Introduction to Sleep and Diabetes

Hi, it's Doctor Wells again. I'm your host of the Sleep Deep Summit. New approaches in treating sleep apnea and insomnia. I'm really excited about the next guest.

You're going to want to give her all your attention. It's Doctor Beverly Yates who, is the inventor of the Yates protocol. She's a licensed doctor of naturopathic medicine, and her expertise is in the field of diabetes management, particularly that with which you can do at home and doesn't have to be a mental and, emotional burden.

So I'm very happy to see you today, doctor Yates. Welcome. Hey, thank you so much, Doctor Wells. I'm so excited. Really looking forward to our conversation.

I know that you and I are simpatico, and our point of view of the critical importance, the essentiality of sleep. It's it's. We gotta have it, right? It's not optional.

Absolutely. And I like to tell people that, you know, when it comes to your health, you need to get your nutrition right. You need to get your physical activity right, and you need to get your sleep.

But there are not necessarily three pillars. I feel like sleep is the foundation on which nutrition and exercise sit. So I just looked up this statistic and it's hard to believe.

But one out of three Americans has prediabetes. And diabetes is also very common. Actually a little less common than obstructive sleep apnea. And they both share this problem with many people are undiagnosed so far.

What do you have to say to that? Oh my gosh. You know, these are the epidemics, really pandemics that are facing the entire planet right now. It has broadened past the industrialized world and it just seems to me like humankind is really struggling.

I agree with you. Sleep is the foundation of all health, right? Sleeping is healing, and healing is sleep. And in this moment, people are clearly having struggles of a variety of kinds.

And where this interacts with blood sugar issues with type two diabetes, prediabetes, type one diabetes, type 1.5 diabetes, dementia, Alzheimer's, all these things that are so sensitive, the blood sugar, you know, PCOS, metabolic syndrome, this is a big deal.

So we really have to find ways, practical ways to help people sleep better and untangle any interaction with their blood sugar. Because unfortunately, what people don't know, for people who have disordered sleep or who have sleep apnea, things like that, they're far more at risk to have type two diabetes or pre-diabetes.

They are far more at risk, and no one tells them that. And when you think about how these two things get going, you realize, oh, how could it not be anything else, right?

It's not fair to not tell people what they're at risk for, and then help them avoid these things where possible, or reverse it where possible. You know, agree.

And the bidirectional relationship between sleep problems and diabetes management, or risk for diabetes, I think, is not on the tip of everybody's tongue.

It's not that intuitive. Can you, explain for the audience what the connection is between sleep problems and problems with managing blood glucose? Yep. I'll be happy to do it.

So one of the things that happens, and I think this will probably be the most direct path, I hope the clarity, because I know we're speaking both to the general health consumer, along with other health professionals who are on our summits, is the fact when you have disordered sleep, when you have struggles with sleep, your body can become awash in catecholamines.

How Poor Sleep Disrupts Blood Sugar

That's awash in adrenaline, you know, awash in cortisol and for those who have watched other things or who are aware of the impact of these hormones and neurotransmitters, we know that those are responses to stress.

Your body feels like when it's not sleeping well, you know, whether you have insomnia or whether you're up a lot at night to pee, which can be an early warning sign.

By the way, folks, if you have blood sugar dysregulation in diabetes, you frequent urination, right? You know, sometimes these things are coming together.

And in that moment, because you are under the influence of all these other chemicals when you should be resting, restoring and resetting. Remember, sleep is a massive opportunity every night to hit the reset button, start the day afresh.

But if your sleep's a hot mess, that doesn't happen. That restoration, you know it's missing. Your gut doesn't reset, your brain doesn't reset, your soul doesn't reset, your mental wellness doesn't reset.

You know, all of these things that are simply not getting a chance to hit the pause button. And as a result, then you become much more likely to gain weight, much more likely to have all kinds of mood issues, whether it's anxiety or depression.

Be really irritable and crabby. This can have profound relationship issues because the other person, if you are in a partner situation, is probably not big in your attitude.

