

What to do When Type I Diabetes Spoils Your New Year's Fun
(A definitive guide to the alternative treatment of the symptoms of Diabetes)

Last October I decided to follow an intense weight loss protocol, so for the first time since I'd had kids, I brought a scale into the house. My weight loss went along splendidly, unfortunately so did my 13-year-old son's. Initially I didn't notice, as his fashion sense is big and baggy, but when he announced that he'd lost 12 pounds, I knew that there might be a problem. However, he and I are both Phosphorous constitutions, so I quickly convinced myself that it was not out of the realm of possibility that he would lose weight right along with me. (Step 1: Jump head first, into DENIAL)

I'm a light sleeper, so when I realized that I was hearing trips to the bathroom in the middle of the night, something my son had NEVER done, I wondered. Then I noticed how much water he was drinking. Evan has always been a rare phosphorous who doesn't like to drink much, and I've always had to nag him about it. Not anymore. (Hmm) But I convinced myself that this was probably nothing to worry about. However, just to be on the safe side I bought some glucose measuring sticks, and promptly put them out of sight and mind. We could worry about it after Christmas, I told myself.

Christmas came and went, and Evan seemed healthy despite his continuous symptoms. Finally one evening when the festivities had ended and there was no company in the house, I remembered the sticks and had him do the test after supper. Even then, I was sure we had nothing to worry about. When the test strip showed that his urine had the highest amount of glucose that their chart could test for, *I started to worry*. Evan sensed my fear and asked what was wrong. Bless his naïve heart; he was oblivious to what his physiological changes might be indicating. Needless to say, he was shocked that he was looking at Diabetes. In an attempt to calm him, we googled Diabetes and found one other thing that could possibly account for his symptoms, and it was nothing to worry about. Both of us re-assured, we went to bed. But just to be safe, I decided to buy some ketone test strips the next day. "What are you doing? You bought glucose testing strips last week, and now you want ketone testing strips? What is going on?!" This was my pharmacist's reaction. (Note to self: Staying in denial might have been accomplished if I had avoided the pharmacy I've shopped at since the kids were little!) When I confided my suspicions she refused to sell me the strips and insisted that I take him to an E.R. "If his sugar is showing that high on the strips, it's really high in his blood and this is an emergency situation! Go now!" (Apparently it was time to end my lovely swim in that river in Egypt. Step 2: Diagnosis... the end of denial)

Now that I have a mini-degree in Diabetes, I can tell you that the normal range for glucose in the blood at any given time is 4-8 (Please note that this is a Canadian measurement adopted fairly recently. The numbers are completely different in the States.). Evan's was 31 at the time of diagnosis, but the strange thing is that he was never sick. Even the E.R. doctor was surprised that he looked so good and that further testing did not reveal a high state of acidosis. (Acidosis is when the body is consuming itself in order to survive. You see with type 1 Diabetes, the pancreas's beta cells have stopped providing the body with insulin, and without insulin, the body is unable to take the glucose from the bloodstream, into the cells where it fuels them. But crude nature has a back up, and this is why Evan had lost 12 pounds, because the body consumes itself, when it can't access the glucose.) However, Evan was only mildly acidotic, felt well, and remained "normal" in his mental/emotional state. As a soon-to-be Heilkunstler I can see that this is a state of health (or at least a state of something popping up to be healed, and not a disease state).

Evan had finished his timeline up to his gestation, and had begun the first round of miasms. Psorinum hadn't been too intense for him, but Tuberculinum made him very sick for a few weeks. I believe that the Tub was what triggered the Diabetes at this time, to be healed. However, it was now glaringly apparent that Evan needed to be stabilized with insulin injections. (Step 3: Marry the two systems of medicine. Allopathy is to be used in emergency situations, and this qualified!) And so began our relationship with the Paediatric Diabetes Clinic at the Stollery hospital. But this continues to be a difficult relationship, one that I participate in begrudgingly. Often the tension between myself and the doctor or even worse, the dieticians, could be cut with a knife (one buttered with margarine of all things!!) There have been many arguments, and I've had to check my defences often. While I applaud the caring and compassion that everyone there has shown us, I am baffled by the lack of common sense which allows them to keep teaching a management system which will bind these children to the allopathic system, and therefore the pharmaceutical industry for the rest of their lives. (Here might be a good place to point out that when Evan was first diagnosed, the cost of start-up supplies neared the \$1000 mark. The monthly expenses are over \$200. Insulin is relatively inexpensive; it is the testing strips for the elaborate meters that the various pharmaceutical companies put out, that cost so much. And the average child will use between 4 and 6 strips each day of his/her life.)

