

Diabetes? No thanks!

Lars-Erik Litsfeldt



At what point does
being overweight become a disease,
and must we really develop diabetes
before we are prescribed a diet
that will prevent it?

*To my children
Sofie, Johan and Gustav*

Table of Contents

My story	11
Foreword by the author	14
Introduction	16
<i>My story</i>	22
What is diabetes?	28
Type 1	29
Type 2	31
LADA	32
Complications	34
Inflammation	34
Eyes	35
Kidneys	37
Teeth	38
Coronary disease	40
<i>Heart attacks – how they work</i>	40
<i>Stent</i>	43
Gastroparesis	45
Sexual impairment	46
Foot problems	46
Alzheimer’s	48

How is diabetes described?	49
What is a diabetic expected to do?	53
Science of Nutrition	55
Fat	55
Protein	59
Carbohydrates	60
<i>Sugar</i>	60
<i>Starch</i>	62
<i>Fibre</i>	63
<i>How much sugar does the body need?</i>	63
How did we treat diabetes before?	66
Advantage: metabolism?	69
Bread	71
Relief	72
Petrén's type 1-diabetics.	73
About modern dietary advice	75
What is THE SCANDINAVIAN DIET and how does it work?	77
To eat or not to eat	80
OK	81
Do not eat	83
Can my symptoms disappear?	86
Type 1	86
Type 2	87
Can diabetes be cured?	88
Type 1	88
Type 2	89
Increasing the effect	91
Richard K. Bernstein's training	93

CONTENTS

The method	96
Sugar addiction	102
Children with diabetes	107
<i>“Doesn’t she ever cry?”</i>	107
Measuring your body	110
BMI	110
WHTR	111
MMI, Muscular Mass Index	112
What are the objections?	113
Bad for your heart	114
The Karlshamn Study	115
Cholesterol	116
The brain	116
Fat makes you fat	117
True stories	118
<i>Anders</i>	118
<i>Jeanette</i>	120
<i>Egil</i>	122
Why is there no progress in diabetes treatment?	124
The food industry supplies us with “facts”	124
Manipulating the facts	127
Experts, bought and paid for	129
Dubious studies	131
Profit motives in the pharmaceutical industry	133
Fear of reprimands	134
The importance of profit	135
Economic dependence	136
Fear of rocking the boat	136
Medication: The only solution?	137

Self-interest	138
Fear of information reaching diabetics	138
Ignorant and dangerous dieticians	140
Flight from accountability	141
Consensus	144
Obfuscation/convolution	149
Lack of logic	150
Conclusion	151
Recipes	154
Tasty side dishes	181
Afterword	189
Acknowledgements	193

Swedish medical authorities have confirmed that THE SCANDINAVIAN DIET, as a treatment for obesity and diabetes, is consistent with current scientific understanding and proven experience. For those of you longing to eat real food again, wait no longer. Go for it and start enjoying your new life!

My story

In January 2001 I was diagnosed with type 2 diabetes. The year before, I had started to drink more and more water. It was a gradual increase, and by the New Year, I had begun to keep a water bottle on my night table for use when I woke up. I was constantly trudging between the toilet and the kitchen tap. My HbA1c level – a kind of blood sugar measurement based on levels during the past few months – was determined to be 12.5.

Compare that to a normal level, which should be between 3.3 and 5.0. My blood sugar at that particular moment was 28, or about four to five times higher than it should have been.

I guess I was an “average” diabetic. I was overweight, hardly ever exercised, had slightly elevated blood pressure and had a family history of diabetes. When I saw my doctor and got my diagnosis, I was also given a prescription for medication and a few brochures about diabetes. I couldn't read all of them all the way through, but some of them were not that depressing.

I'll never forget the first morning I took my medication. I was to take a pill that would kickstart my pancreas and secrete insulin into my body. The basic idea was that the medication would quickly reduce the increased blood sugar levels

I would experience after breakfast. According to the brochures, that would be porridge and whole wheat bread. After finishing half of my porridge, I began to shiver and broke into a cold sweat. The medication had begun to work. I dragged myself to the refrigerator where I fumbled with a bottle of juice before managing to swallow a couple of swigs. I then lay down and began to feel how the shivering and cold sweat went away. After checking with the Swedish National Medical Information Centre, I received a comforting reply. I wasn't suffering from extremely low blood sugar, just an unexpectedly rapid decrease, from 20 to 15 within a few minutes.

That was great news, as I didn't want this to happen every morning. After a while, my blood sugar should stabilise at reasonable levels, and the rapid decrease wouldn't be as dramatic.

