

Hi again to everyone in the Millhouse Community

Spring daffodils are here and the daylight hours are becoming longer, even though rain showers continue, and I'm reminded that summer is just around the corner. I hope you have survived the winter flu, coughs and colds by washing hands and using a preventative vitamin D supplement. Did you remember to try turmeric powder for its anti-inflammatory action when you had a cold or use dark chocolate to sooth a sore throat?

FREE diabetic checks continue despite changes in the Ministry of Health funding. At Millhouse the annual Diabetic Check will be done by our nurses who will review your progress over the past year, arrange blood tests and ensure routine retinal examination is done to monitor your eye health. I say more about the nurse checks below and briefly discuss lifestyle management of diabetes.

Well-Woman Clinic. Practice Nurses Kate and Vilya are performing cervical smear examination with 'Well-Woman' health checks so remember to see them. They may contact you personally if you have not responded to the recall screening reminder.

Dr Stephanie has settled in and enjoying Millhouse. She is fluent in English and Korean, a qualified family practitioner with special interests in the health of children, women and the elderly.

Books for Sale. 'Dr Gundry's Diet Evolution' is again in stock and 'The Inside Tract' is also available for those who wish to explore self-management of digestive disorders by integrating diet, nutrition, herbal and drug therapies with relaxation exercises.

In the December 2011 letter I told you how the nomadic First Nation North Americans, Polynesian and Micronesian races successfully migrated traveling thousands of miles over land and sea, under extreme environmental conditions, but are now decimated with obesity, diabetes and heart disease. I mentioned this was primarily due to changing to a processed refined carbohydrate diet; smoking and lack of exercise were also contributing factors.



In New Zealand the Ministry of Health were concerned about the accelerating rates of diabetes especially in the Maori, Pacifica and Asian communities. They were mindful that if no positive action was taken to reverse this trend, treating the adverse effects of diabetes (laser therapy for retinal blindness, cataract removals to improve sight, heart operations to unblocked clogged arteries and daily dialysis for kidney failure) would swallow up more and more of our health resources.

In 2000 the Health Department initiated free annual GET CHECK visits with their general practitioners to improve diabetic care. Although by 2011 \$46 million had been spent, a review undertaken by Dr Brandon Orr Walker, diabetic specialist at Middlemore Hospital, found there had been little improvement in patient care. Blood HbA1c tests that measures the effectiveness of blood glucose control had only improved by 0.13 percent. There had been no significant improvement in blood pressure readings, cholesterol reduction and the urinary albumin:creatinine ratio which monitors kidney function. He concluded that the annual review 'adds little clinical value to existing New Zealand general practice care processes'.

**"Diabetes is the modern plague"
"Diabetes is a preventable condition
if healthy lifestyles choices are made
early"**

The annual diabetes Get Check visit did not improve diabetic health in the community, suggesting it was a waste of time and the use of resources.

Last month the Ministry of Health set new goals to resurrect the programme. They include INCENTIVE payments to improve diabetic control and a much lesser amount than previously to ensure annual blood tests, blood pressure, feet examination and retinal eye tests are done. Clinics will also be reimbursed for time spent in educating patients who need insulin therapy.

You may well ask why doctors failed to improve diabetic care in New Zealand.

Obesity and non-insulin dependent diabetes are conditions that are best managed with lifestyle changes through diet, exercise and stress management. Human behaviour is hard to change. There must be willingness to face up to the present situation, whether being overweight, suffering from diabetes or addiction to smoking, drugs or gambling. Then deciding to take small steps and beginning the move to a better place.

Taking remedial action is hard. You will need friends, family and probably professional assistance to support and guide you on this journey.

SCARY FACTS ABOUT DIABETES

- **WORLD.** Diabetes and obesity effects 1.8 billion.
- 1983 to 2008 there was a 7 fold increase in diabetes from 35 to 240million. From 2008-2011 another 110 million have been added.
- **USA.** Predicted that by 2020 diabetes and obesity will effect 1 in 2 people; 90% will not be diagnosed.
- **CHINA.** 25 years ago there was virtually no diabetes in China. In 2007 there were 24 million.
- **NEW ZEALAND.** 25% are overweight. Estimated nearly 400,000 with diabetes the fastest growing chronic disease.

DIABETICS

- Die six years earlier than non-diabetics.
- One third have heart disease.
- Four times more likely to die from heart disease.
- Three to four times more likely to have a stroke.
- Four times more likely to get dementia.
- 75% have high blood pressure
- 60-70% have nervous system disorders
- More likely to get depression
- Three times more like to have teeth and gum disease.

MILLHOUSE INTEGRATIVE MEDICAL CENTRE NEWSLETTER SEPTEMBER 2012

I was not surprised that the annual doctor visits failed to improve diabetic control. Here are a few reasons why it's so difficult to change.

The addictive nature of sugary foods.

