Unveiling Myths: Diabetes & Sleep Disorders Transcript

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Introduction to Sleep Summit Guest

Hi. It's Dr. 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 Dr. Beverly Yates, who is the inventor of the Yates protocol. She's a licensed doctor of naturopathic medicine, and her expertize 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. Dr. Yates, welcome. Hey, thank you so much, Dr. Wells. I'm so excited. I'm really looking forward to our conversation.

I know that you and I are simpatico in our point of view of the critical importance. The essentiality of sleep. It's we got to 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 they're 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 pre-diabetes 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.

Sleep as the Foundation of Health

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 to 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 bi directional 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 of 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, 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 in 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, 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 and diabetes, your 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 is 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 dig in your attitude, you know, 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 your body perceives that sleep as a stressor.

It's releasing those 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.

So you're not working off those chemicals. And as a result, they're circulating in your body and they're frankly just doing all kinds of harm and setting you up for the increased risk of heart attacks, strokes and the consequences in that with 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.

Tell me 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 and this is the one, Dr. Wells, it's a real kicker, so unfair.

How Poor Sleep Affects Blood Sugar

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. 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.

They get 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 is well named because it sounds like growling.

Right. The other one is leptin. They will tell you when you have reached satiety, when you're satisfied, when you're full, those are probably going to get disordered too.

And the result is you'll be hungry for either sweets or savory umami foods that are high calorie. This is a problem when you wake up in the morning. I mean, again, you're going to want this stuff.

It's no good, no good for you and preferentially 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 a 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 is 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 endurance system, all of our hormones are unhappy.

We're not sleeping. Right. So, you know, just to add insult to injury or 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. So there's more cortisol present. There's more glucose present because those two are 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 a superman, go get it right. However, in there, in the 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, Whoa, 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 in the cells as a signal, kind of stop listening to insulin 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 is circulating in your bloodstream, right? Your blood sugar that gets stored instead in your liver.

And so this is how you'll 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 stored specifically there tends to put off the kinds of inflammatory cytokine 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, the loss of vision in going blind diabetic retinopathy, the need for a kidney support, it eventually dialysis because the kidneys hate, hate, hate, extra blood sugar.

The compromises with the immune system, the immune system starts to really struggle and then it just stops doing its job. How else it wound healing neuropathies where there's first shooting, stabbing, difficult kinds of pains and then it just goes blank.

There's no signaling of pain. People get easily injured. They can't feel anything. They go numb on and off the list. It's a terrible list that comes from diabetes.

So if somebody has disordered sleep, they are at risk of all these things. Now. Yes. 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 catecholamine 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 overlapping 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 going 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 European bike, you're not running at five K.

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 and I 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 you're big, powerful muscles would probably be engaged. And so therefore the larger blood vessels would be prioritized. Wouldn't you think that then might compromise the circulation to the smaller blood vessels that micro vasculature?

The answer is yes, it does, but that means that they're not getting their nutrients in, their waste out.

Sleep Apnea, Vascular Damage, and Diabetes Risk

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 die of 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 to go get that sleep study assessment done, whether it's done in a hospital clinical setting or 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 life saving difference. I watch people fool around with this.

I can say another word, but yeah, fool around. 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. 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 start it 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 expensive 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 and the train 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 30 or 40, 50, 60, you know, it's not too late, even seventies, 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 is 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 normalize the thinking 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 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?

When to Get Tested for Sleep Apnea

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 what an unpleasant show unfurls with this.

Right? There's the five steps of the protocol. So nutrition is going to be the bull's eye 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.

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 the center 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 of 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 etc. 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 went to sleep on that big meal. Bad idea, right? It just doesn't work sometimes. Just explaining how the anatomy is and the time and people are like, Oh, and then they are eating it earlier.

There goes the heartburn. There goes the GERD. You know, they've sold it, right? You didn't have to throw pills at it. You had 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. A lot of people well, 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 a 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 certainly had a year where my mother was very ill with, let's say, for lung cancer, small cell, and she lived much longer.

