Gain Control: Food's Power Over Diabetes Transcript

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Introduction and Summit Welcome

Hi, everybody. Welcome to the Reversing Heart Disease Summit. And I'm really happy to be here with my friend Robby. Robby Barbaro, who's a we've been friends for years and he's a wonderful person and he's a master of public health, is the co-founder of Mastering Diabetes and a coauthor of the book Mastering Diabetes.

And he's not just a diabetes coach and educator and international speaker, but he's living a living role model. And he's lived with Type 1 diabetes for more than 20 years himself.

But he's very fit and in great shape and in great health. And he served as operations manager at FOX overnight for about six years. But today he's been leading thousands of people to better health.

Those with both type 1 and type 2 diabetes to help them reverse disease and achieve a happier and healthier life. So I'm happy to have him with us today.

Glad to have your wisdom in This summit Dr. Fuhrman. It's a real honor to be here. I'm so glad that you guys are doing this summit and you've been such a a inspiration and example and the fact that you guys are out there being very verbose, that you can reverse heart disease, that's that's powerful.

So everybody who's joining you are lucky to be in the presence of these guys and learning this information. So I'm happy to be a part of it. Thank you.

And that's right. You can get your blood pressure back to normal. You can get your diabetes if you're a type 2 diabetic, become non-diabetic. And if you have heart disease, you can reverse it without angioplasty, bypass surgery or taking dangerous medications.

You can recover and get well. And we want to have this information be available so people can take it, you know, can bring it into their lives and save some lives, but make people happier as they get healthier.

Insulin Resistance and Heart Disease

So can you start by going over for us the relationship between blood sugar, blood glucose and heart disease, atherosclerosis, cholesterol, blood pressure, start going over this relation between sugar and heart disease.

Okay. Well, to me, it's a very simple relationship, you know, which is people don't understand that the number one cause of death for people living with all forms of diabetes is heart disease.

People think, oh, wow, I have diabetes. My my blood sugar is too high. And if that's that's why that's my main problem. It's like, well, there's a lot that's happening here.

There's a lot that's going on. And from what we teach is we help people make lifestyle choices that maximize their insulin sensitivity. So the foundation of everything we talk about it mastering diabetes, my passion, the information I'm getting out to the world is that when you are living in a state of insulin resistance or glucose intolerance, you are increasing your risk for a laundry list of conditions, including heart disease, including cancer, including fatty liver disease, chronic kidney disease, high blood pressure, high cholesterol, high triglycerides, Alzheimer's disease, retinopathy, neuropathy.

So insulin resistance is the central knows how we like to speak about it at mastering diabetes. And so our focus is on, okay, look, if you can start making these lifestyle choices to maximize your insulin sensitivity, you're going to be addressing all of those conditions simultaneously.

And so, you know, that's our focus. And I it really comes my passion comes from this from what I experience on a daily basis. In case there's some people listening and they don't quite understand what insulin resistance means, you just talk a couple of extra sentences to the list.

Have them understand better what you mean by insulin resistance. Yeah. So insulin resistance is the diminished ability of your body to take glucose out of your bloodstream and into your cells.

But that is what insulin resistance is. So insulin was primary function is to take glucose here by bloodstream and put it into your cells. You need glucose to fuel your cells to become an active, healthy human being.

And so insulin resistance, it really exists on a spectrum. And so it's that's why the official definition is the diminished ability. And so when when insulin is not working properly, people start to develop blood glucose problems.

So what happens is if insulin's not being able to take glucose out your bloodstream, your blood sugar starts to get elevated and that's when you get diagnosed with pre-diabetes.

And if that gets worse and you get diagnosed with type two diabetes. So what most people don't understand is that you are living with insulin resistance before you got to that prediabetes state.

And there are some experts, I believe up to 90% of people in the Western world are living with insulin resistance and in that case, your pancreas is secreting extra insulin in order to keep your blood glucose in a healthy state, you might go to your doctor, you get an A1C test and it's in the non-diabetic range.