A week later, I met with a nurse and a nutritional physiologist. I was taught the importance of not eating any white bread. I was also told to be careful with mashed potatoes. Rice was bad as well, especially jasmine rice, which, naturally, was my favourite sort. Apparently, I could now eat nothing but whole wheat bread and vegetables – in any case, that's how it seemed. I was told that, from now on, I was obliged to eat the way other people *should* eat. I came to the conclusion that the easiest way to figure out what was okay to eat was: "If I like it, it's not good for me". As with most diabetics, it would also be helpful for me to lose some weight, which, of course, meant avoiding fatty foods. I was to choose the low-fat alternative whenever possible. Finally, I was ordered to exercise more.

About 10 months later – on a Thursday in the middle of

MY STORY

November – I suffered a minor heart attack. Heart attacks are not uncommon when one has diabetes. The basic “concept” is that it’s not the actual diabetes that is life-threatening, but rather the various consequences of being a diabetic. Blood vessels and nerves are injured by all the sugar that’s constantly circulating in the body. The artery walls deteriorate and blood clots can happen more easily. I was following my diet strictly and exercising every day, but this was apparently not helping.

A bit more than a year after I was diagnosed with diabetes, I had successfully reduced my HbA1c- level to 5.8 – in other words, barely higher than the levels of healthy people. On the other hand, my attempts at losing weight left quite a bit to be desired. I had to work on getting that weight down, and the blood sugar also, if possible. The only question was: how? I was really trying. I had reduced my fat intake and was eating even more vegetables, but I was still failing to lose weight or reduce my blood sugar level.

Foreword by the author

Several years have passed since I became interested in the effects of food on the human body. When I published my first book “Fettskrämd” (“Fear of Fat”), it was regarded as quite unconventional. During the manuscript phase, many publishers considered it “unsellable”. A journalist who reviewed the book would always include a “fact column” where the so-called “experts” presented the “correct” facts. Every one of the facts contradicted the message in my book. I don’t see those fact columns any longer. Actually, I’ve even seen health care professionals tout the advantages of the type of diet I advocate as their last word in diet articles.

There should certainly be room for a book specifically addressing diabetics. Books currently available for diabetics don’t contain anything new. They’re all about being careful with sugar and fat, providing a few recipes that are guaranteed to elevate a diabetic’s blood sugar.

This book takes diabetes treatment another step forward, and it is different from other books about the treatment of this disease. The content of this book aims instead to help diabetics slow down progression of the disease as much as possible. It’s about not raising blood sugar any more than neces-

FOREWORD BY THE AUTHOR

sary. Many people who take the contents of this book to heart will also improve their health dramatically.

I don't believe in repeating rules over and over to convince people. In order to succeed in sticking to a dietary model, we must first understand what happens in our bodies when we eat. Many people also have blind faith in the statements made by medical professionals, without even considering if they have the authority to make them. That's why much of this book aims to explain the mechanisms behind the poor level of diabetes treatment. After having read this book, other diabetes brochures and books you read will fill you with dismay because you will understand why the advice they provide is bad for you.

Introduction

Obviously, I have no idea who you are, sitting there with this book in your hand, but you probably have diabetes. Maybe someone who cares about you gave you the book. Or maybe you bought it yourself because you want to change your life.

Perhaps you've just found out that you have diabetes? If so, this news probably surprised you. In a matter of minutes you went from not feeling well, to being seriously ill. Your body feels exactly the same as the minute before you were told, but now you're ill. Really ill. You have discovered that you now need to prick your finger several times a day to check your blood sugar.

Maybe you've found out that you need to watch what you eat. Nevertheless, you're uncomfortable with the new situation. That's what I felt, anyway, when I found out I had become a type 2 diabetic. A multitude of questions popped into my head: What should I eat? Will I die soon? Will I need a membership card at the diabetes clinic? How often do diabetics have their feet amputated? What will happen to my vision!? Will I become a blind vegetable with no feet? How bad is my condition on a scale of 1 to 10? Maybe it's not that bad, or am

I deathly ill? How can I find out? Is it irreversible? Is there anything anyone can do to help? Is it like a snake pit, where I'll spend the rest of my life? Will I be able to climb out?

After the hospital visit during which I discovered that I really was a diabetic, they gave me some brochures that explained this diabetes thing. I was also told that I had to learn to eat healthily. The doctor told me that from now on, I **MUST** eat the way other people **SHOULD** eat. These were depressing words, indeed. Well, it's supposed to be good for me, but how good does it taste? I was presented with pictures of the plate model, food circles and pyramids and all that stuff, and it did not look appealing. At least, I didn't think so. But from now on, I would be eating low-fat, with lots of whole grain bread and plenty of pasta. I'd always choose the low-fat alternative because the others were dangerous. More than half of my food would be carbohydrates. I found out that my illness would worsen with time, even if I took care of myself. Eventually, I'd have to start sticking myself with needles, and finally end up with so-called "deferred complications" anyway. This is known as the "natural course". All-natural, in other words. Anything else would be strange.

