Reversing Diabetes Since 1926: The Plant-Based Truth Transcript

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Introduction and Robbie's background

Well. Hello, everybody. One of the favorite faces of the plant based movement of the intelligent plant based movement that really uses research to give us all great guidelines at this reversing heart disease.

Natalie Summit is my longtime friend. And I hope your friend Robby Barbero. I hope some of you say, I love Robby, I know Robby, I know all about his work.

But just in case you know, he is a type one diabetic. Tell us a bit about that. He's had a very interesting personal health journey, and he's used that in a way to coach thousands of people successfully.

And of course, if you can control and master diabetes, which happens to be the name of his website, Mastering diabetes.org, you're going to master heart disease because of the strong connection between, uncontrolled blood sugar, advanced glycation end products, atherosclerosis and ultimately cardiac disease.

So he's very important that you take notes and listen to. And I raise hand mastering diabetes.org. Robbie Barbero, thank you for taking your time and sharing with us.

Doctor Kang. It's so great to be here. You're a living legend, and you have been such an inspiration for so many years. And it's is an honor to be a part of your summit.

Well, thank you. Enough about me. This is all about you, buddy, because you really are unique. And, I do coach people and have for decades about, preventing heart disease.

But it's a disease I don't have. So it's a passion based on just the statistics that that's what people need to hear. You know, you're a different story.

Tell us what happened to you when you were in about college, if I remember. Maybe a bit younger. Yeah. How you ultimately gravitated to this program that you call Mastering Diabetes, which is so controversial and challenges, you know, the media, the social media norm, but it doesn't challenge the scientific norm.

You're a very scientific guy. But go for it. Yes. So I have two older brothers, and my middle older brother was diagnosed with type one diabetes about, nine years prior to my diagnosis.

So I knew all about type one diabetes. I knew what the symptoms were, and I told my brother and my mom I was like, I'm thirsty all the time. I'm going to the bathroom all the time.

And eventually this led to me finally just testing my blood sugar while I was at home. And it was over 400. I you really should not be above one 4158 for someone who's a non diabetic.

So a number of 400 right there. My brother said yep you have type one diabetes because I was like I said thirsty all the time. Going to the bathroom all the time.

I was losing weight like it was so clear. So I kind of basically self-diagnose myself. Got that official diagnosis by going to the doctor, and I remember my dad coming home.

He was in Florida at the time. I was living in Minnesota. My mom and dad, they came back and they said, look, this is just an inconvenience. You can still live the life that you want.

Type 1 diagnosis and early diabetes journey

And I feel lucky in the sense that I was the second kid with type one. So my family was already familiar with it and it wasn't such a shock and we knew how to handle it.

So I feel like really blessed in that regard. But growing up, I had the standard American diet approach. That's what was taught to me. My parents took me to the Mayo Clinic in Rochester, Minnesota, wanted to make sure my brother and I both had the best medical care possible, and they didn't say anything about insulin resistance.

They didn't say anything about what I could do to reduce my long term the risk of long term complications. They did not come up. The whole conversation was about just making sure I was feeling normal and I could eat just like everybody else and just, you know, following the food pyramid at the time.

So I had to go learn this on my own, and eventually I did. I stumbled across a book called I'm Not Recommending This book, okay? It's called Kevin Trudeau's Natural Cures.

They don't want you to know about it. Okay? So he went to jail. That's great. But I read the book, too. And if you, please read Robbie's book. But this is a very popular book.

This guy was on infomercials, and like I said, he ended up going to jail. So we're not recommending this book, but it planted the seed in my mind that I said, you know what?

Maybe it's possible to reverse type one diabetes, and I'm going to do everything that I possibly can to make my pancreas produce its own insulin. Once again.

And I am still on that mission. It's now 25 years later that I've been living with type one diabetes, and I still want to solve this. I still believe we can and we will at some point.

But it was that specific mission that led me deep, deep down this path of trying anything. And going very far to just, you know, go to the extreme to a certain extent.

So what I personally do, and just eating really fruits and greens and non-starchy vegetables and, you know, peas and stuff like that is it is on the far spectrum of what people are willing to do.

And that what that experience has led me to realize is how insulin sensitive you can be when you really take all these principles all the way to the nth degree.

