



Diabetes-Free in 7 Weeks

The Revolutionary Protocol That's Changing (And Saving) Lives

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Type 2 diabetes is curable.

Conventional medicine refuses to recognize this fact. It treats the disease as chronic and progressive. Physicians are trained to address symptoms and slow complications — not cure.

But Eric Westman, MD, is not a typical physician.

Way back in 1998, this prominent obesity specialist at Duke University in Durham, North Carolina, came to three revolutionary conclusions about Type 2 diabetes:

- It is highly curable for virtually every person who has it
- The cure is entirely natural
- And this cure for Type 2 diabetes is also the best cure for obesity, and probably Alzheimer's disease, cardiovascular illness and many of the other “diseases of civilization” that research has shown are at least partially driven by uncontrolled high blood sugar.

This was not an idle speculation. Dr. Westman did not quickly forget about it to pursue a typical, lucrative physician's career based on treating these illnesses with drugs and surgery.

Instead, he dedicated his life to teaching his simple, safe, inexpensive cure to thousands of diabetic and/or obese patients, achieving “complete remissions” — doctor-speak for cures — in *98 percent of them*.

Their average weight loss: one–two pounds a week, 50–100 pounds a year.

“Lifestyle change is so powerful,” he said. “And what I recommend is, in many cases, just the opposite of what many people have heard all their lives.”

In fact, “The heart of it boils down to one page of text. That's it,” he says, waving at a small booklet that he gives patients.

In fact, in a sane medical system, *any physician who put a Type 2 diabetic patient on drugs or recommended hazardous stomach-stapling surgery without first pointing out Dr. Westman's safe, cheap cure would be liable for malpractice.*

"I was a Type 2 diabetic. I could barely get out of bed," says Tammy Buchanan Gentry, one of his patients and a low-carb support group leader in Roxboro, North Carolina, who has sent many patients Dr. Westman's way.

"I was on 500 milligrams of metformin [the most common diabetes medication] and blood pressure drugs as well." She smiles. "As of last week, I've lost 121 pounds. Dr. Westman has completely taken me off of all medication. And it's easy. He has saved a lot of people's lives, including mine."

A Worldwide Plague

Diabetes is a disease in which insulin — the hormone that keeps blood sugar levels safely low — stops doing its job. That happens either because the pancreas (exhausted by chronic overproduction) makes too little of it and/or the body "refuses" to let it pull enough sugar out of the blood and push it into the cells, a condition known as insulin resistance.

Uncontrolled, chronically high blood sugar boosts the risk of death as it clogs arteries, scars kidneys, scorches retinas and renders limbs necrotic — in other words, dead and requiring amputation.

It has two basic forms. Type 1 is usually caused by an autoimmune disease that attacks the pancreas and must be treated with insulin injections.

But Type 2, *accounting for over 90 percent of diabetes cases*, is caused by chronic overconsumption of foods that boost blood sugar, especially carbohydrates, combined with genetic susceptibility and sedentary lifestyles.

Largely driven by incidence of Type 2, diabetes is quite simply ravaging the world. Since 1980, reported cases have nearly quadrupled globally — from 108 million to 422 million.

The Centers for Disease Control says that in this country:

- More than 29 million Americans have diabetes; 86 million have prediabetes — altogether, this comprises about one in three Americans
- Without major changes, as many as one in three Americans could have full-blown diabetes by 2050
- Diabetes was the seventh leading cause of death in the U.S. in 2013 (and may be underreported)
- Diabetes is the leading cause of kidney failure, lower-limb amputations and adult-onset blindness
- More than 20 percent of health care spending is for people with diagnosed diabetes.

In short, Type 2 diabetes is the *plague of our times*.

Dr. Westman Encounters the “Dangerous” Solution

Westman headed down his “radical” path to a cure by employing an all-too-rare tactic: listening to his patients.

“You can learn a lot from them,” he says in his spartan office, waving in the general direction of his waiting room.

So when, back in 1995, two of his patients lost weight on a low-carb diet, he paid attention. They had followed the precepts of *New Diet Revolution* by Dr. Robert Atkins. “That was really the only low-carb book back then,” Dr. Westman says.

“I told them, ‘It’s bad for you,’” Dr. Westman recalls with a rueful smile. “‘You’re eating too much fat. You’ll have cholesterol trouble.’ That’s what I’d been taught, right?”