You know it, or at work, you know your work might be compromised. Your ability to make decisions, all sorts of things just go swirling the toilet bowl because the sleep issue is so fundamental.

So change your body perceives bad sleep as a stressor. It really signals catecholamines, those stress chemicals. But you're not working them off. You're not in the gym, you know, lifting weights or running or any of those things that so you're not working on those chemicals.

And as a result, they're circulating in your body. And and frankly, that's doing all kinds of harm and setting you up for the increased risk of heart attack strokes and the consequences, and that that chronic rise in blood sugar to meet that chronic rise in the catecholamines and the stress chemicals, including cortisol and adrenaline.

What happens with that is if you were really fleeing from a bear or tiger, you actually have that kind of clear stressor. You'd be running and working those chemicals off if you had to lift a car off of a loved one, you'd be lifting, you'd be working those chemicals off.

But because you're asleep and you're in the fight of your life with these difficult sleep problems, you're not working those chemicals off. So when you wake up in the morning, you feel like you ran a marathon and got hit by a truck.

This is a bad combination. It does not feel good. It leads to weight problems or a harder time hanging on to healthy weight. It leads these mood problems. It also leads.

Unfortunately, this is the one Doctor Wells. It's a real kicker. So unfair. It leads to a desire to eat all kinds of foods that aren't healthy. You're not going to be craving, you know, cucumbers and celery or spinach will not be great.

You're going to crave two kinds of foods very specifically, because now other hormones have come to respond to

this poor sleep situation. I call them the twin gremlins.

Naked, tangled up. They are leptin and ghrelin. So as a result, you're going to be more hungry, right? So growling your stomachs hungry. Think of that as ghrelin.

I think it's well named because it sounds like growling right? The other one is leptin. To tell you when you have reached satiety, when you're satisfied, when you're full, those are probably going to get this order to.

And the result is you'll be hungry for either sweets or savory umami foods that are high calorie. This is a problem. So when you wake up in the morning, like, I mean, you know, again, you're going to want this stuff. It's no good.

No good for you. And preferentially to be driven towards something that's just going to lead to a cycle of potentially bad habits. And it's critical that you have a plan for how you're going to handle the morning after a bad night's sleep and lunch time, too.

If you have that plan in place, it'll really help you avoid some problems that inevitably seem to nip people. Yeah, and one of the things that I see in my practice is that when people aren't getting healthy sleep, they sort of stop expecting their sleep to be restorative.

And when they're feeling depleted and like they have, tiredness and a lack of energy, they start turning to food as a source of energy. And oftentimes it's the high processed food, the snack foods.

And there's more impulsivity around eating those foods because a sleep deprived brain is very reward driven. So, I love what you said about having the stress hormones, the increase both night and day as a result of stress, response to sleep loss.

There's also a reduced insulin, response or even insulin resistance. Can you say more about that? Yeah. So part of what's going on is, you know, if you think about it, the entire endocrine system, all of our hormones are unhappy when we're not sleeping.

Right? So, you know, just to add insult to injury here, put a little salt on that open wound is what goes on with insulin. And so your insulin becomes less and less sensitive.

Or another way to say it is increasingly resistant in doing its job of grabbing up that extra glucose, that extra blood sugar that's in your bloodstream.

So when you're stressed your body's going to release more glucose and there's more cortisol present. There's more glucose present because those two supposed to go together.

Cortisol says we're stressed. Glucose says, hey, here's your energy source. You need to go be a superwoman or Superman. Go get it right. However, and in a chronic situation, you're not working that stuff off.

It's still circulating in your blood. This is a problem. So then insulin comes out, right? It's like, well, there's all this extra blood sugar out there.

Let me go get it. And after a while, the two are completely mismatched. And so when in the chronic situation, the cells as a signal kind of stop listening to insulin and and supposed to grab all that extra blood sugar and bring it inside the cell to make it available for energy, that process gets less and less efficient over time.

