



There is hope for you!

Why Diabetes?

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Internal Medicine, Functional & Lifestyle Medicine

The "New Kid" on the Block and the Unseen Driver of Modern Disease

For decades, we have been told a very specific story about our health: cut the animal fat, switch to "heart-healthy" vegetable oils, and your heart will thrive. But as a vegan physician, seeing internal medicine patients and functional medicine/lifestyle clients, I have had to face a painful reality. My own father, also a physician and a lifelong advocate of a healthy vegetarian lifestyle, succumbed to dementia during the last 15 years of his life, from age 70 to 85.

This tragedy shocked me into a 15-20-year journey of observational clinical study. I discovered that even a "clean" plant-based diet can be undermined by a silent intruder: **seed oils**. My father loved peanut butter, but in retrospect, I think the rapeseed and canola oils used to stabilize the specific brand he consumed daily likely

played a significant role in his clinical outcome. Today, as a pragmatist, I observe daily with my hundreds and thousands of patients dramatic clinical improvements—from hypertension, diabetes, and obesity to cognitive function, arthritis, and many chronic inflammations—not by counting calories, but by removing these industrial oils and returning to the biological wisdom of traditional fats like coconut oil.

The Heart of the Matter: A Historical Shift

In the 1930s, cardiologists made up less than **1%** of the medical profession. Why? Because coronary artery disease and "blocked arteries" simply weren't the main story of the day. Fact: Myocardial infarction (heart attack) was considered a clinical rarity.

- **The Vanishing Baseline:** In Indonesia, the Philippines, and Guam, obesity was nearly non-existent before the 1940s. It remained low until the 1980s, when the "vilification" of saturated fats and cholesterol led to a massive influx of stabilized, unsaturated seed oils.
- **The Guam Reality:** Today, we see patients reverse their weight and diabetes without cutting back their traditional rice. Their "secret" is simply avoiding the

hidden seed oils—canola, soy, corn, sesame, and even avocado or olive oils—found as a minute addition in everything from dressings and mayo to granola bars and commercial mixed nuts.

The Mechanism: Jamming the Cellular Doors

This "Diabesity" epidemic is not about sugar. It is about a catastrophic imbalance in **essential fatty acids**. Your 30 trillion cells each have a "door" (the cell membrane) and a "doorbell" (the insulin receptor). The problem we see is an extreme overpowerment of **proinflammatory Omega-6 unsaturated fats** over the "good," lubricating **anti-inflammatory Omega-3 fats**.

Omega-3s help "lubricate" the cell doorbells and allow sugars from the blood stream to enter the cells, while driving down conditions like arthritis and pain. In contrast, the unstable seed oils lead to **membrane phospholipid replacement**, creating "sticky" and "stiff" cell walls.

The results are stark:

Insulin Metric	<i>Healthy State</i>	<i>Seed Oil State</i>
Pancreatic Insulin Release	Only 5 IU	Hours/days of high insulin levels
Cellular Response	"Doorbells" open instantly	"Cell doors don't readily open, starving cells"
Blood Sugar Clearance	Cleared in minutes	Stays in blood for hours/days
Blood Sugar Level	<100 mg/dL under 2 hours	126–300+ mg/dL even after 24 hours

The 680-Day Problem: Why Your Body Can't "Forget" Seed Oils

Traditional saturated fats (lard, butter, beef tallow, coconut oil) are rapidly processed by the liver in 24–48 hours. Modern seed oils stick around (~1-2 years) and are incorporated into your adipose (fat) tissue, many cell membranes, including mitochondrial membranes, where they cause cumulative damage, chronic inflammation, metabolic syndrome, endothelial nitric oxide suppression, mitochondrial respiratory chain dysfunction and energy transport disruption. To understand the root cause of the modern epidemic, we must look at the data. In this table, I have provided factual evidence of the differences which can help elucidate the historical and biochemical reasons for the epidemic that has transpired since the 1940s. Note the biological half-lives.

