

Help Patients Survive the Insulin Resistance Epidemic

Todd Singleton, DC

Last year, my wife passed away. She was sick for 18 months, and while I was caring for her, I stopped taking care of myself. I was so stressed that I got out of the habit of working out and didn't think much about what I was eating.

The month after she passed, I had my A1C levels tested. My results came back at a 14. I had become diabetic and was experiencing all of the symptoms that my patients had told me about over the years: I was having vision problems, I was thirsty all of the time, and I certainly wasn't feeling my best. My doctor wanted me to start on metformin and insulin.

This was a huge wake up call. As soon as I realized what was happening, I started eating more plant-based foods and going to the gym. I made some significant changes to try to reverse the changes that were taking place in my body, and it worked.

Within 30 days, my vision had returned to normal. I was no longer thirsty all of the time, and I was starting to feel better and more energetic. Most significantly, my A1C levels were back within an acceptable range. This was all within 30 days. Within just this first month, I lost 11 pounds of fat and gained 12 pounds of muscle, as measured by a DEXA scan.

Why Insulin Resistance Should Matter to Every DC

I tell this story because I want you to know that I've been there, both as a doctor and as a patient. Although you may not be in the habit of consulting your patients about this facet of their health, there are good reasons why chiropractors should consider the role insulin resistance plays in affecting patient outcomes. The thing is, blood glucose and insulin levels have a strong impact on inflammation in the body.¹ High blood sugar levels cause chronic inflammation, which in turn affects the body's ability to heal and repair in a timely way. If you are performing adjustments on a patient who is insulin resistant, you will notice that their results don't last long.

So, What Can You Do to Help?

If you notice that a patient is overweight and experiencing the symptoms I described, your first step is to ask to test their fasting glucose and A1C levels. Fasting glucose levels should be between 70 and 125, but a number under 100 is ideal.² A normal A1C level is under 5.7, with scores between 5.7 and 6.4 indicating prediabetes and scores above 6.4 indicating diabetes.³

If you can catch this at an early stage, you may be able to prevent the pain, suffering and medical bills that are awaiting your patient later on down the road. This is one reason why it is so important for chiropractors to be alert for the signs and symptoms of insulin resistance and to provide help where it is needed.

After you've identified that a patient is diabetic or prediabetic, begin by providing nutritional

counseling, prescribing high-quality supplements and talking to the patient about fitness.

1. Provide Nutritional Counseling

Many chiropractors don't talk to their patients about nutrition because they see it as a personal choice that doesn't impact the work that happens in the clinic. But it does. Everything that happens to a patient's body has an impact on their health and well-being.

If you want to provide comprehensive holistic care, start by counseling your patients about nutrition. Provide your patients with helpful resources designed to support them in making healthier choices. I recommend compiling healthy recipes, example menus and daily checklists and putting all of this information in a booklet you can send home with patients. Then, ask patients to come in for weekly visits to check on their progress. For patients who are insulin resistant, this type of nutritional intervention can be a literal lifesaver.⁴

2. Provide High-Quality Supplements

If you only prescribe two things, I recommend you prescribe a good digestive enzyme and a probiotic. Patients struggling with insulin resistance need all the digestive support they can get. A digestive enzyme will help a patient better digest and assimilate important nutrients from food, and a probiotic will help to nudge the gut's microbiome in a healthier direction.⁵⁻⁶ Both of these changes will facilitate better insulin sensitivity.

If you want to do more, you can also prescribe an omega-3 supplement to fight inflammation, and a fiber supplement to feed the good bacteria in the gut.⁷⁻⁸ Just make sure you are prescribing supplements that are well-made and really work; and following up to make sure your patients are taking them as recommended.

3. Talk About Fitness

Insulin resistance begins in the body's muscle tissue. Exercise can help to intervene at the source of the problem and change the way glucose is transported into cells, actively changing the pattern of chemical reactions taking place within the muscles of the body. Studies show that resistance training can have a remarkable effect on the body's insulin sensitivity.⁹

When you counsel your patients, you can recommend a fitness program that consists of about 70 percent resistance training and 30 percent cardiovascular conditioning. The best way for patients to do this is to go to the gym about 3-4 times per week. If a patient is an absolute beginner, you can either provide a set of educational fitness resources or you can direct them toward a fitness class that will help them on their journey.

Change Lives and Your Practice

Counseling your patients about nutrition and fitness will absolutely make a difference in the outcomes you see in your clinic. This type of work isn't always easy, but it literally saves lives. When a patient eats a cleaner, healthier, whole-foods diet, they will experience less inflammation and better insulin sensitivity. If you add the benefits of a regular fitness program and a good set of supplements on top of this nutritional foundation, you have a recipe for patient success.

And when your patients get better results in your office, they'll spread the word. Providing comprehensive care can change your patients' lives and help you build a thriving clinic equipped to better serve your community.

References

1. De Luca C, Olefsky JM. Inflammation and insulin resistance. *FEBS Letters*, 2008;582(1):97-105.
2. Diabetes. Mayo Clinic, 2019.
3. "All About Your A1C." Centers for Disease Control and Prevention, 2019.
4. Nutrition recommendations and interventions for diabetes: a position statement of the American Diabetes Association. *Diabetes Care*, 2008;31(Supplement 1):S61-S78.
5. Ianiro G, Pecere S, Giorgio V, et al. Digestive enzyme supplementation in gastrointestinal diseases. *Curr Drug Metabolism*, 2016;17(2):187-193.
6. Ouwehand AC, Salminen S, Isolauri E. Probiotics: an overview of beneficial effects. In: Siezen RJ, et al. (editors). *Lactic Acid Bacteria: Genetics, Metabolism and Applications*. Proceedings of the Seventh Symposium on Lactic Acid Bacteria: Genetics, Metabolism and Applications, Sept. 1-5, 2002; Egmond aan Zee, the Netherlands: pp. 279-289.
7. Simopoulos AP. The importance of the ratio of omega-6/omega-3 essential fatty acids. *Biomed and Pharmacother*, 2002;56(8):365-79.
8. Slavin J.L. Dietary fiber and body weight. *Nutrition*, 2005;21(3):411-418.
9. Bird SR, Hawley JA. Update on the effects of physical activity on insulin sensitivity in humans. *BMJ Open Sport & Exercise Med*, 2015;2(1):e000143.

FEBRUARY 2020