



INSULIN RESISTANCE
— SOLUTION —
PRACTITIONER TRAINING

Overview

With Dr. Ritamarie Loscalzo

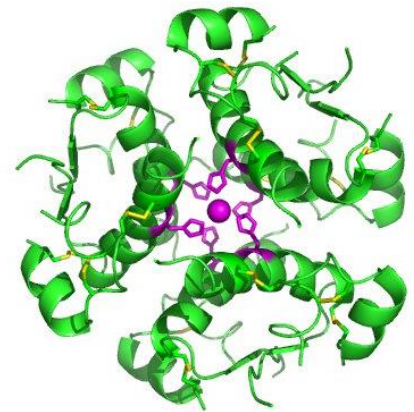


Medical Disclaimer: The information in this presentation is not intended to replace a one-on-one relationship with a qualified health care professional, and is not intended as medical advice. It is intended as a sharing of knowledge and information from the research and experience of Dr. Ritamarie Loscalzo, drritamarie.com, and the experts who have contributed. We encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.



What You Will Learn

- ✓ What insulin resistance is and **how it develops**
- ✓ How to detect insulin resistance in your clients years **before conventional medicine would catch it**
- ✓ The **long-term consequences** of unmanaged insulin resistance
- ✓ The **5 most important early screening tests** for insulin resistance
- ✓ The **5 most important steps** to restoring insulin and blood sugar balance
- ✓ The **5 most important nutrients** to balance in order to restore insulin receptors



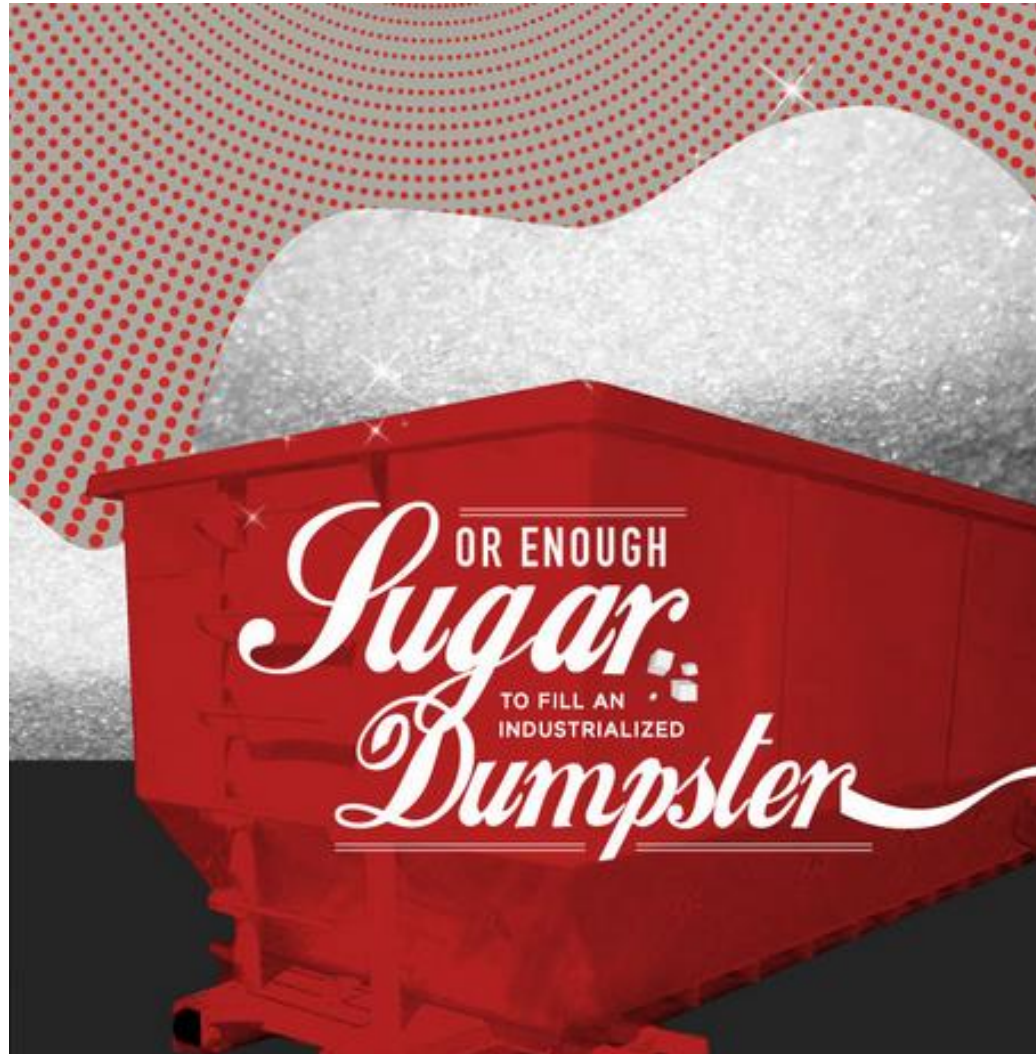
The Staggering Statistics

- ✓ As of 2011, 18.8 million people in the US diagnosed with diabetes (approximately 8.3% of US population)
- ✓ Diabetes is the 7th leading cause of death in the US
- ✓ Diabetes cost \$245 billion in 2012
- ✓ Insulin resistance estimated to affect 1 in 4 in the US – about 68 million people!
- ✓ Average American consumes 130 pounds of sugar a year, more than 22 teaspoons per day for adults and 32 for children!

