



THE HEALING WATERS

DEALING WITH DIABETES

A Practical & Natural-Health Reference Guide

This guide brings together background on diabetes mellitus, its risk factors and complications, alongside a natural-health dietary and lifestyle protocol. It is intended for educational purposes. Any fasting regimen, herbal supplement, or major dietary change — especially for anyone taking insulin or other diabetes medication — should be reviewed with a qualified healthcare provider first, since blood sugar levels need to be monitored closely to avoid dangerous swings.

1. Understanding Diabetes Mellitus

Diabetes mellitus is a condition in which the body does not produce enough insulin, or cannot effectively use the insulin it produces, to move glucose out of the bloodstream and into the body's cells. A person is generally considered to have diabetes mellitus if their fasting blood sugar concentration is greater than 140 mg/dL after an overnight fast.

Diabetes is among the fastest-growing diseases worldwide, in both developed and developing nations. While the disease itself is serious, its downstream complications are equally significant: roughly one-third of new cases of end-stage kidney disease are attributable to diabetes, and about four out of five diabetic patients ultimately die not from diabetes directly, but from the cardiovascular disease it initiates (heart attack, stroke, or peripheral vascular disease). Diabetes is also a leading cause of amputation and of blindness in older adults. (Country-specific statistics are available at www.who.int.)

1.1 How Blood Sugar Regulation Works

Understanding the basic mechanism helps clarify why the disease behaves as it does:

- After a meal, dietary sugar is broken down into glucose and absorbed through the wall of the small intestine into the bloodstream.
- A rise in blood glucose triggers the pancreas to secrete insulin.
- Insulin acts like a key, fitting into receptors on the cell wall and allowing glucose, amino acids, fatty acids, and potassium to enter the cell.
- Once blood sugar falls to a normal level, the pancreas stops secreting insulin.
- A baseline level of glucose must always remain in the bloodstream to continuously supply the brain.



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If the brain does not receive enough glucose, it can produce nervousness, anxiety, irritability, depression, forgetfulness, confusion, indecisiveness, poor concentration, nightmares, and — in severe cases — suicidal thoughts.

1.2 The Two Main Types

Type	Prevalence	Typical Onset	Mechanism
Insulin-Dependent (Type 1)	~10% of cases	Usually childhood, but can occur later	The pancreas produces little or no insulin. Believed to be linked to viral infections (mumps, German measles, flu, infectious mononucleosis) that damage the pancreas, and to an autoimmune process. A link with milk consumption has also been noted. Because no insulin is produced, lifelong insulin therapy is required.
Non-Insulin-Dependent (Type 2)	~90% of cases	Usually over age 40, and more common in those who are overweight	Insulin levels vary and are often higher than normal; the underlying problem is usually a decrease in the number of insulin receptors on cells. About 80% of overweight adults go on to develop this type, and it is somewhat more common in women.

1.3 Insulin Resistance and Syndrome X

Insulin is fundamentally a storage hormone: it drives glucose, fatty acids, and amino acids into cells, and converts excess dietary calories into fat. When cells become less responsive to insulin, the body compensates by producing more of it — a pattern that, over time, can itself cause harm.



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What drives a decrease in insulin receptors

- Repeated overeating, or meals high in sugar or fat, cause the body to release more insulin than needed. Blood sugar can then fall too low (hypoglycemia), leaving the person weak and craving another quick-energy snack — a self-reinforcing cycle.
- As fat cells fill to capacity, they become less sensitive to insulin, and receptor numbers may decline further.
- As cells become less sensitive, they signal the pancreas to produce still more insulin — accelerating the same decline in sensitivity.
- The insulin-producing Islets of Langerhans in the pancreas can become damaged from sustained overuse.

Note: cells in the brain, intestine, renal tubules, and red blood cells can absorb glucose without insulin, via a different transport mechanism.

Elevated insulin levels (hyperinsulinemia) — associated harms

- Inflammation of the arteries, raising heart attack and stroke risk
- Elevated blood pressure
- Elevated triglycerides
- Lowered HDL ("good") cholesterol and increased LDL ("bad") cholesterol
- Increased tendency to form blood clots
- Progressive weight gain, typically centered around the midsection

Glucose intolerance

Glucose intolerance is essentially preclinical diabetes: a mild, often unnoticed elevation in blood sugar. Left unaddressed for a year or two, it commonly progresses to full-blown diabetes mellitus, with accelerated arterial aging as blood sugar continues to rise.

