

SUPPLEMENT

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DIABETES: FACTS, FIGURES, AND HELP

LEFT UNCHECKED, WIDESPREAD EPIDEMIC THREATENS LIVES, COUNTRY'S ECONOMY

Poor diet (processed foods, fast foods, sweetened drinks) and lack of exercise are major factors in recent large increases in Type 2 Diabetes in the US. (The rate of Type 1 Diabetes, which is inborn, remains stable.)

In 2009, 24 million Americans had diabetes. With no changes in diet and exercise rates, the number of US diabetics is projected to double over the next 25 years and the annual costs of treating the disease will rise from \$113 billion to \$336 billion.

Minorities are disproportionately affected by diabetes: African-Ameri-

cans, Hispanics and Native Americans are almost twice as likely as Whites to have diabetes. A main contributing factor for this disparity is limited healthy food choices and an abundance of bad food choices available in minority communities.

Childhood obesity, closely linked to the development of diabetes, is now considered epidemic in the US, with 40% of US children overweight and 13% obese. The current generation of US children consequently risk having higher rates of cardiovascular disease and other diabetes-related

health problems than their parents' generation.

The proportion of people with HIV who also have Type 2 Diabetes is increasing. The effects of combination therapies for HIV appear to increase the risk of Type 2 Diabetes; it is estimated that as many as 80% of people with HIV treated with protease inhibitors may develop insulin resistance, a precursor to diabetes (see John G. Ryan, "Increased Risk of Type 2 Diabetes Mellitus with HIV-1 Infection," in *Insulin*, Jan. 2010).

A class of drugs approved by the

FDA as second-line treatment of diabetes has shown a dubious safety record. One of them, Avandia, may have caused hundreds of heart attacks per month and currently the FDA appears on the verge of recommending its withdrawal from the market.

SUPPLEMENT YOUR KNOWLEDGE ON THE WEB

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
www.niddk.nih.gov
American Diabetes Association
www.diabetes.org

YOU CAN FIGHT DIABETES WITH REGULAR EXERCISE, A GOOD DIET - AND MAYBE A LITTLE SUPPLEMENTAL HELP

Below we describe some of the best recent research on supplements as used for the management of diabetes. More extensive information on these supplements, including recommended dosages, can be found on the NYBC website at www.newyorkbuyersclub.org.

Multivitamin/multimineral: Regular use of a multivitamin/multimineral supplement helps people with diabetes maintain good health and reduce infections. Clinical evidence indicates that diabetics have unique nutritional needs, and should take a daily multivitamin to supplement their normal diet.

NYBC stocks Jarrow's **Multi 1-to-3**; Douglas Labs' **Added Protection**, and **SuperNutrition's** family of multivitamins.

Reference: Barringer, et al. Effect of a Multivitamin and Mineral Supplement on Infection and Quality of Life. *Annals of Internal Medicine*. 3/4/2003.

Omega-3 fatty acids (Fish Oil): Many people with diabetes have high blood pressure and elevated cholesterol, which can increase the risk of heart disease and stroke. Omega-3 fatty acids have shown benefit for

cardiovascular health in recent randomized controlled clinical trials. The FDA has also approved a health claim for fish oil: "supporting but not conclusive evidence shows that the consumption of EPA and DHA omega-3 fatty acids from fish oil may reduce the risk of coronary heart disease."

NYBC stocks **Max DHA Omega-3 Fish Oil (Jarrow)**; and **ProOmega**—from Nordic Naturals (60 softgels or 180 softgels).

Alpha-Lipoic Acid: Alpha-Lipoic Acid (ALA) has the ability to assist with glu-

cose metabolism, and also promotes healthy nerve function. A recent study concluded that ALA (600mg/day) could be useful in helping to treat the symptoms of diabetes-related neuropathy (= pain, tingling, numbness in feet and hands). A protocol for diabetic neuropathy using ALA, evening primrose oil and Vitamin C has also been proposed.

NYBC stocks capsules of **Montiff's Alpha Lipoic Acid (ALA)**.

Reference: Ametov et al. The sensory symptoms of diabetic poly-

neuropathy are improved with alpha-lipoic acid: The SYDNEY Trial. *Diabetes Care*. 2003, 26 (3)

Chromium and Biotin: These two supplements have been proposed as a useful adjunct therapy for poorly controlled diabetes. Chromium is also under investigation for insulin resistance in people with HIV.

Reference: Singer, G M, & J Geohas. The effect of chromium picolinate and biotin supplementation on glycemic control in poorly controlled patients with type 2 diabetes mellitus. *Diabetes Technol Ther*. Dec. 2006.

NYBC's member store has **Chromium GTF and Biotin**, both from Jarrow Formulas.

Bitter Melon: A popular vegetable in Southeast Asia, Bitter Melon (sometimes called Bitter gourd) contains an insulin-like substance that can lower blood sugar in people with Type 2 diabetes. Warning: Bitter Melon may result in hypoglycemia (low blood sugar) if combined with other blood glucose-lowering drugs or supplements.

NYBC carries **Bitter Melon** from

Zhang/Tai He Company.

Reference: "Bitter gourd (*Momordica Charantia*): A dietary approach to hyperglycemia." *Nutrition Rev*. July 2006.

B Vitamins: These are recommended for those taking Metformin, the most widely prescribed oral diabetic drug in the US. Metformin depletes B12, B6 and folic acid, which in turn leads to a build-up of homocysteine, linked to cardiovascular disease.

NYBC stocks **B-Right**, a mix of B complex vitamins from Jarrow.

Reference: Zhao-Wei Ting, R et al. "Risk factors of vitamin B12 deficiency in patients receiving metformin." *Archives of Internal Medicine*, Oct. 9, 2006.

It is very important to talk to your doctor before you use these or other supplements. Do not discontinue medications you are taking for diabetes/glucose control without first discussing with your healthcare provider any complementary treatments you are considering! As noted above regarding Bitter Melon, there is a risk of dangerous hypoglycemia if multiple blood sugar-lowering agents are used at the same time.

