Diet and Diabetes: Recipes for Success

PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE

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Diabetes Basics

In the past few years, much of what we thought we knew about diabetes has been turned on its head. New understanding of the nutritional causes of diabetes gives us the power to keep it from occurring or to turn it around.

Here is what is supposed to happen: Our bodies turn starchy and sweet foods into glucose for our muscle cells to use for fuel. Insulin, a hormone made in the pancreas, ushers glucose into the cells. People with type 2 diabetes, the most common type, generally have enough insulin. However, their cells become resistant to it, leaving too much glucose in the bloodstream, where it can cause problems.

Over the short run, people with uncontrolled diabetes may feel tired, thirsty, urinate frequently, and notice blurred vision. In the long run, they are at risk for heart disease, kidney problems, vision loss, nerve damage, and other difficulties.

carbohydrates are fine; it's the fat in our diets that is the problem. New information suggests that fat in animal products and oils interferes with insulin's ability to move glucose into the cells. Eating less fat reduces body fat. Less body fat allows insulin to do its job. However, choosing skinless chicken, skim milk, and baked fish is not enough of a change for most people to beat diabetes.

A low-fat vegetarian approach recognizes that whole-food

The new approach eliminates fatty foods and animal protein, such as meats, dairy products, and oils, and offers unlimited grains, legumes, fruits, and vegetables. One study found that 21 of 23 patients on oral medications and 13 of 17 patients on insulin were able to get off of their medications after 26 days on a near-vegetarian diet and exercise program.² During two- and three-year follow-ups, most people with diabetes treated with this regimen have retained their gains.³ The dietary changes are simple, but profound, and they work.

Dietary Approaches to Diabetes

Diabetes diets typically call for portion control, carbohydrate limits, and, for those who are overweight, calorie restrictions. Fortunately, there is another way. Low-fat, plant-based diets are ideal for diabetes and the conditions associated with it, such as heart disease, weight gain, high cholesterol, and high blood pressure. And they offer the advantage of not requiring any weighing or measuring of portions. Going hungry is not necessary!

The old approach recommended cutting down on carbohydrates. It's true that overly processed carbohydrates—those made with sugar or white flour, for example—are poor choices. However, delicious unprocessed or minimally processed foods, such as potatoes, rice, oats, beans, pasta, fruit, and vegetables, were the main part of the diet in countries where people were traditionally fit and trim and where diabetes was rare. Unfortunately, highly processed carbohydrates and affordable meat and cheese dishes have moved in, and now we have a worldwide type 2 diabetes epidemic.

Success Story

"A Plant-Based Diet Helped Me Lose 100 Pounds and Saved My Life"





Eric O'Grey lost more than 100 pounds and reversed type 2 diabetes after transitioning to a low-fat, plant-based diet. Within a year, Eric lost 103 pounds, lowered his cholesterol by 160 points, restored his blood pressure and glucose levels, and went off all medications, which cost him close to \$1,000 each month. He now enjoys creating healthful recipes with his family and competes in local road races—with competitors half his age.

Learn more about Eric's inspiring story by visiting www.PCRM.org/SuccessStories.



A 2006 study, conducted by the Physicians Committee for Responsible Medicine with the George Washington University and the University of Toronto, looked at the health benefits of a low-fat, unrefined, vegan diet (excluding all animal products) in people with type 2 diabetes.⁴ Portions of vegetables, grains, fruits, and legumes were unlimited. The vegan diet group was compared with a group following a portion-controlled, higher-fat diet based on American Diabetes Association (ADA) guidelines. The results of this 22-week study were astounding:

- Forty-three percent of the vegan group and 26 percent of the ADA group reduced their diabetes medications. Among those whose medications remained constant, the vegan group lowered hemoglobin A1C, an index of long-term blood glucose control, by 1.2 points, three times the change in the ADA group.
- The vegan group lost an average of about 13 pounds, compared with about 9 pounds in the ADA group.
- Among those participants who didn't change their lipid-lowering medications, the vegan group also had more substantial decreases in their total and LDL cholesterol levels compared to the ADA group.

This study illustrates that a plant-based diet can dramatically improve the health of people with diabetes. It also shows that people found this way of eating highly acceptable and easy to follow. Did you know? Both the American and Canadian Diabetes Associations include plant-based as a diet option!

Type 1 Diabetes and Diet

Diet can help to reduce the amount of insulin needed and reduce the risk of complications in people with type 1 diabetes, a condition where the body stops making insulin and frequent injections or an insulin pump is required. For more information, visit *PCRM.org/Type1Diabetes*. Some research suggests that cow's milk may increase the risk of developing type 1 diabetes.⁵ For this reason, among others,

the American Academy of Pediatrics recommends the avoidance of commercially available cow's milk during the first year of life. Breast-feeding mothers may do well to avoid cow's milk, until more research is completed.

