



Dr. Jody Stanislaw Weighs In on Nutrition

What should I eat? This can be a constant dilemma for a person with diabetes. But as Chad describes in the previous chapters, the choice does not have to be so tough. Low carb is the way to go.

THE BENEFITS OF LOW-CARB EATING

Low carb done correctly is a very healthy diet. Plus, most importantly for people with diabetes, it makes keeping blood sugars in the optimal range much more easily achieved.

Chad's six rules of healthy diabetic eating and his macronutrient teeter-totter are based on sound nutritional concepts. (I do disagree slightly with one of the rules, which I reveal later.) Conversely, for those who are insulin-dependent, conventional medicine teaches that as long as the insulin-to-carb ratio is known, pretty much anything can be eaten. This does not work if your goal is to achieve healthy blood sugars! Dosing, to stay in range during *and after* the meal, is much more complex than any simple formula could accurately or regularly predict.

For example, dosing insulin for 15 grams of carb from eating an apple requires a different approach than dosing for 15 grams of carbs from eating black beans. Although an apple is a low-glycemic-index fruit, it can still quickly spike

blood sugar, and thus a considerable amount of insulin must be dispensed before the apple is eaten. Beans, which not only contain complex carbs but are also full of protein, fat, and fiber, release glucose much more slowly. So diabetics consuming beans likely require half of their insulin dose up front and the other half perhaps an hour later.

This *timing* of dosing, something that is rarely taught, is a key skill that must be nuanced at every meal. *When low-carb meals are chosen, this complex problem of dosing becomes simpler, with less margin for error.*

Furthermore, when eating protein and fat with carbs (which is most often the case), the insulin-to-carb ratio can rarely even be valid. Protein itself can slowly raise blood sugar for approximately five hours. High fat can create temporary insulin resistance that can last for six hours, eight hours, or even longer. The more fat that is consumed, the longer that fat's effect on blood sugar lasts, *especially when combined with a lot of carbs*. Consequently, for those who are insulin-dependent, giving an extended bolus or multiple small doses over several hours is needed to cover high-fat meals. And fast-acting insulin isn't even fast enough to cover the speed of glucose absorption caused by high-carb choices.

Those who have T2D with functioning islet cells will experience these same issues with insulin resistance, glycemic variability, and potential adverse health effects as those with T1D, particularly if they combine high-fat *and* high-carb eating in what Chad refers to as the dietary "deadly duo."

At the root of the problem is the conventional eat-whatever-you-want-and-cover-it-with-medication thinking; basically, treating food with medicine, whether it's insulin

or pills. This thinking leads to poor health and is potentially life-threatening.

When I volunteer at diabetes summer camps where conventional eating is taught, I see this tragedy daily. The children count up their carbs from their pancakes and syrup, give themselves a huge dose of insulin, and then during the post-breakfast flag-football game, staff run around handing out glucose tabs. One year, I even witnessed a young girl have a seizure. The sad reality is that the majority of insulin-dependent children and many adults live this tragic eat-what-you-want-and-then-medicate lifestyle.

I have taught the benefits of eating low carb to hundreds of patients. Many have had diabetes for decades and yet have never been presented with the option to eat low carb. After just a few weeks of this new way of eating, my patients' glucose numbers dramatically improve.

Susan had A1cs in the 7s and 8s for thirty years. She suffered from retinopathy issues countless times. After her first three months of eating low carb, her A1c reached 5.9 percent, and she has had no retinopathy issues since. Rob is a police officer who thought he had to always stay with a blood sugar at 200 to avoid a low in case he had to suddenly run after a suspect. After Rob started eating low carb, his A1cs are now regularly in the low 5s.

The fact that the American Diabetes Association suggests an A1c goal of only below 7 percent, which equates to unhealthy average blood glucose of 154, is baffling to me. Perhaps it has to do with the fact that healthy A1cs cannot be reached on the Standard American Diet (SAD). Unfortunately, the SAD is full of "fake foods."