But are things really that bleak? Is there no alternative to facing the facts? Maybe there's hope to escape these problems, or at least delay them for a very long time?

I'm sure other diabetics have received the same brochures I did. What I didn't have, however, was a book that explained what had actually happened to me, and what problems I was about to face. The same book would obviously also tell me what to do to avoid the problems.

You're holding this "missing" book in your hands right now. This book is about what I wished I had known when I sat in the waiting room after my "sentence", waiting for my brochures and feeling confused. Yet, this book is meant not only for newly diagnosed and confused diabetics. Even if you have been living with diabetes for years and become accustomed to it, you will benefit from reading this book.

Improving your health will require some sacrifice, but most people will agree that it's worth it. After a while, many people no longer experience the sacrifice as something negative; on the contrary, they feel almost ashamed of it – it seems like a luxurious life. There are, of course, people who would rather take injections and eat their sandwiches; we have to accept this – even if it causes personal suffering and results in great expense to society.

The following pages will teach you enough to enable you to confidently reject advice that will only make you more ill.

The advice presented in this book is very different from what they write in the diabetes brochures. The advice in the brochures is based on the viewpoint that, of course, you should continue to eat more or less as you did before, just with more fibre and less fat. Almost all of the brochures are published by pharmaceutical companies, and they have no great desire to help you live without their medication. That's why their advice will slowly but surely make your condition worse, requiring more and more medication. As cynical as this may sound, it is the truth. This also applies to today's websites about diabetes. These are generally operated by pharmaceutical companies, and the advice presented there will keep

you just sick enough to stay on your feet, but not to get well. I know this to be true.

Perhaps you remember the “Marlboro Man”, Wayne McLaren? The Marlboro Man was the cool cowboy featured in ads for Philip Morris’ Marlboro cigarettes. McLaren smoked a pack and a half a day. He contracted lung cancer, and despite chemotherapy, radiation treatment and the removal of a lung, his life could not be saved. The cancer spread throughout his body and he died in July 1992. From his deathbed, he participated in an anti-smoking campaign, and the final phase of his suffering in the hospital was documented on film.

Wayne McLaren learned his lesson the hard way. Wilford Brimley was another man who paid a high price for his daily habits. Wilford was well-known in the United States for many television advertisements for Quaker Oats’ Instant Oatmeal. In the TV ads, he portrayed a jolly old fellow who enjoyed spending time with his children and grandchildren, all the while praising the benefits of instant oatmeal. Maybe you can already guess what happened to him? Wilford Brimley contracted diabetes of course. These days, Wilford works for a supplier of diabetes treatment equipment.

It’s not hard to imagine that at a relatively young age, you might promote something that’s not good for you. You feel immortal. Wayne McLaren smoked cigarettes that destroyed his lungs and Wilford Brimley ate instant oatmeal.

Oatmeal contains starch, which is metabolised to glucose – the kind of sugar that elevates your blood sugar level. You might think that I’m saying that you can get diabetes from eating starch and sugar. It’s really not quite that simple.

You cannot develop type 2 diabetes without eating sugar and starch. If you do eat sugar and starch, you can develop type 2 diabetes. But there's more to it than that. I'm convinced that a genetic predisposition is also necessary. In my case, one of my grandfathers had type 2 diabetes – I was genetically predisposed. However, if I hadn't gorged myself on potatoes and bread as I did, I'm sure that type 2 diabetes would not have developed. Instead, I would be walking around like a ticking diabetes bomb. That bomb would not have exploded, and so much the better for me. Instead, I was unlucky and developed type 2 diabetes.

If you avoid the disease-triggering factors, you won't get the disease. Just as a person who is predisposed to alcoholism can dodge the bullet by never drinking alcohol.

The advice presented in this book is based on the fact that you have decided to never suffer any symptoms of your diabetes, or at least reduce them as much you can.

The recommendations in the book focus mainly on what diabetics should eat to reduce their dependency on medication, so you will probably need to give up some of the foods you usually eat. It's your choice. You can follow the guidelines in the brochures you have received, increase your medication and still eat basically what you've always eaten. In time, as your weight increases, you will need to increase your medication – and in turn gain even more weight ... and so on.

Some diabetes medications, such as sulfonylureas (also known as "SU" pills) and insulin make it harder to avoid gaining those extra pounds. When you start to eat according to the recommendations in this book, you're taking the most

important step you can take to keep yourself healthy. I know of many cases where type 2 diabetes patients could stop taking medication and insulin after starting to eat the way I will describe in the following pages. Actually, there are also type 1 diabetics who can get by without insulin. As strange as it may sound, in some cases it's true.

