

**GANA KIRITHARAN'S EXPLANATION OF TYPE 2 DIABETIC MELLITUS
[NON-INSULIN DEPENDANT DIABETIC MELLITUS]
AND
RELATED DISORDERS OF HUMAN HEALTH.**

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This Intellectual Work Dedicated to:

My Parents:

Parameswary Kanagalingam [1933 – 1994]

Chelliah Kanagalingam [1929 – 2016]

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GANA KIRITHARAN'S EXPLANATION OF TYPE 2 DIABETIC MELLITUS [T2DM] AND RELATED DISORDERS OF HEALTH.

ABSTRACT

Present explanation of T2DM saying increased consumption of high energy food, increased adaptation of sedentary life style and urbanization as the cause T2DM is fundamentally wrong. What actually happen is insulin resistance due to various reasons causes glucose deficiency inside the cells. This deficiency makes the body tissue to go into chronic fasting stage. But as blood glucose and insulin levels remains high, lipolysis do not happen in usual way. As a result muscle cells started to break down proteins for energy. Elevated blood glucose levels help the tissue get better supply of glucose by simple diffusion. If insulin given to bring down the blood glucose level in T2DM it will force muscles to brake down more protein to maintain high blood glucose level and lead to several toxic symptoms related to Hyperinsulinemia. Treatment of T2DM should aim at identifying and treating the root cause casing Insulin resistance and small frequent meals of small amount of carbohydrate and large amount of proteins.

1. INTRODUCTION

While medical profession has successfully overcome some challenge of human health like infectious disease and surgical techniques, new challenges are coming to the front. The three most important challenges in front of medical profession now a day may be:

- i) Viral Disease like AIDS and other.
- ii) Cancer
- iii) Metabolic Diseases like Diabetes.

Even though Diabetes does not have high mortality rate like other two, still it can cause serious damages not only to human health but community economy as well. It is estimated 415 million people has Diabetes world wide. It is equal to 8.3 % of adult population. It is predicted the occurrence of Diabetes will continue to rise in human population. Why is this situation? Is there any mistake in understanding the disease?

I got diagnosed with Type 2 Diabetic Mellitus (T2DM) in 2005 (when I was 37 years old) and started treatment for it. From the beginning of itself I had several confusions about the course of my disease. My blood sugar value unexpectedly goes up or down in several instances. Most important discovery may come in year 2010 (When I was 42 years old). In that year I realized I am a victim of chronic form of Toxic Metal Toxicity possibly due to criminal intention and started treatment for it. Based on several observation I have made during the treatment of my chronic form of toxic metal toxicity and treatment of my T2DM problem and my parents experience of managing their chronic diseases and based on the intellectual research I have done about the diseases, I came to a conclusion that present explanation T2DM is fundamentally wrong and need to be redefined.

2. PRESENT EXPLANATION OF DIABETIC MELLITUS AND T2DM.

Presently diabetic mellitus defined as a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both. Then diabetic mellitus further divided into two major group Type 1 and Type 2. There are other smaller groups of diabetic disease as well. This article mainly talks about Type 2 Diabetic Mellitus (T2DM) which make 95% diagnosed diabetic patients. T2DM remains asymptomatic for several years and there for remains undetected for several years and there for remains undetected in nearly 50% of persons affected by the diseases. Present medical profession has conducted several studies focused on molecular mechanism underlying T2DM without much success.

Present Medical knowledge blames increased consumption of high energy foods, increased adaptation of sedentary life style and urbanization as the course of increased incidents of T2DM. I claim these conclusions are fundamentally wrong. My conclusion based on my observation of my health problems and my parents' health problems leads to a different explanation.