What causes insulin resistance?

Body fat is only part of the picture. High-glycemic foods — white bread, white flour, pasta, white rice, potatoes — release sugar into the bloodstream rapidly and stimulate a large insulin response. Low-glycemic foods, such as green beans, Brussels sprouts, tomatoes, apples, and oranges, release sugar much more gradually. Repeated spikes from high-glycemic eating gradually blunt the body's sensitivity to insulin — a pattern given the name Syndrome X.

A simple self-check: the triglyceride/HDL ratio

A routine lipid profile reports total cholesterol, HDL, LDL, and triglycerides. Dividing the triglyceride level by the HDL level gives a rough indicator of insulin resistance risk: a ratio above 2 suggests the early stages of Syndrome X may be present. Rising blood pressure or waistline are additional warning signs.



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Worked example: a triglyceride level of 210 divided by an HDL level of 30 gives a ratio of 7 — well above the threshold of 2, suggesting early insulin resistance. This is a screening indicator only, not a diagnosis; lab results should always be interpreted by a clinician.

Encouragingly, insulin resistance at this stage is considered fully reversible. Lifestyle changes — rather than medication alone — make the greatest difference in preventing progression to diabetes and in slowing arterial damage that has already begun.

2. Risk Factors by Type

2.1 Type 1 Diabetes

- Family history of diabetes
- Disease of the pancreas
- Infection or illness affecting the pancreas

2.2 Type 2 Diabetes

- Obesity
- Family history of diabetes
- History of gestational diabetes
- Ethnic background — African American, Native American, Hispanic American, and Asian American populations carry higher risk
- Older age
- Hypertension

2.3 Gestational Diabetes

- Family history of diabetes
- Being overweight prior to pregnancy
- Belonging to a higher-risk ethnic group (as above)
- Gestational diabetes during a previous pregnancy
- Having previously given birth to a baby over 9 lbs

3. Signs and Symptoms

3.1 By Type

Type	Symptom Pattern
Type 1	Develops rapidly, over a short period: weight loss, frequent urination, excessive thirst and hunger, weakness, fatigue, nausea,



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Type	Symptom Pattern
	and vomiting.
Type 2	Develops slowly, and some people show no symptoms at all. May include any Type 1 symptom plus blurred vision, slow-healing skin, gum or bladder infections, and tingling or numbness in the hands or feet.
Gestational	May or may not appear during pregnancy — testing is required regardless of symptoms. When present, symptoms resemble Type 2.

3.2 General Signs Across Types

- Polydipsia (increased thirst) and polyuria (increased urination) — as excess glucose is excreted in the urine, it draws water with it, leading to fluid loss and potential dehydration.
- Polyphagia (increased hunger) — cells can't absorb the glucose available, so hunger increases even as the body burns through protein and fat stores and loses weight.
- Headaches and general weakness, as cells are undernourished.
- Frequent infections.
- Peripheral vascular disease — arteries and veins in the extremities become rigid.
- Irritability and itching.
- Poor wound healing and blurred vision.

4. Complications of Uncontrolled Diabetes

Without appropriate care, diabetes can progress to:

- Diabetic nephropathy (kidney disease)
- Diabetic retinopathy (progressing to blindness)
- Heart disease and stroke — diabetics face 2–4 times the risk
- Nerve damage (neuropathy) — minor pressure can cause sharp, stabbing pain and extreme tenderness
- Damage to arteries, and aneurysm formation
- Sores on the feet and skin, potentially resulting in amputation
- Diabetic coma, from extremely high blood sugar



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High blood sugar increases production of the enzyme aldolase; its by-products contribute to lesions in the nerves, blood vessels, and retina — the biochemical link behind several of the complications above.

5. Core Nutritional Principles

5.1 Foundational Guidelines

- Favor complex carbohydrates: whole grains, fruits, vegetables, beans, nuts, and seeds. These break down and release sugar slowly, providing sustained energy without demanding a large insulin response. Avoid refined products (white bread, white pasta, white rice, white flour) and refined sugars.
- Eat a high-fiber diet. Fiber lowers insulin requirements and improves insulin sensitivity; soluble fiber in particular smooths the blood-sugar curve.
- Keep fat intake low. Insulin is required to move fatty acids into cells, so higher fat intake raises insulin demand. Avoid refined fats — butter, margarine, mayonnaise, fried foods, salad oils, cooking fats, peanut butter. High-fat, high-protein diets (once commonly recommended for diabetics) are now understood to promote kidney disease, eye problems, obesity, high cholesterol and triglycerides, liver disease, atherosclerosis, and cardiovascular events.
- A predominantly plant-based diet is generally considered most favorable: animal products are higher in saturated fat and contain no fiber, and dairy is high in milk sugar. One long-term study of Seventh-day Adventist men in California found that those eating meat six or more times weekly had 3.8 times the risk of dying from diabetes compared with those eating meat less than once weekly.

