

A new discovery about blood sugar.

THE CURRENT STANDARD

The Western approach to Diabetes Mellitus has focused on the adequacy of insulin. Insulin has been the hormone thought to control blood sugar level. Diabetics know to keep their insulin balanced with glucagon.

After developing and testing many remedies on this basis, we find the theory is short of full accuracy. It is a good business to keep people focused on insulin and sell a lot of artificial insulin. The practice has saved many lives, limbs and eyes. But if we want to get to healing, we need to find the missing part.

THE PRIMARY DISCOVERY

Our research shows insulin as a carrier for the actual substance that digests blood. Glucosacatalide B is an invented name for the protein that catalyzes the use of glucose to energy. We see that insulin carries this substance instead of catalyzing the glucose. The substance shows us that regulation of blood sugar requires adequate insulin (the carrier) and adequate Glucosacatalide B (the sugar digester). We find a disease blocking the catalyst and included it in a remedy called **Sugar Stable Blood**.

Two substances are responsible for massive mood swings. One is blood sugar and the other is hormones. Sugar is related to hormones in the working of endocrines glands and nerves. We found Glucosacatalide A. catalyzes hormones in the endocrine glands, blood and liver. We see this as a major component of menopause. We found a disease blocking the protein and called it **Sugar Stable Hormones**.

The two remedies are so related and intertwined that we made **Sugar Stable Blood and Hormones**.

SUMMARY OF REMEDIES (with range of bottles needed)

CANDIDA PANCREAS	1-2
CRITTER BE GONE	2-4
GLUCOMYCOSIS	2-4
SUGAR STABLE BLOOD	5-6
SUGAR STABLE HORMONES	5-6
SUGAR STABLE BLOOD & HORMONES	6

SUMMARY

Control of blood sugar requires two parts. First is the adequacy of insulin. Second is the adequate supply of Glucosacatalides.

Testing a diabetic should include the measurement of both substances. Energy indication of remedies return of blood sugar stability should show both parts above 90%.

We suspect that the term, insulin resistant may refer to the inadequacy of Glucosacatalides. Our testing shows that some people test as having adequate insulin, but inadequate Glucosacatalide B. Those people still require insulin for their blood sugar because the extra insulin almost scrapes the Glucosacatalides out of the system.

THE SECOND DISCOVERY

Amylin is a starch-like substance that adheres to organs and nerves. Science puzzles about its origin. We see it as a mis-made bone hormone. Among the troubles it makes is the adherence to the pancreas and the cause of **Amyloidotic Diabetes**. The blockage of pancreas and insulin production can produce a result that will be confused as Diabetes Mellitus.

THE THIRD DISCOVERY

For over a decade we have shown that the solution to Diabetes Mellitus and Lupus are very similar. Finally we found a way to improve the results and combine the two solutions into a single remedy. The remedy is called **Diabetes Lupus**. Not very catchy, but it gets to the point. It needs to be accompanied by two remedies that cover weaknesses created by the affliction. **Can Pan** dissolves the candida that collects in a stagnant pancreas. **Critter Be Gone** covers the parasites that collect in a sluggish pancreas, Toxoplasmosis and Pancreas Flukes.

In 2008 we found that the absorption of potassium was an essential pancreas role. We began using **Potassiumemia 1, Potassiumemia 2, Potassiumemia 3**, to correct mal-absorption. When potassium is not well-absorbed it causes calcium to bind with the hormone, insulin. The condition could create a **Calcium Insulinoma** and **Calcium Glucagonoma** (which usually require a retrovirus). For many people the potassium factor is the difference of needing or not needing insulin once the diabetes protocol is finished.

In 2009 we were able to combine each of the potassium deficiencies with Calcium Insulinoma and Calcium Glucoganoma plus an appropriate Retrovirus. Since the condition is not known in current science we called the **Potassium Diabetes 1, 2, and 3** to signify their affect on blood sugar.

SUMMARY OF REMEDIES

(with range of bottles needed)

AMYLOIDOTIC DIABETES	5-6
CANDIDA PANCREAS	1
CRITTER BE GONE	2-4
GLUCOMYCOSIS	2-4
DIABETES LUPUS	4-6

SUMMARY OF REMEDIES

(with range of mega bottles needed)

CORN SYRUP	2-5
GLUCAGONOMA	5-6
GLUCOGENESIS	5-6
IINSULINOMA	5-6
LYMPH GLUE	5-6
PANCREAS DIVISUM	6
POTASSIUMEMIA DIABETES 1	5-6
POTASSIUMEMIA DIABETES 2	5-6
POTASSIUMEMIA DIABETES 3	5-6

COMPLICATIONS

Any disease so widespread as diabetes will develop complications. After 3 years of testing we can report on a condition that is either a separate condition or a complication to Diabetes Mellitus.

An ingesting of insulin from an external source creates small shock waves through the pancreas. Its counter balance for too much insulin is glucagon. Diabetics usually worry about too little insulin, but have to keep a glucagon safety shot available in case they take too much insulin and cause a blood sugar low. The natural mechanism for creating a balance to insulin is designed to work much slower. So when there is a shot or pill of insulin, this slow working mechanism is overwhelmed and creates a **Glucagonoma**. These lumps naturally attract a retrovirus, which makes a tumor to insure the overworked mechanism pumps out glucagon to balance the shots. The trouble is that the overproduction of glucagon now creates a disease that insures the body needs insulin.

Artificial insulin creates a dependency mechanism as clearly as street drugs create a dependency and addiction. We have long said that hormone replacement treatments are dangerous in the long run. Insulin is a hormone and now proves the principle again. Once you get on insulin, this mechanism insures you can not get off insulin even when you have cured diabetes mellitus or other conditions causing insulin need. Since nobody felt diabetes was curable, this drug-induced disease was never discovered. When we showed people how to get rid of diabetes, we were surprised that long-term insulin takers still showed a need for insulin. When the cause of diabetes is gone, experience shows that insulin needs drop steadily and many people showed no more need for insulin. Some of the people who were the "exception" proved to have this separate disease from the artificial insulin.

The "potassium factor" proved to be a second cause of people who still need insulin after the diabetes protocol was finished (see description to the right).

It is also true that a person could have another condition that would maintain a need for insulin (until that disease is also quelled). We have learned to check for several conditions for people who have the standard form of diabetes mellitus. See the paper entitled BLOOD SUGAR.

PANCREAS DIVISUM is a condition at birth where the head and the tail of the pancreas do not fully join. More technically speaking, the ducts of the embryonic dorsal and ventral pancreatic anlage fail to fuse. As a consequence the majority of the pancreas is drained by the accessory duct. This has been found to be the most common congenital anomaly of the pancreas and usually results in chronic pancreatitis. We see this in all Juvenile Diabetes cases.

Our protocol for Juvenile Diabetes is (in small bottles):

C TOBO A OR B	2-6
CANDIDA PANCREAS	3-5
C&CP or CPCSP or C&D	3-5
CRITTER BE GONE	3-5
SUGAR STABLE BLOOD	19-27

Possible complications include:

SWEETNESS VIRUS	4-6
TB ENZYMES	8-16
DRAGON VIRUS	4-6