

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

**BY:**

**ANA KIRITHARAN**

Bachelor of Medical Science [Jaffna; Sri Lanka]

Master of Arts; Sociology [Annamalai University;

Tamil Nadu; India]

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Contact Information for Gana Kiritharan:

web: [www.gkiri.ca](http://www.gkiri.ca)

Email: [kirithara@yahoo.com](mailto:kirithara@yahoo.com)

Tele Phone: Canada: + 1 416 820 8581

India: + 91 99520 11631

Fax: + 1 416 532 5022

**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 DIABETES MELLITUS [T2DM] AND RELATED DISORDERS OF HEALTH.

## ABSTRACT

The current explanation of T2DM outlines that increased consumption of high energy food, increased adaptation of a sedentary lifestyle, and urbanization as the cause T2DM is fundamentally wrong. What actually happens is, insulin resistance due to various different reasons causes glucose deficiency inside cells. This deficiency causes body tissue to go into a chronic fasting stage. However, as blood glucose and insulin levels remain high, lipolysis occurs abnormally. As a result, muscle cells begin to breakdown proteins for energy. Elevated blood glucose levels helps tissue get a better supply of glucose by simple diffusion. If insulin is given to bring down blood glucose levels in T2DM, it will force muscles to breakdown more protein in order to maintain high blood glucose level and could also lead to several toxic symptoms related to hyperinsulinemia. Treatment of T2DM should be aimed at identifying and treating the root cause causing a resistance to insulin alongside small frequent meals throughout the day which are low in carbohydrates and have a high protein content.

## 1. INTRODUCTION

Whilst the medical profession has successfully overcome challenges such as infectious diseases and surgical techniques, new challenges are coming to the front. The three most important challenges for the medical profession currently are:

- i) Viral diseases (AIDS, etc.)
- ii) Cancer
- iii) Metabolic diseases (Diabetes, etc.)

Despite diabetes' comparatively low mortality rate to cancer and viral diseases, it still can cause serious effects not only to human health, but also in an economic capacity. It is estimated that 415 million people has diabetes worldwide, equal to 8.3 % of the world's adult population and it is predicted the incidence of diabetes will continue to rise. Why is this the situation? Is there a mistake in our understanding the disease?

I was diagnosed with Type 2 Diabetes Mellitus (T2DM) in 2005 (when I was 37 years old) and started treatment for it. From the beginning, I was confused on the course of my disease at times. My blood sugar levels unexpectedly went up or down on several occasions. The most important discovery came in 2010 (as a 42 years old). In that year I had realized that I had a chronic type of toxic metal toxicity, possibly due to criminal

intention and started treatment for it. Based on several observations that I have made during the treatment of my chronic toxic metal toxicity and T2DM problem, my parents experience of their chronic diseases and based on research that I have carried regarding the diseases, I believe that the present explanation T2DM is fundamentally wrong and need to be redefined.

## **2. PRESENT EXPLANATION OF DIABETES MELLITUS AND T2DM.**

Currently diabetes mellitus is defined as a group of metabolic diseases characterized by hyperglycemia due to defects in insulin secretion, insulin action, or both. Diabetes mellitus can then be further divided into two major groups; type 1 and type 2. There are also less common types of diabetic disease. This article mainly talks about type 2 diabetes mellitus (T2DM) which make up 95% of diagnosed diabetic patients. T2DM remains asymptomatic for several years as a result in some cases it remains undetected for several years, overall it remains undetected in nearly 50% of people thought to have T2DM. Currently, the medical profession has conducted several studies focusing on the molecular mechanism underlying T2DM without much success.

Present medical knowledge blames increased consumption of high energy foods, increased adaptation of a sedentary lifestyle, and urbanization as the cause of increased incidence of T2DM. I believe that these conclusions are fundamentally wrong due to my experience of my personal health problems and my parents' health problems which leads to a different explanation.

## **3. GANA KIRITHARAN'S EXPLANATION OF T2DM.**

In a T2DM patient, the first event to occur is the development of a resistance to insulin. Although I do not completely disagree with the argument that high energy food, a sedentary lifestyle, and urbanization causes obesity which leads to a resistance to insulin, I do not believe that this is the main cause of a resistance to insulin. I believe that the main cause of a resistance to insulin is probably due to toxins, chronic form of viral, bacterial and/or fungal infections of internal organs. The way in which these factors cause a resistance to insulin is another subject. My previous article "Chronic Toxic Metal Toxicity and other Chronic Medical Problems" touches on heavy metals toxicity causes a resistance to insulin.

After a resistance to insulin has been developed, glucose deficiency inside cells occurs. This glucose deficiency pushes cells to the metabolic stage of chronic starvation. However, starvation due to insulin resistance differs from starvation due to a food. In normal starvation blood levels of glucose and insulin decrease and goes on to cause lipolysis of adipose tissue which will lead to an energy supply due to it. In insulin resistance, as blood level glucose and insulin do not decrease, so that lipolysis does not occur. As there is not enough glucose in muscle cells, this leads to the breakdown of protein in muscle cells. The catabolism of muscle cells not only supplies glucose for muscle cells, but also for nerve cells, red cells, and kidney tissue as well. While insulin

resistance hinders getting enough of a supply of glucose for energy requirements, elevated blood sugar levels help improve the supply of glucose in tissues via the simple diffusion of glucose across the cell membrane. The level of blood glucose that supplies enough glucose for cell energy requirements, will be the blood glucose levels. When insulin resistance is severe, the blood glucose level will increase; when insulin resistance is mild, the blood glucose level will decrease. My above explanation of T2DM needs to be expanded in more detail, I will fulfill this responsibility in coming weeks. For now allow me to explain some associated issues of my explanation of T2DM.