So that means that extra glucose that's circulating in your bloodstream, right? Your blood sugar that gets stored instead in your liver. And so this is how you get fatty liver.

This is how you get an extra abdominal fat around. You know, your belly, your waist area, around the organs in the abdominal area. And that's where a lot of extra inflammation comes from because unfortunately, fat storage specifically there tends to put off the kinds of inflammatory cytokines that really cause problems, whether it's heart

attacks, strokes, or it drives other aspects of inflammation.

You know, the circulatory problems that diabetics are famous for, the issues with gangrene and losing body parts, whether it's toes and legs, loss of vision and going blind, diabetic retinopathy, the need for a kidney support, and eventually dialysis.

Because the kidneys hate, hate, hate, extra blood sugar. The compromises with the immune system because the immune system starts to really struggle. And then it just stops doing its job.

Problems with wound healing, neuropathies, where there's first shooting, stabbing, difficult kinds of pains, and then it just goes blank. There's no single pain.

People get easily injured. They can't feel anything. They go numb. On and on and on. It's it's a list. It's a terrible list that comes from diabetes. So if somebody has this or sleep, they are at risk of all these things now.

Yes.

Sleep Apnea, Vascular Damage, and Risk

And I think it's a great point to bring up the problems with micro vasculature and the end organ damage that diabetes does, because with sleep apnea in particular, there's also endothelial dysfunction.

And I want to underscore what that means. So cardiovascular disease is well associated with untreated sleep apnea. And people think about the heart first and foremost.

Yes there's an increased risk of heart attack. There's an increased risk of heart arrhythmia. But when you consider the entire system there's also the vessels, the blood vessels from the big blood vessels to the little tiny ones in your organs and your extremities.

So untreated sleep apnea, for example, causes inflammation and stress, stress hormone release and catecholamines damage to that little tiny, layer inside the blood vessels that keeps those vessels nice and open and functioning well.

Diabetes also has a negative effect on this. So there's kind of that overlap sapping pathology that can really accelerate disease. Definitely. I'm glad you brought that up.

You know, when you put those two together, it's really an unfair situation. It's almost like the blood vessels are under some sort of direct internal assault.

When you think about what happens when someone is stressed and supposed to be fleeing from an actual tiger or bear, rather than a chronically perceived one, you know you're working off the chemicals.

I'm just to say it again, when you aren't in a situation where you are actually fleeing from a direct threat, right? You're not on your spin bike. You're not running at five, okay?

None of those things are happening. Those chemicals are circulating in your blood, and it starts to do damage to your blood vessels. So let's talk about that detail a little bit more with the vasculature.

Right. When we look at that micro vasculature, you know, common sense just to ask people listening here, wouldn't you think that if you were fleeing or running, I needed to get away from some danger or stay and fight either one, right.

Fight or flight that your big powerful muscles would probably be engaged. And so therefore the larger blood vessels would be prioritized. Wouldn't you think that that might compromise the circulation through the smaller blood vessels, that micro vasculature?

The answer is yes, it does. But that means that they're not getting new nutrients in their waste out. There's all sorts of things that aren't happening in a normal pace.

And so if your body is basically 24 seven under this kind of threat, wow. And in the case of sleep apnea, it absolutely, throws a monkey wrench in the works and is particularly problematic whether it's obstructive sleep apnea or central sleep apnea.

Absolutely. It's a problem. I'm wondering, in your practice, how do you advise people who are trying to, control their blood sugars because they've been diagnosed with diabetes or even prevent David diabetes in the first place?

How do you advise them in terms of sleep? You know, a few things. So I tell people, you shouldn't take it personally, but take it seriously. If you sleep with someone, whether that's a lover or a partner or whatever your household arrangement may be, because people have a lot of different things going on.

So however it is right. I'm not judgmental person. If somebody gives you feedback that you snore, get checked out. You should have a sleep study done. Irrespective of other things.

You should absolutely prioritize that. Snoring is not normal, right? No, snoring is not normal. The other thing is, if someone tells you that you don't breathe when you sleep, you just go silent.

