

Diabetes: What We Have All Been Taught Was Incurable. Obesity-related Hyperglycemia Ain't Necessarily "Type 2 Diabetes"

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"The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful." — Arnold Seymour Relman (1923-2014), Harvard Professor of Medicine and Former Editor-in-Chief of the New England Journal of Medicine

"Big Pharma is engaged in the deliberate seduction of the medical profession, country by country, worldwide. It is spending a fortune on influencing, hiring and purchasing academic judgment to a point where, in a few years' time, if Big Pharma continues unchecked on its present happy path, unbought medical opinion will be hard to find." - John LeClarre, author of The Constant Gardener, that focused on the corrupt nature of the pharmaceutical industry.

"The drug companies don't sell drugs, they sell lies about drugs...Our healthcare system seriously impedes the rational, economical and safe use of drugs. The industry prospers on this and exerts tight information control. The research literature on drugs is systematically distorted through trials with flawed designs and analyses, selective publication of trials and data, suppression of unwelcome results, and ghost-written papers...This scientific misconduct sells drugs." — Dr Peter Goetzsche, author of "Deadly Medicines and Organized Crime: How Big Pharma has Corrupted Healthcare"

"Throughout the 20th century, the pharmaceutical industry has been constructed by investors, the goal being to replace (and outlaw) effective but non-patentable natural remedies with mostly ineffective but patentable and highly profitable pharmaceutical drugs. The very nature of the pharmaceutical industry is to make money from ongoing diseases. Like other industries, the pharmaceutical industry tries to expand their market to maintain ongoing diseases and to find new diseases for their drugs. Prevention and cure of diseases damages the pharmaceutical business and the eradication of common diseases threatens its very existence." — Dr. Matthias Rath - Journal of the American Medical Association, April 15, 1998

"Therefore, the pharmaceutical industry fights the eradication of any disease at all costs. The pharmaceutical industry itself is the main obstacle, why today's most widespread diseases are further expanding including heart attacks, strokes, cancer, high blood pressure, diabetes, osteoporosis, and many others. Pharmaceutical drugs are not intended to cure

diseases. According to health insurers, over 24,000 pharmaceutical drugs (as of 1998) are currently marketed and prescribed without any proven therapeutic value. According to medical doctors' associations (as of 1998) the known dangerous side-effects of pharmaceutical drugs have become the fourth leading cause of death after heart attacks, cancer, and strokes." — Dr. Matthias Rath

In the December 5, 2017 issue of The Lancet (a widely respected British medical journal) a study was published that showed that, after 12 months of weight loss with a strict low carb diet, half of the patients in the treatment arm of the study were cured of their diabetes. Cures occurred in spite of the fact that every member of the treatment arm had their anti-diabetic and anti-hypertensive drugs abruptly discontinued on day one. The matched control group continued to follow the "community standard of care" which involved continuing to take their synthetic hypoglycemic and anti-hypertensive maintenance drugs - which offered no hope of cure.

While half of the previously diagnosed Type 2 diabetic patients in the treatment group achieved complete remission of their diabetes, the patients with the largest weight losses were the ones that did the best. Indeed, about 90% of the treatment group that lost at least 15 kilograms over the year-long trial period achieved complete remission. Interestingly, 4% of the control group achieved "remission" over the 12 months.

In other words, significant numbers of the patients in the "Type 2 diabetes" treatment group had become non-diabetic, They had been cured of a disorder (actually "obesity-related hyperglycemia") that I and my med school classmates had been taught was incurable.

The myth about the permanence and incurability of Type 2 diabetes has been repeatedly reinforced for me and most American physicians ever since our training. The myth has been reinforced by everything that we read in the medical journals and everything we heard at our continuing medical education (CME) conferences - where all the major presenters, incidentally, were Big Pharma-influenced academic researchers/professors and assorted other "experts" that had been under the economic influence of a variety of cunning medical-related industries.

