

Dr. P.R. Raghavan

Case Report on Type 1 Diabetes



Type 1 diabetes is an autoimmune disease that results from the body's failure to produce insulin, the hormone that allows glucose to enter the cells of the body to provide fuel. This is the result of an autoimmune process in which the body's immune system attacks and destroys the insulin producing cells of the pancreas. When glucose cannot enter the cells, it builds up in the blood and the body's cells literally starve. People with type 1 diabetes must take daily insulin injections and regularly monitor their blood sugar levels.

We like to report a case of a 27 year old male diagnosed with type 1 diabetes since age 3. His daily insulin use was 48 units (16 units each for breakfast, lunch and dinner). He was treated with Metadichol¹ (a US and International patent pending nano formulation of long chain lipid alcohols). The ingredients in our formulation are present in foods like rice, wheat, sugar cane and many grains, which humans have consumed on a daily basis since the dawn of civilization.

His daily dose of Metadichol was 40 mg (20 mg twice daily) and his insulin and fasting blood glucose was monitored on a regular basis. His fasting insulin levels are shown in Fig 1. From a baseline of 0.19 mU/L, his fasting level increased to 30 mU/L at week 60, an increase of 150 fold from baseline values. His average fasting glucose level decreased from 219 mg % to 121 mg % a decrease of 44% (fig 2).

Interestingly the C-peptide, a marker of endogenous cell activity showed no change from 0.05 ng/ml. The only endogenous other notable change was the marked change in A/G ratios that declined 37% from 1.6 at base line to 1.02, at 60 weeks (fig 3). The major component Globulin is gamma globulin that interestingly enough is used therapeutically as IVIG in many autoimmune diseases.²

Given the fact that insulin has a very short half-life, any insulin that was taken exogenously (approximately 16 units) the previous night should not be present after 12 hour of fasting.

We have since tried this on another patient a juvenile diabetic Female 17 years old (diagnosed at age 14) who is showing elevated levels of fasting insulin from 0.6 mU/L at baseline to 8 mU/L after 10-12 weeks of Metadichol @ 40 mg per day and has not shown any increase in C-peptide levels. More studies are on going to verify our initial findings and will be the subject of future communications.

One can speculate that without a C-peptide increase, Metadichol may be enhancing the half-life of Insulin, or there are other pathways to insulin that do not have a role for C-peptide. More studies are ongoing to prove the source of this insulin.

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Reference

1. Metadichol US patent application no 12/691,706 and PCT/US2010/22869 published on Aug 26th 2010.
2. M. D. KAZATCHKINE et al (1991), Intravenous immunoglobulin (IVIg) in the treatment of autoimmune diseases. Immunol. 86, 192-198.

Brian Josephson

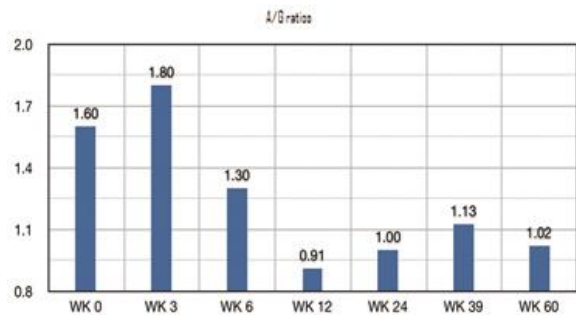
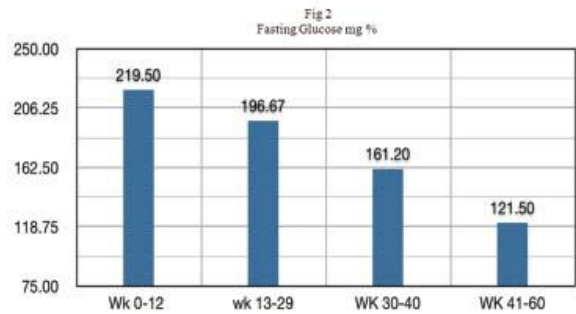
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