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.

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 took us your teeth after dinner. This will keep you away from mindless, unintentional snacking.

I agree with that. 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 good habits.

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

Stress is necessary sometimes in life it can motivate us and we can use 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.

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 hand us some pretty unfair hands, that's for sure.

Lifestyle Strategies for Diabetes Management

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 as we got to start, we've got make sure your food drives it. Sometimes, though, people are already eating healthy food, in which case we can go right to sleep and stress because we know that goes to the twin gremlins, right or left hand and ghrelin are probably at play and tease that

apart with some smart lab tests to really focus in so they 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 it. 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 and 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, as I will do this on working with my face.

The clients. You get your kettlebell while we're sitting here. Come on, you're working. There. You got to. 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 that.

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 that's true for 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 impulsive behavior.

And so when you lose sleep, the part that's inhibiting your internal toddler is what I like to call it, is kind of offline. 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 am well aware that people can feel overwhelmed. So rather than anything to completely blow up everything about their lives, we pick on one or two 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 this 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 that'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, not the morning after a poor night's sleep done. It's already decided. Because you're right, if people have to make a lot of decisions and exhausted, they're not going to 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, then 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 got rid of those, those we've already identified, particularly they're using a glucometer and test strips or they regularly use a CGM.

We already know where the trouble zones are because sometimes, you know, people have odd 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 the willpower is down by the evening. If you're really flexing that muscle earlier in the day. So having that group 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 there's the things I've seen and have worked clinically, hour 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 you'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 that's 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 24/7 food access world, it's very different than what any of our ancestors had, right?

No matter what, where we were, on atmosphere, etc. Nobody had 24/7 access to food. Now we do. This is why humanity is having so many 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 wash prep ready to go. It could not be simpler. Think 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, see protein is your friend. It's going to help to kick cravings to the curb because, you know, the leptin and ghrelin twin gremlin situation is absolutely in the background.

Lurking, waiting. Did it cause 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. So those are good options, right? So now we've covered three different food groups.

We talking 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 with carbohydrate rates, so resistant starch, complex carbohydrates, slow burning carbs, that's going to be your beans, legumes, peas, things of that nature.

Meal Timing, Fasting, and CGM Guidance

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, either with glucometer test strips or with a CGM test, don't guess.

And 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 stay there.

Then you can continue to choose the things that work for you. So if you like to have potatoes, I'd say, but wait, 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.

No, we don't have no one here has diabetes type two diabetes pre-diabetes. 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 got to 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. You have to do this spontaneously. Dr. 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, it was 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 CGM are a fascinating topic and depends on where you are in the world.

If you're in the U. S., they're considered a medical device and you will need to get a prescription for one. If you're in other parts of the world where 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 a exogenous pharmaceutical drug for the rest of their lives.

Should always have priority for a CGM. Continuous glucometer makes a difference for type one, it's life saving. Okay, now from there, I think people with type two diabetes, particularly those who are looking to improve their situation, we want to get actionable insights.

They also should have scripts. I don't know why doctors withhold that. I think Medicare may have some sort of silly rule where you have to have an A1C of a 9.0 or higher in order to have a CGM written, which is insane because you get your bloods basically maple sirup by then.

Like who are we kidding? And 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 so docs write the scripts, okay, just do it.

If it's a person with prediabetes, I think they too should have access to the scripts to CGM 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 feedback and it takes the guesswork out of it rather than people feeling helpless and doomed.

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

We shouldn't demonize people either. The judgmental attitude that many colleagues have towards their diabetic patients is so it's not only 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.

Finding Dr. Yates and Closing Remarks

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 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?

Sure! 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 naturalhealthcare.com that's N A T U R A L H E A L T H C A R E.com The other ones.

My name drbeverlyyates.com So D R B E V E R L Y Y A T E 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 pre-diabetes.

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. Is this sleeping is foundational.

I totally agree. Thank you so much, Dr. Yates. Take good care.