Similarly, everything that our thoroughly propagandized and very compliant obese and hyperglycemic patients knew about Type 2 diabetes had been "taught" to them by Big Pharma's TV commercials and also by health and science journalists who seemed to regurgitate what corporate-influenced professors and Big Pharma's public relations teams had taught them.

Then, in 1997, thanks to Big Pharma's lobbyists in DC, it got worse. In that year the US Congress granted drug companies the legal right to use direct-to-consumer pharmaceutical advertising (DTCPA) in the media, which resulted in a multitude of lucrative (and therefore self-censoring, self-silencing) advertising contracts with television networks. The DTC deluge soon included commercials in newspapers, magazines, radio broadcasts, the internet, billboards, brochures, etc).

The DTC phenomenon was a huge financial boon for Big Pharma. It became easier to sell its expensive, toxic and often addictive products to medically-naïve customers. But it was a disaster for the health of those easily-bamboozled consumers who managed to get

prescriptions written. To an informed and skeptical observer, however, these drug commercials are laughable. One only has to watch a few hours of primetime television to understand why.

In a 2011 Pharmacy and Therapeutics [article](#) entitled “Direct to Consumer Pharmaceutical Advertising: Therapeutic or Toxic?” health writer C. Lee Ventola, stated that:

“The average American TV viewer watches as many as nine drug ads a day, totaling 16 hours per year, which far exceeds the amount of time the average individual spends with a primary care physician.”

As ridiculous as the deceptive claims and small print warnings are in the average DTC television ad, they apparently do sell a lot of drugs, and we physicians are supposed to know about the brand new drugs whose safety profiles are still years away from being determined, which means that we physicians can’t possibly know very much about the new drugs and shouldn’t be asked by Big Pharma to bear the burden of informing our patients about them!

Nevertheless, we physicians all-to-often comply with patient’s requests by writing prescriptions for brand new drugs when asked. Many physician, when asked, admit that Big Pharma’s drug ads in the medical journals are as laughable and deceptive as the ones that are shown to our gullible patients on primetime television.

“The only time the “cure” word is used anymore is by corporate research organizations (and patient advocacy groups) when they solicit funds from the public during their annual charity drives or their “walks for the cure”. Clearly all of the financial incentives are to mount a never-ending, unsuccessful search for the cure without ever actually finding it.” - quote from www.healingmatters.com

The very compelling Type 2 diabetes study at the end of this column proves that - contrary to community standards of care - Type 2 diabetes can actually be cured! In reporting that fact, the study has to be regarded as a serious existential threat to any number of medical and pharmaceutical groups that benefit from never curing or never preventing disorders that are actually potentially curable or - and hear this well - potentially preventable disorders. In my practice I have found any number of over-diagnosed, heavily-medicated, fully vaccinated, and chronically ill patients whose illnesses were eminently curable without drugs at the beginning of their medical histories. Obesity-related hyperglycemia was just one example. But that is another story.

Active, endless drug treatment and active, endless medical “management”, rather than trying for “the cure” was the only approach to Type 2 diabetes that has become the “standard of care” in the last couple of generations. Such non-curative approaches have resulted in successfully transforming millions of potentially curable patients into chronic, permanent patients - which is a huge financial benefit for every for-profit “healthcare” system.

Every MBA (Masters of Business Administration) hospital or clinic CEO knows that curing patients and sending them on their way is not good for the bottom line. And that goes for

the drug and vaccine industries as well. Besides, even trying to devise complex cures is too time-consuming for the individual caregiver to even undertake, given that he or she has to see 30 patients a day. In fact, working out cures for patients is virtually impossible in America's modern medical system that has been built around the very efficient 10-15-minute office visit paradigm, where writing prescriptions is the quickest and easiest therapeutic option.

As I often told my patients: "it only takes 2 minutes to write a prescription; it takes 20 minutes to NOT write a prescription." What usually happens? Just do the math.

