that nature has produced vegetables with variety of colors and each color of the vegetable (as well as fruits) interact with the body in a unique manner helping the body to maintain the required homeostasis of not only the blood sugar but also the temperature, blood pressure, water composition in the body and the mineral balance. In reality, all types of homeostasis of the body are interconnected and disturbance in any one of them will eventually disturb the other. So to re-establish the homeostasis of the body not only we need to consume multicolored vegetables but also it must not be cooked, as cooking destroys the ability of nutrients to sense the body's current status of homeostasis.

How to prepare Rainbow meal:

Ingredients:

2 large sized tomatoes, 100 gm french beans, 2 large capsicum, 1 green chili, lemon to taste, coriander to taste, 50 gm chana-daal.

Method:

Take cucumber and peel it. Now cut tomatoes, cucumber, capsicum into bite size pieces.

Take soaked chana-daal and steam it for 20 minutes on a low flame.

After that take a bowl, add all vegetables, steamed daal, coriander, chilli and lemon to taste and mix well. Its ready to eat with tomato dip.

+

Tomato Dip

Ingredients :

1 tomato, 30 gm fresh coconut, green chili, garlic to taste, lemon to taste.

Method:

Take all the items and blend them well in a blender. For the quantity refer to HOBBS Wheel. For an average male it should roughly be 1/2 kg.

And time to consume must not be less than 30 mins.

Post lunch/evening snacks : You may have the similar fruit snacks, as you did in the mid morning. In case it is the time for taking the next dose of medication or insulin shots you must first check your blood sugar level as the rainbow vegetable lunch has the potential to drop the blood sugar level substantially low. Although the mechanism how it does so, is not completely understood but probably it plays three major roles:

- 1) The rainbow vegetables help intestines to regulate the absorption of glucose in the blood stream.
- 2) It stimulates the dormant/sleeping beta cells.

3) It reduces the insulin resistance of the muscles and tissues.

The dinner : You must consume dinner by 8:00 pm as after this, the circadian clock of the body switches to a different mode. Your body reduces its metabolism rate and focuses more towards other important functions like growth and maintenance of the body cells and tissues.

The diet for the dinner can be the same as that of the lunch.

Rule 10:

Alternative to Nitric Oxide Breakfast and Hawaiian Meal in case of emergency or just for a change.

Select any four types of vegetables (preferably of different colors), one of them can be bitter in taste like Karela (bitter gourd). Steam (not boil) them together for not more than 15 min. Quantity of food, time to consume to be the same as per prescribed breakfast, lunch or dinner.

Rule 11 :

Type of Patients

I have divided the patients visiting my office into four categories depending on their will power and attitude towards change.

1. Patient A- strong will power
2. Patient B- moderate will power
3. Patient C- weak will power
4. Patient D- no will power

Refer to the following table for greater understanding of how you may adopt the D1D2C diet for reversal of diabetes.

Category	Category A	Category B	Category C	Category D
Patient's mental set up and attitude towards life.	These are the patients with strong will power. They are able to follow the D1D2C Diet.	Patient with moderate will power. They are willing to follow the D1D2C Diet up to 70%.	Patient with weak will power. They are willing to follow the D1D2C Diet up to 40%.	Patient with no will power or desire to change.
Flexibility	No flexibility	Follow the D1D2C Diet 100% up to lunch. For dinner you may continue your routine/ std. Indian Diet but don't forget to add 300 gm of raw vegetables salad.	Follow the D1D2C Diet till 12 noon (Breakfast + snack). Continue with routine std. conventional lunch & dinner but add 300 gm of raw vegetables salad in each meal.	They don't deserve to be healthy again.
Time of total recovery	Between 24 hrs to 1 week	Nearly one month to 3 months	More than 3 months	Will remain diabetic life long

FAQs

Q. Doctor, you have stopped all dairy products, how will our body get its calcium? Don't you think our bones will become weak and fragile?

Ans: It is a myth that milk is the major contributor to our body's calcium requirement. Rather it is responsible for calcium toxicity in the body and often results in kidney and gall bladder stone. No animal on earth drinks milk beyond first few months of their life. Don't you think that by now all the animals should have been on crutches. In fact the animal bone density who share the similar or near to similar body mass to humans is 6 to 10 times of the human bone density. This includes various kind of cattle, dogs etc.