But on a whim, he checked their blood chemistry, “and both of them had great numbers. If it had been just one of them, it would have been fishy. But both had better cholesterol, triglycerides, blood sugar, everything.”

Dr. Westman called Dr. Atkins. “I said, ‘Where is your research?’ He said, ‘I’ve been doing this for 30 years with thousands of patients. I’ve seen it work. That’s my research!’”

Dr. Westman, trained in gathering statistics from clinical trials, offered to run a study that might help persuade other doctors that the low-carb approach worked.

“Dr. Atkins asked me to come to New York and see him. That’s where it all started.”

The Research Is In

To date, Dr. Westman has published over 50 journal articles on the astounding success he’s had treating thousands of obese and diabetic patients with a low-carbohydrate diet.

In 2008, for example, he carefully tracked five Type 2 diabetics through the process, tracking their progression from insulin dependence to complete cure.

In 2015, he and 21 other researchers summed it all up in a landmark journal article called “Dietary Carbohydrate Restriction as the First Approach in Diabetes Management.” In that paper, he wrote:

By reducing the carbohydrate in the diet, we have been able to taper patients off as much as 150 units of insulin per day in eight days, with marked improvement in glycemic control — even normalization of glycemic parameters.

“Normalization of glycemic parameters” is researcher-speak for “cure.”

Results like this reveal that there’s nothing “mysterious” about the cause or cure for Type 2 diabetes.

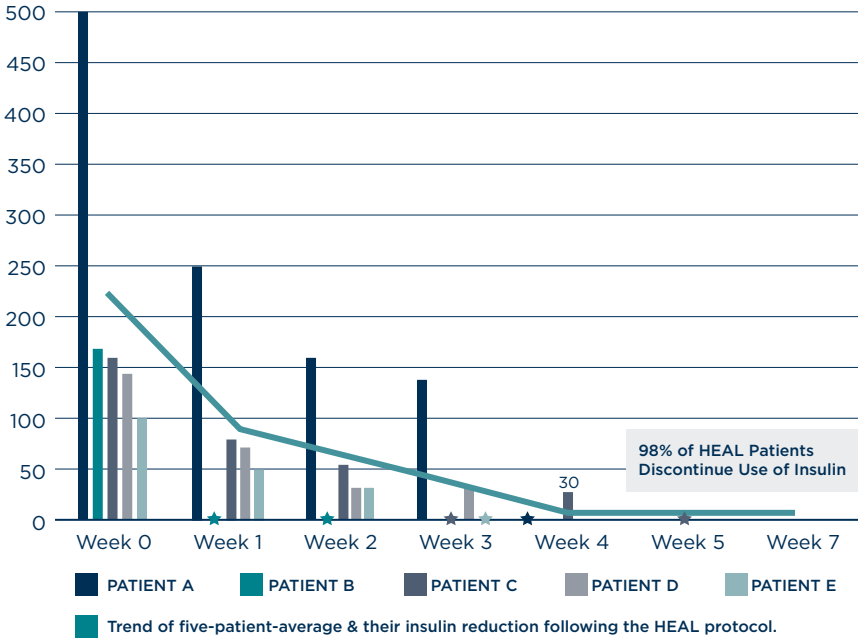
The cause is carbohydrate overconsumption.

The cure is carbohydrate restriction.

“The best thing about this approach is that hunger goes away in just a few days,” says Dr. Westman. “Many of my patients have been constantly hungry for basically their whole lives. But when you do this, it usually takes only a day or two for the hunger to go away.”

Insulin Discontinued by Week 7

Total Units of Insulin per day



In a 2008 study, five patients, each represented here by a different color, lowered their insulin from as much as 500 units daily to zero over seven weeks of following Dr. Westman’s low-carb protocol.

And what about exercise?

“People come to me so frustrated, saying that they are exercising more and more, and it’s not working,” Dr. Westman says. “Studies confirm that exercising may be good for you in some ways, but it does not help you lose weight, because it makes you more hungry. The key to losing weight and getting off of diabetes medication is carb restriction.”

How Much Carbohydrate Should You Consume?

Because his method is so powerful, if you’re currently taking diabetes medication, you should not jump headfirst into an unsupervised very-low-carb diet such as Dr. Westman recommends.

“It’s vital to taper off the medication as you adopt the diet, or your blood sugar can go too low for safety,” he says.