AVOID FAKE FOODS

Fake foods are usually very high carb, with an endless list of added sugars. They are items that are never found growing in nature. Fake foods have long ingredient lists, always containing many unknown substances that are extremely hard to even pronounce.

Real food comes from nature. Real food does not need a label. Real food is packed full of vitamins and nutrients that benefit your health. Chad's Rule 5 of healthy eating is all about eating real food. Eating real food reduces the risk of the greatest threat to the health of someone with diabetes: heart disease. Real food can also reduce the risk of some cancers, as well as reverse or at least reduce the severity or risk of type 2 diabetes. You can read twenty-one more benefits of eating real food here: [healthline.com/nutrition/21-reasons-to-eat-real-food](https://www.healthline.com/nutrition/21-reasons-to-eat-real-food).

If you need help transforming your diet, the next time you go to the grocery store, start buying more vegetables and fewer fake foods. Reduce buying things that come in a box or a package. The next step could be to go on the internet to find whole food, low-carb recipes and then give them a try.

DEALING WITH EMOTIONS

Having said all of this, any discussion of the proper diet must also address the emotional aspects of food. (I applaud Chad for flipping the current hierarchy of diabetes care and putting the mental part first.) If eating healthy was as easy as just eating real food and saying "no" to the fake foods, everyone would be doing it. Food is a touchy subject for many. There

are strong family and cultural traditions as well as emotional reasons for eating.

Personally, after having to weigh and measure every bite of food I ate starting when I was diagnosed at the age of seven, I developed an eating disorder in my teens. I was so full of rebellion that I couldn't handle following any more rules about what I could and could not eat.

How did I eventually find peace? By allowing myself the thought that I *could* eat anything I want, anytime I want. If I want a freshly baked cookie (my favorite treat of all time), I will let myself have it. The good news is that with this open-minded approach of no “off-limits” foods, I actually rarely want the fake foods now. This approach works for hundreds of my patients as well.

This works because no human likes to be told what to do. When we are, resentment and rebellion often surface. Furthermore, when we're given the freedom to choose, most gravitate to what makes us feel the best in the long run. This is why I must disagree with Chad's rule 4 of the six rules of healthy diabetic eating—that certain foods should be forbidden.

My disagreement with Chad comes with an important qualification. Eating fake or junk food can never be an everyday habit. If you limit your forbidden foods to, let's say, once a month, there's little risk to overall health, but only if those who are insulin-dependent are also well-skilled in how to dose fake or junk food safely and effectively.

My last point is one that is sadly often forgotten—eating food can and should be *pleasurable*. It is important that you find the balance between not only what's best for

your body but what you enjoy and what makes you feel good. Don't try to follow a diet just because you think you should. Avoid extremes and absolutes.

If this real-food, low-carb approach is totally new to you, have patience. Take baby steps toward what is healthier and away from high-carb, fake foods. Over time, your taste buds will change. Have patience and determination. Eventually, you'll discover the intersection between what is healthy and what is joyful. By adopting a diet of real food that is low carb, my hope for you is that you will achieve the best blood sugars of your life.

• • •

Dr. Jody Stanislaw received her doctorate in naturopathic medicine in 2007, is a certified diabetes care and education specialist, and has lived with type 1 diabetes herself since the age of seven. From her more than thirty-five years of experience, she teaches life-changing information about how to successfully manage T1D that standard medical care rarely teaches. She runs a virtual consulting practice and thus works with individuals with T1D located around the world. In addition to focusing on improving one's diabetes, she also supports patients with diet, exercise, sleep, and emotional health.

Dr. Stanislaw has a series of virtual training courses that cover how to avoid the blood sugar roller-coaster, dose properly, why carb counting doesn't work, mastering blood sugar during exercise, and how to stay positive and avoid burnout. Her latest project is a virtual membership program called

the T1D Crew, a supportive and educational space for those with T1D. Her TEDx talk, “Sugar Is Not a Treat,” has over two million views (go to drjodynd.com to learn more). Those with T1D who are interested in a free consultation with Dr. Stanislaw can visit drjodynd.com/consultation.