I graduated from med school and started practicing medicine 50 years ago, when office calls cost \$6 and complete obstetric care was \$250. Over the decades I have witnessed any number of medical break-throughs that threatened the medical establishment's dogmas and economics or exposed the uselessness or dangers of certain treatments, drugs or vaccines. Usually the establishment, bolstered by Big Pharma, went on the attack to try to discredit the new information while simultaneously trying to defend the status quo. Justice wasn't always done and speaking the truth to power didn't always work out. Big Bad Pharma, their lobbyists, lawyers and their massive public relations campaigns usually won the day.



I have seen important truths squashed by profit-driven organizations in both medicine and commerce, and I fear that the important break-through in the Type 2 diabetes study below will be sabotaged in the popular press as well as in the medical literature. This important study should change forever the standard of care of patients with hyperglycemia and obesity. But it will be attacked, to the detriment of millions of vulnerable and unaware patients.

To more efficiently understand why justice isn't always done when it comes to the practice of medicine, I have assembled below a short list of some of the groups that will be threatened by this study:

- 1) Every Big Pharma-co-opted academic researcher and educator who teaches medical students that Type 2 diabetes is incurable and therefore must be "managed" for a lifetime with unaffordable and potentially toxic drugs or injections;
- 2) The multi-billion-dollar Big Pharma corporations that make and market all the often unnecessary, obsolete or dangerous so-called diabetes drugs that are designed to very profitably manage (but not cure) obesity-related hyperglycemia (which the study below has revealed to not actually be Type 2 diabetes);
- 3) The medical establishment-trained nutritionists who do not teach the common-sense

realities that this study teaches;

4) Allopathic, non-holistic medical practitioners in all capitalist countries where Big Pharma has thoroughly co-opted and successfully taken over control of the following institutions:

a) America's profit-driven healthcare system (AMA, AAFP, APA, AAP, ACOG, etc);

b) The US government's public health agencies (CDC, FDA, NIH, NIMH, etc);

c) Medical schools and general health education systems (patients and health caregivers);

d) Most health and science journalists;

e) The profit-driven mainstream media that relies on Big Pharma's advertising dollars;

f) Our politicians who are bribed by campaign "contributions" from Big Pharma's lobby groups and industry-funded "political action committees"); and

g) The "Too Big to Fail" Big Medicine establishment whose financial well-being is actually reliant on the widespread ingestion of Big Food's "illness-producing", malnourishing and always toxic junk food; the standard over-diagnosis, over-treatment and "medicalization" of otherwise transient, resolvable, adverse life experiences; the disease-producing over-vaccination policies that - both acutely and chronically - sicken innumerable and very vulnerable infants and children with the CDC's unproven-for-safety, simultaneously-injected cocktails of vaccines that contain a variety of neurotoxic vaccine ingredients such as mercury, aluminum, live viruses and a variety of contaminants; and the endless prescribing of unproven-for-safety cocktails of synthetic chemical medications that can easily terminally sicken the drug-taker.

Be aware that new scientific findings that contradict previously deeply held beliefs are often ignored, denied or attacked by indoctrinated "true believers" - even if the new truths are unassailable and reproducible. The psychological discomfort one feels when confronted with new information that contradicts one's deeply held beliefs is called cognitive dissonance, and we physicians are as susceptible to it as anyone else, especially if our honor or financial security are put at risk. Cognitive dissonance often irrationally leads one to go into denial, refusal to even consider the new information or even the willingness to attack the unwelcome messenger.

Primary care-led weight management for remission of type 2 diabetes (DiRECT): an open-label, cluster-randomised trial

Professor Roy Taylor, et al - Published: 05 December 2017

A PDF File of the study is available [here](#).

Background

Type 2 diabetes is a chronic disorder that requires lifelong treatment. We aimed to assess whether intensive weight management within routine primary care would achieve remission

of type 2 diabetes.