Helping patients do that is precisely what Dr. Westman aims to do with his HEALcare clinics. These are special clinical programs — led by physicians around the world, with more signing on each month — that use Westman’s insights to assess patients, design custom diet programs and provide follow-up care to make sure patients stick with it.

The HEALcare diet is quite restrictive.

“Especially if you have prediabetes or you’re on medication for diabetes, or if you have a couple of hundred pounds to lose, you have to stay really strict,” he says.

Indeed. Dr. Westman’s program requires that you remain under 20 grams of carbohydrate daily. To do this, you must consume *absolutely zero* sugar, grains or potatoes — even fruit is out, due to its sugar content. Instead, your diet must be almost entirely meat, fish, eggs and aboveground vegetables such as broccoli or lettuce.

By following such a diet, you are put firmly into a state called *ketosis*, in which the body switches from burning carbohydrate for fuel to burning fat (ketones are what fat becomes when the body breaks it down into fuel-sized chunks).

Almost immediately, weight starts dropping and blood sugar begins to normalize. In less than two months, 98 percent of patients are in full remission and off all medication, Dr. Westman says.

In other words — cured.

What About the Rest of Us?

Keep in mind that Dr. Westman has created a medical intervention for people who are very ill. The lesson for the rest of us — who have perhaps 40 or fewer pounds to lose and whose blood sugar is just a bit higher than optimal — is that the key to keeping both obesity and its closely related cousin Type 2 diabetes at bay is *reducing carbohydrates*.

Not protein. Not fat. Carbs.

So any distance that you dial back from the typical American consumption of roughly 400 grams of carbs daily is helpful. Whether your ideal daily amount is under 20 grams, under 50 grams or under 100

grams depends on several variables.

“The younger you are, the more active you are, and if you are male, you can have more carbs,” Dr. Westman says. “It’s not fair, but that’s how it works.”

Dr. Westman practices what he preaches, eating fewer than 20 grams of carbs daily for the last 16 years. Though he was never diabetic or significantly overweight, “I just like it. It keeps my weight where I want it to be, and my blood work is fantastic.”

And he says if he can do it, anyone can. “When I was a kid, I was a candy addict. I would actually steal money from my mom’s purse to get candy. But now, I can be faced with any carb — candy, cake, bread, chips, whatever — and it just doesn’t appeal to me. That happens to people who do this all the time. This is hard at first, but the more you do it, the easier it gets.”

Resources

There are several paths to take toward a lower-carb lifestyle:

- The simplest is to keep track of your daily carbohydrate consumption, with the goal of keeping it below a certain number of grams. If you are neither diabetic nor more than 50 pounds overweight, a daily upper limit of 100 grams is a good place to start. Read carb counts on packaged food, and use the figures at Carb-Counter.org or the app MyFitnessPal to fill in the rest. With a little experience, you’ll become adept at estimating carb grams just by glancing at a plate of food
- Another simple method is simply to follow a list of “approved” low-carb foods. One is in my High-Fat, Real Food diet, which I laid out in the June 2015 issue
- Or if you really want to get serious about it, adhere to the “Dr. Westman’s Miracle Foods” list in this issue, which is somewhat more restrictive than my recommended diet and is appropriate for people who are significantly overweight or on the diabetic spectrum
- Finally, if you want a disciplined program that involves an intake interview, training and accountability, try Dr. Westman’s HEALcare

program. As the program literature states, “You’ll receive personalized, expert-guided diet and nutrition support plus medical supervision until meds can be eliminated. HEALcare is designed to help you stop being a ‘patient’ and enjoy a healthy, normal life.” For more information, visit www.healclinics.com.

Bottom Line

It cannot be said too often: Type 2 diabetes can be easily and quickly cured via natural, safe dietary change in most people. Never let the drug pushers of Big Pharma or the carb pushers of Big Food tell you otherwise.

Miracle Foods for Shedding Pounds and Slashing High Blood Sugar

“This list of foods is carefully chosen,” says Dr. Westman. “It’s similar to the one Dr. Atkins used in his New York City practice on about 60,000 patients, so it has a lot of experience behind it.”

As for the question “How long do you eat this way?” Dr. Westman says that depends on your health when you begin, your goals and your genetic need to restrict carbs.