That's even worse because now your airway is completely closed. You should run, not walk, because you don't get that sleep. Study assessment done, whether it's done in a hospital clinical setting or a sleep study at home.

Absolutely. Get some sort of an objective assessment, you know, test, don't guess, find out because this could be the lifesaving difference. I have watched people fooled around with this.

I could have said another word, but yeah, fool around this. And then they found out it wasn't good. You know, people have lost their lives over this. It's serious, folks. Serious.

I think one thing that's hard for people is kind of the slow nature by which things kind of get compromised. And the same is true whether you're talking about diabetes or problems with sleep.

So, you know, these are things that are incrementally worse over a long period of time. And I like to call it the boiled frog phenomenon. So, you know, you put a frog in water and you start heating it up and the frog becomes much less sensitive to that temperature of the water as it goes up slowly.

But if you were to try to put a frog in hot water, it would jump out immediately because it doesn't have time to acclimate, right? So people are always kind of acclimating to a new, to a new low, it seems.

And I think that really what you're trying to, to say, and also my message is to just take these things seriously, get it checked out and get it treated as early as possible.

Absolutely, absolutely. It's one of the most unfair things around sleep disorders and sleep struggles. Is that corrosive ever present issue around the erosion of health, the erosion of good decisions, the erosion of mood and the will to do things?

It becomes ever, ever harder. And so the time, the best time to have started was yesterday. And the next best time to start is today. Please take this seriously, because you're right.

The fact that it's not clear that the house is on fire, that there's a few embers here, a little smolder there, people don't take it seriously, whereas the whole thing's up in an inferno, you know?

Here comes all of the attention, so much more expansive and so much more life compromised. People often make bad decisions about their career, about money, about other things, simply because they haven't gotten rest in their brain, didn't get a chance to reset so it could help them make good decisions.

And then, you know, other implications for dementia later on in life. You know, when you're in your 30s and 40s, 50s, 60s, you know, it's not too late, even 70s, whatever your age may be.

Please, people, take this seriously. And if you don't sleep with someone else, that's fine. There's apps to help you, you know, get a sense of whether or not you're snoring or if you go completely silent.

But any issue with sleep has got to be taken appropriately. Seriously. But but you know what? Let's think about this another way. I'd love to get your thoughts on this.

How about our colleagues who just tell people, oh, we'll just watch your blood sugar numbers? Oh you're okay. Everybody snores, I think normalized. The thing is actually the pathology.

What are your thoughts about that? I think it's really common. And it's unfortunate because people internalize that message. You know, snoring is okay or snoring.

Testing and Treating Sleep Problems Early

I only snore when I'm really tired is something that I hear a lot, but snoring means that there's narrowing in the airway enough to cause tissue vibration, which makes the noise.

And just a little further down the spectrum, you're entering a realm of pathology. So the snoring may just be the tip of the iceberg. And given how common problems with, sleep disordered breathing are, it's worth it to take seriously.

Especially if you have an underlying aggravating or comorbid conditions like diabetes. The good thing about making changes with your sleep is that you can claw back some of that lost function you had before.

You can optimize your your functioning, your moods, your, daytime, activity and performance. And it seems the same is true with diabetes. And I'm really curious to hear from you what kinds of lifestyle modifications you recommend so that people can gain ground with their diabetes.

Absolutely. What a great question. So when it comes to diabetes, whether you've got type two diabetes, pre-diabetes right now, or you've recently been diagnosed, and maybe you're still kind of in the shock of that, or you have a family history and you're trying to prevent it because you've seen what a, what a, unpleasant show unfurls with this.

Right? There's the five steps of the Ace protocol. So nutrition is going to be the bullseye of the whole thing, because we have to eat healthy food. So we want to avoid highly processed, ultra refined food because that stuff just depletes us of our nutrients.

So we want to eat nutrient dense food as freshly prepared as possible. And within whatever the constraints are of your budget, you can eat healthy without having to spend a fortune on it.