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

Almost all research conducted so far on the topic of T2DM have shown a direct relationship between elevated blood sugar levels and pathological damage to tissue. Why is this? If you agree with my explanation you may accept that the elevated blood sugar level is directly proportional to insulin resistance and glucose deficiency inside cells. So pathological damage to tissue is caused by an increased resistance to insulin and increased glucose deficiency intracellularly, not because of the increased blood glucose levels. Increased blood glucose levels 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 levels, then what is the treatment for T2DM? First we should identify the root cause of the resistance to insulin and treat the problem. Secondly we should have small meals throughout the day which are low in carbohydrates and have a high protein content. This will aid glucose supply to tissue and will attempt to decrease the breakdown of protein. A meal that has a large amount of carbohydrate will exhaust the available insulin pumping mechanism and will increase the blood insulin levels, which will lead to pumping of more glucose into fat cells. A meal that has a high fat content will also cause adipose tissue to grow, which won't be used in a T2DM patient. The most important thing may be that T2DM patients should not fast, as if they do their adipose tissue won't be utilized but the protein will be broken down to create energy.

## **4. WHAT WILL CHANGE? WHAT WILL NOT CHANGE?**

Let us look into how my explanation of T2DM will or will not change the present way of managing the disease. I have previously explained that glucose deficiency intracellularly is the root course of T2DM. However, is it possible to measure the glucose deficiency intracellularly? It is not for two reasons. Firstly, preparing and utilizing micro needles to measure glucose deficiency intracellularly is not possible in a normal clinical setup. Secondly, in a T2DM patient glucose deficiency intracellularly may be corrected by the mechanism explained above. So to determine the glucose deficiency intracellularly, one possible way is to measure blood sugar levels. But when interpreting the results we

should worry about glucose deficiency intracellularly, not necessarily the elevated blood sugar levels.

However when it comes to treatment, several things will change. Are we going to give insulin to bring down the blood glucose value? Even though I believe that insulin is contraindicated in T2DM, only a detailed clinical study in the future will determine which kind of insulin would be useful and in what type of situation it should be used in. In general, if you accept my explanation that when insulin is given in order to bring down blood glucose levels, muscle will attempt to breakdown protein to try to keep the blood glucose levels up. This will lead to muscle wasting and high blood pressure-like toxic symptoms. Diabetic ketoacidosis 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 the appropriate medical societies and will conduct several detailed scientific studies and other forms of intellectual discussions which will decide and evolve the proper patient care for T2DM patients.

## **5. TIME NEEDED FOR CHANGE AND WARNINGS.**

William Edward Deming, a man who is considered the father of Quality Management concepts says "A big ship traveling in full speed needs distance and time to turn it around.". Today, T2DM is a ship carrying more than 400 million people and is traveling in the wrong direction. Nobody can expect a change in treatment of T2DM in a short period of time. Everybody may have to wait three or more months for medical professionals to reach a conclusion about my explanation of T2DM.

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

I also want to warn any body or institution or organization who attempt to take my explanation in their hand without my permission or participation and try to develop it 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 concluding, let me talk about the methodology I followed and other scientific details of my explanation. To reach the above conclusion about T2DM, I followed the methodology of giving logical organization of some observations I have made about T2DM. The same methodology may have been followed by Charles Robert Darwin on his theory of evolution.

**The following are observations I have made about T2DM which lead me to my conclusion:**

- i) I experienced a high degree of fluctuation of my fasting glucose levels on a daily basis.

- ii) The previous day, I consumed 25 grams of coconut syrup to help reduce my fasting glucose levels of the next day.
- iii) Attempting to protect myself from poisoning attempts from toxic metals and proper detox protocols aimed at reducing the fasting glucose levels.
- iv) When I tried to take insulin to control my blood glucose levels, it failed to bring any control but I experienced an increase of toxic symptoms which include a substantial increase in my blood pressure as well as increased muscle and joint pain.
- v) Several times I found that the longer the duration of fasting, my blood glucose levels started to increase.
- vi) On 25<sup>th</sup> of October 2010, I experienced an increased fasting glucose level than the previous night post prandial blood glucose level.
- vii) My father who was a T2DM patient, never took Insulin, did regular exercise, and lived a normal life without any diabetic complications and lived up to 87 years of age.

**In addition, following already established scientific theories about glucose metabolism also helped me to lead to my conclusions.**

- i) Daily blood levels of insulin increase or decrease based on blood glucose levels but blood level of glucagon level stays the same most of the time.
- ii) In chronic fasting, muscles breakdown protein and convert it into glucose

### **6.1 Discovery vs Invention**

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

In the same way, my explanation of T2DM is also based on established facts, so that it can be accepted without spending time on scientific experiments or research.

## **7. CONCLUSION**

In conclusion I want to make the following statements about T2DM and my explanation of the disease.

- ❖ The present explanation of T2DM is fundamentally wrong.
- ❖ T2DM is caused by factors causing barriers for glucose entry into cells.
- ❖ In T2DM, the body goes into modified type of chronic fasting, where in which the body breaks down protein and converts it into glucose.
- ❖ Present treatment like giving insulin to T2DM patients makes the pathological damage worse.
- ❖ I invite medical professionals (WHO, India and Singapore) to work with me to work out detailed treatment protocols based on my explanations.

- ❖ In addition to the intellectual property rights claim, I also make a royalty claim of 75% of the money going to be saved as a result of my explanation of T2DM for the next 20 years.
- ❖ I request WHO to appoint a panel of experts to verify whether the Tamil Community (or any others) poisoned using toxic metals or any other toxins with criminal intention and to take necessary actions to treat and protect such victims, and to also handover the findings to the International Criminal Judicial system for further action.

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