<http://www.drRitamarie.com/go/SugarStats>



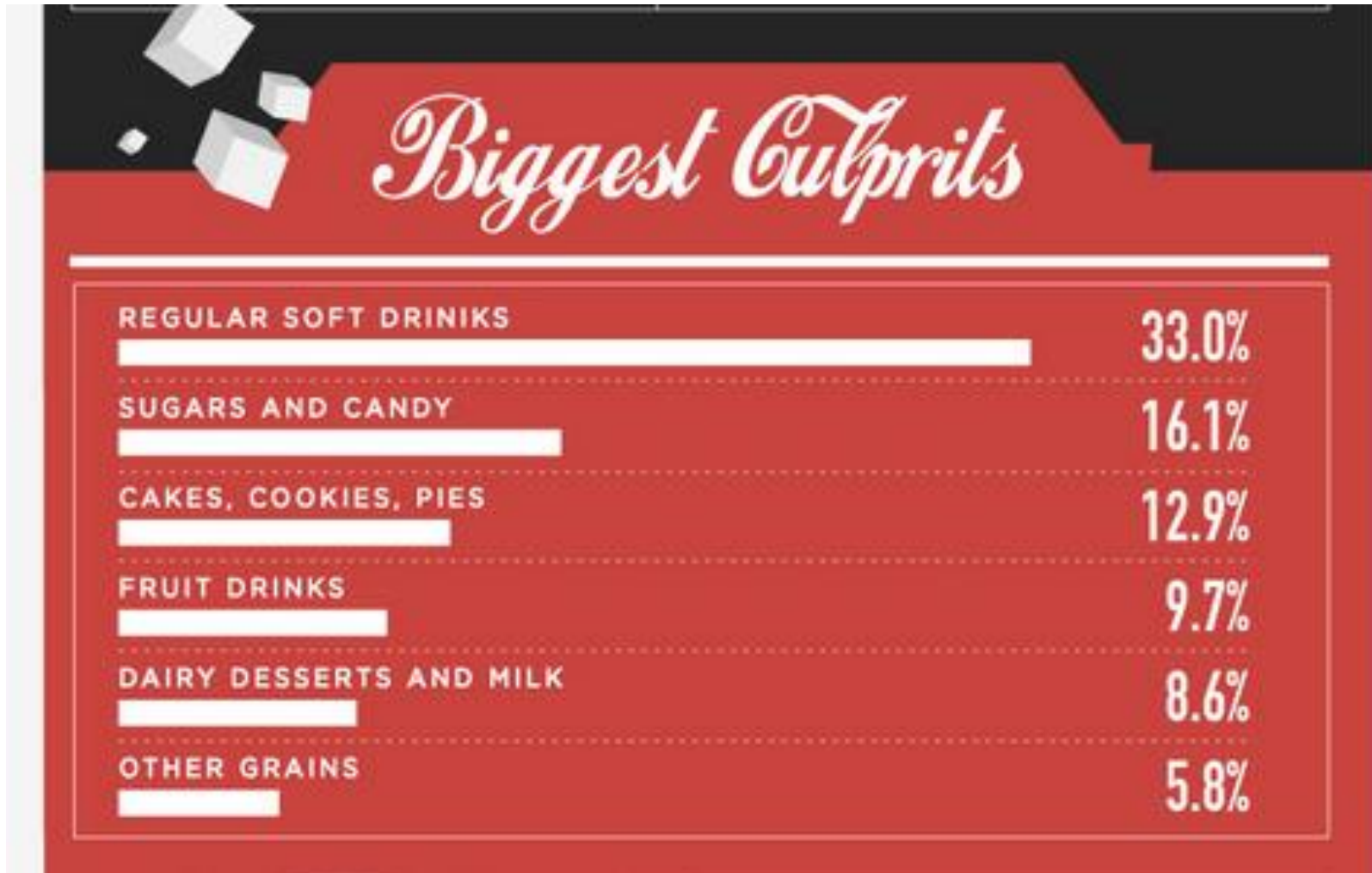
US Sugar Consumption



Teaspoons Per Day of Sugar

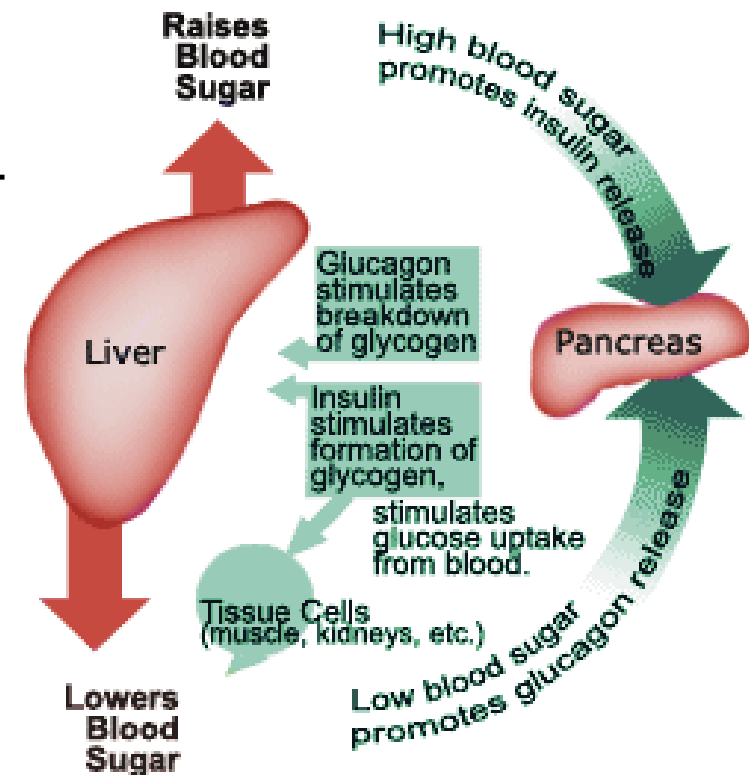


The Horror of Sugar Consumption



Normal Blood Sugar Management

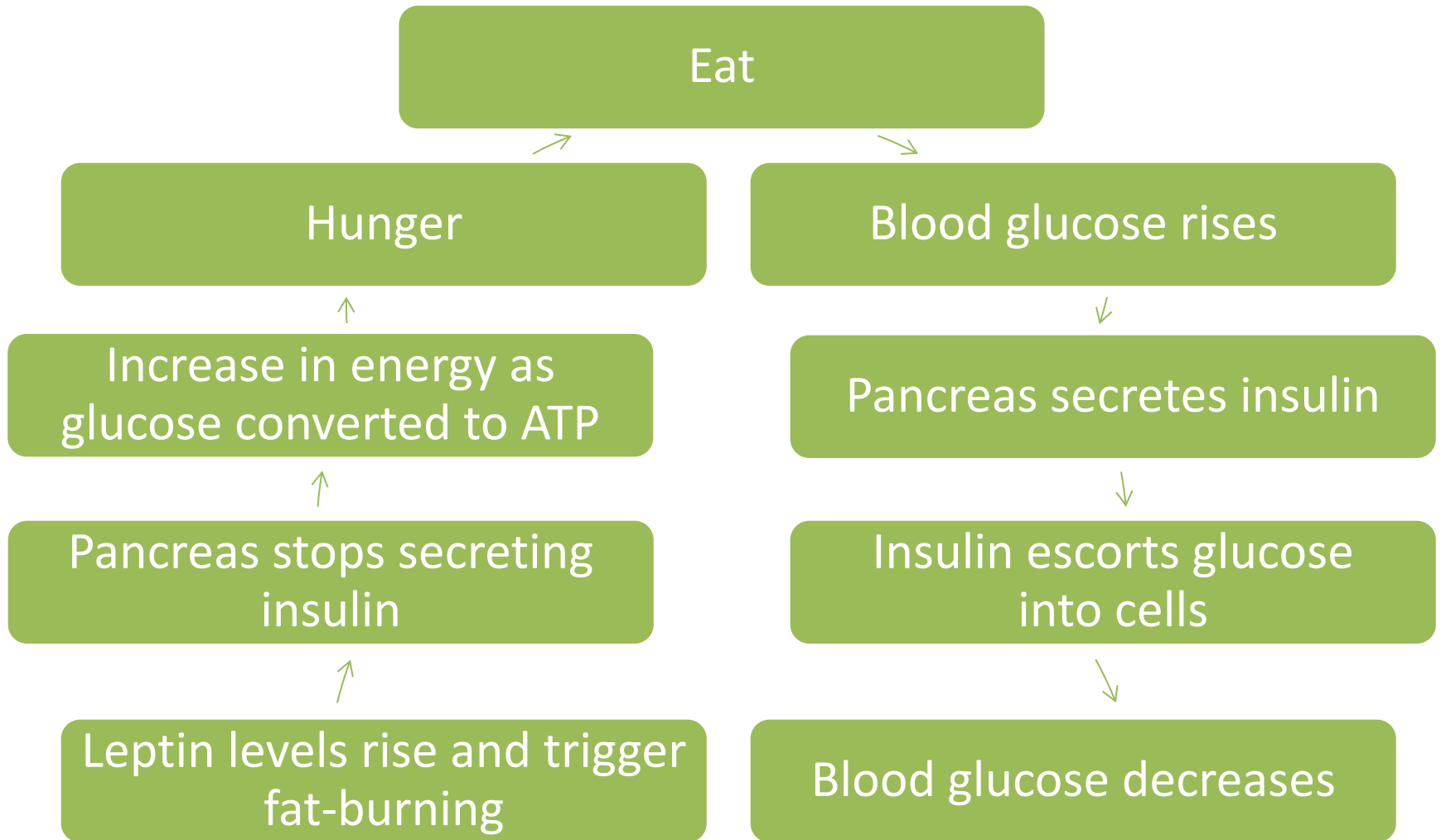
- ✓ Involves **pancreas, liver, adrenals, and brain**
- ✓ When blood sugar gets too high
 - insulin released
- ✓ When blood sugar gets too low
 - glucagon released
- ✓ Influenced by **genetics**
- ✓ Impacted by **stress**
- ✓ Affected by **diet**
- ✓ Shaped by **lifestyle**



Chemistry involved in normal regulation of blood sugar