It is possible. So that's number one, right? Nutrition is center of our of our focus. The next piece is going to be meal timing. The time of day you eat your food matters for good blood sugar regulation and for good sleep.

I always recommend that people leave at least 3 to 5 hours between their last bite and dinner and before they put their head on their pillow, because I've seen people push that edge and eat a heavy meal really late, and then the next day they feel terrible.

Sometimes they develop heartburn and vrd gastroesophageal reflux disease from that, etcetera, because it's just bad. The physics alone of a heavy meal right against the sphincter, the stomach.

Of course, you're going to have heartburn because that stomach acid is going to push up into the esophagus, because instead of you being upright during the day, you're like this, we want to sleep on that big meal.

Bad idea. Right? This doesn't work sometimes just explaining how the anatomy is and the time and people like, oh, and then they are eating it earlier.

There goes the heartburn, there goes the Gerd. You know, they've solved it, right? You didn't have to throw pills at it. You know, to change the lifestyle and have people be aware of what the difference was.

Other things around this that are really important to know is making sure that you don't skip lunch. I've seen a lot of type two diabetics. They are the most giving people.

They are often the rock in their community. Do a lot of things for a lot of people. Sometimes their own self-care isn't number one on their list. In fact, it's often not even on their list.

And I am not throwing shade at anybody because sometimes they are also in caregiver situations, or they work in a profession where they're expected to be on call and ready to go, whether they are members of our military, whether they are first responders, whether they are the person in the family who provides care for an older relative or younger relative.

Maybe they have an adult child who has, profound issues, whatever it may be, they're often sandwiched with life's responsibilities. And so you know, they feel like they run out of time in the day.

And I've certainly had a year where my mother was very ill with, let's say for a lung cancer, small cell. And she lived much longer than we thought she would, but still. Wow.

That was I mean, I had my own experience with it, along with other things that I've seen. It's a lot to be able to put together a life that's in any kind of balance.

But this makes a difference for blood sugar regulation, right? So make sure you get your meals in. If you're doing intermittent fasting, that's fine. But don't go to bed on a heavy meal 3 to 5 hours from dinner, to when you go to sleep. That's one.

Another tip for those of you who tend to be habit based people, and you know it supports your teeth after dinner, this will keep you away from mindless, unintentional snacking.

I agree with that. And you know, brushing your teeth gives you that nice minty feel. So, I don't know if you've ever had this experience, but there's sometimes when I eat something salty and then I'm craving something sweet, mostly because of the taste in my mouth.

And I think if I just went to the bathroom and brushed my teeth, that would go away. And in fact, it's true. Yeah, definitely. You know, it's just a way to anchor in another layer of good habits.

Right. So then the other three spokes there. Yeah. The three steps for the eighth protocol are going to be your stress management. I think from the beginning of retinol, people should fully understand now why stress is not your friend.

Stress is necessary sometimes in life and it can motivate us and we can use it in a powerful way, but we want to have healthy ways to relieve it. Whether it's going for a walk, lifting weights, making sure you have consistent exercise, dancing, singing, praying, meditation.

There's lots and lots of ways it could be knitting, crocheting, talking with friends. There's so many ways to relieve stress. Find the ones that don't pull you down, but instead lift you up.

The Yates Protocol for Diabetes Management

And you know, I'd say get different things in the mix so you don't get bored and you're rewarding different aspects of your body and your soul to be able to pivot as need be, because sometimes life can handle some pretty unfair

hands, that's for sure.

The fourth member here is going to absolutely be sleep. Our summit is focused here on sleep. And I would put I would argue that in some ways sleep absolutely should be the number one thing.

But if you already have diabetes I find nutrition is we gotta start. We gotta make sure your food's right. Because sometimes though, people are already eating healthy food, in which case we can go right to sleep and stress because we know that those two, the twin gremlins, right, of leptin and ghrelin are probably at play.