And that's what I've done. So when I switched from a low carb plant based like ketogenic diet, I was doing a Doctor Gabriel cousin style program. I love the guy.

I really respect him. He's changed my life again. I'm learning about different foods, but I was following his program and when I did that, I was very insulin resistant.

And the thing about living with type one diabetes, it's I have to inject insulin. I have to I don't produce enough. My pancreas, the C peptide is less than point one, meaning I produce an undetectable amount of insulin.

So I have to inject intent to survive, which means that every day, every meal I have meal by meal data teaching me which lifestyle choices make the insulin I inject work more efficiently or less efficiently.

Whereas most people living with type two or prediabetes, they don't have that insulin data on a meal by meal basis. You'd have to go get a fasting insulin test, which would be insightful, but you're not seeing it meal by meal.

So I go from doing this low carb ketogenic diet still plants to a low fat, plant based whole food diet, and I improved my insulin sensitivity by over 900%.

And when I do that calculation, I'm only factoring in glucose, because with these modern day nutrition softwares, you can take out fiber from the calculation and you can take out fructose from the calculation because fructose is

metabolized independent of insulin.

So when I say my insulin sensitivity improved by 900%, I'm talking about just the glucose that I'm consuming. And the most important part here was I got my life back because when I was doing that low carb approach, I was a freshman in college.

That's part of the story you were remembering the earlier, I was a freshman in college. I had no energy. I was trying so hard. I was not going to the cafeteria.

It's going to the fancy grocery stores in Gainesville, at the University of Florida.

Plant-based diet shift and insulin sensitivity gains

And eating all this fancy low carb stuff. And I still was feeling terrible. I couldn't have go play pickup basketball with my friends. I was miserable, and it wasn't until I found this new approach that not only did I gain more insulin sensitivity and more blood glucose predictability, but my energy improved, my skin cleared up, I healed plantar fasciitis.

That was a big frustration for me as a competitive tennis player growing up, and I really got my life back. So the message that we have at Mastering Diabetes is all about not just controlling blood sugar, not just trying to avoid carbs and keep your blood glucose steady.

It's about looking at the whole picture, and that is addressing insulin resistance. Now, do you wear a CGM? I do, I wear a Dexcom G6, and I recently have switched to the Omni Pod five, so I have the G6 and the Omni Pad five talking to each other.

And it's a real, real beautiful system. Anybody here living with type one diabetes? These new, closed loop pumps, they can be a real blessing. Okay, so both a pump and a CGM.

So do you ever have to still put a needle on a daily basis or. The pump takes care most of that. The pump pretty much takes care of everything. It's amazing.

It's amazing the evolution. So I did just I did injections with pens for about 23 years. And I even when I was doing my Ironman races, I was still doing pens during, those races, the three Ironman in under 12 months.

And it was, it was the last one that I finally had the pump. And it's a beautiful system. You only have you basically the pump you replace every three days and the CGM you replace every ten days and they communicate with each other beautifully.

Incredible. And of course, you know, thank God you're free of any organ damage. We talk about diabetics going to get eye exams and, looking for neuropathy and looking for, you know, dizziness and standing called autonomic neuropathy.

And of course, we worry about sexual dysfunction, but you can proudly say you're free of all of those. Correct complications. I've also never been hospitalized due to type one diabetes.

It's, a lot of people living with type one. At some point they get an episode where their blood sugar is so low they have to be taken to the hospital.

And that's just a result of sometimes a mistake that happens or, just not great control and being on a roller coaster and my time in range of my CGM is above 90%.

And people living with type one diabetes, I think approximately 30% of people, no, I think it's 50% of people don't even achieve 70% time in range. So when you get to that 90 range, you're like in the top 5% or so of type ones.

And I heard you say before, but your most recent hemoglobin A1, C three month measurement, that's again. 25. High point five. You know like. And the key thing about that is that I'm very proud of and that's important for everybody listening to understand is I have a solid A1 C with less than 3% low.

So oftentimes a type one could have a good looking A1 C. But that's because they're going high and low all the time and it's balancing itself out. So that is why time and range and the CGM is if you're wearing it enough are now the gold standard for blood glucose control.