The Remarkably Simple New Dietary Approach to Diabetes

Give It a Three-Week Trial. What Have You Got to Lose?

1. Build Your Meals from The Power Plate.

It's not complicated! Fill your plate with whole grains, legumes (beans, lentils, peas), fruits, and vegetables. Drink water. Keep nuts or seeds to a small handful once a day. Visit www. The Power Plate.org for more information.



2. Begin a Vegan Diet: Avoid Animal Products.

A *vegan* diet has no animal products at all: No red meat, poultry, pork, fish, dairy products, and eggs. Why? Animal products contain *saturated* fat, which is linked to heart disease, insulin resistance, and certain forms of cancer. They also contain cholesterol and, of course, animal protein. It may surprise you to learn that diets high in animal protein can aggravate kidney problems and calcium losses. All the protein you need can be found in whole grains, legumes, and vegetables.

3. Avoid Added Vegetable Oils and Other High-Fat Foods.

Although vegetable oils are healthier than animal fats, oils are not health foods. All fats and oils are high in calories; 1 gram of any fat or oil has nine calories, while 1 gram of carbohydrate has only four calories. The amount of fat we really need each day is quite small and comes packed inside the Power Plate vegetables, grains, and beans.

Avoid oily sauces and salad dressings and foods fried in oil. Limit olives, avocados, nuts, and peanut butter. Read labels, and choose mostly foods with no more than 2–3 grams of fat per serving.

4. Favor Foods with a Low Glycemic Index.

The glycemic index (GI) identifies foods that raise blood sugar more than other foods. High GI foods can also raise triglyceride levels. Fortunately, beans, oats, sweet potatoes, and, surprisingly, white and wheat pasta, are among foods that are lower GI champions. So are breads such as pumpernickel, rye, multigrain and sourdough, and tortillas. Lower GI cereals are bran cereals, muesli, and rolled or steel-cut oats. Grains such as barley, parboiled rice, couscous, corn, and quinoa have a low GI. High GI foods to limit are sugar and sugary products, white and wheat bread, corn flakes, and puffed rice cereals.

5. Go High-Fiber.

Aim for at least 40 grams of fiber each day. Choose beans, vegetables, fruits, and whole grains (e.g., whole-wheat pasta, barley, oats, quinoa). Aim for at least 3 grams of fiber per serving on labels and 10 to 15 grams per meal. Start slowly. Expect a change in bowel habits (usually for the better). Gassiness from beans can be minimized with small servings and thorough cooking and, if a problem, will get better over time!

A note on vitamin B12: Those following a diet free of animal products (and all adults over the age of 50) should take a B12 supplement to protect blood and nerve cells.

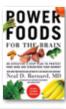
- 21DayKickstart.org (Free meal plans and more!)
- ThePowerPlate.org
- *PCRM.org/FFL* (Locate a Food for Life cooking class)
- NutritionFacts.org (View all the short videos on diabetes)
- Documentaries: Forks Over Knives, For the Health Of It
- Books: All books by Neal Barnard, M.D., Michael Greger, M.D.,
 T. Colin Campbell, Ph.D., or John McDougall, M.D.
- Cookbooks: Any available at PCRM.org/Shop; any available at ForksOverKnives.com or written by Dr. Caldwell Esselstyn or Ann, Jane, or Rip Esselstyn





















Pasta with Lentil Marinara Sauce

Makes 5 servings

1 pound pasta of choice

1 jar (26 ounces) fat-free, low-sodium, tomato-based pasta sauce

1 can (15 ounces) lentils, rinsed and drained

1/2 cup dry red wine (can be nonalcoholic) or low-sodium vegetarian broth

Salt to taste

Freshly ground black pepper

Cook the pasta according to package directions.

Meanwhile, combine the pasta sauce, lentils, and wine or broth in a medium saucepan. Heat gently and season with the salt and pepper. Serve over the drained pasta.

Per serving: 470 calories, 19 g protein, 91 g carbohydrates, 9 g sugar, 2 g total fat, 3% calories from fat, 0 mg cholesterol, 8 g fiber, 173 mg sodium.

Cherry Tomato and Brown Rice Salad with Artichoke Hearts

Makes 6 servings

This delicious salad is a complete meal and is a great picnic or potluck dish. Because neither tomatoes nor rice benefit from refrigeration, it should be served at room temperature.

3 cups warm brown basmati rice

6 ounces marinated artichoke hearts, rinsed in hot water, drained, and sliced

1 cup chopped scallions

1 1/2 pounds red, yellow, or mixed cherry tomatoes, halved

1/2 cup chopped fresh basil

1/2 cup fat-free Italian dressing

3 tablespoons lemon juice

2 cloves garlic, crushed

1/4 teaspoon salt

Freshly ground black pepper to taste

1 head crisp lettuce

Place the rice in a large salad bowl and add the artichoke hearts, scallions, tomatoes, and basil. Mix gently.