While I was doing my weight loss I read the book: *Good Calories. Bad Calories* by Gary Taubes. This book explains in no uncertain terms, that when you combine a high carbohydrate diet with high levels of insulin (weather you're injecting them, or your body is producing them in response to all of the carbs you're eating), you will get fat. It is an excellent read, which spans the history of the science of diet, and the misguided interpretations of various experiments throughout the years. There are excellent quotes ("In reality, those who repudiate a theory that they had once proposed, or a theory that they had accepted enthusiastically and with which they had identified themselves, are very rare. The great majority of them shut their ears so as not to hear the crying facts, and shut their eyes so as not to see the glaring facts, in order to remain faithful to their theories in spite of all and everything." *Maurice Arthus, Philosophy of Scientific Investigation, 1921*) and a 65 page bibliography.

While it was no surprise to me that Evan gained weight so quickly, it was disturbing. I was taught to feed him 355 grams of carbohydrate every day. For the first time in his life, and in only three short weeks, Evan was fat! Not only did he have diabetes to deal with, but now he was fat too! And it didn't make any sense to me, the combination of high carbs and high insulin. Wasn't the point to make him well? How could feeding him so many carbs (which convert to sugar, and is the very thing that his body couldn't process) be good for him as a diabetic, when it really isn't good for anyone? And didn't this mean that we would have to use lots of insulin? Won't high amounts of insulin lead to type 2 diabetes (not to mention heart disease and cancer)? And what about that honeymoon they keep mentioning?

Ah yes, the honeymoon. This is something that is given only a few words at best, whenever you research Type 1 Diabetes. In fact I have the book *Type 1 Diabetes for Dummies* in front of me. It is 360 pages in total, and allots a mere 122 words to the honeymoon subject. The honeymoon is a time shortly after diagnosis, when the child's need for insulin will be reduced or even ended for an indefinite period. And that is literally, all we're told on the subject, except that the child will eventually become sick with some virus or bacteria will require more insulin, ...and the honeymoon will be over. Again, as a student of Heilkunst, this didn't make sense to me. Why would the pancreas bounce back, only to shut down again? Isn't this a healing op? So I fired off an e-mail to Rudi, asking just that. Rudi explained that the allopathic community doesn't really know what the honeymoon is or how to handle it. He agreed that it is a healing opportunity and that the goal is to get the child as healthy as possible, so that when the honeymoon comes, it stays. Made sense to me. I liken it to the use of Synthroid, another synthetic form of a naturally occurring hormone of the human endocrine system. I had learned that people who have low

levels of the thyroid hormone are better off using regimental treatments to encourage the body to get back into balance, rather than going on Synthroid, because when the body registers that there's enough hormone (from the synthetic one), it stops producing it all together, effectively killing the thyroid gland. I reasoned that injecting insulin would do the same thing to the beta cells of the pancreas, and that it wasn't in the pharmaceutical company's best financial interests to encourage people to "baby" their bodies throughout the honeymoon period.

At about this time we received the news that Evan was also a Celiac sufferer. Not a huge surprise, as his father and I both suffer from wheat sensitivities, and since they say that Celiac is a cousin to type 1 diabetes, but a definite blow for him. (Step 4: Find your kid a good therapist!) Actually this made the most sense of everything we'd been through so far. Now that I researched the symptoms of Celiac disease, I could see that he'd probably suffered with it since birth, though not to the point where it got our attention. So I reasoned: If type 1 diabetes is indeed an autoimmune disease (as the latest allopathic research suggests), then perhaps it was the celiac which was causing the immune system to attack the beta cells of the pancreas. If so, these two diseases wouldn't be cousins but in fact cause and effect! This offered me great hope, that with the gluten free diet, Evan would soon be free of the symptoms of diabetes.

Evan's Heilkunst practitioner (and a couple of other brilliant Heilkunstlers!) gave him droppers for his pancreas and liver, the Cham/Pancreas/Saccharum combo, the R- 40 (for diabetes), the Unda 50 (for the intestine), a needle invasion dropper and potentized insulin, in addition to his NSOL and constitutional remedy. And when the timing was right, Evan continued on with his Heilkunst treatment.

As for Evan's diet, initially I was prepared to lower his carbs and raise his proteins and fats, so that I could stomp back into the clinic and "show them"! Surprisingly this approach did not work, and caused Evan's sugar levels to increase. How humbling! How baffling! While I do not pretend to know the answer to this puzzle, I postulate that it has to do with how much insulin he was taking at the time. It seems to be a fact that when you inject high amounts of insulin, you require high amounts of carbohydrate, not only to prevent hypoglycaemia (or "the lows"), but because the slowed action of the carbohydrate (by a high protein/fat diet instead) makes reliable tracking of how quickly the sugar is being utilized by the body, nearly impossible. Yet lowering Evan's carbs and raising his protein and fats remained my goal. I watched and waited for signs.

Here, an early lesson on occurents proved priceless... One evening our family went snowboarding at a local hill. I had told Evan to prepare his insulin (at the time he was taking about 40 units total, 1 shot with breakfast, 1 with supper), but I hadn't told him to pack it! At suppertime we realized that we didn't have the insulin with us. So we watched. It was a good thing that this happened (occurent!) because Evan had a hypoglycaemic episode later on, even without taking more insulin. Later I found out that the clinic hadn't taught us yet, that for such activity we would have to lower his dose by half or more. Even at that rate, Evan might have gone into a coma that night. Clearly there are no accidents! But the really cool thing here was that Evan's sugars didn't begin to rise again for a full 24 hours, and I decided not to give more insulin until there was a reason to. This was our first sign that he was different. In fact the clinic even admitted that they'd only seen one other child whose sugars didn't begin to rise immediately after missing a dose.