You cannot hide when you're wearing a CGM and your A1, C is it cannot be like a misrepresentation of your actual blood glucose control. Okay, so just to shift gears for a second, then let's come right back.

I want to tell everybody watching this great audience that you don't have a virtual backdrop that's actually shelves of fresh fruit behind you, and that's your meal for four days.

Five days are all your estimate, all those interesting, you know, natural sugar rich, but fresh fruits. Well, how many days you think. Okay, okay, so this goes back to the conversation of I'm willing to take things to a whole nth degree.

Not everybody in, you know, in the Mastering Diabetes program eats this much fruit. We encourage you to eat more. But I personally just love fruit and, you a lot.

So I did a calculation. We did a webinar many years ago where we, you know, 13 people on the master diabetes team. We shared the weight of the food that we consumed.

So on that day, when I share what I was eating, I ate 13 pounds of edible food. Okay. And people will look at my meals to look at this fruit shelf and they'll be like, wow, that's a lot of food.

And I teach you that as a teaching point to say, no, it's a lot of water and it's a lot of fiber.

CGM, pump use, and diabetes control

So these are very so when I got bananas behind me, that biomass that's 70% water I think the mangoes are in the 80s percent. Right. I got persimmons behind me probably in 70% as well.

Like it's mostly water content. And so that the last me I mean that food right. It takes time. It's the whole fruit shelf game is all about having enough on hand.

So let it go through the ripening cycle. So you're buying food for, you know, a week or so in advance, but enough calories behind me. I don't know, maybe that's like 10,000 calories or something.

So maybe, you know, when I'm training, you know, it's a couple a couple of days or so. Incredible. Now, the next question audience might be asking Is Robbie Barbera mastering diabetes.org is just a freak.

And it worked for him. But maybe he's got some strange genetics that, you know, I don't have or, you know, a relative doesn't have. You know, but roughly how many people are having mastering diabetes.org has touched in the 7000.

Not it's impossible to really count, but it's, it's thousands. Especially because we hear a lot of stories and testimonies from people that just read the book and we never even talk to them.

Let alone come through our coaching program. Right. And thanks for mentioning you. Have an incredibly useful book. It's sitting on the windowsill in my office where every patient sees it, mastering diabetes.

If I remember a New York Times bestseller, and certainly should be should be. So, you know, it's not just you. I mean, I want to. Share my screen and show something on my screen, right?

Why? I think I have to give you the ability to do that. But if we if I had asked you, Robbie, bring some people with you that, have had similar results, you know, and that challenge you.

But you could do that. Right? I mean, absolute Lee, you know, just because of the. Go ahead and try and share your screen, I think then I have to. Right.

So because of the demographic of the, you know, percentage of people that have diabetes, the people that go through our coaching program, it is statistically speaking, it's mostly prediabetes and type two diabetes.

So there's a lot of stories, and some of my favorite ones are the people that come in with multiple conditions. Right. So I think of Raj, immediately Raj comes to us.

He's got high cholesterol, he's overweight, he's got nonalcoholic fatty liver disease, and he has a high A1 C and he's using 2000mg. And that Forman, he comes in the program and he focuses on focuses on one thing reversing insulin resistance.

That's the whole premise of our program. And by doing just that, he ends up losing 64 pounds over the course of ten months. He ends up reversing nonalcoholic fatty liver disease.

His cholesterol normalizes and his A1 c goes to Non-Diabetic with no metformin.

Fruit-heavy diet and daily eating habits

So these are the types of stories we'll see over and over again. But just as you're talking about, you know, we are this would be an anomaly or something.

This is an article published on our website. It's a there's a YouTube video at the top where I review 18 landmark papers. There's a heck of a lot more, but these are just 18 landmark papers.

And the key thing I want to share a little bit about here is something I'm fascinated with the history of insulin resistance, and showcasing that a high carbohydrate, low fat diet improves insulin sensitivity.

It literally dates back to the discovery of insulin itself. So insulin was first discovered in 1921 and as early as 1926. You have a paper published in Jama Journal of the American Medical Association entitled The Use of High Carbohydrate Diets in the Treatment of Diabetes, and this paper demonstrated that these patients, it was 150 patients, which Doctor Sansom called this a radical experiment because at the time diabetes was essentially a death sentence.