Q. In this D1D2C diet the carbohydrate content seems to be reduced substantially as this diet does not include grains and sweets?

Ans. In D1D2C diet you will get required carbohydrates from fruits and vegetables. According to the USDA standard the required amount of carbohydrates for an average male is set at 130g/day. Through this diet you are getting an average about one and a half times of the average recommended amount of carbohydrates intake.

Q. What about protein and micronutrient intake?

Ans. The amount of absorbable proteins which you are getting through this diet is nearly double the recommended amount. Similarly important micronutrients including iron, iodine, folic acid etc. are calculated meticulously keeping in mind the age, weight, height and the recommended daily requirement.

Here we must understand that the amount of protein, carbohydrates or other nutrients absorbed by the body is not

directly proportional to the amount of food intake. Rather it depends on the source of food which we consume. For e.g.

1) Person A, consumes fresh oranges (assuming it contains 100 mg of vitamin C).

2) Person B, consumes 100 mg of vitamin-C pills.

Here, the 100 mg of vitamin C from pills is totally in unabsorbed form and our body may not be able to utilize even 5% of it, whereas the 100 mg of vitamin C from fresh orange is totally in absorbable form and the body will be able to utilize up to 95% of it.

Q. Is there any side effect of this diet?

Ans. There is no side effect of any kind. However some people with excess fat deposit specially visceral fat near the abdomen region loses unwanted weight. Some people may experience loose bowel motion. It is just a way this diet cleanses your colon.

Q. Till how long should I follow this diet?

Ans. You can follow this diet safely as long as you want. But for better results you should follow up with us after 15 days of following the diet. On the basis of your progress appropriate changes may be necessary.

It may be understandable that the diet for cure will depend on the medical history, the current condition, medicine taken and of course on the height, weight & waist size of the patient. And also most of the patients have multiple medical conditions i.e. say diabetes with high blood pressure or heart disease for last few years followed by recent detection of diabetes or just diabetes but while visiting my office briefly might have developed constipation or may be under some level of mental stress of depression. This means there cannot be one diet fit for all. And also on the basis of how the body is responding to the

diet, you may have to keep on modifying the diet as well. However to simplify the whole process and also to let you have at least a good beginning, I have prepared a sample of D1D2C diet with which you can start your journey towards the cure. I understand it is human tendency to resist the change. So, I suggest you may start the new diet in small steps. For example in first step rather than adopting the complete D1D2C diet, you may decide to follow just the breakfast routine for the first 2-3 days and gradually you may add the lunch menu and followed by the D1D2C dinner menu.

In the whole diet you might have noticed that the grains have been completely excluded. Most people may fear that the body may be deprived of the necessary carbohydrates as many of you believe that the grains are the major source of carbohydrates and energy. On the contrary, with this new diet your body is getting carbohydrates more than what is being recommended by USDA.

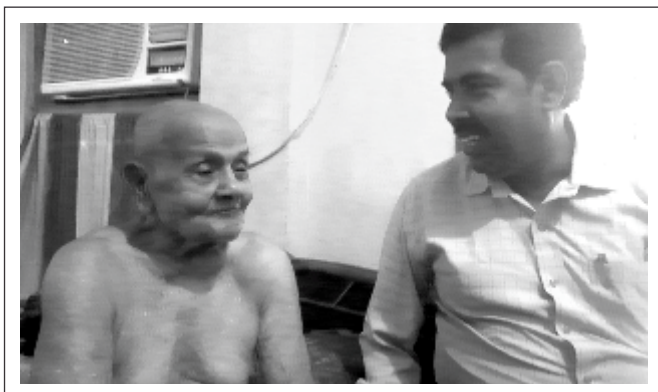
Similarly although in this diet the dairy product is totally restricted but the amount of calcium supply to the body through this food is quite substantial and is in line with the recommended daily allowance. This diet will provide you with required amount of protein, carbohydrates, fat and minerals including calcium, iron, vitamin, sodium etc. equivalent to the daily requirement of the body. The only thing is the source of the nutrient is changed and that is going to make an ultimate difference. As you have already read in Chapter 4, that not all the protein or carbohydrates or fat or for that matter minerals are same. How each of the nutrient will interact with the body will depend on many factors including from which source and in which form and also under what circumstances the food is being consumed.

