



INSULIN RESISTANCE - PART TWO

Nisha Jackson, PhD

The Dr. Nisha Jackson Show: Insulin Resistance - Part Two

Rusty Humphries: How do you do? My name is Rusty Humphries. She is Dr. Nisha Jackson, and this is *The Dr. Nisha Jackson Show*. I always like the waves. Hi. Were you a homecoming princess, or did you do the float thing?

Dr. Nisha Jackson: I always wished that I was.

Rusty Humphries: You never did that?

Dr. Nisha Jackson: I didn't make it. I'm too clumsy, I guess. I probably would have tripped over everything.

Rusty Humphries: I would have voted for you. I'm just saying. Okay, so we are in the midst of a part two. We're doing a lot of part-two shows. I don't know if you knew that.

Dr. Nisha Jackson: Well, there's just so much to say. This could be an eight-part show. I'm so passionate about insulin and glucose and diabetes. I'm so passionate about helping people prevent it because it's 100 percent preventable, type 2 diabetes.

Rusty Humphries: Well, and it's funny that you bring it up because I have it, and I remember when things got weird. I was in Africa, and man, I didn't feel good coming back. I remember, I even think it was you, I said, "Hey, I'm back from Africa. I don't feel so good." "Did you take your malaria pills?" "No, I didn't take the malaria pills, but something doesn't feel right." So, we did the test and it was like, "I think you're diabetic." "Oh, come on. I'm not diabetic. I just had a big lunch." So, we did it again – and by the way, man was I thirsty; I was drinking all this water, and what was even better was orange juice. I had to keep drinking this stuff –

Dr. Nisha Jackson: Good for you. Sure.

Rusty Humphries: And, then I found out, and things have changed. Is that pretty typical? You don't even know until one day something's just not right?

Dr. Nisha Jackson: Right. It is relatively silent, and that's why I think it's so important to talk about prevention because unless you're thinking about all the damage that's being done, you just don't think about it. You just do your thing. You're not living a very healthy lifestyle, and the damage is being done. Then you wake up one day and you have high insulin, out of control glucose, and again, the damage is already being done. Sometimes the damage, depending on how long it's happened, will determine how much you can reverse.

I'm so passionate about helping people prevent it because it's 100 percent preventable, type 2 diabetes.

— Dr. Nisha Jackson, PhD

Rusty Humphries: Okay, you're talking about damage being done. What kind of damage is being done, especially when you don't feel it or you don't know? We can talk a little bit later about my stepdad, but right now if you've got something or you're pre, what is it doing?

Dr. Nisha Jackson: Well, there are four different types of diabetes, really five, that I want to talk about. We have type 1 diabetes, which is a severe autoimmune disorder. The type 1 diabetes is mostly young people, otherwise healthy individuals, but they have an autoimmune disorder. We never used to think the type 1 diabetes was autoimmune, but it is autoimmune. And then, we have type 2 diabetes, which is a subgroup of 1, and that's a severe, insulin-resistance diabetes. It's SIDD. Then, we have type 2 diabetes, which is also a subgroup number two, and that's severe insulin resistance diabetes. And then, we have type 2 diabetes, which is a subgroup three, and that's more related to the most common type of diabetes today. It's usually obesity related, moderately overweight to obese —

Rusty Humphries: You calling me fat?

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Dr. Nisha Jackson: Moderately overweight to obese, and often they're showing some mild symptoms. And then, type 2, subgroup four is mild, age-related diabetes. None of this is really that important. Your doctor can give you a diagnosis, but what's more important is what's happening in your body when you develop insulin resistance, which then is progressing to some type of diabetes because you're not paying attention to what you're doing.

Rusty Humphries: I'm raising my hand. Do the different diabetes affect your body in different ways? Does type 1 do something different than type 2? Or, once you get it, it's the same thing?

Dr. Nisha Jackson: No, there are many different types and some much more serious than others, but the one that I'm talking about today is type 2 diabetes. It's related to escalating glucose levels, blood sugar levels, and insulin resistance. Insulin resistance, again, in very simple terms, you eat sugar or starches, something that's spiking your glucose level because you're not paying attention to your healthy diet that you're supposed to be adhering to. When your glucose level goes up, your pancreas has to release insulin to help control the blood sugar level.

