

## Editorial: Why didn't my doctor tell me? Plant-based diets and Type 2 Diabetes Mellitus

It's the rare physician with an adult practice that doesn't encounter a significant number of patients with type 2 diabetes mellitus (T2DM). Given the rapid rise of the disease, its prophylaxis and treatment should be of pressing concern for every physician. In spite of this crisis, the advantages of a plant-based diet for the prevention and treatment of T2DM have been overlooked.

As far back as 1910, Dr. J.L. Buttner M.D., an honors graduate from Yale Medical School who was trained to take a scientific approach to medicine, noted that the incidence of diabetes was low in China and Japan, where at the time, very low meat consumption was the norm. He also noted the better glycemic control with a vegetarian diet over a meat-centered one for diabetic patients. (1) Physicians well trained in the science of medicine understood this over a hundred years ago.

In the latter half of the 20<sup>th</sup> century and early part of the 21<sup>st</sup> century, medical researchers with much more powerful tools at their disposal have confirmed Dr. Buttner's observations. The safety and efficacy of a plant-based diet to reduce the risk of and treat T2DM with a plant-based diet is now evidence-based medicine. A dose-response relationship has been established for this rediscovered treatment, and some of the mechanisms by which it produces its beneficial effects have been elucidated.

Since Dr. Buttner's time, there has also been an explosion of medications to treat T2DM. At least 11 different classes of medications are now available to treat T2DM, in addition to insulin itself. They are the product of the very latest medical science, and there is evidence of their efficacy and variously levels of safety. But that shouldn't diminish the value of low-tech treatments that are just as scientifically sound, evidence-based, and which have significant advantages over high tech treatments. Today's physicians have so many products of medical technology at their disposal that it's easy to lose sight of low tech options that are also safe and efficacious treatments.

In deciding what's best for their patients, physicians will survey potential treatments and prescribe the best one for their patients. Key criteria are safety, efficacy, comorbidities, adverse reactions, contraindications and, in these cost conscious times, affordability. **There is abundant scientific evidence that the plant-based diet prevents as well as treats T2DM safely and effectively, and simultaneously prevents and treats many common comorbidities.** This treatment is without adverse effects, contraindications or extra cost to the patient. It just needs to be prescribed by physicians.

In treating the T2DM patient with a plant-based diet, the physician is faced with a task not very different than with any other treatment. Just as with any other treatment, the physician needs to learn the science and its clinical application. Just as with any other treatment, the physician needs to titrate the dosage of other medications as the dietary treatment takes effect. The patient may present with common comorbidities which also need to be treated. These are likely to include obesity, hypertension and coronary artery disease as well as complications such as diabetic peripheral neuropathy. Fortunately, a plant-based diet will help treat these as well.

If a patient needs lifestyle modification, such as getting more exercise or shielding skin from sunlight, the physician will not hesitate to prescribe it. In this case, the lifestyle modification indicated is a change to a plant-based diet. When instituting any treatment, the physician will explain the treatment and its rationale to the patient, and use techniques to enhance patient compliance.

Seen from this point of view, prescribing and treating a type II diabetic patient with a plant-based diet is no different than employing other treatments. Considering that diet is the number one risk factor for disease and disability in the United States, (2) a dietary treatment should come as no surprise. Since a meat-centered diet substantially raises the risk of type 2 diabetes, a plant-based diet might reasonably be expected to be of value for prevention and treatment.

Sometimes the call is made for more research. But it must be remembered that sweet potatoes, broccoli, blueberries, tomatoes, oatmeal and lentils don't need FDA approval. We know they're safe. In fact, they've been more heavily tested than any drug could ever be. While more research on efficacy, and its optimization, is always welcome, we already know more than enough. The fact is, we know enough but we do too little.

**Caring physicians will embrace any treatment in the best interests of their patients.** The plant-based diet represents another tool in the physician's tool box. Medications and gastric surgery do work, but it is often more advantageous for patients to try a dietary therapy first. Other treatments will always stand at the ready should they be necessary, and often the two treatments can be used together. We acknowledge that the prevention and treatment of disease with a plant-based diet is not generally taught in medical school. Here, as in many other instances, the physician will need to make up for any lack of training for the benefit of their patients.

The rise in the incidence of T2DM and metabolic syndrome needs no documentation. Neither does the tremendous financial burden it places upon the patient and society. It is obvious to both physicians and the public. Now more than ever we must "practice prevention." For T2DM, the risk reduction with a plant-based diet is substantial, while also reducing the risk of other diseases, ranging from cholelithiasis, to cataracts, to coronary artery disease. It therefore represents a high level of preventative medicine.

This treatment can be instituted even in the busiest practice. A dedicated office visit or two can be used, or some physicians prefer facilitating a change in diet in 3-5 minute installments during several office visits. The tremendous increase in meat and dairy substitutes now available in local stores makes transitioning easier than ever, and their sales growth speak to their popularity. Vegetarians of Washington has [a variety of resources](#) which patients may find helpful.

Why didn't my doctor tell me? This is a question we've been asked many times by type II diabetic patients. Too often patients discover the treatment for themselves. However, there is a danger in resorting to Dr. Google and Dr. Wikipedia. Often information obtained on the internet is unreliable and self-treatment of type II diabetes, or almost any other disease for that matter, is full of risks and is to be strongly discouraged. It's time for the physician to step up to the plate. The public is as ready as they have ever been for this prophylaxis and treatment, but they need their physician to prescribe and manage it for them, as is done for their other treatments. The time is right for doctors to start prescribing this treatment to an increasingly interested and receptive public.

Our posting on the [Prevention and Treatment of Type II Diabetes Mellitus with a Plant-Based Diet](#), a fully documented article relying on evidence based medicine is now available. Topics covered include epidemiology, pathology, interventional studies, and clinical considerations for treatment.

Prescribe Vegetarian Campaign  
Vegetarians of Washington

**References:**

1. Buttner M.D. J. *A Fleshless Diet: Vegetarianism as a rational dietary*: Frederick A Stokes Company; 1910.
2. Murray CJL, et.al. The State of US Health, 1990-2010 Burden of Diseases, Injuries, and Risk Factors. *JAMA*. 2013;310(6):591-606.