3. GANA KIRITHARAN'S EXPLANATION OF T2DM.

According to my explanation in a T2DM patient first happens is development of Insulin resistance. Though I do not completely disagree with the argument that high energy food, sedentary life style and urbanization causes obesity and this obesity lead to insulin resistance, I do not believe this is the main cause of insulin resistance. As I understand the main cause of Insulin resistance probably come from toxins, chronic form of viral, bacterial and/or fungal infection of internal organs. How these factors causing insulin resistance is another subject matter. My previous article "Chronic Toxic Metal Toxicity and other Chronic Medical Problems" may explain how heavy metals toxicity causes insulin resistance.

Next thing happens after Insulin resistance is glucose deficiency inside the cells. This glucose deficiency pushes the cells to metabolic stage of chronic starvation. But starvation due to insulin resistance differs from starvation due to person not taking food for several days. In normal starvation blood level of glucose and insulin level will go down and this will lead lipolysis of adipose tissue which will lead to energy supply of the tissue. In insulin resistance as blood level glucose and insulin do not go down, so that lipolysis do not happen. But still there is not enough supply of glucose into muscle cell. This leads to catabolism of protein in muscle cells. This catabolism of muscle cells not only supplies glucose for muscle cells but also to nerve cells, red cells and also kidney tissue as well. While Insulin resistance not helping to get enough supply of glucose for energy need, elevated blood sugar level help to improve the supply of glucose for tissue by increase simple diffusion of glucose across cell membrane. What level of blood glucose will supply enough glucose for cell energy need, will be the blood level of glucose. When Insulin resistance is sever the blood glucose level will go up and when insulin resistance is mild the blood glucose level will come down. My above explanation of T2DM needs to be expanded in more detail. I will full fill this responsibility in coming weeks. For now please let me explain some associated issues of my explanation to T2DM.

3.1 Increased Blood Sugar Level and Pathological Damages to the Tissue.

Almost all the researches conducted so far about T2DM gave a direct relationship between elevated blood sugar level and pathological damages to the tissue. Why is this? If you agree with my explanation you may accept that the elevated blood sugar level directly proportional to insulin resistance and glucose deficiency inside the cells. So pathological damages; actually

caused by increased insulin resistance and increased glucose deficiency inside the cells, not because of increased blood glucose value. Increased blood glucose value is a protective mechanism which we should not interfere with.

3.2 What is the treatment for T2DM.

If we should not interfere with elevated blood glucose level then what is the treatment for T2DM. First we should identify the root cause causing Insulin resistance and treat the problem. Secondly we should give small frequent meals of small amount of carbohydrate and large amount of protein. This will help to supply necessary glucose to the tissue and will try to balance the catabolism of protein. A meal of large amount of carbohydrate will exhaust the available Insulin pumping mechanism and increase the blood insulin level, which will lead to pumping of more glucose into fat cells. A large fat meal will also make the adipose tissue to grow, which won't be used in a T2DM patient. Most important thing may be T2DM patients should not fast. If they fast their adipose tissue won't be utilized but the protein will be burned to create energy.

4. WHAT WILL CHANGE? WHAT WILL NOT CHANGE?

Let us look into how my explanation of T2DM will change or will not change present way of managing the disease. I say glucose deficiency inside the cells is the root cause of T2DM. But is it possible to measure the glucose deficiency inside the cells. It won't be possible for two reasons. Preparing micro needles and utilizing them to measure the glucose deficiency inside the cells is not possible in normal clinical setup. Secondly in a T2DM patient glucose deficiency inside the cells may be corrected by the mechanism I have explained above. So to determine the glucose deficiency inside the cells the possible clinical way is to measure the blood sugar level. But when interpreting the results we are going to worry about glucose deficiency inside the cells not going to worry about elevated blood sugar level.

But when it comes to the treatment several things will change. Are we going to give Insulin to bring down the blood glucose value? Even though I can roughly say Insulin is contraindicated in T2DM, only a detailed clinical study in the future will determine which kind of Insulin is useful and in what type of situation. But in general if you accept my explanation, when Insulin is given in order to bring down the blood glucose level muscle will try to break down protein and try to keep the blood glucose level up. This will lead to muscle wasting and high blood pressure like toxic symptoms. Diabetic ketoacidosis where Insulin is mandatory is a problem of T1DM not of T2DM.