High sugar foods are addictive, stimulating the brain pleasure centre and releasing the chemical messenger dopamine that improves motivation and mood¹. PET imaging brain scans have shown that high sugar and high fat foods have similar effects on the brain as heroin and opium². PET scans have also demonstrated in obese persons and those addicted to narcotic drugs that both groups have fewer dopamine receptors and are more likely to crave sweet foods to boost dopamine levels.

High fat and sweet foods release the body's natural opiate substances which lift mood. People, like rats, will develop tolerance to refined carbohydrates and require more of the food to be satisfied. Suddenly stopping eating sweet foods may bring about acute withdrawal symptoms and food cravings.

Fructose is a big problem.

Fructose (fruit sugar) especially from fruit juices, processed corn sugar used commonly in processed food and drinks, and white sugar (sucrose) can be harmful; sucrose is equal parts fructose and glucose. Unlike glucose which can be used by all cells, fructose can only be metabolised in the liver. Eating a high fructose diet has similar effects on the liver as alcohol. Fructose stimulates free fatty acid and cholesterol production. Fructose down line by-products react with proteins, causing inflammation, and raise uric acid (gout) which interferes with nitric oxide production that in turn affects the health of arteries (refer [November 2011 newsletter online](#)). The circulating fatty acids and raised glucose levels cause hardening of the delicate cell membranes, and the communication molecule insulin loses its effectiveness (insulin resistance) to stimulate the movement of glucose into the cell.

I highly recommend watching Dr Robert Lustig, Paediatric Professor at the University of California, at www.youtube.com/watch?v=dBnniua6-oM discussing how a high fructose consumption is addictive leading to obesity, diabetes, high blood pressure, raised cholesterol levels, gout, pancreatitis and the metabolic syndrome. He suggests the effects of fructose are as toxic as alcohol in our society.

Artificial sugar sweeteners aren't the solution.

The artificial sweeteners, aspartame (NutraSweet), sucralose (Splenda) and saccharin have been heavily promoted by the diet industry as substitutes for sugar, but they too cause insulin resistance which accelerates diabetes³. The same effect is also observed with food-stabilizing molecules (monoglycerides) commonly used in processed foods. Diet drink consumption has increased 400 percent since 1960 and their regular use leads to a 200 percent increased risk of weight gain and 67% greater chance of getting diabetes.



Support groups are powerful facilitators to change human behavior.

This year Rhiannon our practice nurse began 'diabetic conversations', a support and education group for those with diabetes.

Sadly Rhiannon is leaving us but the group will continue supporting and educating on what diabetes is, the foods to eat, how to commence an exercise programme, discussing ways to relax and decrease stress as well as understanding medication and herbal therapies.

The focus will be on helping you live with diabetes, perhaps even becoming free of diabetes because that is possible and avoid its complications. The **group meetings will be without charge.**

Millhouse will continue the **free nurse annual diabetic review but for any needing a prescription there will be a charge.** Those who have a very high HbA1c will be seen quarterly under the **Chronic Care Programme** which carries no charge. Any with complex conditions will be enrolled in the **subsidized CarePlus Programme**, seen three monthly with a fee of \$16. To qualify for these programmes you must attend every three months. Hopefully by using support through education group meetings combined with TXT, phone and email communication we will be successful as the Saddleback 'Daniel Programme'. It is possible to overcome diabetes and at the very least live long lives with few diabetic complications.

THE DANIEL PLAN

Last year Drs. David Hyman, Daniel Amen and Mehmet Oz (TV fame) introduced a healthy lifestyle programme to the 30,000 member Saddleback Church in Southern California pastored by Rick Warren.

'The Daniel Plan' was named after the Old Testament's prophet Daniel who with his mates stood against the king by eating only vegetables and water for 10 days after which time they were found to be the healthiest of all.

Initially 8000 people enrolled in the 'Daniel Plan' and after two months 15,000 had joined. The programme was delivered using seminars, webinars, videos and online support through the existing church groups.

After 6 weeks the congregation has lost a total of 70,000kg, about 8 percent of their body weight. After 10 months the average weight loss for those on the programme was 8.5kg but many lost between 20kg and 40kg.

Those who did the programme in groups lost twice as much weight compared with those who did it alone. As well as weight loss many experienced relief from chronic conditions including migraines, asthma, reflux, irritable bowel, autoimmune diseases, depression, insomnia, cravings, joint pain, gout, acne and skin problems.

From 'The Blood Sugar Solution: The Bestselling Programme for Preventing Diabetes, Losing Weight and Feeling Great' by Dr Mark Hyman.

Yours in good health, Dr Richard J Coleman

¹ Colantuoni C, Schwenker J, McCarthy P, et al. Excessive sugar intake alters binding to dopamine and mu-opioid receptors in the brain. Neuroreport. 2001;12(16): 3549- 52..

² Volkow, ND, Wang, GJ, Fowler, JS, et al. "Nonhedonic" food motivation in humans involves dopamine in the dorsal striatum and methylphenidate amplifies this effect. Synapse. 2002;44(3): 175- 80.

³ Banting lecture 2011;Corkey B, Diabetes 61:4-13, 2012. The full text is available on the web.