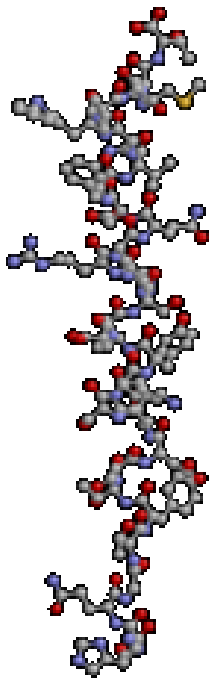
Normal Insulin Response to Food



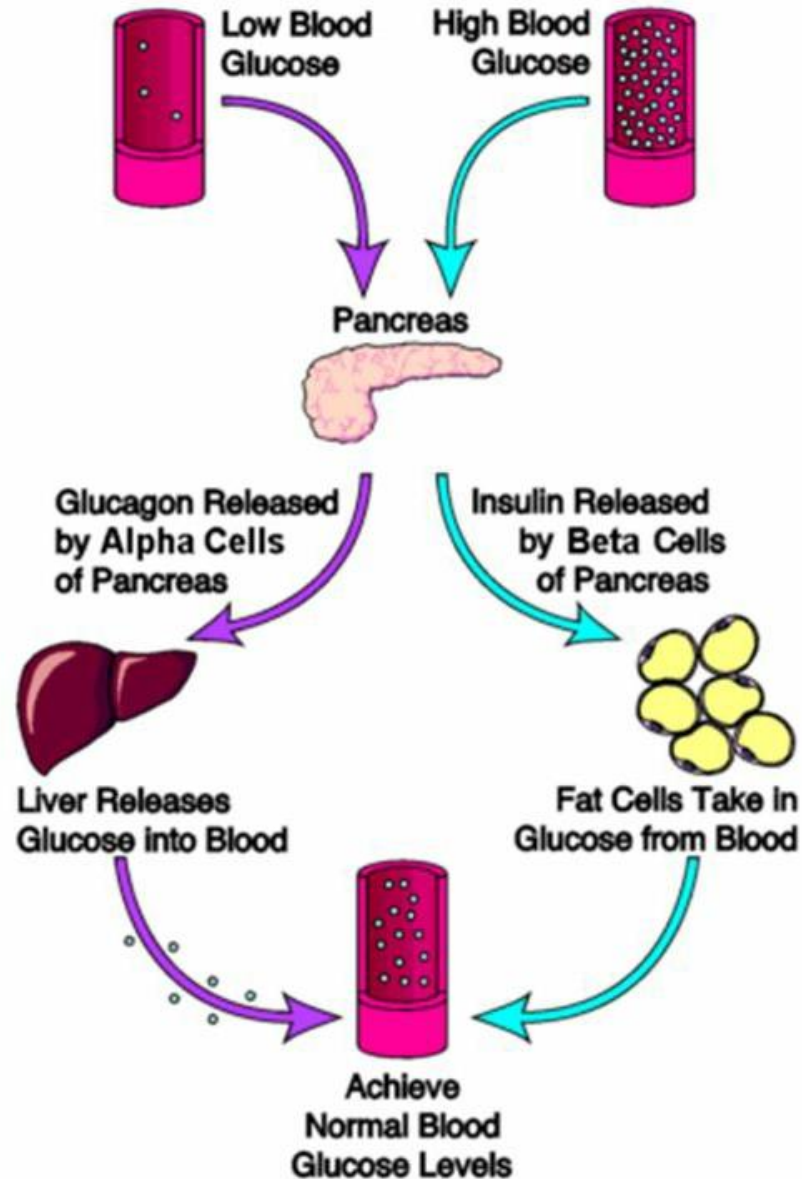
Normal Blood Sugar Regulation

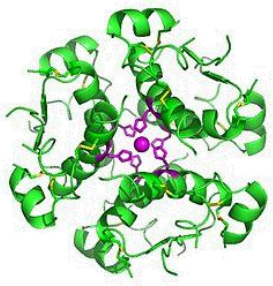
Between Meals →

- Decreased blood glucose
- Pancreas secretes glucagon
- Glucagon triggers lipolysis (fat cell breakdown)
- Glucagon triggers gluconeogenesis - liver glycogen
- Blood glucose rises
- Under extreme energy demand, glycogen is depleted and cortisol and adrenalin are released
- Adrenalin triggers lipolysis; cortisol triggers gluconeogenesis – muscles break down