Combine the Italian dressing, lemon juice, garlic, salt, and pepper in a small bowl or jar. Whisk or shake until well blended. Pour over the salad and mix gently. Serve on beds of lettuce on individual plates.

Per serving: 153 calories, 4 g protein, 32 g carbohydrates, 3 g sugar, 1 g total fat, 6% calories from fat, 0 mg cholesterol, 4 g fiber, 376 mg sodium

Berry Mousse

Makes 4 servings

This is so easy that it's hardly a recipe! Your blender does most of the work. This can be eaten as a pudding or used as a topping for fruit.

- 1 package (12.3 ounces) reduced-fat, extra-firm silken tofu, crumbled
- 2 3/4 cups thawed frozen unsweetened berries of choice
- 3 tablespoons sugar or 2 tablespoons agave nectar
- 1 tablespoon berry liqueur (optional)

Blend the tofu, berries, sugar or agave nectar, and liqueur, if using, in a blender or food processor until smooth. Spoon into 4 pudding dishes and refrigerate until chilled.

Per serving: 123 calories, 7 g protein, 24 g carbohydrates, 17 g sugar, 1 g total fat, 5% calories from fat, 0 mg cholesterol, 3 g fiber, 89 mg sodium

Recipes from *Dr. Neal Barnard's Program for Reversing Diabetes: The Scientifically Proven System for Reversing Diabetes Without Drugs* by Neal D. Barnard, M.D. Recipes by Bryanna Clark Grogan.



Meal Suggestions to Prevent and Reverse Type 2 Diabetes

Breakfast

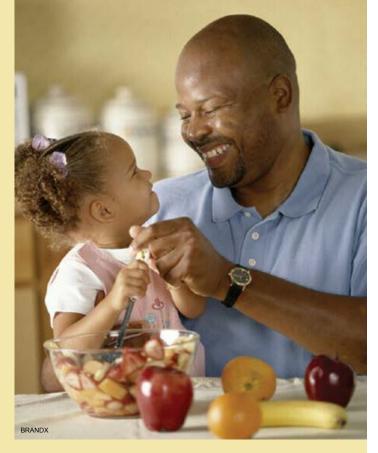
- Hot cereals: oatmeal with cinnamon, raisins, and/or applesauce
- All-Bran or muesli with nonfat soy or rice milk and/or berries, peach, or banana
- Fresh fruit
- Pumpernickel or rye toast topped with jam (no butter or margarine)
- Oven-roasted sweet potato home fries solo or smothered with sautéed mushrooms, peppers, and onions
- Tofu scramble

Lunch

- Mixed-vegetable salad with lemon juice, fat-free dressing, or soy or teriyaki sauce
- Legume-based salads: three-bean, chickpea, lentil, or black bean and corn salads
- Grain-based salads: noodle, couscous, bulgur, or rice salads
- Soups: carrot ginger, mixed vegetable, black bean, vegetarian chili, spinach lentil, minestrone, split pea, etc.
- Hummus spread on whole-wheat pita with grated carrots, sprouts, and cucumbers
- Black bean and sweet potato burrito with corn and tomatoes
- Sandwich made with fat-free meat alternatives such as barbecue seitan,
 Lightlife Smart Deli turkey style, or Yves veggie pepperoni slices and your favorite sandwich veggies

Dinner

- Pasta marinara: can be made with many commercial sauces (any brand that has less than 2 grams fat per serving and is free of animal products)
- Beans and rice: black beans with salsa, vegetarian baked beans, or fat-free refried beans
- Soft tacos: a flour tortilla filled with beans, lettuce, tomato, and salsa
- Fajitas: lightly sautéed sliced bell peppers, onion, and eggplant with fajita seasonings
- Chili: homemade or vegetarian boxed or canned versions



- Veggie lasagna: low-fat tofu replaces the ricotta cheese, layered with grilled veggies
- Vegetable stir-fry: vegetables seasoned with soy sauce or other lowfat stir-fry sauce and served over pasta, beans, or rice

Snacks

- Fruit
- Carrot, celery, or other vegetables with low-fat hummus
- Baked tortilla chips with salsa or bean dip
- Air-popped popcorn or rice cakes
- Toast with jam
- Soup

This fact sheet is not intended as a comprehensive program for diabetes. Be aware that a change in diet can produce big results. For some, there is a risk that low blood sugar can occur if diabetes medications are not lowered or eliminated. If you have diabetes, consult your health care provider and tailor a program for your needs.

References

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- 3. Barnard RJ, Massey MR, Cherny S, O'Brien LT, Pritikin N. Long-term use of a high-complex-carbohydrate, high-fiber, low-fat diet and exercise in the treatment of NIDDM patients. *Diabetes Care*. 1983;6:268-273.
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