You think, Oh, that's fine. I'm not insulin resistant, I'm not diabetic, I don't have a problem here. But if your doctor was as smart as you are, Dr. Fuhrman, and your doctor actually ran a fasting insulin test, you would likely find that your insulin level is high and it's that excess insulin that's shoving glucose into your cells and keeping your blood glucose stable.

But you are on the verge of becoming insulin resistant if you don't start making lifestyle changes. And what you're also saying, I presume that even before your sugar starts to arise, the higher level of insulin needed by insulin resistant people, the that high level of insulin is damaging in itself.

High levels of insulin accelerate aging and cause damage. And the glucose coming up is another cause of damage. But the insulin itself is an independent risk factor.

That is exactly right. It's exactly right. And it's very important to get a fasting insulin test. That should be a standard. But again, a doctor like you knows how to do that. Right?

Unfortunately, most of our doctors don't have the education that you have and they're not running this test. But you guys listening to this, you now can be a advocate for your own health and you can either choose a better doctor or you can ask your current doctor to run a fasting insulin test.

Improving Insulin Sensitivity Through Diet and Movement

It's very important information, and it should also be known that the caveat here when we talk about fasting insulin, because there's a lot of conversation about this topic, is that if you are following a very, very low carb diet and you go to your doctor and you still, hey, you have a low fasting insulin, that does not mean your insulin sensitive.

Okay? Just because you have removed moved glucose from your diet or you really significantly decrease the amount of glucose you're consuming and you're fasting at some is low.

That's not 100% accurate. So the fasting insulin test becomes valid if you're consuming a reasonable amount of glucose. And this is where a lot of people get confused and why the literature is so confusing about diabetes and insulin resistance, because there's this test called HOMA-IR and HOMA-IR factors in it's a complex equation and when you read the papers that were were used to develop HOMA-IR and make that an actual valid test, those

papers were used in people who were consuming carbohydrate rich food because the gold standard for testing your level of insulin resistance is a new glycemic clamp test.

It's very expensive. It's hard to do. You'd have to go to a university laboratory. That's the gold standard. So in order to make it easier to assess insulin sensitivity in research, they decided to create a test HOMA-IR where you're basically only factoring in blood glucose and insulin levels.

And that is a incomplete mechanism for assessing insulin resistance. And that's why there's so much confusion. So you have to really understand that you must have a glucose challenge present in your body or in, you know, let's say you can do an OGTT but the glucose challenge has to be connected to your fasting insulin level for that task to actually be informative.

Right. So what you're saying is this is about and we're saying that I think all people that are overweight, with heart disease and with diabetes, they all are insulin resistant and not sensitive to insulin enough.

So we have to increase insulin sensitivity and decrease insulin resistance. Exactly. So now go into some methods which people can increase insulin sensitivity and decrease insulin resistance because that's the goal, right?

Yeah, that's exactly right. So there's a couple simple ones that are straightforward. They've been demonstrated in the research year after year, literally dating back to the 1920s.

So insulin was initially discovered in 1923, first used in humans right around that time. And then there's a paper published in 1926 in the Journal of the American Medical Association, JAMA by Dr.

Sansom. Dr. Sansom started testing a high carbohydrate diet with his patients, and he and again, they only started to do this because they just discovered insulin.

So you couldn't really have a conversation about insulin resistance. So we actually knew what the heck it was. And as early as us knowing about it, leading researchers in the leading journals were talking about increasing carbohydrate intake and then decreasing fat to a reasonable level in order to increase insulin sensitivity.

And this continued decade after decade with Dr. Hemsworth, Dr. Walter Kempner, Dr. Anderson, it goes on and on and on. And the bottom line is, we know we have to get rid of trans fat.

That's obvious. We know we have to reduce the amount of saturated fat that we're consuming and we need to increase our consumption of whole foods that contain fiber, vitamins, minerals, antioch's and phytochemicals.

These are simple dietary principles. But in addition to that, if you want to become more insulin sensitive, you have to move your body. But it doesn't need to be you don't need to be an Olympic figure skater like Dr.