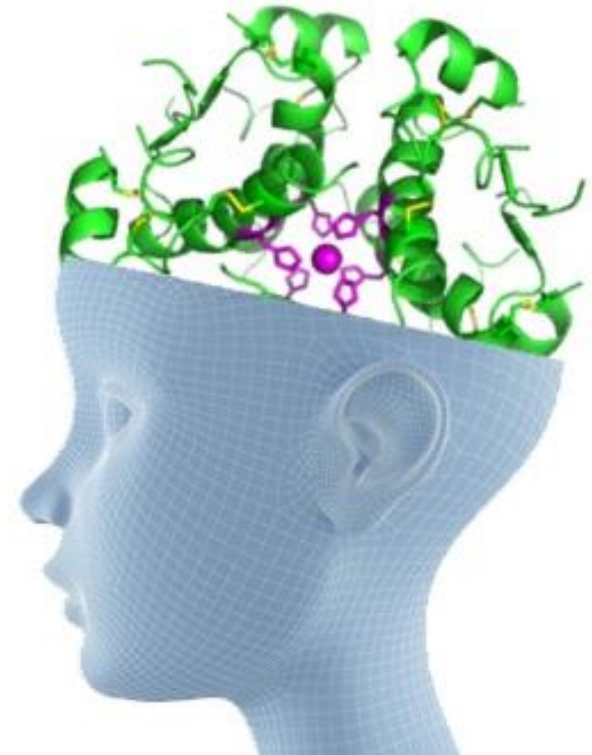
Insulin/Glucagon Dance



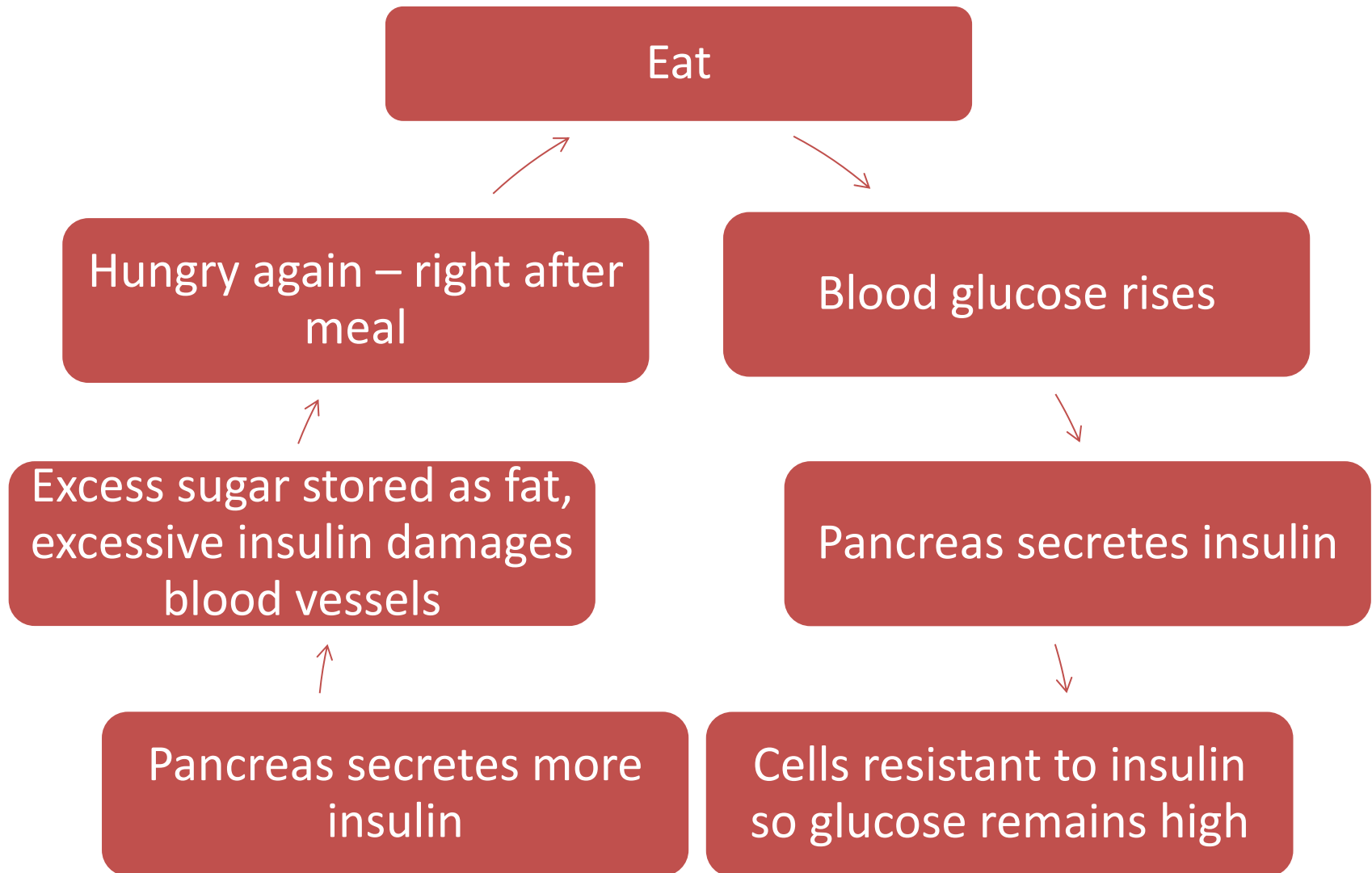


Insulin and the Brain

- ✓ **Old Thinking:** Brain doesn't need insulin
- ✓ **New Thinking:** Insulin plays a significant role in the brain
- ✓ Insulin receptors in high concentrations in the
 - Hypothalamus
 - Cerebellum
 - Hippocampus
 - Cortex