Dr. Nisha Jackson: If your pancreas never released insulin, Rusty, then your glucose would be sky-high, and you would have diabetes. So, for many, many years, what happens is your pancreas works really hard to produce insulin to try to keep up with all the junk that you're eating, the foods that are sugar-laden or starch-laden, and your body's producing too much insulin in the presence of the food that you're eating. People are just mindless eating. It's almost like they're unconscious eating. It's like, "Oh well, I'll eat less tomorrow but I'm going to have all this sugar today." And, they don't really realize that they're doing damage to their body.

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Rusty Humphries: And, it's not just fat guys, either. My stepdad, great guy, and one of these guys who has unbelievable willpower. I mean, back in the 70s, "You know what? I been smoking every day. I think I'm going to quit," and still has the pack of cigarettes. Never did it again. I mean, unbelievable. However, he was hooked on Coke, Coca-Cola, and Hershey's Kisses. Every night, watch TV and just popping those babies, right? Next thing he knows, he's diabetic and now ... and, don't tell anybody I told you because he really doesn't like this, but he had a toe cut off about a month ago, and now they're saying they want to cut four more, and he's not doing well. He just turned 80 yesterday, so that's bad.

Dr. Nisha Jackson: Yeah, mostly type 2 diabetes is related to people that have gained weight. They're moderately overweight to obese.

Rusty Humphries: He's a thin guy.

Here are the tests that can be done to determine if you have insulin resistance, which is the beginning to the end.

— Dr. Nisha Jackson, PhD

Dr. Nisha Jackson: But it can happen to thin people. There's a lot of thin people who are terribly unhealthy. Typically, people who are eating really well – unless they have an autoimmune disorder— and I'm talking about controlling their carbohydrates, the bad carbs, and controlling their glucose level by controlling the sugar in their diet, most people are not, those people are not going to get diabetes, most likely, because it is controllable. It's 100 percent preventable. But there are a lot of skinny people out there that have a terrible diet. They're just not eating enough to actually gain weight. So anyway, here are the tests that can be done to determine if you have insulin resistance, which is the beginning to the end, right?

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Rusty Humphries: I bet a lot of people are going, "Oh, am I on this list?" Okay, what do you got there, doc?

Dr. Nisha Jackson: Okay, so fasting glucose tests. That's a really common test. We've done it forever. Generally speaking, a fasting glucose level below 100 is acceptable. It suggests that maybe you're not insulin resistant, although you still could be. But typically, when it starts to be between 100 and 125, it is really that prediabetic state that you have to be thinking about.

Rusty Humphries: So, if somebody wants to check that ... We all pretty much have friends that have diabetes now, right? You say, "Hey, can I borrow one of those strips?" And, they're going to go, "No, they're really expensive." But you talk them into it and then just do one little thing, and is that accurate enough to give you an idea to go to the doctor or not?

Dr. Nisha Jackson: It is, but again, I just want to impress upon everyone this is controllable, and I'm going to give you some tips on how you can start getting this back in check today. *Today*, like at your next meal because this is controllable. I mean, getting a diagnosis is important. Getting an evaluation is important. That's why I'm telling you what tests that you can have, but what's more important is that this is preventable, and you can start right with your next meal.

Dr. Nisha Jackson: So, the next test is hemoglobin A1C, which is just, Rusty, an evaluation of your blood glucose over time. There's a number associated with it. If it gets between 5.7 and 6.4, that's a prediabetes danger zone.

Rusty Humphries: Okay, I've got another question on that – and I'm sorry. You're probably going, "Quit asking me damn questions" – and that is, how do you know over time? It's not like I'm taking an A1C test in January, and then I'm taking a test in March, and then it puts it together, right? How does that one test know over time?

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Dr. Nisha Jackson: It's just the nature of the test, and it's actually a very helpful test because if you put that test with your fasting glucose level, with your fasting insulin level, you can get a pretty good picture of how insulin resistant that patient is.

Rusty Humphries: Okay.

Lift up your shirt and grab your belly, and if you can grab more than two inches of fat around your belly ...

— Dr. Nisha Jackson, PhD

Dr. Nisha Jackson: But again, you can do the simple test that we talked about in the last show, which is just grab your belly. Lift up your shirt and grab your belly, and if you can grab more than two inches of fat around your belly, you probably are on the road to insulin resistance. Okay? Simple test. But, hemoglobin A1C, if it starts getting close to 5.5 or higher, you're already on the road to insulin resistance and a prediabetic state. You can also do a fasting insulin level. Now, I like it to be less than 5 but acceptable would be less than 8, but once it starts getting above 8, 9, 10 ... I've tested people, Rusty, that have come back over 100, so that's not good.