Freeman, okay? You don't have to be a professional CrossFit athlete simply beginning to walk. That is the beginning of for a lot of people that you change your diet, you start moving more and these simple changes start moving in the right direction and you start seeing some changes snowball.

And eventually maybe you get ready to go on going 100%. And I know you and I have talked about this, Dr. Fuhrman sometimes people have to go in 100%. Sometimes people are okay to just start making slow changes and ease their way into it.

I think it's best to work with a doctor and decide that, right? So if somebody is working with you, they go to your retreat, you know, they have your guidance and maybe you go 100%.

In some people, their doctor might be like, you know what, let's just ease into this. But I think those simple, straightforward changes, you got to get rid of the trans fat.

You got to reduce saturated fat and you got to move your body. You're going to see a big difference and you got to

eat the whole foods that are full of fiber.

And you're going to see a big difference. What about 45% body fat? How does body fat percent relate to insulin resistance and insulin sensitivity? And what body fat percent would you consider ideal for a male and for a female?

That's a great question.

Body Fat Targets and Health Benchmarks

Am I going to go? I mean, I think it's a great conversation. You tell me when you with your patients, what do you shoot for? Well, you want to know. Okay.

Yeah, I want you to answer 100%. I tell the general public that in order to be healthy, you have to have a body fat percent for a female below 25%. Okay. Male below 15%. Excellent.

However, that's my what I give the public. But I also know that a 15% body fat for a male is not absolutely optimal. These are just what I think are good, because my hope is that at the at least 70 in a month and my body fat's 11% natural, you know what I mean?

So I know we could do better than 50% and mine and measuring really super healthy people. A female could even do better than 25%, but 15 to 24% are a good guideline because when I notice with my measure, their insulin resistance and their inflammatory markers, we know as it goes for a female above 25% to 28, 30%, you see inflammatory markers in institutions go up.

And when you see a male go above 15% to 18 to 20%, you see these numbers start to go up. So we have to get them moving in that direction towards those at least those decent numbers.

I love this. And you're very inspiring. I mean, I'm a I'm an Iron Man athlete. I'm looking to get better and better. So I'm on my JR I'm on a journey to try and get closer to 6%. So that's best for athletes, right?

That's world class. Yeah. But we're talking about general health here and I think that's important for people to know. And I'm curious, Dr. Fuhrman, what do you use to have people test their body fat percentage?

Well, I used to embody machine. Yeah, but they make less expensive than me. This is like a $10,000 fine. But nowadays they make them pretty accurate. If you buy for a few hundred bucks and you don't get these electric scales that only put by one or 2%, they're pretty close, you know?

That's great. That's good to know. Yeah, that's a great target. We want people moving in that right direction. Of course, 100%, no question. So whether the baby stepping or whether they're fully doing it, if they're right, if they're not seeing the body cycle, they're not seeing the wake of that and not seeing numbers improving, they've got to do more. They've got to present.

They've got to get results. Right. They got to do fix themselves. And I love we had a conversation about this recently and when I was interviewing you, and I think it's a fascinating topic, right?

I mean, you have and it might be worth talking about here for your audience, but you have a lot of experience. Well, we're so many years. And, you know, when it's right for somebody to go in 100%, just make the changes.

And you know, what we've recommended in our book and what we do in our coaching program is we help people change one meal at a time. And I think there's a level of self-awareness that each individual has to have about themselves, and there's a level of trust in your doctor.

And sometimes going to a retreat like yours, it's much easier to go in 100%. Yeah, and we know that my experience and my I could say over the years, the change of what I've been telling people over the last 30 years is I haven't become more white, maybe be more compassionate, more understanding, have more wisdom, but I'm not

reduce it.

But I'm actually having more reason to be more strict, more aggressive in getting people's buy in to 100%. Because too many people I've seen who dabble and cheat, they go on binges and then when they keep lighting the fire under their desire and the more they go off the diet, the more they want to go off the diet and never really get to the point where they really fully enjoy this.

Who can stay on it? But they keep going back and forth, right? So I become if anything, my initial books were less strict than my latest books or you know what I mean?