That is the reason I always take time to counsel my patients about the importance of eating slowly and also having mental peace can make a lot of positive difference. Similarly other important factors including half an hour of exercise every day at least and a minimum 15 minutes of sun exposure can play a major role in reversing the disease. Here it is important to understand that while putting yourself on the above diet, exercising moderately and few minutes of sun exposure along with maintaining the mental peace results in body's ability to activate its collateral arteries. Medically it is called *natural bypass* or *arteriogenesis* in which new blood vessels are activated, bypassing the clogged arteries resulting in reestablishing the required blood pressure and eliminating the chances of heart attack and brain stroke. The new artery formation also leads to reestablishing the required oxygen supply to the region of the body which is deprived of necessary oxygen hence halting and even reversing the progress of various kind of tumours and cancerous growth.

Chapter Eight

What I learnt from the World's Longest living human

It was 21st August 2014. I was browsing through my fresh emails. What I saw was not only one of the greatest mail I had ever received but also, it was the greatest achievement of the mankind. The mail was a claim for the Record of Longest Living Human on Earth. The present record of the longest living human is held by *Misao Okawa of Japan (born March 5, 1898)* and her age at the time of writing this book is 116 yrs. Whereas the new claim for the longest living human which I received in my email is for 121 years. As a chief editor of Asia Book of Records, I got several opportunities to closely understand the life of longest living humans. One of the recent longevity achievement is that world's first professional body builder who crossed hundred years of age, *Mr. Manohar Aich* (affectionately known as Pocket Hercules) on march 17, 2012.



Pocket Hercules with India Book of Records Official

Besides one part of my work profile as keeper of the record of human excellence, the other major part of my work profile, as you know through this book, is of a health professional, which gave me the opportunity to not only closely understand the sick but also to spend time in the world's sickest nation Kuwait (with highest percentage of diabetic patients). Now keeping both the extremes of human health side by side, it would be easy to understand, comprehend and solve the puzzle of human sickness. I strongly believe that to understand the science of living healthy, spending a decade or so in medical college may not be sufficient rather trying to find an opportunity to observe the lifestyle of the longest living people may bring you close to the truth. Had going to medical school been the best way to acquire knowledge about health, all the doctors would have been healthier than rest of the population. Rather these days, doctors seem to be more sick. So I never lose an opportunity to learn from the longest living people.

As I read the mail, I immediately contacted my Vietnam medical team. The head of our Vietnam medical team is Dr. Hoang Hiep, a popular cardiac surgeon from Ho-Chi-Minh city. I forwarded him all the contact details along with address and telephone no. of the longest living woman. Besides my medical team's basic purpose of the official visit to 121 year old woman's house to verify the claim, the other purpose was to understand the secret behind her longevity.



Figure 1: Vietnam Medical Team



Figure 2 : Dr Hiep (right) with the longest living woman Nguyen Thi Tru

After much interaction with Mrs Nguyen Thi Tru and her family members, Dr. Hiep could gather 5 points which might be the contributing factor of her longevity:

The first point: She had been fruit lover since her childhood and ate lots of fruits. Her favorite fruit is Banana. Let's try to understand how this behavior of eating lots of fruits can be an important contributor in the person's health. Take the reference of the Noble Prize winning science 2012. It says how long you live depend on the length of telomere, a protective coating at the end of chromosome of each cells. With time the length of telomere shortens. To understand take the example of a shoe lace. Imagine shoe lace as a chromosome of the cell and the end plastic protective coating of the lace being the telomere.



Now the longevity of the shoe lace (chromosome) depends on the protective ability of the end plastic coating of the lace (telomere). The protectivity of telomere depends upon a special chemical called telomerase which the body produces. According to the noble prime winning scientist Elizabeth Blackburn.