And tease that apart with some smart lab tests to really focus in so that you can have an idea of, oh, that's where I have cravings at 4:00 in the afternoon, you know, or this is why I want to be up at 2 a.m., but I don't have a lifestyle that supports me being up to 8 a.m.

now. What do I do? Right? And then our fifth member, of course, is going to be consistent exercise and strength training. I think of them together because particularly as we age, we have to have muscles.

We just do. Muscles do a lot for you. Muscles are blood sugar sponges the same way? When we talk about nutrition, we say leafy green vegetables are blood sugar sponges because they make a big difference in avoiding blood sugar spikes.

The same is true for your musculature, right? So the more that you can lift weights and be ready, you know, your kettlebell, whatever it is. And so I will do this.

On working with my patients. The clients, you know, like get your kettlebell while we're sitting here. Come on. We're going to get we're getting this.

You gotta find a way to work it in. You just do I agree I mean, it's a matter of being deliberate with it, isn't it? Just sort of like putting it to the top of your to do list and making sure that you prioritize it and execute the you know, sometimes these habits are difficult and on the backdrop of poor sleep, you're not going to be able to implement or sustain anything that's healthy in the long term.

Right? So it's true. It's true where you. Yeah. Yeah. And, you know, I think one of the things that people don't know or it's not kind of talked about a lot is the power of your, your new brain, your prefrontal cortex to inhibit that amygdala, those emotional regulation centers, that impulsivity behavior.

And so when you lose sleep, you're the part that's inhibiting your internal toddler. There's what I like to call it is kind of off line. So your internal toddler comes out and says, I don't want to do the exercise.

I don't want to eat those healthy foods. I don't want to, you know, do the things that I need to take care of myself. And, you know, living that way is exhausting.

So I wonder if you have specific tips that you can give about forming habits, especially when it comes to managing diabetes, because I imagine that's a factor.

It is a factor. Habits are a powerful factor. And I also I'm well aware that people can feel overwhelmed. So rather than ask them to completely blow up everything about their lives, we pick on 1 or 2 things.

We focus on those things and we make sure that that's put together. So one way to do it is to make sure that if people know, sleep is also a factor for them, that we do something that will really support the entirety of the situation.

And that's meal planning. And to have it be that specifically for their meal planning, what they'll do is have a meal that they go to for their breakfast and then a meal that they go to for their lunch and it's already set.

They can have a piece of paper right on that refrigerator door, or maybe they've got a note in their phone if they

travel a lot and they say this is what I'm going to eat for breakfast, this is what I'm going to eat for lunch.

Then the morning after a poor night's sleep done, it's already decided. Because you're right. If you want to make a lot of decisions and they're exhausted, they're not going to make good ones.

We just don't have a whole lot of capacity. We're vulnerable, you know? And so this is a way to acknowledge it and to say this is a moment of self-care or self-love.

I'm going to do what I need to to take care of myself, and I'm going to have this all ready set. So with the meal planning them, they've got their meals planned for the week, and from there they can mix and match so they know what are the green light options?

What are the yellow options? There are no red options in the house. We've gotten rid of those. Those we've already identified. Particularly we're using a glucometer and test strips.

Or if they, regularly use a CGM. We already know where the trouble zones are because sometimes, you know, people have reactions to otherwise healthy foods.

We've gotten that figured out. They've got their care pack, and this is what they're doing. And I find if people can get a good breakfast under their belt after a bad night's sleep and a healthy lunch under their belt after a bad night sleep, they're usually fine to make good decisions for dinner.

I agree with that. And, you know, sometimes, willpower is down by the evening. If you're really flexing that muscle earlier in the day. So having that groove of what you're going to do and how you're going to address it kind of takes the load off of somebody's mind and helps them to really stick to a plan.

You know, I, I heard you say, that meal timing is a factor. And, you know, some people do intermittent fasting, but I know that can be tricky for some people who have diabetes.