Yeah, it's amazing. Amazing. Now, how about you? I mean I mean, I agree. Like, personally, I went in 100%, 2006 is when I learned about this way of eating that is, you know, full of whole foods and get rid of this garbage.

And that just blew my mind. I went in 100% and I've never looked back. And actually, Sara said the same thing, you know, my co-founder of the book Mastering Diabetes.

And so we've had that experience. But then we've also had people who, you know, I mean, it's what do you think about the people who see really challenging gut symptoms in the beginning?

Working With Doctors and Adjusting Medications

And there's a conversation around if you sort of ease into it, your gut can transition a little bit better. What do you think about that? Dr. Fuhrman Yeah, I think in some cases you have to something like that is advisable.

You know, sometimes I give more things that are more gentle on the gut if people can't handle the fiber, a lot of beans, you know. So I'm definitely have these in but but that that's not most people that's you know it's still rare I mean not that common but absolutely it's not a it's not always one size fits all.

You have to adjust. Yeah and how many years have you been practicing medicine? Well, I don't think I need to go to medical school, so I was almost 30 years old.

So when we started practicing, you know, I only finished my residency in 1988. So I've been practicing my doing this for 1988 to 2023, you know. And I just want the audience to know, like, so you can ask me the question again in 20 years, doctor, for and after I when I've gathered some experience, but you're on a whole nother level.

Thank you. Thank you. Appreciate that. So so what do you think now? The response of the health care and medical community, how can they how are these people sabotaging people's health or how are they're helping people's health and how to navigate that?

You know, I mean, so you know what I mean? Well, how does like how do we get people to use this holistic, this natural method and how do they navigate that with their conventional practitioners?

Yeah, I would say the medical community is sabotaging people's health by not believing in what people can do. I mean, so many doctors are saying, oh, I'm not going to tell my patients about lifestyle change right now. They're not going to do it.

That's ridiculous. What we need is doctors who are living by example, like you, who tell the patient, I believe in you, you can do this, and I'm going to show you how I'm going to give you the resources.

So that's how people are getting sabotage and I'm really just unsupported. So my best recommendation for somebody who feels like maybe they're stuck in the medical system is you got to find a way to get out.

You got to find a way to get yourself surrounded by a medical team that actually knows and believes in addressing the root causes of your challenges. And so that's what you do.

I mean, you and Dr. Kahn are resources and there's many more on the Internet. So we work with an organization. It's called Love Life. Telehealth is a whole organization dedicated to providing doctors who know about the work of people like Dr.

Fuhrman and Dr. Kahn and Dr. Ornish. And they studied this world of nutrition, nutrition, right. We understand about the nutrition and lifestyle. And so you can start having appointments with those doctors now, if you're like, No, I have to use my insurance, I got to work with my team, then the best thing to do is adjust how you communicate with your doctor.

You don't want to go in there and try and act like you know more than them and you're smarter than them. That's going to that's going to be a very combative relationship.

If you come to your doctor in a respectful way and say, look, these are the goals that I have. So let's say you're living with type two diabetes. Your doctors put you on metformin and you come to the doctor and say, look, you know, right now you have me on 2000 milligrams of metformin.

I would like to reduce that medication. Can you tell me what number you need to see from me in order for you to need to be able to reduce my medication in the dark?

Okay, well, that's what you want. Well, I'm going to need you to. You know, by the time you come in for your next visit, I'm going to need you to drop £20.

I'm going to need you to show me that your fasting glucose is finally under 100 for us. We help. We advise people to get their fasting bargain costs under 100 for seven days in a row.

And then it's time to start reducing medication with their doctor. So see, you have this friendly conversation with your doctor, very respectful, and say, look, tell me what objective things I need to achieve for you to reduce my meds.

And you go and you do that and you say, Hey, doc, like I've lost £20. Look at my fasting bug. Of course. Do you think it's safe for me to reduce my medication?