3 months on raw fruits & vegetables

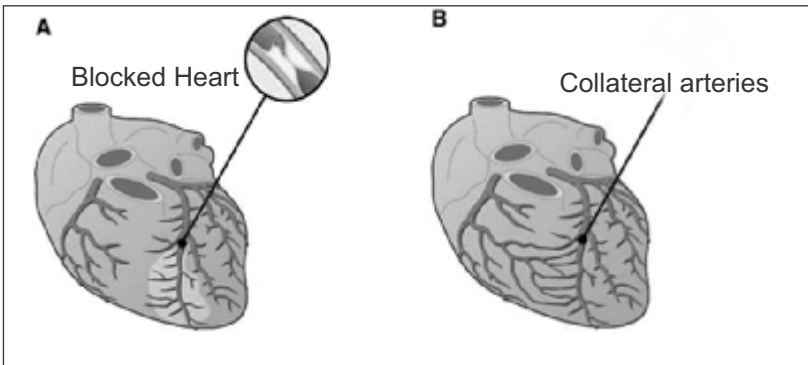


Increase in telomerase productivity



30% increase in telomere

Point Two : She never consumes anything refined even sugar she consumes in its raw form. How can we relate their habit to her longevity. To understand it think of a car with stepney. The purpose of the stepney is to help you continue with the journey even after one of the tyre got punctured since you can replace it with the stepney. Similar to stepney, human body consist of infinite numbers of micro stepney all across the body to protect the body in case of emergency so that you may continue with the journey of life. The stepney of the body is called 'collateral' arteries.



As seen in the above diagram the collateral arteries are mainly dormant arteries and only if the main arteries get blocked and the flow of the blood is interrupted, the body uses the alternative way i.e. it opens the collateral arteries. The body's ability to open the ends of collateral arteries is called *anasthmosis* and the whole protective mechanism of the body is known as *Natural Bypass*. Body's this ability can save a person of heart attack and brain stroke and other life threatening medical emergencies. However body's this protective ability is compromised when an individual lives on refined food such as refined sugar, salt, refined oil and various kind of packed food. In my clinical experience (as I explained in my book 'Heart Mafia') whenever a patient comes to me with a report of 70% or more blockage of the heart arteries and is recommended for angioplasty or bypass surgery. I have seen that in more than 70% of the cases. the patient is able to reverse the heart disease just by following by 2 simple instructions by.

1. Stop consuming all kind of refined food.
2. consuming mostly raws fruit & vegetables.

A recent case of one of my patient is a classic example of it. He is 47 years old and already implanted with stents 2 years back. Through angiography it is reported that there was again more than 80% blockage at the site where stent was implanted and is recommended for bypass surgery. I convinced him to live on a special diet (free of refined food and full of raw vegetables & fruits) for 3 months and the body will be able to utilize the collateral arteries and will be able to create a natural bypass and hence he can safely avoid being a victim of bypass surgery (read about the harm of bypass surgery in my book 'Heart Mafia').

He could follow the diet recommended by me for little over a month, but under the pressure of society and also the guidance

(or misguidance more appropriately) of the doctors he underwent a bypass surgery in Medanta Hospital. The surgery was performed by Dr Naresh Trehan. After the surgery the accompanying assistant surgeon Dr Vinay Agarwal reported to my patient that he could see some sign of collateral arteries development leading to the natural bypass which was not seen earlier/during the angiography, previously. It was a matter of curiosity/surprise that 'what might have lead to such positive development which was missing a month before. Clearly enough as in the case of my patient. Mr Alok Kumar Srivastava. and mentioned and explained in noble prize winning science 1998, by Dr. Louis Ignarro. He explains, if you put your body under favorable conditions by providing an appropriate diet, it can open and utilize its collateral arteries and hence can save a patient from life threatening diseases including diabetes, heart disease, kidney dysfunction and many kinds of cancer.

Point 3: If you are ill, don't visit a hospital.

Although at first, this thought for longevity seems to be contradictory and confusing but it will be acceptable to you if you know the single largest reason for human deaths are hospital errors and the side effects of the treatments/ drugs (as I explained in my book 'How to Return from the Hospital Alive').

As you have seen through this book that the medical science has lost its credibility under the influence of excessive commercialization. To understand the seriousness of the issue consider the last months (August 21st, 2014) shameful medical expose. The expose is about *MMR* (Measles, Mumps and Rubella)Vaccine. It is a compulsory vaccine in India which is administered to the babies at the age of 12 months or so. On 21st August 2014, one of the scientists of *Center of Drug Control* (CDC

is an establishment of USA govt) Dr. William Thompson exposed that CDC has purposefully concealed the much established evidence that MMR vaccine increases the chance of autism among the non white infants by more than 350%, just for commercial gains. To prove his claims he released some confidential documents dated 2002 and 2003 (through my investigative health journalist network I could get hold of some of the highly secretive documents of American Government). Now you may easily solve the puzzle.