Dr. Nisha Jackson: That means that your body is insensitive to insulin and your pancreas is having to work too hard to produce too much insulin in the presence of all the junk you're eating because you're not paying attention. You're not paying attention to what's going in your mouth. Your food will either heal you or it will hurt you, and you have to pay attention. Do not be blind when you're eating. Pay attention and think about damage that's being done to your body.

Rusty Humphries: Is the food really that important, really? Heal you or hurt you? That's a pretty strong statement.

Dr. Nisha Jackson: Heal you or hurt you. Our food is meant to keep us healthy. It's not meant to be a pastime or something that we use when we're sad or we're stressed. It's meant to really heal our body. It's nourishment. It's meant to be nourishment. It's not meant to be something that is just for our pleasure. Food is not for pleasure, even though it's ... I love food. It's really meant to heal your body, and we can use it in that way and still enjoy it, also.

**Your food will either heal you or it will hurt you,
and you have to pay attention.**

— Dr. Nisha Jackson, PhD

Dr. Nisha Jackson: So, some of the things that I want to talk about, and we've talked about the types of tests that you can have and what you're looking for, but some of the things that you can do that would be really, really helpful ... Well, first of all, before I get into some tips on what you can do to reverse insulin resistance and reverse prediabetes is I want you to know that the progression of obesity or being overweight and not paying attention to your diet, and having your blood sugar go up and thus your insulin go up, is people often will then also have associated illnesses with prediabetes. One of them is fatty liver. Fatty liver often goes hand-in-hand with a prediabetic state. Now you have the perfect storm, right? Because when you have fatty liver – your liver is your master detoxification organ. So, when you're not detoxifying the toxins that are coming into your body and you have a little bit of what I call liver sludge, it's going to put you at a higher risk for coronary artery disease and inflammation.

Rusty Humphries: Can you put your fatty liver on a diet? Can your liver get less fat?

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Dr. Nisha Jackson: Yes.

Rusty Humphries: Okay, good.

Dr. Nisha Jackson: Yes. We have a supplement in our office called Liver C, and it is really the best supplement, I believe, on the market to help give your liver what it needs to help reverse fatty liver and improve your liver enzymes. But, the most important thing is that it also helps with weight loss, fat loss, it helps control your blood sugar, and it helps with the detoxification of toxins in your system.

Dr. Nisha Jackson: Atherosclerosis, heart disease, is one of the unfortunate things that happens with diabetes. The two go hand-in-hand. Metabolic syndrome is the known syndrome that we have that we diagnose patients with when they start getting signs of heart disease and signs of fatty liver and signs of escalation of their cholesterol, and they start going down the track where whole body becomes unhealthy. That's when it's time to pay, well, it's actually time to pay attention way before that, but I'm just telling you the severity of just not eating well can lead to all of these things. It doesn't have to be in your family; it just has to be in your mouth.

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— Dr. Nisha Jackson, PhD

Rusty Humphries: Okay. So, pretty much anybody eating bad can be predisposed to being diabetic?

Dr. Nisha Jackson: Yes.

Rusty Humphries: Anybody?

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Dr. Nisha Jackson: Yes, absolutely.

Rusty Humphries: My parents weren't diabetic, but I could still become.

Dr. Nisha Jackson: Right, and what's different today, Rusty, than I believe ever has been in the past, certainly this generation, is our kids. The pregnant women today are even eating badly when they're pregnant. Not like when I was pregnant. I mean, even back then, back in the day, I think women were eating a little bit better. Now, women are really not ... I'm not generalizing. I don't want to generalize, but maybe not paying attention as much to their diet as they should. It's almost like a free-for-all when they're pregnant.

Rusty Humphries: "I'm pregnant so I can eat anything. I'm eating for two. I'm supposed to gain weight."

Dr. Nisha Jackson: Exactly.

Rusty Humphries: "So, give me the Twinkies and the Captain Crunch and the Count Chocula in one bowl." No. Don't do that.

Now we have a whole generation of kids that have prediabetes and insulin resistance, so this is a huge, huge problem today that we didn't used to see in the past.

— Dr. Nisha Jackson, PhD

Dr. Nisha Jackson: Now we know we can pass that right on in utero. Our kids are coming out with insulin issues, and they're starting out very young. Now we have a whole generation of kids that have prediabetes and insulin resistance, so this is a huge, huge problem today that we didn't used to see in the past.

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Dr. Nisha Jackson: It's very important to start paying attention to what's going in our mouth. Fifty percent of our diet should be vegetables, *50 percent*, and there's many, many other things that you can do. I know we don't have time to go through all of them but 50 percent being vegetables.