As I previously implied, your new life may come to seem a bit luxurious, so if you're assuming that this new diet will be tedious and boring, you've got it all wrong. Instead, you'll be enjoying truly delicious meals.

In 1926, the Swedish journal *Hälsövännan* (*Friend of Health*) published a review of the book by Professor Karl Petrén entitled "On the Treatment of Diabetes (even with insulin)" by Georg Engstrand. Here are some quotes from the review:

"... few areas of medicine are in as dire need of a guide for treatment of the disease, as well as a general and accessible description of the disease's nature and essence, as is the case for diabetes. These patients must learn to understand their disease, and as it is to an exceptionally high degree influenced by the diet, it is similarly essential for the diabetic to understand the significance of the often rigorous regulations prescribed by the physician regarding the patient's diet.

Petrén's current presentation regarding the treatment of diabetics seems, in my opinion, to satisfactorily fulfil the requirements one may expect of such a document, both from the perspective of the physician and the patient. It must not be too superficial, but neither may it be scientifically complex, as it should be understood by a common labourer as well as

Crispy salmon

Preheat the oven to 225°C.

Peel the garlic and onions and cut the onions into wedges.

Remove the stalks from the parsley and basil.

Chop the onions, herbs and nuts in a blender until the mixture is smooth and green. Add salt, pepper and fruit juice.

Place the salmon on a sheet of baking paper in an oven-safe deep dish. Spread the nut mixture over the fish. Bake in the oven for 15 to 20 minutes, until the salmon is cooked and the topping has a nice colour. Frozen salmon may require an additional five minutes in the oven.

Tasty side dishes include vegetables sautéed in butter, ratatouille and wok-fried vegetables (see page 181).

Grilled salmon with pesto

Ingredients, serves 4: 4 fillets of salmon (150 g (5.3 oz) each), 100 g (3.5 oz) hazelnuts, 1 garlic clove, 3 shallots, (or yellow onion), 1 sprig parsley, 1 sprig basil, juice of ½ lemon or 1 lime, salt and pepper.

Combine all the ingredients for the pesto in a blender.

Melt the butter in a frying pan. When the butter stops sizzling, fry the fish with the skin facing downward. Salt and pepper to taste.

Fillet of chicken with Parma ham, parmesan cheese and tomato salsa

Ingredients, serves 4: 8 thigh fillets (thigh fillets are juicier and fattier than breast fillets and are available at most food stores), 8 sun-dried tomatoes, 8 slices Parma ham (Spanish Serrano ham works just as well), 2 tbsp grated parmesan cheese, fresh basil, about 10 finely chopped olives, salt and white pepper, butter.

Incredible tomato salsa: 4 shallots, 100 g (3.5 oz) butter, 2 garlic cloves, 200 ml (7 fl oz) dry white wine, 200 ml (7 oz) pureed tomatoes, 4 tsp apple cider vinegar (white wine vinegar works well if you do not have apple cider vinegar at home), 200 g (7 oz) chopped fresh basil, 2 tbsp chicken stock, salt and pepper.

Preheat the oven to 200°C.

Unfold the fillets and pound them out thin. Salt and pepper to taste. Add tomato, some parmesan, chopped olives and a couple of basil leaves to one side of the fillet. Fold up the fillet, wrap the package in a slice of Parma ham and place it in a buttered oven-proof pan. For extra flavour, sprinkle some olive oil on the fillets; this will also make them look even more delicious!

Tomato salsa:

Chop the onion and garlic. Quick-fry in half of the butter.

Add the wine and reduce by simmering.

Tomato salad (sliced tomatoes with finely chopped red onions and dressing).

Feta Hamburger

Ingredients, serves 4: 400 g (14 oz) ground lamb or mixed ground meat, salt and pepper, 4 generous feta cheese slices, crème fraiche, butter (for frying), 1 or 2 slices low-carb bread, fried in butter or grilled with a dab of oil.

For those of you who really miss bread, some grocery stores and Internet sites offer bread with very few carbs (2.7 grams carbs per slice). Toast the slices on a frying pan or grill.

Mix the ground beef as it is with a little salt and pepper.

Form it into patties and fry or grill the burgers about 4 minutes on each side.

Place crème fraiche, the hamburger patty, a slice of feta cheese, more crème fraiche and veggies on a slice of fried or grilled low-carb bread. If desired, top it off with a second slice of bread.

Of course, the burger can be served with no bread and eaten with a knife and fork. A large lettuce leaf is a good substitute for bread.

Wild Game Stew

Ingredients, serves 4: 1 package frozen venison, 1 litre golden chanterelles (fresh, frozen or canned), butter, 2 onions, 10 juniper berries, salt and white pepper, 200 ml (7 fl oz) water