

Descrizione sintetica del libro “Come affrontare il Diabete”

Il libro si sofferma sul fatto che circa il 90% di tutti i casi iniziali di Diabete siano legati all’Obesità, e che questi casi derivino sostanzialmente dall’incapacità delle cellule umane di introdurre al proprio interno il Glucosio, nonostante siano presenti nel sangue altissimi livelli d’Insulina, un ormone prodotto dal Pancreas: l’organo deputato alla produzione d’Insulina.

Viceversa, solo il 10% di tutti i casi di Diabete iniziale derivano da un danno specifico al Pancreas, in genere da infezione virale o da sostanze chimico-tossiche, rendendo in tal modo l’organo incapace di produrre Insulina e quindi di permettere alle cellule dell’organismo l’assorbimento del Glucosio circolante nel sangue.

In entrambi i casi viene così a crearsi un livello incostante, ma comunque patologico, di Glucosio nel sangue, che può essere causa di morte improvvisa per Coma iperglicemico (alti livelli di Glucosio).

L’utilizzo d’Insulina sintetica, se condotto in maniera errata, può a sua volta condurre a rischio di morte per Coma ipo-glicemico (bassi livelli di Glucosio).

In ogni caso non è mai possibile mantenere un livello esatto di Glicemia nel sangue, e questo comporta, nel corso degli anni, un lento ma costante incremento di danno agli organi e agli apparati di tutto l’organismo, a causa del Glucosio che si lega ad enzimi-chiave dei complessi meccanismi biochimici del paziente.

Fra tutti gli organi colpiti, i RENI risultano essere il punto-chiave di svolta di NON-RITORNO per la patologia diabetica, poiché il loro danneggiamento, ad opera del Glucosio, presente per troppi anni a livelli anomali nei tessuti, comporta l’immissione in circolo degli UREIDI, sostanze particolarmente tossiche.

E’ in base a ciò che l’Autore propone, in questo libro, di considerare accanto ai primi due tipi di Diabete sopra menzionati (Diabete legato all’Obesità con Pancreas ancora sano, e Diabete dovuto a danno pancreatico iniziale), un Terzo Tipo di Diabete, quello “RENALE”, svincolato dai precedenti due tipi di Diabete sopra menzionati, a causa delle particolari difficoltà di cura e di terapia, anche farmacologiche, che il DANNO RENALE comporta.

Per quanto riguarda la terapia del Diabete, come del resto riportato nel titolo del libro, l’Autore si concentra sostanzialmente sul Diabete legato all’Obesità, essendo quest’ultimo pari al 90% di tutte le forme iniziali di Diabete.

L'interesse dell'Autore si è perciò focalizzato sull'osservazione iniziale che nelle casistiche americane inerenti al numero di pazienti affetti da questa forma oggi molto comune di Diabete, tale numero di pazienti risalenti al primo decennio del XX secolo era estremamente basso.

Tale numero è poi aumentato vertiginosamente dopo l'introduzione nella catena alimentare americana, tra le due guerre mondiali, dei grassi idrogenati e, dopo gli anni Ottanta, degli OGM (Organismi Geneticamente Modificati).

Entrambi i fattori agirebbero sulle pareti cellulari alterando così il complesso meccanismo di introduzione del Glucosio nelle cellule dell'organismo.

E' triste pensare che il 90% dei casi di *Diabete Mellito* siano dovuti, solo e soltanto, all'*Obesità*, e che almeno il 6% della popolazione italiana sia ammalato proprio di questa patologia, con esorbitanti spese a carico dello Stato italiano, dell'ordine di diversi miliardi di Euro l'anno, mentre nulla si fa per togliere dalla catena alimentare i maggiori responsabili di questa patologia come i grassi idrogenati (margarine) e gli OGM che bussano con sempre maggior insistenza ai nostri confini nazionali...