Over the next several weeks we were able to bring his dose down little by little, guided by his episodes of "lows". Now, we were told, he was in the honeymoon because his insulin use was down to about 30 units a day. We were cautiously optimistic. Then one day Evan was at a sleep over and for some reason, I didn't hear his call in the morning when he would ask me what dose he should take. He decided to take what he had the day before, only he made a mistake and

injected his supertime dose instead of the breakfast one. At the time he was taking 16 units in the morning and 5 in the evening. When we realized the mistake I felt it was the sign we'd been waiting for and decided to watch, have him do a little exercise and eat way fewer carbs. (FYI we feared exercise on the higher amounts of insulin because he'd invariably end up "low" and I'd have to wake him up several times in the middle of the night to feed him, and to make sure he'd wake up.) For the first time in weeks, his numbers went into the normal range for the whole day. And they stayed there. For the next few weeks we gave him 7 units in the morning and then a tiny bit in the evening (2, 1, 0.5), but soon we realized that we could cut out the evening dose altogether, as he started waking up low.

Currently Evan remains on a very low dose of insulin and has returned to a normal weight. His numbers fluctuate depending on his response to the miasmatic treatments and/or passing wesen. I can see how parents might feel the need to give more insulin when the glucose numbers increase, but invariably we've found that if we love and support the body through the healing reaction, the numbers always return to normal, and we're usually able to bring the dose down even more.

Additionally we have utilized other healing modalities: Acupuncture, Bodytalk, a Far Infrared Sauna, German New Medicine, Psychotherapy and three noteworthy supplements: Diamaxal is a supplement that is being hassled by the FDA, as it has clinical trials showing that it cures 98% of type 2 diabetes and 64% of type 1. It has recently undergone a name change, as the original name suggested that it treats diabetes, and this was a big "no, no" for the FDA. Mannatech is a multi-level company with an impressive history, and they are also under attack by the FDA. Multi-level business aside, these products contain all of the glucose molecules that our bodies require in order for cells to communicate effectively with one another. (Note: Please don't read that, as "sugar is good for you". These molecules are entirely different from table sugar.) And most recently we've added Niacinamide or Vitamin B3 to his routine, as it too has been shown to reverse type 1 diabetes (in early stages) in clinical trials. (Also under healing modalities, it bears noting that a motorized Scooter for his birthday did much to lift his spirits!)

From the Anthroposophical Approach To Medicine (Husemann/Wolff) I have implemented fructose from fresh, organic fruits and berries as a primary source of energy for Evan. This because fructose of all energy sources, is closest to and encases the life essence itself. Also, I allow Evan to eat as much quality protein and fats as he wishes, but limit his carbohydrates to about 45 grams per meal and 10 at snacks. Now that he is on such low doses of insulin, his total carbohydrate intake for the day never exceeds 155 grams. Also, all carbs are eaten with a protein and or fat, which slows how quickly they are converted to sugar. Mostly he eats carbohydrates that are considered low glycemic (which means that they convert to sugar slowly in the body, making the insulin requirement much lower). Anthroposophical medicine implicates Banting's discovery of insulin as the greatest downfall in the treatment of diabetes, as it stops people from taking care of themselves and using natural methods like proper diet and exercise to keep their sugar levels under control. For Evan, we've found that a 10 minute PACE work out will bring his glucose down 8 points! And hold on to your hats, Evan has a cup of coffee with his evening meal, instead of another dose of insulin. This is a lesson I learned from Dynamic Physiology, that caffeine in small doses stimulates consciousness and helps to bring the ego into the physical body (Rosemary essential oil is good for this too!). For the person with the symptoms of diabetes, this means that a bit of coffee will stimulate the pancreas. But keep in mind that too much (or combining it with sugar) will exhaust the pancreas.

Evan's recovery is a work in progress. Currently he is taking 6 units of insulin in the morning and sometimes takes a day off, with little change in numbers. At the moment he is experiencing a set-back because he still hasn't quite grasped how eating foods with gluten in them, affects his

ability to process carbohydrates. His latest (unauthorized!) experiment has resulted in some higher numbers once more.

Incidentally our New Year's Eve plans were cancelled. Evan's father was game, but I was in shock. As an HCH student, I could not believe that this was happening to MY son. And yes, I blamed myself. With time (and treatment) I've come to realize that as a student of Heilkunst, this had to happen at this time. It was all part of the curriculum!

I wish to give special acknowledgements to Rudi Verspoor, Ansley Simpson and Brett Binette. Without these three I would never have found the strength and courage to think outside of the allopathic box, and battle this wesen. And a very special "Thank you" to Evan!