I stop here on listing what should be done and what should not be done. I will work with appropriate medical societies and will conduct several detailed scientific studies and other forms of intellectual discussions which will decide and tabulate the proper patient care for T2DM patients.

5. TIME NEEDED FOR CHANGE AND WARNINGS.

William Edward Deming who is considered father of Quality Management concepts says "A big ship traveling in full speed needs distance and time to turn around." Today T2DM is a ship carrying more than 400 million patients and traveling in the wrong direction. Nobody can expect a change in treatment of T2DM in a few weeks time. Every body may have to wait 3 months or more for the medical profession to reach a conclusion about my explanation to T2DM.

I am inviting World Health Organization, Indian and Singapore Medical councils to lead this complex turn around procedure. Depending on the response I will work with them in this turn around procedure over next few years.

I also wanted to warn any body or institution or organization who will try to take my explanation in their hand without my permission or participation and try to develop in into a complete treatment protocol. You may end up in a disaster like Iraq and Syria in which situation even myself can not give any big help.

6. METHODOLOGY

Before conclusion let me talk about methodology I followed and other scientific details of my explanation. To reach above conclusion about T2DM, I followed methodology of giving logical organization of few observations I have made about T2DM. Same methodology may have been followed by Charles Robert Darwin on making conclusion about his theory of evolution.

Following are the observation I have made about T2DM which lead to my conclusion.

- i) I experienced high level of fluctuation of fasting glucose value on daily basis.
- ii) Previous day 25 grams containing coconut syrup help to reduce the fasting glucose value of the next day.
- iii) Attempt to protect myself from poisoning attempts from toxic metals and proper Detox protocols helped to reduce the fasting glucose value.
- iv) When I tried to take Insulin to control my blood glucose value it failed to bring any big control but experienced increased toxic symptoms which include high level of increase in blood pressure and increased muscle and joint pain.
- v) Several times I observed; longer the fasting duration the blood glucose value started to go up.
- vi) On 25th of October 2010, I experienced increased fasting glucose value than previous night post brandial blood glucose value.
- vii) My father who was a T2DM patient, never took Insulin, did regular exercise lead to a normal life with out any diabetic complications and lived up to 87 years of age.

In addition following already established intellectual conclusion about glucose metabolism also helped to lead to my conclusions.

- i) Daily blood level of insulin goes up and down based on blood glucose level but blood level of glucagon level stays same most of the time.
- ii) In chronic fasting stage of metabolism muscles break down of protein and convert it into glucose

6.1 Discovery vs Invention

My conclusions about T2DM are discovery not invention. If you want me to bring an example from the history of science, Sir Isaac Newton's falling apple experience and creating Law of Gravity may be a good example. Newton was able to create his Law of Gravity without much experiment as it was established truth that any fruit or any other object when left free, will fall towards earth.

Same way my explanation to T2DM also based on established facts, so it can be accepted without spending time on scientific experiments or research.

7. CONCLUSION

On conclusion I wanted to make following statements about T2DM and my explanation to the disease.

- ❖ Present Explanation of T2DM fundamentally wrong.
- ❖ T2DM cased by factors causing barriers for glucose entry into cells.
- ❖ In T2DM body goes into a modified chronic stage of fasting, in which body breaks down protein and convert it into glucose.
- ❖ Present treatment like giving insulin to T2DM make the pathological damages become more severe.
- ❖ I invite medical professionals (WHO, India and Singapore) to work with me to work out a detailed treatment protocols based on my explanations.
- ❖ In addition to intellectual property rights claim, I also make a royalty claim of 75% of money going to be saved as a result of my explanation to T2DM for next 20 years.
- ❖ I request WHO to appoint a panel of experts to verify whether Tamil Community (or any others) poisoned with toxic metals or any other toxins with criminal intention and take necessary actions to treat and protect such victims, also hand over the findings to appropriate International Criminal Judicial system for further actions.

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