Insulin Resistant Response to Food



Causes of Insulin Resistance



Genes



Inadequate
Nutrition



Stress



Lack of
Exercise



Poor
Sleep



Going Deeper With Causes of Insulin Resistance

- ✓ **Genetic predisposition:** By age 60, 40% of Americans have at least 3 markers and 60-70% have at least 1 marker
- ✓ **Omega-3 deficiency:** DHA (docosahexaenoic acid): ↑↑ Omega 6:3 ratio or trans fats in cell membrane
- ✓ **Nutrient deficiencies:** Chromium, magnesium, zinc, B vitamins and possibly boron and lithium
- ✓ **Exercise deficiency:** Lack of resistance exercise, manual labor, trained muscle mass
- ✓ **High insulin requirement foods:** Sugar, processed foods, starches, fruit juices, and soda
- ✓ **Stress:** Hypercortisolemia and inflammatory cytokines
- ✓ **Protein:** Insufficient or malabsorption



Symptoms of Insulin Resistance



Belly
Fat



Low Energy
(especially
after meals)



Hungry
(even
after a
full
meal)



Mid-
afternoon
Energy
Slump



Difficulty
Focusing



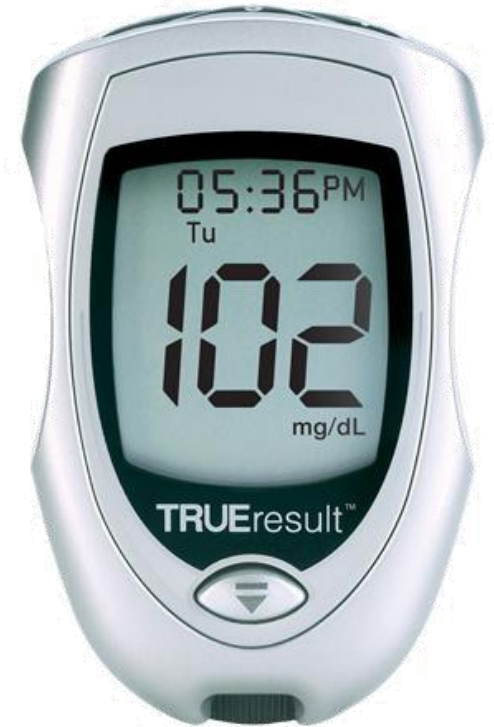
Cranky
and
Irritable
if Meal
Missed



Early Detection of Insulin Resistance (Dysglycemia)

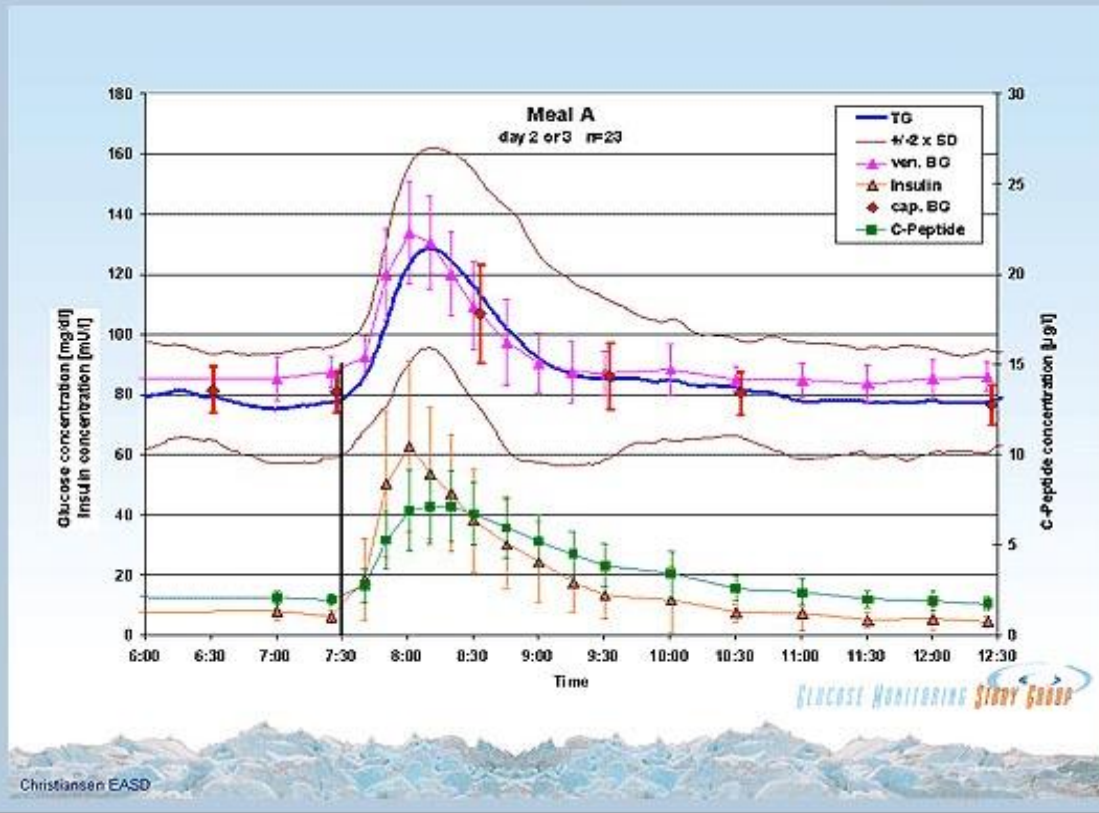


- ✓ Home Glucose Monitoring
- ✓ Hemoglobin A1C
- ✓ Stealth Lab Analysis Techniques
- ✓ Waist to Hip ratio $>$ or equal to 0.8 in a female or equal to 1 in a male or waist $>$ 35 inches
- ✓ Symptom Survey



What is Normal Blood Sugar?

Christiansen, Prof. J. S., On the occasion of the Annual Meeting of the EASD, Copenhagen, 13-Sep-06
What is Normal Glucose? – Continuous Glucose Monitoring Data from Healthy Subjects



What is a Normal Blood Sugar?

