Buggy Feedback in Type 1 Diabetes Treatment?

Abstract

Despite my total ignorance of medicine, I cured myself of my type 1 diabetes: genetically immune, insulin-dependent, theoretically incurable. In my humble opinion, insulin injections do inactivate the pancreas and worsen diabetes, by negative or buggy feedback. My theory explains the typical worsening of type 1 diabetes and permits me to heal. Either my case is peculiar. Or it is generic: other diabetics can heal and diabetes science is partly self-fulfilling.

Keywords: healing diabetes, negative feedback, buggy feedback, self-fulfilling science

1 Introduction

When I am diagnosed with diabetes 1, I am 61 years old, I am 1.74 m tall, I weigh less than 62 kg, I hardly drink alcohol, I do not smoke, I do not like sugar, I have a dairy-free and gluten-free diet: I am intolerant to gluten since I was 50 and to milk since I was 25. My glycated hemoglobin reaches 13.3%. For the diabetologist, my diabet is not due to my diet. He tells me that in 2 or 3 years, I will likely wear an insulin pump. I suspect a self-fulfilling prophecy through a negative (buggy) feedback, and I bet my diabetes is a worsening of my gluten intolerance. I elaborate a theory along these lines, detailed below. My theory cured me, which accredits but not proves it. However, my case is a priori generic.

2 Vicious circles in type 1 diabetes

According to my theory, the patient with type 1 diabetes who injects himself insulin is victim of two vicious circles:

- Vc1. The patient unknowingly eats an insidious "poison" (a shortcut for intolerance and inflammation [1]), so his pancreas produces not enough insulin.

– Vc2. Insulin injections inactivate the pancreas (details in next section).

So the patient injects more and more insulin and worsens his diabetes.

To decrease my daily insulin dose, initially 12, and reactivate my pancreas, I stop eating what I suspect to be the "poison". For me, and probably for other diabetics, the "poison" is sugars or carbs (hidden carbs, as I don't like sugars), and lectins. Lectins are the "friends" of carbohydrates, to which they bind reversibly; the most well-known lectins are glutens; since I am gluten intolerant since my 50s, it is logical to suspect that my diabetes is due to a worsening of my gluten intolerance (celiac disease). I feel temporary pain due to withdrawal of carbohydrates and lectins: they are addictive and comforting. So there is a third vicious circle:

– Vc3. The diabetic believes that his diabetes is incurable; to comfort himself, he eats addictive and comforting "poison". The patient also injects more insulin, as if it were an addictive drug.

Diabetologists are parts in Vc3: they see that diabetes 1 is typically getting worse, which reinforces their conviction. Hence the self-fulfilling prognosis (by analogy with self-fulfilling prophecies) of the insulin pump. More precisely, the treatment of diabetes do realize the prognosis, making diabetes science selffulfilling, self-validating, self-reinforcing.

My medical doctor is shocked at "my completely unbalanced diet" and admonishes me but I hold on. I never stopped this diet, perennial: Inuits before 1960 ate very few carbohydrates and lectins.

A little later, I stop Metformin with the same method, but without withdrawal pain. Ask the diabetologist for divisible doses of Metformin, for example 0, 1, or 2 pills per day depending on blood sugar.

3 How insulin injections inactivate the pancreas

Each time a phenomenon is racing, a scientist or an engineer suspects feedback. A well-known feedback is the Larsen effect in acoustics. A negative feedback is a bugged feedback, a vicious circle. In a classic example, A and B each have their own heated blanket. They swapped their control box. A is cold and warms up B's blanket, who chills A's blanket, etc. It is a vicious circle.

Let us detail the second vicious circle Vc2: insulin injections inactivate the pancreas. Due to "poison", the pancreas produces not enough insulin, say 56 unities instead of 60. The patient compensates and injects 4 more units of insulin into his Body. So the Body has the amount of insulin it needs. For Body, this insulin comes from the pancreas.

Pancreas, pitiful, tells to Body (I use this telling metaphor to illustrate communications and information flows): "I had to produce 60 units today, but I was only able to produce 56." Body replies to Pancreas: "Pancreas, I have exactly what I need in insulin! Do not change anything !". Relieved, Pancreas tells to Body: "Ok, tomorrow I will do 56 instead of 60. That suits me, because I'm having more and more trouble producing insulin". After 15 similar events, Pancreas is deactivated.

To exit vicious circles, the patient must stop eating "poison". So almost every day, the patient lowers his blood sugar below the threshold that allows him to reduce his daily insulin dose by 2 units. If he initially takes U units of insulin per day, he needs U/2 reductions of 2 units, so U/2 minimum diet days, to no more needs insulin. If each level of reduction lasts d days on average, during which blood sugar is between the low threshold and the high one (which requires increasing insulin by 2 units), then the diet should last dU/2 days. In my case, I got injected: 12, 10, 10, 8, 6, 4, 2, 0 units of insulin. My first reduction stage lasted 2 days (to 10), all others 1 day. The patient can therefore manage his diet and plan its duration.

4 Conclusion

My theory explains the typical worsening of type 1 diabetes through negative or buggy feedback. My case accredits my theory without proving it. If my theory is exact, diabetes treatment worsens diabetes and diabetes science is self-fulfilling.

Is my case peculiar, or typical? If typical, what is it typical of? Type 1 diabetes? Type 1 and 2 diabetes? Indeed, I was first diagnosed with type 2 diabetes, and my reaction to Diamicron did show that I suffered type 1 (another bug in diabetes "software"). Is "poison" always carbohydrates and lectins? Is there a duration beyond which insulin injections destroy the pancreas?

My theory gives a treatment, with the no-poison diet, which causes no additional harm to diabetics, except temporary withdrawal pain, and which makes the theory testable and refutable. If my theory is at least partly right (future will tell), it may seem incredible that such huge bugs in diabetes treatment (I can only detect such bugs) were not detected before. But explaning that is easy. Results of diabetes medecine confirm convictions and forecastings of all players, who all believe they win: diabetes science supplies diabetics with insulin they need to live, and it supplies pharmaceutical industry with diabetics who are lifelong dependent on synthetic insulin. Yet another reinforcing feedback.

References

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