And there you go. They get back. Okay, great. Wow. Yes, absolutely. And when it comes to blood pressure, you have to be really careful. I mean, you know, this Dr. Fuhrman, like you can be overmedicated in a in a very short period of time when you start implementing these lifestyle changes.

So you can you can have to communicate with your doctor about reducing your medication appropriately, but you have to have consistent communication. Right.

So let me just can I just make one clarifying statement of what you said? Because if the person is switching from an unhealthy diet to a excellent diet and they start losing weight and controlling the numbers, the response they get can be very effective and even radically reduction of blood sugar.

In that case, when the blood sugar starts to drop, if we would wait for seven days once the blood sugar back below 100, the person could potentially become hypoglycemic to a dangerous level if they didn't cut back.

So you're saying if they're eating well and the sugars for some amount of time, they're running about 100 between 120. That's fine. But if they made the change and it's dropping, they've got to look at too much sooner because if one day it's 100, the next day could be the next 60.

They could be if they were on medication, the over medication could cause a problem. They've got to be very alert to that, too. That's an excellent clarification.

And in this case, it does. It depends on what diabetes medications they're using. If they're on like 500 milligrams of metformin, that's likely not going to cause too much danger.

As far as a low. Point, it doesn't push it down. Well, it's the automatic patient's correct. You're 100% right. And in our book, we clarify that we actually when we talk about medications, we list them in order of which ones are the most dangerous.

As you're switching your device, that would be an insulin being first and foremost. That's the one that can really cause a problem if you're not reducing it properly.

So I'm going to say I'm going to tell you a quick one minute story. Okay. Yeah. This guy comes in and he's very he's overweight with a big belly, but he's eating very unhealthy.

He's a diabetic on 180 units of insulin, a day. Type two diabetes, Canadian Slims. Okay, now I know how bad is eating and I know how good he's going to eat now.

So I'm thinking to myself, this person become rapidly hypoglycemic. I'm going to stop all of that insulin on day one. So he comes in, I take 80 units of insulin, wipe it out.

The first arrival in the first night he comes in, his sugars are running like 260 on 80 influence on a day to 60. And is any significant okay. Not the next morning but the following morning he's combative, confused and hypoglycemic, and he was eating a combative, confused and hypoglycemic and I called 911.

Key Nutrition Lessons: Fiber and Walking

I couldn't you know, I had to hold him down. I had a jump on him, you know, but I got some date paste into his mouth. And before the ambulance came to pick him up, he got better and he recovered.

And I gave him a little food and got it. But I'm just putting it up to how even though I stopped all his insulin 100% of the long acting effectively, insulin, the diet was so effective at dropping the sugar from pad how badly he was eating.

So it's looking at how badly they are eating to see that, you know what I mean? So it's there's a lot of judgment and an experience it could take sometimes in this case, you know, we are the story, right?

We are sure. Was he taking any other diabetes meds? You stop all diabetes meds. Or diabetes meds. Wow, that is pretty scary. That is a crazy. So 65, two days later, from the evening they stop it.

Two days later, he was hypoglycemic. Still the next morning. But the following morning, a day and a half, he was hypoglycemic. And that's the power of lifestyle change.

So let's dove in a little further. It's okay, right? Absolutely. So we talked a lot. We've got a lot of good information now. But what do you think are the two most important findings from the world of nutritional science, let's say, over the last decade?

Pull out the two most critical things you've found that people should know about. Number one is the importance of fiber. We continue to learn so much about fiber and the microbiome.

It is absolutely mind boggling. So for those of you listening, you know, you don't need to necessarily understand all that science is. So much of it is developing are even the best test to assess the quality of your microbiome that is evolving and it's all new.

But the bottom line is what's clear is that we have well over 95% of the population is fiber deficient, not consuming enough fiber. So you you you want to take action.

You don't want to be in that population and so I think the importance of fiber is been absolutely mindblowing. And number two, I would say I would say this is just kind of a personal experience that I had, which is certainly well documented in the research.

But the value of walking, I can not say that enough by just including more walking in your life. And I want to add to that, it's more than just a benefit for your body and for your physical health.