ENGLISH

Dear Sirs,

we would like to inform you that Dr. Giuseppe Nacci's book "*Come affrontare il Diabete*" ("*How to Tackle Diabetes*") will be reprinted by Editoriale Programma Padova.
(<http://editorialeprogramma.wordpress.com/rassegna-stampa/>)

Here is a short summary:

The book, which is now being reprinted (see new cover), underlines that about 90% of initial diabetes cases are linked to obesity, and that those cases basically originate in the inability for human cells to absorb glucose despite very high blood levels of insulin, a hormone produced and released by the pancreas.

On the other hand, only 10% of all cases of initial diabetes derive from specific damage to the pancreas, generally as a consequence of infections caused by viruses or chemically toxic substances that inhibit insulin production by the pancreas and therefore prevent the cells from absorbing the glucose circulating in the bloodstream. In both cases, glucose levels in the blood reach differing yet always pathological levels which can lead to sudden death by hyperglycemic coma (high levels of glucose).

At the same time, an incorrect use of synthetic insulin can increase the risk of death by hypoglycemic coma (low levels of glucose).

In any case, it is never possible to maintain an exact level of glycemia, and over the years this leads to slow but constant damage for the organs and systems of the whole human body being brought about by glucose binding with key enzymes involved in a patient's complex biochemical mechanisms. Of all affected organs, KIDNEYS appear to be a fundamental indicator of a POINT OF NO RETURN having been reached for diabetes: if kidneys are damaged by glucose levels remaining at anomalous levels in tissues for an excessive number of years, specially toxic substances known as UREIDS enter the bloodstream.

Based on these observations, in this book the Author suggests that, in addition to the two types of diabetes mentioned above (obesity-related diabetes with a healthy pancreas, and diabetes deriving from initial pancreas damage), a third type of diabetes should be considered, namely "KIDNEY-RELATED DIABETES", a condition differing from the other two because of the specific difficulties in terms of healing and (drug) treatment caused by the DAMAGED KIDNEY.

As far as the treatment of diabetes is concerned (as indicated in the title's book), the author mainly concentrates on obesity-related diabetes, which accounts for 90% of all initial forms of diabetes.

The book therefore focuses on the initial observation that in American reports of the numbers of patients with this now very common form of diabetes, such numbers were very low in the first decade of the twentieth century.

There subsequently was a dramatic increase following the introduction into the US food chain of hydrogenated fats – between the two World Wars – and GMOs (Genetically Modified Organisms) – at the end of the Eighties.

Both factors apparently affect cell walls and alter the complex mechanism of glucose introduction into the cells of the human body.

It is a sad fact that 90% of *Diabetes mellitus* cases are exclusively due to *obesity* and involve at least 6% of EUROPEAN people and 15-20% of NORTH-AMERICAN people, while nothing is done to remove the main causes of the disease from their food chain, such as hydrogenated fats (margarines) and GMOs...

The book points out that obesity has reached epidemic levels in the United States, and that this should be seen as the consequence not only of a sizeable introduction of simple sugars with a high *glycemic index*, such as glucose and saccharose, which are to be found in almost every type of industrially processed food, but also of the massive introduction of hydrogenated fats and – most likely – transgenic oils and fats obtained from Genetically Modified Organisms that produce as yet unknown metabolic effects but can easily be classified as dangerous substances, given what biochemistry currently knows about complex biological systems (see chapters 3 and 4).

The type of obesity that is to be found in America is in fact a very specific one – it is a hyperplastic-hypertrophic condition. It strikes not only for the monstrous appearance of patients but also for the high numbers of them, so much so that the term "American Obesity" could be coined to draw a distinction from "normal" obesity as can still be seen in other regions of the world, such as Europe and more specifically Italy, where Genetically Modified Organisms have not been introduced massively yet.

It is furthermore conjectured that the introduction of Genetically Modified Organisms was the main cause of the "current epidemic" of Type-2 Diabetes Mellitus in the USA: the epidemic was announced by American medical literature in the late 1990s, but unfortunately those suggestions in terms of likely cause-effect relations with GMOs were largely underestimated by the principal public health monitoring authorities in the United States. The epidemic has now shown its full scope, as it has by now come to also affect teenagers, previously only marginally included in the clinical picture of Type-2 Diabetes Mellitus – suffice it to note that the condition used to be called "Adult Diabetes"...