If you start out overweight and diabetic, want to become slim and healthy and happen to be genetically predisposed to handle carbs poorly, “you should know I have patients who’ve been eating 20 grams of carbs or less daily for more than 20 years, and they are doing fine. So get it out of your head that this may be unhealthy or harmful and needs to have an endpoint.”

In fact, he says, “the Paleo hunter-gatherer diet basically says we did not have carbs in any quantity for 490,000 years, so our genetics are not set up to handle them. My experience is that generally, people worry way too much about ‘carb restriction’ and not nearly enough about carb overconsumption.”

So with that in mind, here is the list of permitted foods from Page 4 of

the instruction packet Dr. Westman gives to patients.

Foods to Eat When You're Hungry

Meat: Beef (including hamburger and steak), pork, ham (unglazed), bacon, lamb, veal or other meats. For processed meats (sausage, pepperoni, hot dogs), check the label, but carbohydrate count should be about 1 gram per serving (and be organic if possible and nitrate-free).

Poultry: Chicken, turkey, duck or other fowl.

Fish and Shellfish: Any fish, including tuna, salmon, catfish, bass, trout, shrimp, scallops, crab and lobster (no farmed seafood; there are too many toxins).

Eggs: Whole eggs are permitted without restrictions.

You do not have to avoid the fat that comes with the above foods. Also, you do not have to limit quantities deliberately, but you should stop eating when you feel full.

Foods That Must Be Eaten Every Day

Salad Greens: 2 cups a day. Includes arugula, bok choy, cabbage (all varieties), chard, chives, endive, greens (all varieties, including beet, collards, mustard, and turnip), kale, lettuce (all varieties), parsley, spinach, radicchio, radishes, scallions and watercress. (If it is a leaf, you may eat it.)

Vegetables: 1 cup (measured uncooked) a day. Includes artichokes, asparagus, broccoli, Brussels sprouts, cauliflower, celery, cucumber, eggplant, green beans (string beans), jicama, leeks, mushrooms, okra, onions, pepper pumpkin, shallots, snow peas, sprouts (bean and alfalfa), sugar snap peas, summer squash, tomatoes, rhubarb, wax beans and zucchini.

Bouillon: 2 cups daily — as needed for sodium replenishment. Clear broth (consommé) is strongly recommended unless you are on a sodium-restricted diet for hypertension or heart failure.

Foods Allowed in Limited Quantities

Cheese: up to 4 ounces a day. Includes hard, aged cheeses such as Swiss and cheddar, as well as Brie, Camembert blue, mozzarella, Gruyere, cream cheese, goat cheeses. Avoid processed cheeses, such as Velveeta. Check the label; carbohydrate count should be less than 1 gram per serving.

Cream: up to 4 tablespoons a day. Includes heavy, light or sour cream (not half and half).

Mayonnaise: up to 4 tablespoons a day. Duke's and Hellmann's are low-carb. Check the labels of other brands. For an even healthier option, try Primal Mayo.

Olives (Black or Green): up to 6 a day. Avocado: up to 1/2 of a fruit a day.

Lemon/Lime Juice: up to 4 teaspoons a day.

Soy Sauces: up to 4 tablespoons a day. Kikkoman is a low-carb brand. Check the labels of other brands.

Pickles, Dill or Sugar-Free: up to two servings a day. Mt. Olive makes sugar-free pickles. Check the labels for carbohydrates and serving size.

Snacks: Pork rinds/skins; pepperoni slices; ham, beef, turkey and other meat rollups; deviled eggs.

The Primary Restriction: Carbohydrates

On this diet, no sugars (simple carbohydrates) and no starches (complex carbohydrates) are eaten. The only carbohydrates encouraged are the nutritionally dense, fiber-rich vegetables listed.

Sugars are simple carbohydrates. *Avoid these kinds of foods:* white sugar, brown sugar, honey, maple syrup, molasses, corn syrup, beer (contains barley malt), milk (contains lactose), flavored yogurts, fruit juice and fruit.

Starches are complex carbohydrates. *Avoid these kinds of foods:* grains (even “whole” grains), rice, cereals, flour, cornstarch, breads, pastas, muffins, bagels, crackers, and “starchy” vegetables such as slow-cooked beans (pinto, lima, black beans), carrots, parsnips, corn, peas, potatoes, french fries and potato chips.

Fats and Oils

All fats and oils, even butter, are allowed. Olive oil and peanut oil are especially healthy oils and are encouraged in cooking [**Ed note:** I believe coconut oil and natural animal fats, such as lard, tallow and butter are better choices than peanut oil.] Avoid margarine and other hydrogenated oils that contain trans fats.