Walking can be transformative for your relationships. This is a great opportunity to spend time with your partner. It's a great opportunity to spend time with family.

You can walk your dog, you can make a phone call, you can get connected with nature. I just think this is a really powerful principle of lifestyle change that we've learned more and more about.

There's more research coming out about the benefits of cost control, of just walking. And I think a lot of people get intimidated by exercising and but everybody walks.

You already do a little bit of you park at the grocery store, you walk into the grocery store. Everybody does a little bit of walking and doing more can absolutely be life changing for you.

And you're not talking about adding like a fiber supplement. You're talking about adding food with fiber and not eating foods that don't have fiber like like white flour, sugar, oil, honey, you know oils.

And people don't realize then you're diluting the fiber content of your diet, the nutrient content and the protein content of your diet because you're getting your your fat from oil and not from a nut that has protein in it.

For example. A 100% a 100%. Eat, eat, almond, don't have any of the almond oil, eat olives. You don't need the olive oil. You know Eat a fiber. With sesame oil You get the full fiber, you get all the parts.

Absolutely. And the last thing I want to ask you. Okay, what's as we wrap this up, what are the two most important take home messages people can go to and apply to their own lives?

You mentioned walking. You know, do they walk once a day, multiple times a day? What else do they do besides walking? What else do they do? What are some specific information you could give them?

Dietary wise, to improve the quality of the results they would receive? I'll expand a little bit on walking, then I'll add two more tips.

Practical Takeaways: Food, Community, and Consistency

So when it comes to walking, I say walk as much as you can. I have made a rule for myself, which is that if I'm going to spend time on my phone, whether that's responding to text or if I'm going to go post on Instagram, I do it while I'm walking.

So just imagine if you made that one life change where the time you spend on your phone, whatever that is, you can't be sitting down. You have to be walking.

Okay, that's that's a one that's a big change. Now, take all your calls. Stay connected with your community on the phone while you're walking. Absolutely.

And you could even go outside investing in a treadmill could be a good idea, like it's a game changer. So do that. All right. Remember, the other two changes I would recommend is number one, take the time to experiment with recipes and foods to find the ones that you love.

The only way for this lifestyle to be sustainable all is for you to love your food as much as Dr. Fuhrman and I love our food. You have to look forward to these meals.

You have to enjoy these recipes. You have to be proud of them. And if you're doing this and you're like, Oh, this doesn't taste that good, but you know, I'm happy with the results.

That is not going to last. It's not going to last. So you and there are so many recipes to try. There are so many foods to try. There's so many different ways to prepare meals, different textures.

You got to spend time. And as you try some recipes, you might try ten and you might hate eight of them, but love two of them. That's a win because what you're looking to do is you're going to end up developing a pretty small set of recipes that you're going to have repeatedly.

All human beings eat very similar meals. Okay, you need to find your new set of those similar meals that you're going to enjoy over the course of time.

All right. So invest in that. All right. Number two, I would say is seek out community, right? So again, for long term success, it's going to be challenging if you're just like the only person in your group that's doing this and, you know, you can't really it's hard to convince family members to do it by just like brute force.

The best way to convince people is by being a shining example and making them come to you and ask, Wow, like, what are you doing? I want to do that too.

But you so I wouldn't count on. You're in inner circle right now to see the to have the same revelations that you're having. They're not going to have them. At the same time, you need to seek out community outside your current inner circle.

They're not going to change at the same rate as you. And so this could be going to meetup.com and looking for groups. This could be getting involved with with people digitally.

This could be involve joining a coaching program. This could involve going to a retreat and connecting with people there and staying in touch with them.

But you have to proactively take steps to develop a community of people who are a lot on the same path as you. So you feel like you have support. You have people to, you know, share with and grow together because changing your life is not the easiest thing ever.

You're going to be growing into a whole new person and you're going to need people to support you. Robby, thanks so much for your participation and your wisdom and your leadership.

So thanks for being a part of this and I think people got a lot out of listening to you today. Thank you so much. Great to talk to you. Okay. Be well.