So this whole high carb approach was definitely contrary to what they were doing, because they didn't have insulin at the time. And so he feeds them a higher carbohydrate diet.

There was the white bread, potato milk and sugar. I just, you know, low fat milk, white bread, low fat milk and fruit. I'm sorry. Actually, doctor, the crazy guy at Duke with the rice diet, that.

Doctor Kempner, he's in there. There. He said. He said people sugar and they were first and right. But here's the most important part about this is, again, as early as 1926, the researchers were finding that when you feed people with diabetes a higher carb diet, not only is their insulin sensitivity improving, but in this case, they return to normal physical and mental activity.

They did not experience difficulty in managing their blood glucose. They improved their cardiovascular health. Their diet was more palatable. Their cravings were reduced, and it was cheaper.

This is in 1926 and it goes on and on. And we don't have time to go through all these studies. But I love Doctor Rabinovich, his paper in 1935, the Canadian Medical Association Journal.

The title of it is effects of the High Carbohydrate, Low Calorie Diet upon Carbohydrate Tolerance and Diabetes. And so his new lower fat diet had a 57% reduction in insulin use, whereas the old higher fat diet had a 1% reduction.

And again, same thing. Energy levels improved in the high carb approach. The dietary adherence was higher. All right. This applied to all forms of diabetes.

This time there was a lot of, you know, diabetic coma and issues. They had reduced arterial arterial calcium deposits based on five year x ray follow ups.

Their diabetes marriage was simplified. And it's at the time tuberculosis was an issue. But he concludes the paper and this is a guy again who had done a lot of research.

This was one of his, you know, hallmark papers on five year analysis, 50 patients doing the high carb diet, 50 patients doing the low carb diet.

Mastering Diabetes results and supporting evidence

And he concludes the paper saying, suffice it to say that now appears to be fairly well established that carbohydrates improve, whereas fats impair carbohydrate tolerance and that carbohydrates increase, whereas fats decrease the sensitivity of individual animal and man to insulin.

And we can go on and on. But I had to show one more paper here. Doctor Hemsworth okay, I think you'll love this one. Doctor Khan this was a fascinating paper where they did a insulin depression curve.

And as you can see in the again, hopefully people will be able to see the screen when they watch this. But perfect. And this is one subject having a two week washout period in between these different diets. All right.

The upper left is 80% of calories coming from fat, and in the lower right is 13%. And when you see there's a shaded region in the upper right corner of these boxes, the shaded region demonstrates illustrates improved insulin sensitivity.

What's happening here is insulin is working faster and driving the blood glucose lower. And you see a step wise improvement in insulin sensitivity as fat is decreased.

And Hemsworth did a number of fascinating studies. And he concludes this paper saying it is demonstrated that the efficiency with which a standard dose of crystal insulin acts on the blood sugar is determined by the carbohydrate content of the diet, so that the greater the amount of carbohydrate in the diet, the greater the sensitivity of the organism to insulin.

Wow. So I have this experience every single this is recent. Again, we don't have time to go through the rest. But it's literally decade after decade. Up until today, we were just talking before we turned on the camera about Doctor Shulman's work.

Decade after decade, we see dense dietary fat, particularly with saturated fat. That has the biggest impact on causing insulin resistance. So I'm over here eating all these fruits behind me.

I eat a very I. My personal diet is very low in fat and very low in protein, and my insulin sensitivity is through the roof, especially when I'm doing Ironman training.

People with diabetes, type one diabetes, they'll inject a meal time ratio maybe 6 to 1, 10 to 1, 15 to 1. I'm up there in the 80s to one 100 to 1 when I get to a dinner meal, and I'm training, the instant sensitivity is is through the roof.

And it's not just me. I'm just an illustration of the science that we have had since the 1920s. Now, we've mentioned a couple times a name, just so the audience knows, Gerald Shulman, very esteemed professor of endocrinology at

Yale, but a graduate of the Wayne State University School of Medicine here in Detroit and a guy who's basically done the basic science of what's, underneath insulin resistance because it's not the pancreas or the pancreas.

His job is to make insulin, but that's not where insulin resistance occurs. So I, bump into you in an elevator. You're wearing a mastering Diabetes t shirt.