Data of Common Fats and Representative Foods

(A partial list, sorted by descending Omega-6 content per category)

Item (100g)	Fat Type	Omega-6 (LA) (mg/100g)	Omega-3 (ALA) (mg/100g)	Omega-6 / Omega-3 Ratio	Biological Half-Life
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Seed and Vegetable Oils					
Grape Seed Oil	PUFA	69,600	100	696:1	600–680 days
Sunflower Oil (Mid-Oleic)	PUFA	65,700	200	328:1	600–680 days
Corn Oil	PUFA	53,500	1,200	44:1	600–680 days
Soybean Oil	PUFA	50,400	6,800	7:1	600–680 days
Cottonseed Oil	PUFA	51,500	200	257:1	600–680 days
Peanut Oil	MUFA	32,000	100	320:1	600–680 days
Sesame Oil	MUFA	41,300	300	137:1	600–680 days

Canola / Rapeseed Oil	MUFA	19,000	9,300	2:1	600–680 days
Olive Oil	MUFA	9,800	760	13:1	600–680 days
Avocado Oil	MUFA	12,500	960	13:1	600–680 days

Traditional and Stable Fats					
Beef Tallow	Saturated	3,100	600	5:1	24–48 hours
Butter (Grass- Fed)	Saturated	2,700	1,400	2:1	24–48 hours
Lard (Pork Fat)	Saturated	10,200	1,000	10:1	24–48 hours
Coconut Oil (Exclusive / Traditional)	Saturated	1,800	0	Best Ratio (Stable)	< 24 Hours

Representative Foods (Plant & Animal)					
Walnuts (100g)	Plant	38,090	9,080	4:1	600–680 days
Mixed Nuts (Commercial)(100g)	Plant	~20,000– 30,000	~1,000– 3,000	Varies (High)	600–680 days
Bacon (Cooked) (100g)	Animal	5,500	500	11:1	24–48 hours (if non-seed oil fed)
Chicken (White Meat, Cooked) (100g)	Animal	1,000	100	10:1	Varies
Ground Beef (80/20) (100g)	Animal	300	100	3:1	24–48 hours
Rice (Cooked) (100g)	Plant	100	10	10:1	Hours (Glucose Half-life)

Highlighting Coconut Oil's Advantage:

*As shown above, coconut oil and its **Medium Chain Triglycerides (MCT)** have the lowest proinflammatory Omega-6 content (just 1.8g per 100g) and the fastest biological clearance (<24 hours). This unique, stable fat promoted the profound metabolic and cardiovascular health of many Pacific islanders for centuries before seed oils were introduced.*

In looking at the chart, consider the total omega-6 fat content (in general you want this low), the ratio of omega-6 to omega-3 oils (a 4:1 ratio or less is ideal), and then choose the lowest biological half-life of the oils (how long it stays in your cells, the lowest is ideal).

The Turning Point: Clinical Wins

When patients shift exclusively to stable fats like unodorized coconut oil for cooking, without "calorie restriction" or calorie counting, the cellular carbs stop "starving." When combined with a whole foods, predominantly unrefined plant-based nutritional lifestyle (avoiding stimulants like caffeine, soda or alcohol)

coupled with moderate exercise, patients simply achieve the best of their clinical outcome (diabetes, hypertension, obesity, chronic arthritis, heart failure, etc.), many within 1-2 months while enjoying each meal to satisfaction without much worrying about strict carbs restriction in general.

- **Heart Failure Recovery:** Patients see proBNP levels dramatically improve, allowing many to come off medications without leg swelling or fluid in the lungs as early as 1–2 months or less.

Conclusion

The path forward is clear: changing the **quality** of our fats is key. By minimizing our Omega-6 "baggage" and restoring our cellular "lubrication," we can finally make progress against diabetes and chronic disease, especially in Guam, USA and everywhere.

See further scientific evidence in the supplied research papers below.

Scientific References & Citations

White Paper Content & Professional References:

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