So can you elaborate more on how you would advise somebody, with time restricted feeding or intermittent fasting when diabetes is in the mix? Yeah. I think, the things I've seen that have worked clinically are, number one to know whether or not that person has a history of, disordered eating if they have anorexia, bulimia, any of those other disordered eating, situations, then tread carefully, because sometimes they're going to get triggered and they'll be in pushed into relapse.

They're often not a good candidate in my experience, for intermittent fasting, fasting really of any kind. That's often just not going to be the strategy is going to be successful for that person.

If they don't have a history of disordered eating, then full steam ahead for type two diabetes pre-diabetes. Intermittent fasting is a great way to go because in today's 24 seven food access world, it's very different than what any of our ancestors had, right?

No matter what, where we were on the hemisphere, etc. nobody had 24 seven access to food. Now we do. This is why humanity's having something struggles with that concept, you know?

So to put the brakes on that way, again, with meal planning, it just underscores, hey, we're going to eat, you know, 2 to 3 meals a day. They're going to be really healthy.

They're going to be robust and nourishing, and they're going to lead to us having an even blood sugar response. The ones that I find combination is going to be your green vegetables, often leafy greens.

They don't have to be leafy ones, but you know, they're easy enough these days. You need them already. Pre-Washed prepped, ready to go. It could not be simpler a at an affordable price, right?

For a few dollars, you can have a basket of greens that are already chopped. It's gotten a lot easier. In addition to

that, you're going to have protein.

Protein is a huge help. It's satisfying. It helps your blood sugar to run evenly. And if you've had a bad night's sleep, protein is your friend. It's going to help to get cravings to the curb because, you know, the leptin and ghrelin twin gremlins situation is absolutely in the background.

Lurking, waiting that caused you to mess up. So just know it's not that you're trying to sabotage yourself. This is an actual physiologic response to the abnormal sleep.

There's nothing wrong with you. You aren't broken. If you're struggling with cravings, they're there for a reason. You just have to have a different strategy to deal with them.

Next on our list would be healthy fats. Again, fans don't cause any blood sugar spikes and they are very satisfying. That could be nuts. Seeds, olive oil, you know, coconut oil, things like that.

There's lots of ways to get healthy fats in you. Avocados. Much of it is very satisfying and creamy.

Intermittent Fasting, CGMs, and Patient Support

So those are good options, right? So now we've covered three different food groups. We've talked about our veggies. We've talked about our, proteins, we've talked about our fats.

And then finally the fourth one is going to be a portion of what I call the resistance complex carbohydrate rate. So resistant starch, complex carbohydrates, slow burning carbs.

That's going to be your beans, legumes, peas, things of that nature. It's also going to be small amounts if you tolerate them of whole grains. Some people with diabetes do fine with grains, some people do not.

So I think with the testing, you know, with your test strips or with a CGM test, don't gas. You find out if you're one of the people who can have whole grains or who really need to limit it and focus on the other sources of resistant starch so you don't blow up your blood sugar, and then your blood sugar gets in that healthy green zone and stays there.

Then you can continue to choose the things that work for you. So if you like to, have potatoes, I'd say. But white potatoes are a problem. Maybe you do a half and half mix of white potatoes with cauliflower and you can make mashed potatoes.

You know, here in our family for Thanksgiving time. We do that now. We don't have no one here has diabetes, type two diabetes, prediabetes. But you know, my family, my dad was one of 13 siblings.

They all had some kind of diabetes, including type one. So I am well aware that genetically I gotta be careful. And so, so far, so good, knock on wood.

But you know, just to put an idea out there, you can easily do swaps and substitutions to get a similar, taste and, enjoy your food without destroying your blood sugar.

But again, if you're planning your meals, this is much easier if you have to do this spontaneously. Doctor Wells, you're absolutely right. It's not going to work, is it?

It's not going to work. Yeah, and I've got personal experience doing that, you know, truly, I remember back to the days when I was in residency and doing overnight call.

I did a, fellowship in critical care. And so the ICU is very demanding. And for me, in the morning after a call night, biscuits and gravy, that's all I wanted to eat.