Normal blood sugars after a high carbohydrate breakfast eaten at 7:30 AM. The blue line is the average for the group. The brown lines show the range within which most readings fell (2 standard deviations). Bottom lines show Insulin and C-peptide levels at the same time. Graph is a screen shot from Dr. Christiansen's presentation cited below.

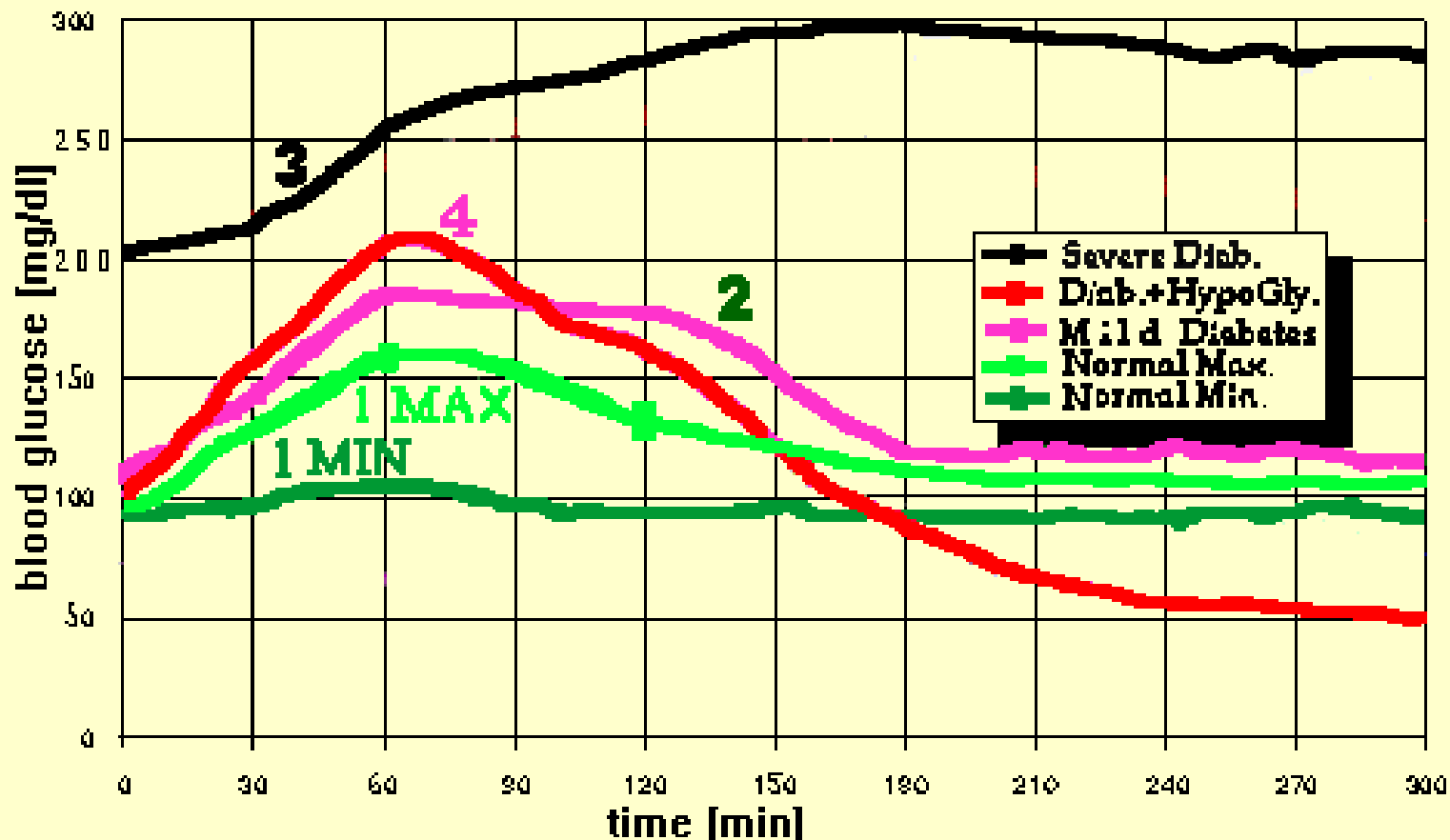
[What is Normal Glucose? Continuous Glucose Monitoring Data from Healthy Subjects.](#)

Professor J.S. Christiansen, presented at the Annual Meeting of the EASD.



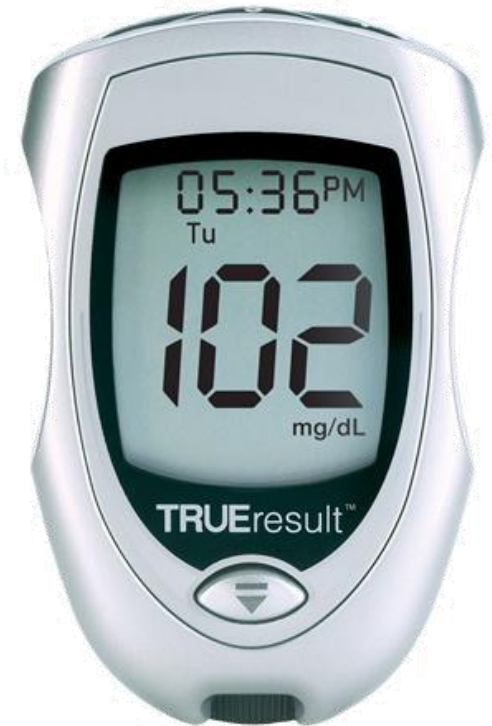
Response After 100 gram Glucose Solution

5 hour Glucose Tolerance Test



Post-Prandial Blood Sugar

- ✓ Studies of native populations who exercise and eat whole foods show that their **post-prandial glucose rarely goes above 100**
- ✓ I ask my patients to target/keep **below 110**