5.2 Meal Timing and Portioning

- For Type 2 diabetics not on insulin, two meals a day (a satisfying breakfast and lunch, no dinner or snacks) is sometimes recommended, as this improves insulin binding to cells. If a third meal is taken, keep it small — whole grains and fruit only.
- Eat at the same time each day, with at least five hours between meals, to help the pancreas settle into a regular pattern. Eat slowly and chew thoroughly.
- Avoid snacking between meals — it keeps blood sugar elevated and drives excess insulin secretion.
- Avoid overeating, a major contributor to insulin resistance.
- A modest daily calorie intake (roughly 1,200–1,500 kcal for someone with a sedentary routine) is often sufficient.

Meal-timing and calorie targets like these should be adapted individually, particularly for anyone using insulin or medications that can cause hypoglycemia — skipping meals or under-eating carries real risk in that situation and should only be attempted under medical supervision.



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5.3 Weight and Activity

For most Type 2 diabetics, control of the disease tracks closely with control of appetite, weight, and exercise. A target roughly 5% below average population weight is generally considered favorable for blood sugar control. Regular exercise — especially shortly after a meal — makes muscle cells more insulin-receptive, reducing the amount of insulin needed; walking and activities like gardening are good options. Exercise also helps regulate appetite and supports weight management.

6. Specific Foods: What to Favor and What to Limit

Category	Guidance
Whole grains	Cracked or whole-kernel rice, millet, wheat, rye, barley, and corn make excellent main dishes. Whole-grain pasta is fine; use only whole-grain bread.
Vegetables	May be eaten liberally. Starchy vegetables — potatoes, corn, split peas, dried beans — can serve as main-dish substitutes for meat, milk, eggs, and cheese.
Dairy substitutes	Unsweetened soy milk, and nut-, flour-, or vegetable-based cheeses and creams, in limited quantities.
Nuts and seeds	All varieties, used sparingly; best raw or lightly roasted.
Sweet fruits/vegetables	Dried fruit is easy to overeat — use very sparingly. Bananas, mangoes, watermelon, and sweet potatoes are best avoided for at least the first month. Grapes should be limited.
Fruit juice	Occasional use only, in small amounts (2–3 oz) sipped slowly with a meal; avoid regular use since juice enters the bloodstream quickly and can displace more valuable foods. Water or unsweetened herbal tea should be the only between-meal beverages.
Raw foods	Research shows raw meals produce lower plasma glucose responses than cooked meals of equivalent caloric value.
Herbal teas / grain coffee	Good substitutes for caffeinated tea, coffee, and cola, since caffeine can raise blood sugar.
Jerusalem artichokes	Contain inulin, a complex carbohydrate that supports



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Category	Guidance
	carbohydrate absorption and utilization.
Fenugreek seed powder	Associated with reduced fasting blood sugar and total cholesterol; some evidence supports benefit in Type 1 management as well.
Onions & raw garlic	Onions contain a compound shown to lower blood sugar specifically in people with diabetes (not in non-diabetics); raw garlic may also help lower blood sugar.
Stevia	A calorie-free herbal sweetener considered safe for diabetics.
Ripe olives, avocado, coconut	Nutritious sources of quality oils; unsweetened coconut is a reasonable option for vegans.
Green beans	Appear to help lower blood sugar levels.

7. Other Lifestyle Factors

- Avoid drinking fluids with meals. Studies indicate a single glass of water taken with a meal can noticeably raise post-meal blood glucose, even in people without diabetes.
- Manage stress. Stress and pain trigger the release of stored glucose into the bloodstream, and stress hormones can damage the insulin-producing cells themselves.
- Alcohol. The liver prioritizes processing alcohol over releasing stored glucose; if blood sugar is already low, this can lead to serious hypoglycemia, sometimes delayed by up to 36 hours.
- Tobacco. Nicotine strongly stimulates insulin production and should be avoided.