I say, oh, you're the crazy mango guy between floor one and floor 18. Tell me about why the diet you eat is optimal for reversing insulin resistance. So you only got an elevator ride.

Okay. Number one, it is high in water and fiber. Okay. That's number one. So they have satiety. All right. Number two, it's low in fat because we're focusing on whole plant foods.

Number three the sugar is not a problem. The natural sugars in potatoes and yams and apples and pears and quinoa are not a problem because of the package of the water and the fiber.

You also have vitamins, minerals, antioxidants, phytochemicals. It's low advanced glycation end products, low and no heme iron, okay. And it's low in sodium as well.

So you piece all that together and you are going to have an amazing result in reversing insulin resistance. So if we dragged you to Yale and we did an MRI spectroscopy of your calf muscles, do you think you would not have any fat droplets identifiable? Most likely.

That's Doctor Shulman's work, right? I think I think I'd have the appropriate amount of fat droplets. And I bet very few. You have a lot of mango droplets, but very few sure moola droplets, but very few areas.

So in the last couple of minutes, I don't think your program and I want to emphasize the audience, you can work with Ravi. You just go over to the website and make a contact and, get on board.

And there's so much great free material.

Amla tea, supplements, and closing remarks

But if we really want to work with a master and a coaching system, they offer that. Yeah. Really not, I think, commonly recommending supplements. You know, people hear about berberine and bergamot and fenugreek, but you do certainly.

I strongly support amla. The Indian gooseberry, and particularly a delicious tea called amla green. So just tell us about that journey and how that fits into your program here and in your own life. Yeah.

So we had a journey when we were coaching people. There were some clients that were just a little more challenging than others. They were doing really well with the program, but they were just stuck when it came to their cholesterol, to their triglycerides, and sometimes their blood sugar.

And we learned about this amazing, powerful superfood called amla berries from Doctor Greger. That's where we first heard about it. We dug in the research and were like, wow, this stuff looks fascinating.

So we have clients start to use it and they bought the powder on Amazon. They would get it in their body. The problem is it tastes terrible. It's very bitter.

So the clients start using it and it starts working like wow. Like I'm doing the diet and I'm doing the amla and things are normalizing. This is amazing.

So we're like, okay, how do we make this actually taste good and have it a part of everybody's daily life? That's how we made the tea. So you combine the amla with things like, green tea.

We have a combined with this like a biscuits and ginger and cinnamon. There's elderberry. There's all these different flavors. Pumpkin spice. Let's get it now.

That's amazing stuff. 100%. So you have these medicinal plants combined. But you're exactly right. We're not, like, very supplement heavy in the sense that we just want people to focus their time, their energy, their money on healing with food.

First, food is medicine. And we absolutely, you know, support and see the science of medicinal plants and encourage you to add that whenever they can.

It just happens to be the Indian gooseberries are the most antioxidant rich whole foods on the entire planet. So if there's one, you're going to add getting those antioxidants through Indian gooseberries is a great decision.

You just have to find a way to make it palatable and do it consistently. And that's where the tea comes into play. Okay, well, I think you have wowed everybody.

And you know, people get excited and they fall off, which is why a formal system and a formal coaching system and accountability, which is what you all offer through mastering diabetes to people with, like you said, prediabetes, type two diabetes.

And I'm sure you do have type one diabetics in your program. So yes, I encourage everybody to look up Mastering Diabetes at Oregon. I also encourage you to look up, like green.

That's a specific brand, that Ravi and others brought out. I've had it many, many times. It's delicious and nutritious and, it is a food is medicine play, for sure.

We're essentially without side effects. So, Robbie, you're a star. You teach so well. And I just hope everybody listening says I gotta look seriously at this high, complex, carbohydrate, low fat diet full of fruits and vegetables.

You mentioned quinoa, I believe. So there are some grains. Absolutely. You should follow. You're still robbing the mindful diabetic and instead. Yeah, mindful diabetic. Rob on Instagram.

Mindful diabetic Rob, because you should follow and look at these incredible meals. And we not only get to see Rob, we get to see Rob eat. Because they're usually it's a whole process of slow juicing and, joy, I enjoy it so much.

So thank you so much. And you shared such powerful information. Thank you so much. Appreciate it.