Rusty Humphries: Are there any vegetables you like better than others? Does that make a difference?

Dr. Nisha Jackson: I don't want to get into the technicalities of vegetables. Certainly starchy vegetables are not as good as green leafy vegetables, but colorful vegetables and just getting their fiber content up slows the release of sugar into the body. Just think about your plate. Have a little bit of lean protein, have a big portion of vegetables, and if you're going to have a starch like brown rice or a small potato, make it a very small amount, almost less than a half a deck of cards. Just a small amount on your plate rather than a huge bowl of pasta, and then wonder why you don't feel good afterwards, or wonder why your glucose is escalating, or wondering why you're storing so much fat around the middle part of your body. Start paying attention to what's going in your body. Try to keep your sugar intake less than 25 grams a day, which I'm going to tell you is very hard to do.

Rusty Humphries: Oh, especially because of today's diet, sugar's in everything, right? Whether you like it or not.

Dr. Nisha Jackson: I'm talking about added sugars. So, start reading labels and see how much sugar you're taking in because most people are completely OD'ing — 200, 300, 400 milligrams of grams of sugar a day. It's terrible.

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Rusty Humphries: And by the way, if you did not hear the sugar show, the two sugar shows that we did, that Nisha did, you want to go and find those here on Apple podcasts or Google podcasts or YouTube. They are fascinating. The things that she's talking about, sugar ... The one line in there that I'll never forget: "Sugar's a lie. Sugar's a lie." It's like, "Whoa, okay. Wow." So, that's a big thing.

Dr. Nisha Jackson: Sugar is a lie. It's very deceptive. So, increasing your fiber, reducing your net carbs, reducing your total amount of sugar, starchy, processed carbohydrates, and trying to get not more than 25 grams of sugar a day are just some things you could start with to help control your body's progression toward insulin resistance, which is storing too much fat around the middle part of your body, and this prediabetic state that we're trying to get you to avoid.

Rusty Humphries: Any supplements or anything that you would suggest that would help those things?

The most important supplement you can start eating is good food. Colorful, beautiful, high-fiber food.

— Dr. Nisha Jackson, PhD

Dr. Nisha Jackson: There are so many supplements I could talk about. We're going to have to do another show on supplements. Chromium, glutamate. There are so many supplements that we could talk about, but we'll save that for another show. The most important supplement you can start eating is good food. Colorful, beautiful, high-fiber food.

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Rusty Humphries: All right, she's Dr. Nisha Jackson. By the way, if you haven't checked out her book, you really should. It's called *Brilliant Burnout: How Successful Driven Women Can Stay in the Game by Rewiring Their Bodies, Their Brains and Their Hormones*. Also, Dr. Nisha, you've got a great clinic. Where is that at? They're all over the place.

Dr. Nisha Jackson: Yes, we have them mostly in Oregon, throughout Oregon. We do a lot of online consults, so if you're really wanting to know where you're at, we can consult with you and get your blood evaluated and see where you're at. But, most importantly, there's lots of information online. You can go to my website, NishaJackson.com.

Rusty Humphries: Please do that. You will be very glad you did. Also, subscribe to this podcast, would you? Apple podcast. It's right there on your phone, if you've got an Apple phone, or Google podcast. Goggle's really tried to push the podcast thing, and we sure appreciate you helping us. So, subscribe, whether it's Google, YouTube, Apple podcasts, or any of those places. We appreciate you. We've got more shows coming. You don't want to miss them. NishaJackson.com is another place to go check them out. I'm Rusty Humphries, she is Dr. Nisha Jackson, and this is *The Dr. Nisha Jackson Show*.



Nisha Jackson, PhD MS NP HHP

NISHA JACKSON, PhD, is a nationally known hormone expert and functional medicine specialist. Nisha founded and is the director of Peak Medical Clinics, which specialize in functional medicine, hormone balance, age management, and disease prevention. For 28 years, Nisha has subspecialized in hormone balancing for men and women. With in-depth testing and balancing of the adrenals, thyroid, brain chemistry, gut, and sex hormones, she has successfully helped thousands of men and women reverse chronic problems such as fatigue, brain fog, weight gain, and depression and regain focus, stamina, drive, and optimal mood and energy. Nisha is a renowned lecturer, motivational speaker, radio host, columnist, and author. She is the founder of Peak Medical Clinics in Oregon, Texas and California, and the founder/owner of Balance Docs Inc., a nutritional supplement company, and Peak Laboratories, a full-service laboratory for in-depth specialized testing and research.