8. Traditional and Herbal Support

The remainder of this guide reflects traditional/natural-health practice rather than conventional clinical medicine. These approaches — particularly extended fasting and concentrated herbal preparations — are not a substitute for prescribed diabetes medication, and should be discussed with a physician before use, especially for anyone on insulin or other glucose-lowering drugs.



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8.1 Herbs Commonly Used for Diabetes Support

- Amla
- Cranberry
- Dandelion
- Fennel
- Fenugreek
- Garlic
- Neem
- Psyllium
- Sage

8.2 Herbs Traditionally Used for Diabetic Wound Care

- Aloe vera
- Ashwagandha
- Cayenne pepper
- Chamomile
- Dandelion
- Echinacea
- Eucalyptus
- Garlic
- Goldenseal
- Hibiscus
- Lavender
- Myrrh
- Neem
- Papaya
- Passion flower
- Red clover
- Sage
- St. John's Wort
- Thyme
- Turmeric

Suggested washes for cleaning wounds: salted water, lemon juice, or neem preparation. Any wound that is slow to heal, discolored, or shows signs of infection should be evaluated by a medical professional promptly — diabetic wound complications can progress quickly.



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8.3 Herbal Blends for the Pancreas and Blood Sugar

Traditionally, these blends are described as supporting the body's natural insulin production, helping regulate blood sugar, and supporting glandular and pancreatic function, alongside broader support for the nervous, urinary, and circulatory systems.

Blend 1

Goldenseal, juniper berries, uva ursi, huckleberry, mullein, comfrey, yarrow, garlic, cayenne, dandelion, marshmallow, buchu, bistort, and licorice.

Blend 2

Cedar berries, uva ursi, licorice, cayenne, mullein, and goldenseal.

Traditionally associated with support of the adrenal glands, bladder, blood sugar disorders, gall bladder, fasting recovery, glucose intolerance, hyperglycemia, glycosuria, hypoglycemia, kidneys, liver, pancreas, and spleen.

Garlic and Blood Sugar

At least six cloves of garlic daily is the traditional recommendation said to lower blood sugar and stimulate pancreatic insulin production. Some people experience diarrhea with this amount, which can be worsened by underlying colitis or bowel inflammation — in that case, reduce the amount of garlic and address the underlying digestive issue first.

Cayenne and Circulation

A traditional preparation for poor circulation to the feet (as in early gangrene) combines 2 quarts of water with 1.5 cups of cayenne pepper, plus a generous amount of ginger, alongside a hot cayenne-and-ginger foot bath followed briefly by an ice-cold plunge, and a sand or salt glow treatment. The rationale given is that better circulation improves hormonal communication between endocrine organs, including the insulin-producing pancreas — thick blood is said to slow this chemical feedback. Dong quai, an herb traditionally used for hormonal imbalance, is valued in this context partly because it also supports circulation.

Foot and skin treatments involving hot/cold extremes carry real risk for diabetics, who often have reduced sensation and slower healing in the extremities. This should only be attempted with medical guidance.

8.4 Supportive Teas

Tea	Preparation
Alfalfa	1 tbsp in 1 cup boiled water; steep 20 min, cool, then drink
Dandelion (leaf)	1 tsp in 1 cup boiled water; steep 20 min, cool, then drink



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Tea	Preparation
Buckthorn (leaf)	1 tsp in 1 cup boiled water; steep 20 min, cool, then drink
Echinacea (root)	1 tbsp in 1 cup water; simmer 20 min, steep 20 min, cool, then drink
Spirulina (powder)	1 tsp in ~4 oz distilled water; stir and drink

These may be taken individually or blended together.

8.5 Daily Supplements

- 5–6 steamed garlic cloves
- 2 tablespoons flaxseed
- 1 tablespoon fenugreek
- Lemon wedges ($\frac{1}{4}$ of a lemon)
- Aloe vera, 2–4 oz with each meal (fresh plant preferred)

9. The Green Diet: A Structured Dietary Protocol

This is a restrictive, phased elimination-style diet including a full fasting day. It is not appropriate for anyone on insulin or sulfonylurea-type medications without close medical supervision, as skipping meals while on these medications risks dangerous hypoglycemia. Blood sugar should be monitored closely throughout.

9.1 Weekly Structure

One full fasting day is observed each week, alongside the following three-phase pattern:

Phase I — Two Days

Morning and midday meals consist of a green salad made from raw and/or lightly steamed vegetables — romaine, kale, mustard greens, collards, turnip tops, asparagus, broccoli, green beans, snap peas, okra, spinach, Swiss chard, and beet leaves, among others. Lemons, garlic, and onions are permitted throughout.