- In 1971 before MMR vaccine 1 in 500 children used to be autistic.
- Presently 1 in 35 children is autistic.

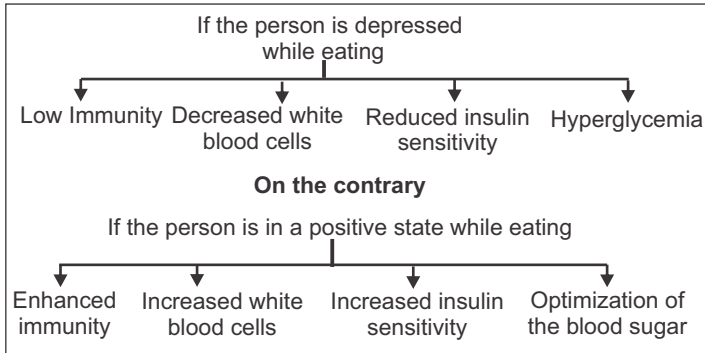
Why?

Today it has been proved many times that various kinds of vaccines which are supposed to have a protective value are rather the cause of mental disorders among children. (most of the vaccines are banned in many European countries).

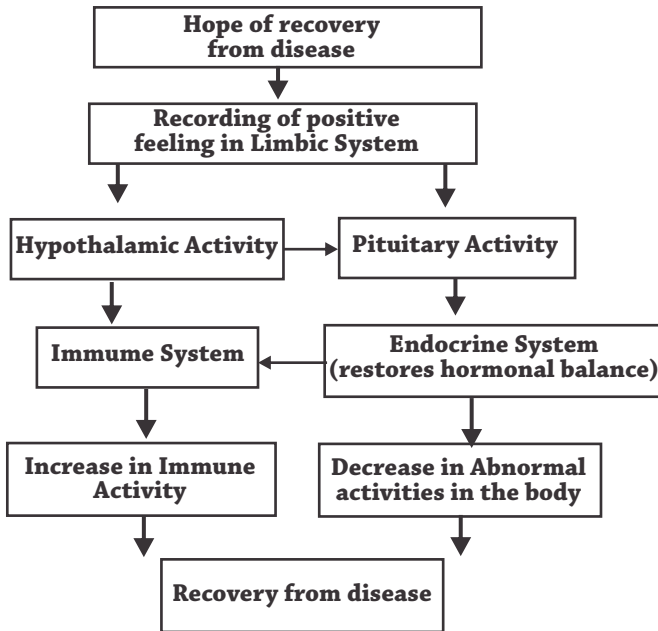
In a broader sense I am convinced that these days ultra modern super specialty hospitals are not for patients but for profit. So to protect your health avoid going to hospitals or may I suggest you to read my book 'How To Return from the Hospital Alive'.

Point 4: Always be optimistic about life.

I strongly believe that having positive outlook towards life can be considered as single most important contributor to the longevity of humans. We must understand that the way the food is going to get metabolized in the body depends on many factors including the mood of an individual at the time of eating food.



To understand the effect of mood in human body you may refer to the following mechanism (as I have explained in my book "Heal without Pill") which explains how the positive state of mind and the hope to recover from a disease can actually get translated into reversing a disease.



A Mind / Body Model of Recovery

Hope of Recovery from Disease

The results of your beliefs in your opportunities for recovery, coupled with your “redecision” about the problems you face, are an approach to life that includes hope and anticipation.



Recovery of Positive Feeling

Renewed feelings of hope and anticipation are recorded in the limbic system.



Hypothalamic Activity

Once these feelings are recorded in the limbic system, messages are sent to the hypothalamus reflecting the altered emotional state that includes an increased will to live. The hypothalamus then sends messages to the pituitary gland that reflect the altered emotional state.



Immune System

The hypothalamus in turn reverses the suppression of the immune system, so that the body's defenses once again mobilize against abnormal activities in the body.