And I had no power to resist it. So, you know, just the gravy. Yeah. I mean, it's it's just how we're programed as humans. Now, you mentioned, CGM, which is continuous glucose monitor.

Can you tell me, do you need a prescription to have a CGM? And if not, where can you get one? Okay, so CD jams are a fascinating topic and depends on where you are in the world.

If you're in the U. S, they are considered a medical device and you will need to get a prescription for one. If you're in other parts of the world, they're an over-the-counter device, like a thermometer.

And you can just go get one because you want it. I think that people should have access to these things, particularly if they're trying to monitor their health and get a sense of it.

It's ideal if you're guided by a professional, understands what does it mean so that you aren't panicking unnecessarily. So let me be really clear. Someone who has type one diabetes, where their body no longer makes insulin, they are dependent on insulin as an exogenous pharmaceutical drug for the rest of their lives.

Should always have priority for a CGM. A continuous glucometer makes a difference for a type one. It's lifesaving. Okay, now from there, I think people with type two diabetes, particularly those who are looking to improve their situation, who want to get actionable insights they also should have, perhaps, I don't know why doctors withhold that.

I think Medicare may have some sort of silly rule where you have to have an A1 C of a 9.0 or higher in order to have a CGM written, which is insane because your your blood's basically maple sirup by then.

Like, who are we kidding now? We just trying to kill people at the dump, so that restriction shouldn't be there. I mean, they didn't ask me, but I'm just saying it's oh my God, that's so Doc's right.

This grips. Okay, just do it. If it's a person with prediabetes, I think they too should have access to the scripts to CGM cgms because the actionable insights are precious.

You can reward someone and they can feel more empowered and control and know, hey, that's a great meal for me. Or oh, when I exercise, this is what happens.

And look at how beautiful my blood sugar control is the next day, etc. it gives people a lot of positive information and feedback, and it takes the guessing out of it, rather than people feeling helpless and doomed.

You know, the blaming and shaming that goes on with type two diabetes and prediabetes is terrible. And you know, the same way we shouldn't demonize food groups.

We shouldn't demonize people either. The judge mental attitude that many colleagues have towards their diabetic patients is so and now in mean spirited.

It's really it's ineffective. It's terrible. It's just awful. It's not right. It's unkind and it's unnecessary. People already have a giant bat. Right before we came on we were talking about that, right.

Their own internal critic is already beating them up. They don't need us as doctors or any other kind of health professionals to pile on. It's not helpful.

I agree with you. I'm really confused when I see that kind of, judgmental behavior in the medical world. You know, I think it's it's really another symptom of how our health care system is broken in a lot of ways.

And it's no longer health care. It's kind of sick care without the steps necessary for people to know how to prevent disease in the first place. So yeah, thank you for for bringing that up.

As we close here, I want to say that I'm sure that people who are watching this would like to work with you and

engage in all of the preventative steps that are necessary to prevent full blown diabetes, but also those with diabetes are probably excited to learn that there's actions they can take to improve their condition.

How do people find you and how do people work with you? You're sure? So for those who are interested, you can go to, there's two websites and one, it's going to be amazing.

It's launching right now is natural health care.com. That's neat. You are able to h c a r e.com. The other one's my name Dr. Beverly yates.com. So Dr.

Beverly Wyatt s.com. You can connect with me there. And we have programs for people individual one on one care as well as group programs. Sometimes people will heal faster and better in a group setting for other people who have maybe more complex needs or who have more, perhaps privacy concerns.

A one on one format, may be the better fit, but we're here to serve and to help, as we go on this mission to positively impact the lives of at least 3 million people who have type two diabetes and prediabetes.

Wow. That's really fantastic. And I'm cheering you on. Thank you so much for a productive conversation today, and it was a pleasure to speak with you.

Thank you so much for your work. I appreciate you. I'm delighted you're doing the work you're doing, and I wish you continued success with all the lives you're going to impact, because this leap thing is foundational, I totally agree.

Thank you so much, Doctor Yates. Take good care.