For salad dressings, the ideal dressing is a homemade oil-and-vinegar dressing, with lemon juice and spices as needed. Blue cheese, ranch, Caesar and Italian are also acceptable if the label says 1–2 grams of carbohydrate per serving or less. Avoid “lite” dressings, because these commonly have more carbohydrate. Chopped eggs, bacon and/or grated cheese may also be included in salads.

Fats in general are important to include because they taste good and make you feel full. You are therefore permitted the fat or skin that is served with the meat or poultry that you eat, as long as there is no breading on the skin. *Do not attempt to follow a low-fat diet!*

Sweeteners and Desserts

If you feel the need to eat or drink something sweet, select a sensible alternative(s): Splenda (sucralose), NutraSweet (aspartame), Truvia (stevia/erythritol blend) or Sweet 'N Low (saccharin) Avoid food with sugar alcohols (such as sorbitol and maltitol) for now, because they occasionally cause stomach upset, although they may be permitted in limited quantities in the future.

Beverages

Drink as much as you would like of the allowed beverages, but do not force fluids beyond your capacity. The best beverage is water, while essence-flavored seltzers (zero carbs) and bottled spring and mineral waters are also good choices.

Caffeinated beverages: Some patients find that their caffeine intake interferes with their weight loss and blood sugar control. With this in mind, you may have up to 3 cups of coffee (black, or with artificial sweetener and/or cream), tea (unsweetened or artificially sweetened) or caffeinated diet soda per day.

Alcohol: At first, avoid alcohol consumption on this diet. At a later point in time, as weight loss and dietary patterns become well established, alcohol in moderate quantities, if low in carbohydrates, may be added back into the diet.

Quantities

Eat when you are hungry; stop when you are full. The diet works best on a “demand feeding” basis — that is, eat whenever you are hungry; try not to eat more than what will satisfy you. Learn to listen to your body. A low-carbohydrate diet has a natural appetite-reduction effect to ease you into the consumption of smaller and smaller quantities comfortably. Therefore, do not eat everything on your plate just because it’s there. On the other hand, don’t go hungry! You are not counting calories. Enjoy losing weight comfortably, without hunger or cravings.

It is recommended that you start your day with a nutritious low-carbohydrate meal. Note that many medications and nutritional supplements need to be taken with food at each meal, or three times per day.

Important Tips and Reminders

The following items are not on the diet: sugar, bread, cereal, flour-containing items, fruits, juices, honey, whole or skimmed water, milk, yogurt, canned soups, dairy substitutes, ketchup, sweet condiments and relishes.

Avoid these common mistakes: Beware of “fat-free” or “lite” diet products, and foods containing “hidden” sugars and starches (such as coleslaw or sugar-free cookies and cakes). Check the labels of liquid medications, cough syrups, cough drops and other over-the-counter medications that may contain sugar. Avoid products that are labeled “great for low-carb diets!”

Low-Carb Menu Planning

What does a low-carbohydrate menu look like? You can plan your daily menu by using the following as a guide:

Breakfast

Meat or other protein source (usually eggs)

Fat source: This may already be in your protein; for example, bacon and eggs have fat in them. But if your protein source is “lean,” add some fat in the form of butter, cream (in coffee) or cheese.

Low-carbohydrate vegetable (if desired): This can be in an omelet or a breakfast quiche

Lunch

Meat or other protein source

Fat source: If your protein is “lean,” add some fat, in the form of butter, salad dressing, cheese, cream or avocado

1–1½ cups of salad greens or cooked greens

1/2–1 cup of vegetables

Snack

Low-carbohydrate snack that has protein and/or fat

Dinner

Meat or other protein source

Fat source: If your protein is “lean,” add some fat in the form of butter, salad dressing, cheese, cream or avocado

1–1½ cups of salad greens or cooked greens

1/2–1 cup of vegetables

A SAMPLE DAY MAY LOOK LIKE THIS:

Breakfast

Eggs, bacon or sausage

Lunch

Grilled chicken on top of salad greens and other vegetables, with bacon, chopped eggs and salad dressing

Snack

Pepperoni slices and a cheese stick

Dinner

Burger patty or steak

Green salad with other acceptable vegetables and salad dressing

Green beans with butter