Pituitary Activity/Endocrine System

The pituitary gland (which is part of the endocrine system), receiving messages from the hypothalamus sends messages to the rest of the endocrine system, restoring the body's hormonal balance.



Decrease in Abnormal Activities in the Body

With the hormonal balance restored, the body will discontinue abnormal activities in the body and body starts revitalizing its defense system to cope with the illness.

Point 5: Helping others.

Dr. Hiep told me that Mrs Nguyen Thi Tru gave an equal weightage to helping others as one of the contributing factor of her long disease free life. She advocated strongly that one should not miss any opportunity to help others. For many of us "helping others" as one of the cause of longevity may seem to be unscientific.

To explain how helping others can contribute to your health let me borrow a page from my book "Scientific methods to top every exam of life".

The Thought Travel

The space, the air, the "Ether" between us is unseen and appears to be non-existent. And yet it is made up of the same atoms and molecules and combinations of hydrogen, oxygen, nitrogen, etc., that our bodies and other material things are made of. Because we can see our bodies, they are real, but because the molecules in the air do not register in our range of our sight, we feel that they do not "exist" and therefore the space between us appears "empty" to us.

The scientific study of biology has made discoveries to help us under-stand more about the "Space" we live in.

Scientists have found that thoughts are transformed into molecules called neuro-peptides. Same is true for the emotions. Emotions are the feelings we get as a result of what we believe and what we think.

Emotions are thoughts on a sensory level. This discovery explains certain mystical and supernatural phenomena. Did you ever walk into a room and got an uneasy feeling, that

you've walked into the middle of a conflict? How could you sense that?

Very simple , you came in contact with one of the neuropeptide molecules floating in “empty” space produced by one of the persons in that room.

In fact, you can “sense” anything that has happened, even in an empty room. You can sense “the trouble in the air”. The molecules of trouble, anger, or whatever emotion can be intercepted and registered, even with our limited sensory capabilities.

It is called the heart's electromagnetic field-by far the most powerful rhythmic field produced by the human body- not only envelops every cell of the body but also extends out in all directions into the space around us. The cardiac field can be measured several feet away from the body by sensitive devices. In fact heart's field is an important carrier of information and transport information's and emotions into other person's brain.

As you have already understood how your emotions contribute to your health, you can now connect that your emotion can be influenced by other person's attitude towards you. Here you may be able to connect how helping others may be good for your health and can even help you to live longer. With reference to my research in the field of mind training in the last two decades and also on the basis of my interaction with my students and feedback from my patients, I can conclude that the human brains are basically wired to help each other. That is a very natural tendency with which we all are born. It is only when a few of adaptable brains are exposed to antisocial

conditions for long period of time, may get influenced, transgress and get involved in inhuman activities for which the human race should not be known.

I am ending this book with the hope that someday I hear from you or meet you so that we may help each other to make this planet a better place to live. You may contact me at

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“ Every year about 8 Crore people in India
go below poverty line to meet the expenses
for treatment of Life Style Diseases.”

-WHO Report 2011

“1947 तक देश अंग्रेजों का गुलाम था
आज देश अंग्रेजी दवा का गुलाम है”
-डॉ. विश्वरूप राय चौधरी

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DIABETES - A POLITICAL DISEASE

The book explodes the biggest ever deception of the modern medical science i.e Diabetes. It also attempts to explain that diabetes is less of an endocrine disorder and more of a political disease and finally equips the reader with a simple method which can help an individual to cure himself of 3D's - Diabetes, Drugs & Doctors and save the nation of a massive economic burden. This book is an outcome of author's personal account of living in a nation with highest percentage of diabetes patients (Kuwait, 17.5%) to spending time with the world's longest living human (121 yrs old Nguyen Thi Tru).



Dr. Biswaroop Roy Chowdhury

- Specialization in China Study, Cornell University (USA)
- Two Guinness World Records (Mind & Body)
- Biography featured in 2012 edition of Who's Who in the World
- Advance Certificate Course in Diabetes, Cleveland Clinic (USA)
- Member- American Diabetes Association
- Inventor - HOB'S Wheel for Diabetes
- Chief Editor- Asia Book of Records
- International Education Innovator Award-2014

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