In 1999, less than a decade after the introduction of Genetically Modified Organisms into the American food chain, about 12-14% of US children between 6 and 11 years of age were already overweight, as were about 15% of teenagers in the 12-19 year age bracket. Today, those percentages have tripled, at about 40% and 45-50% respectively.

Escalating from overweight to full-blown obesity, the figures are even more alarming today.

The current Obama administration has started to undertake courageous initiatives aimed at protecting the American population, such as the idea to let schools teach children how to use synthetic insulin injections, in the light of the notoriously high risk of death for Type-1 Diabetes Mellitus pediatric patients for *hyperglycemic coma from ketoacidosis*.

In December 2010, the US Congress also approved a first allocation of 10 million dollars for a pilot program supporting organic farming in schools (the so called "Organic Pilot Program"). The initiative promotes diets based on organic food but also entails a budget of 40 million dollars for the "Farm to School Program", which will encourage the use of locally-produced food similarly to what some European initiatives started to do a few years ago. The overarching goal is to develop local small and medium-sized farms through the support of the Department for Agricultural Policies, a very similar initiative to Italian "local maps for zero-distance food".

The provision is known as the "Healthy Act" (Hunger-Free Kids Act of 2010), was approved by the US Senate in August 2010 and subsequently by the House of Representatives. The project, which is strongly promoted by the presidential administration and the Organic Trade Association (OTA), is today the most probable way to environmental development and natural health protection for the United States in the next decade.

The second authoritative source who, at least in America, showed enough moral strength to depict a possible way out of this frightful pandemic of "American Obesity" is Charlotte Gerson in her book "*Defeating Obesity, Diabetes and High Blood Pressure. The Metabolic Syndrome*", published in the USA in December 2010. The author perfectly outlines a possible solution for a substantial modification of dietary habits for American citizens affected by such complex metabolic disorder syndromes such as overweight, obesity and arterial hypertension, which subsequently develop into full-blown cases of Type-2 Diabetes Mellitus.

NOTE: the book is only available in Italian

Please share with all your contacts

Percentuali di Sovrappeso e di Obesità fra l'intera popolazione americana e di Diabete Mellito di Secondo Tipo (ma solo in pazienti obesi con MBI >35) riscontrati dal 1960 al 2008.

Anni di riferimento dello Studio	Percentuali riscontrate			Fonte
	Sovrappeso	di Obesità	Diabete Mellito (in pazienti con BMI > 35)	
1960-1962		12,8% (*)	4,9 (****)	NHES I
1971-1974		14,1% (*)	8 (****)	NHANES I
1976-1980	25,4% (*)	14,5% (*)	8,6 (****)	NHANES II
1988-1994	33,3% (*) 56 (**)	22,5 (*) 23 (**)	12,6 (****)	NHANES III
1999-2000	64,5% (**)	30 (**)	15,1 (****)	NHANES 1999-2000
2007-2008	68% (***)	34% (***)	20-25	

NHES : *National Health Examination Survey*

NHANES : *National Health and Nutrition Examination Survey*

(*) Flegal K.: *Overweight and obesity in the United States; prevalence and trends, 1960-1994*, Int. J. Obes. Relat. Metabn. Disord., 1998, 22, pp: 39-47 ;

(**) Flegal K: *Prevalence and trends in Obesity among US Adults, 1999-2000*, JAMA, 2002, 288, pp: 1723-1727

(***) Flegal K.: *Prevalence and Trends in obesity among US adults, 1999-2008*, JAMA, Vol. 303, N.3, pp: 235-241, 2010

(****) (Gregg EW.: *Trends in the prevalence and ratio of diagnosed to undiagnosed diabetes according to obesity levels in the U.S.*, Diabetes Care, 27, pp: 2806-2812, 2004).

Tratto da Nacci G: "Come affrontare il Diabete" Ediz. Editoriale Programma, 2011