Methods

We did this open-label, cluster-randomised trial (DiRECT) at 49 primary care practices in Scotland and the Tyneside region of England. Practices were randomly assigned (1:1), via a computer-generated list, to provide either a weight management programme (intervention) or best-practice care by guidelines (control), with stratification for study site (Tyneside or Scotland) and practice list size (>5700 or ≤ 5700). Participants, carers, and research assistants who collected outcome data were aware of group allocation; however, allocation was concealed from the study statistician. We recruited individuals aged 20–65 years who had been diagnosed with type 2 diabetes within the past 6 years, had a body-mass index of 27–45 kg/m², and were not receiving insulin.

The intervention comprised withdrawal of antidiabetic and antihypertensive drugs, total diet replacement (825–853 kcal/day formula diet for 3–5 months), stepped food reintroduction (2–8 weeks), and structured support for long-term weight loss maintenance. Co-primary outcomes were weight loss of 15 kg or more, and remission of diabetes, defined as glycated haemoglobin (HbA1c) of less than 6.5%.

Findings

Between July 25, 2014, and Aug 5, 2017, we recruited 306 individuals from 49 intervention (n=23) and control (n=26) general practices; 149 participants per group comprised the intention-to-treat population. At 12 months, we recorded weight loss of 15 kg or more in 36 (24%) participants in the intervention group and no participants in the control group ($p<0.0001$). Diabetes remission (cure) was achieved in 68 (46%) participants in the intervention group and six (4%) participants in the control group (odds ratio 19.7, 95% CI 7.8–49.8; $p<0.0001$).

Remission varied with weight loss in the whole study population, with achievement in none of 76 participants who gained weight, six (7%) of 89 participants who maintained 0–5 kg weight loss, 19 (34%) of 56 participants with 5–10 kg loss, 16 (57%) of 28 participants with 10–15 kg loss, and (remission occurred in) 31 (86%) of 36 participants who lost 15 kg or more.

Mean bodyweight fell by 10.0 kg (SD 8.0) in the intervention group and 1.0 kg (3.7) in the control group (adjusted difference –8.8 kg, 95% CI –10.3 to –7.3; $p<0.0001$).

Quality of life, as measured by the EuroQol 5 Dimensions visual analogue scale, improved by 7.2 points (SD 21.3) in the intervention group, and decreased by 2.9 points (15.5) in the control group (adjusted difference 6.4 points, 95% CI 2.5–10.3; $p=0.0012$). Nine serious adverse events were reported by seven (4%) of 157 participants in the intervention group and two were reported by two (1%) participants in the control group. Two serious adverse events (biliary colic and abdominal pain), occurring in the same participant, were deemed potentially related to the intervention. No serious adverse events led to withdrawal from the study.

Interpretation

Our findings show that, at 12 months, almost half of participants achieved remission to a non-diabetic state (ie, cure) and off antidiabetic drugs. Remission of type 2 diabetes is a

practical target for primary care.

Read the synopsis above, be encouraged, but don't hold your breath, for profit-driven (as opposed to altruistic) corporations, including those associated with Big Medicine, Big Pharma and Big Media, will likely find a variety of ways to sabotage the study's findings. The financial stakes are too high for the powers-that-be to do nothing.

Note to readers: As I have frequently warned in the past, you should consult your physician before making use of the information in my columns.

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Dr Kohls is a retired physician from Duluth, MN, USA. In the decade prior to his retirement, he practiced what could best be described as "holistic (non-drug) and preventive mental health care". Since his retirement, he has written a weekly column for the Duluth Reader, an alternative newsweekly magazine. His columns mostly deal with the dangers of American imperialism, friendly fascism, corporatism, militarism, racism, and the dangers of Big Pharma, psychiatric drugging, the over-vaccinating of children and other movements that threaten American democracy, civility, health and longevity and the future of the planet. Many of his columns are archived at

http://duluthreader.com/search?search_term=Duty+to+Warn&p=2;

[http://www.globalresearch.ca/author/gary-g-kohls;](http://www.globalresearch.ca/author/gary-g-kohls) or at

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