

Doctor's House Call



May 11, 2017

Al Sears, MD
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Ward,

Raise your hand if your doctor has ordered a blood test to check your glucose. Most do, whether or not you have symptoms of diabetes.

If your fasting blood sugar is 125 mgm/dL or above you are considered a diabetic. But if your number comes in between 108 and 125 they'll say you have "prediabetes."

That's a condition where your cells have a resistance to the hormone insulin. Your body uses insulin to put glucose into your cells where it can provide energy. But with insulin resistance, your cells are slow to take up glucose. It builds up in your blood.

Over a lifetime, 70-75% of people diagnosed with prediabetes will progress to diabetes.

If your doctor tells you that you're prediabetic, he or she will almost certainly put you on Big Pharma's metformin. You may know it as Glucophage. It's a huge blockbuster drug. Over 120 million people take it to try to control their blood sugar.

But like so many of Big Pharma's "cures," metformin creates more problems than it solves. In fact, it makes it even **more likely that you'll develop full-blown diabetes!**

Let me explain...

Metformin has a load of side effects. One of those side effects is especially worrisome. Research shows that metformin leads to lower levels of thyroid stimulating hormone (TSH) for people with an underactive thyroid.¹

Researchers studied data from over 74,000 people taking metformin over 25 years. Compared to another diabetes drug, metformin was linked to a 55% higher risk for low TSH levels.

And here's the most ironic part...

Low TSH levels increase your risk of diabetes.

A new study proves it. Researchers in the Netherlands looked at 8,452 people without diabetes. They found that those with the lowest TSH levels had a 20% higher risk of developing diabetes than those with the highest levels. But for people with prediabetes, the risk of progressing to full diabetes was a whopping 40%.²

In other words, metformin — the same drug your doctor prescribes for prediabetes — lowers your TSH levels. And that **INCREASES** your risk of getting full-blown diabetes.

For decades I've been helping my patients not just manage diabetes symptoms. I help them **reverse** their diabetes for good.

And I don't prescribe metformin.

To Your Good Health,

A handwritten signature in blue ink that reads "Al Sears MD." The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Al Sears, MD, CNS

1. Karimifar M, Aminorroaya A, Amini M, et al. "Effect of metformin on thyroid stimulating hormone and thyroid volume in patients with prediabetes: A randomized placebo-controlled clinical trial." *Journal of Research in Medical Sciences: The Official Journal of Isfahan University of Medical Sciences*. 2014;19(11):1019-1026.
2. Chaker L, Ligthart, Korevaar TIM, et al. "OR33-2: Thyroid Function and type 2 diabetes risk: a population-based prospective cohort study." Presented at: ENDO 2016; April 1-4, 2016; Boston, MA.
3. Wallach, Joel D. and Lan, Ma. "Rare Earths: Forbidden Cures." Bonita, CA: Double Happiness Publishing, 1994, pp 411-12.
4. Eidenberger T, et al. "Inhibition of dipeptidyl peptidase activity by flavonol glycosides of guava (*Psidium guajava* L.): A key to the beneficial effects of guava in type II diabetes mellitus." *Fitoterapia*. 2013;89:74-9.
5. Huang Y, Li X, Wang M, et al. "Lipoprotein lipase links vitamin D, insulin resistance, and type 2 diabetes: a cross-sectional epidemiological study." *Cardiovasc Diabetol*. 2013;12:17.