Hemoglobin A1C

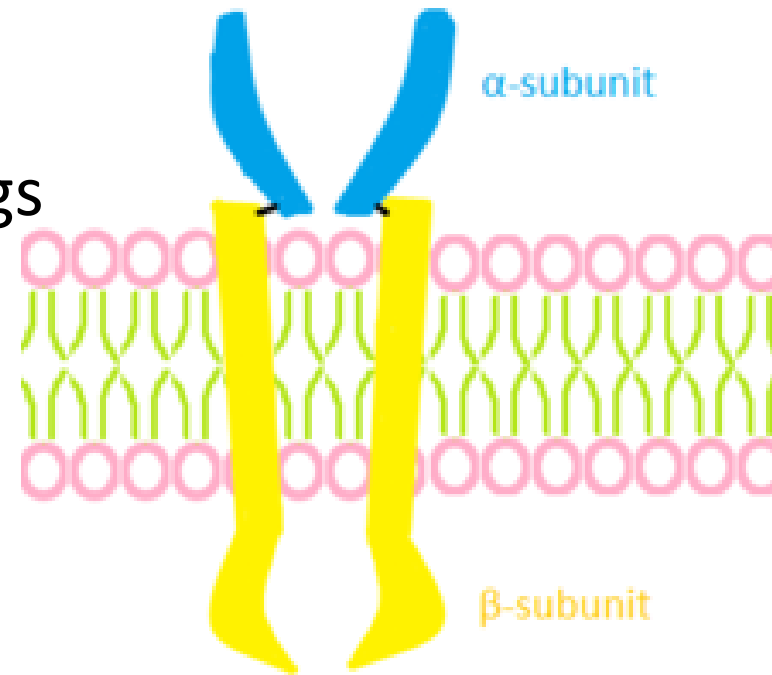
*****If fasting glucose is high and hemoglobin A1C is normal, it may be a vitamin B1 deficiency.***

- ✓ Calculate average glucose from hemoglobin A1C:
<http://www.drritamarie.com/go/A1Ccalc>
- ✓ A normal non-diabetic level of HbA1C is considered 3.5 – 5.5%
- ✓ The ideal HbA1C is 4.5 – 5%



Results of Insulin Resistance

- Prolonged inhibition of fat burning
- Excess belly fat
- Decreased lean muscle mass
- Damage to blood vessel linings
- Systemic inflammation
- High blood pressure
- "Thick" blood
- Water retention
- Initiation of cancer through oxidative damage and IGF-1



Serious Consequences of IR

Increased body fat

Thyroid and growth hormone deficiency

Increased cancer risk

High blood pressure

Injury to blood vessel linings

Systemic inflammation

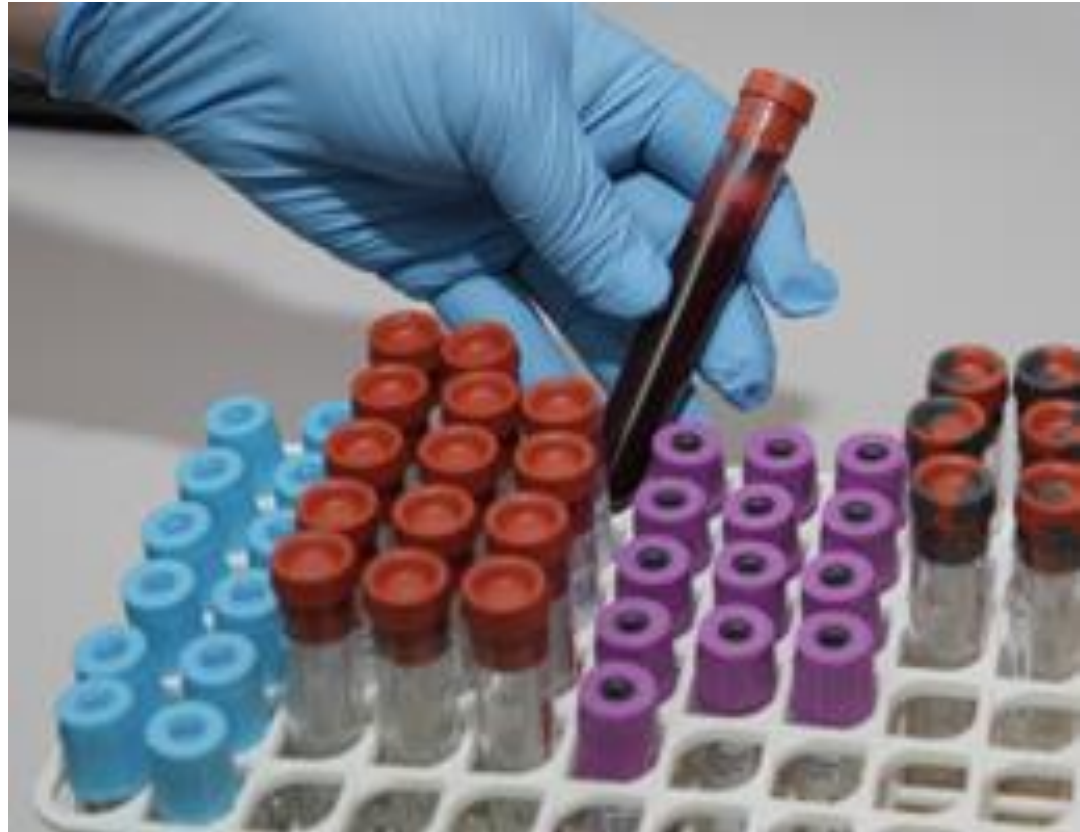
Risk of Alzheimer's

Low energy in all organs and glands



Assessment of Insulin Resistance: 5 Most Important Lab Tests

- ✓ Fasting glucose
- ✓ Fasting insulin
- ✓ Triglycerides
- ✓ HDL
- ✓ Hemoglobin A1C



Lab Marker Patterns

	Optimal	Conventional	Insulin Resistance	Metabolic Syndrome	Diabetes
Fasting Glucose	75 - 85	75 - 99	100 - 119	≥ 100	≥ 120
Triglycerides	50 - 75	≤ 150	> 90	> 110	> 150
HDL	> 65	> 50	< 65	< 55	< 55
Fasting Insulin	2 - 3	2 - 10	> 3.2	> 5	> 5
Hemoglobin A1C	4.5 - 5%	4.5 - 5.6%	5.7 - 6.5%	$> 5.7\%$	$> 5.7\%$