Phase II — Three Days

Everything included in Phase I, plus legumes (excluding soybeans and peanuts), flaxseed, and additional vegetables such as tomatoes, cucumbers, celery, radishes,



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green peas, and asparagus. Avoid avocado, carrots, beets, and potatoes due to their higher sugar content. Lemons, garlic, and onions remain permitted.

Phase III — One Day

Morning and midday meals follow the Standard Health Restoration Diet: grapefruit, green apples (Granny Smith), berries, kiwi, and cooked whole grains (millet, quinoa, amaranth, barley, buckwheat, rice, rye, spelt, kamut, oats, wheat, corn grits). One slice of bread is permitted at breakfast and lunch. Refined sweeteners, dried fruit, and sweet potatoes are excluded. Lemons, garlic, and onions remain permitted.

The protocol as described is intended to be followed for four weeks, or until blood sugar consistently stabilizes below 90 mg/dL.

10. Complementary Therapies

Therapy	Practice
Daily walking	A minimum of 3 miles at least 5 days per week, as tolerated.
Sun exposure	15-20 minutes, three times daily; remove shoes and socks.
Breathing technique	Inhale for a count of 4, hold for a count of 7, exhale for a count of 9 through pursed lips. Repeat 4 times, at least three times daily.
Neutral bath	Sit in warm water (roughly body temperature) for at least one hour, at least three times weekly. Dim the lights, light candles, and play soft music to encourage relaxation.



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SUMMARY

Here is the Weekly schedule.

Weekly Structure

Day(s)	Phase	Meals
1 day/week Fasting	—	
2 days	Phase I	Morning meal and midday meal consist of a green salad with raw and/or lightly steamed vegetables: romaine, kale, mustard greens, collards, turnip tops, asparagus, broccoli, green beans, snap peas, okra, spinach, Swiss chard, beet leaves, etc. Allowed: lemons, garlic, onions.
3 days	Phase II	Morning meal and midday meal include everything from Phase I plus legumes (excluding soybeans and peanuts) along with flaxseed and other vegetables such as tomatoes, cucumbers, celery, radishes, green peas, asparagus, and similar items (avoid avocado, carrots, beets, potatoes [sugars]). Allowed: lemons, garlic, onions.
1 day	Phase III	Morning meal and midday meal follow the Standard Health Restoration Diet, featuring grapefruit, green apples (Granny Smith), any berries, kiwi, and cooked grains (millet, quinoa, amaranth, barley, buckwheat, rice, rye, spelt, kamut, oats, wheat, and corn grits). One slice of bread is permitted at breakfast and lunch. No refined sweeteners, dried fruit, or sweet potatoes. Allowed: lemons, garlic, onions.

Duration: Follow this regimen for the next four weeks or until your blood sugar stabilizes — consistently below 90.

Daily Supplements (during fasting days and/or with meals)

- 5-6 steamed garlic cloves
- 2 tablespoons flaxseed
- 1 tablespoon fenugreek
- Lemon wedges ($\frac{1}{4}$ of a lemon)
- Aloe Vera (2-4 ounces) with each meal (use fresh plant whenever possible)

Teas



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- Alfalfa – 1 tablespoon in 1 cup of boiled water, steep for 20 minutes, cool, then drink
- Dandelion (leaf) – 1 teaspoon in 1 cup of boiled water, steep for 20 minutes, cool, then drink
- Buckthorn (leaf) – 1 teaspoon in 1 cup of boiled water, steep for 20 minutes, cool, then drink
- Echinacea (root) – 1 tablespoon in 1 cup of water, simmer for 20 minutes, steep for 20 minutes, cool, then drink
- Spirulina (powder) – 1 teaspoon in approximately 4 ounces of distilled water, stir, then drink

These can be consumed as a single tea or blended together.

Therapies

- Walking (daily) – a minimum of 3 miles at least 5 days per week – as tolerated
- Sun exposure: about 15-20 minutes three times daily (remove shoes and/or socks – UNWIND)
- Breathing Technique: Inhale for a count of 4; Hold that breath for a count of 7; Exhale for a count of 9, pushing out all stale, trapped air through pursed lips; Repeat 4 times at least three times each day
- Take a Neutral Bath at least three times weekly (sit in a tub of warm water, not much hotter than body temperature, for a minimum of 1 hour).
- Read your Bible and pray everyday. Claim God's promises for your healing.