5 Key Steps to Restore Balance

Increase

- **insulin sensitivity**

Decrease

- **insulin need**

Reduce

- **inflammation**

Optimize

- **fat burning and lean mass building**

Minimize

- **impact of “candy bar eating” effects of stress**

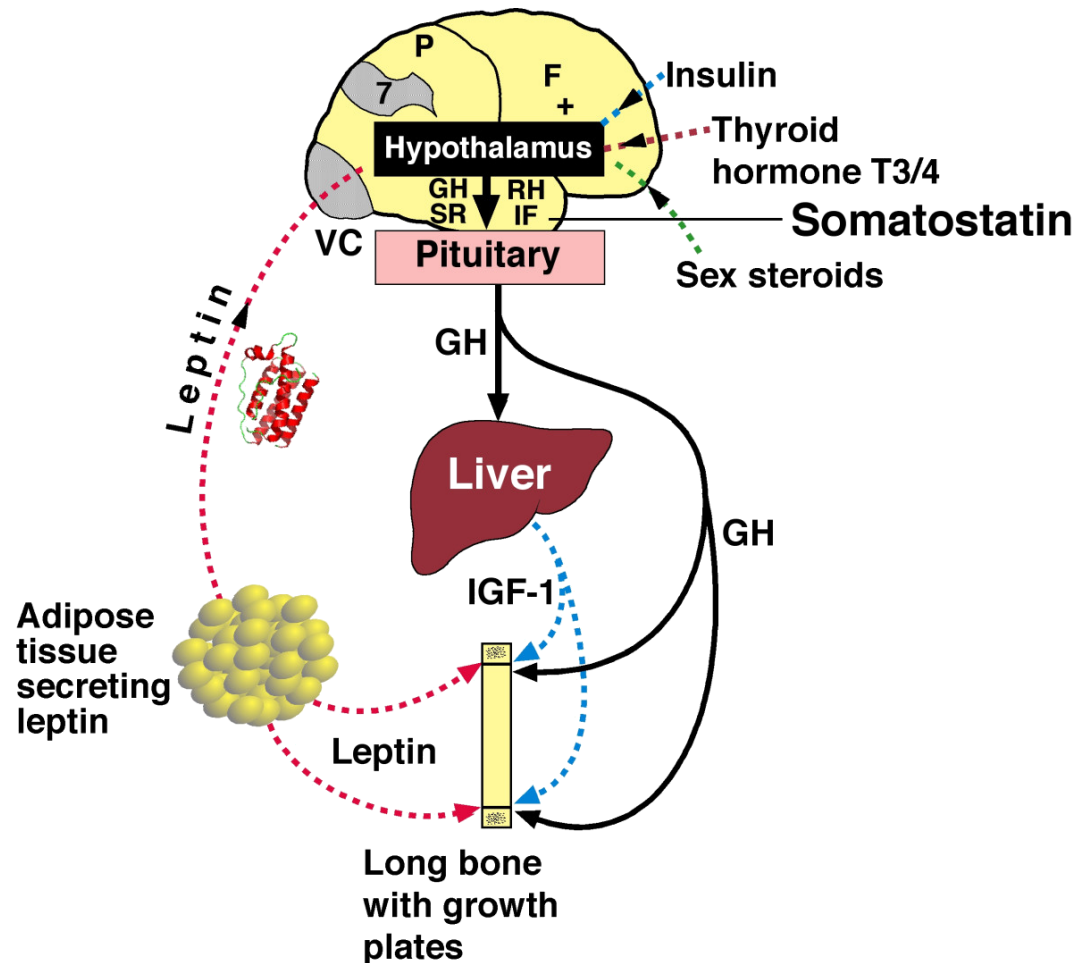


Key Lifestyle Areas to Address



Hormone Imbalances to Study Related to Insulin Resistance

- ✓ Insulin
- ✓ Leptin
- ✓ Thyroid
- ✓ Cortisol
- ✓ Growth Hormone



Reversing Insulin Resistance

Avoid trans fats

Increase DHA (docosahexaenoic acid) omega-3

Decrease omega 6:3 ratio

Improve minerals: chromium, magnesium, zinc

Improve B-vitamin status

Resistance exercise and manual labor

Burst training

Avoid sugar, processed foods, starches, fruit juices, soda

Reduce stress via hypercortisolemia

Sufficient protein and protein absorption



How to Eat for Insulin Balance

Never eat after dinner

Eat only three meals a day

Allow four to six hours between meals

Eat to full and do not overeat or
undereat

Eat slowly and calmly

Practice breathing and appreciation
before each meal

Eat a breakfast containing protein



Gluten Antibodies and Blood Sugar

- ✓ Type 1 diabetes results **from autoimmune attack** on pancreas
- ✓ Recent experiments suggest that **stopping the autoimmune attack** on the islet cells in the pancreas may reduce or reverse some cases of type 1 diabetes
- ✓ **Type 1 diabetes is associated with blood antibodies to wheat protein as well as dairy (casein especially)**
- ✓ Autoimmune conditions are *strongly associated* with **gliadin sensitivity**
- ✓ Studies of infants of type 1 diabetic parents demonstrate that **feeding gluten to those infants** greatly increases the development of autoimmune attack on the infant pancreas (by factors of **5 to 7 times greater risk**)



5 Most Important Nutrients

- ✓ **Chromium Polynicotinate:**
400 mcg twice a day
- ✓ **Magnesium Citrate, Glycinate, or Natural Calm:** Review “*Magnesium Loading*” document
- ✓ **DHA:** 350 to 500 mg per day, preferably algae oil based; review omega 3-6 documents
- ✓ **Zinc:** 30 – 60 mg per day, liquid preferred
- ✓ **B Vitamins:** Activated forms, liquid preferred



Other Important Nutrients

- ✓ **Vitamin C:** 1000 mg 3x/day or to bowel tolerance (see “*Vitamin C Calibration*” instructions)
- ✓ **Vitamin D3:** 1,000 IU - 20,000 IU per day -- test
- ✓ **B Vitamins:** For overall energy and hormone support
 - **Vitamin B6:** 50 mg 2x/day
 - **Pantothenic acid:** 300 mg 3x/day
 - **Niacin:** 30 - 100 mg /day; **Niacinamide:** 500 mg 3x/day
- ✓ **Potassium:** Up to 99 mg /day
- ✓ **Lipoic acid:** 600 mg 2x/day



Replenish Nutrients with Food

- ✓ **Green Leafy Vegetables:**

magnesium, B-vitamins, antioxidants, minerals

- ✓ **Sea Vegetables:**

minerals and omega-3 fats

- ✓ **Chia Seeds, Flax Seeds, Hemp Seeds:** omega-3 fats

- ✓ **Pumpkin Seeds:** zinc

- ✓ **Brazil Nuts:** selenium

- ✓ **Protein Powder:** protein deficiency can be due to dietary inadequacy OR impaired digestion

- ✓ **Small Quantity of Lean Organic, Free-range Animal Protein or Fish:** if you prefer to the extra protein powder or in addition

