Diabetes may be described as a disease of glucose intolerance: high blood glucose is both the characteristic indicator and the cause of complications. The loss of control of glucose metabolism is what makes a low carbohydrate diet a good therapeutic approach, and it's why I'm astonished that experts encourage people with diabetes to eat carbohydrates and then "cover" them with insulin [1].

I am also surprised to hear negative reactions to carbohydrate restriction from people who have actually seen the beneficial effects of a low-carbohydrate diet on their health. In any case, ingesting carbohydrate raises blood glucose.

Ms. Warshaw's argument is that "avoiding carbohydrate, as some low carb diets suggest, does not entirely return blood glucose to normal. In any case, ingesting carbohydrate raises blood glucose." Ms. Warshaw goes on to say, "Second, an adequate amount of carbohydrate is an important component of a healthy eating plan."

At the 2004 Brooklyn conference on the Nutritional and Metabolic Effects of Low Carbohydrate Diets, William Yancy, Jr., wrote in the Annuals of Internal Medicine: "Nutrition is not the main issue. Of course, if you are taking medication, you should reduce carbohydrates only with medical supervision. It strikes me as odd that what most experts know about metabolism - diabetes is, after all, a metabolic disease - is that most doctors do not understand it. It is true that your brain needs glucose, but glucose can be supplied by the process of gluconeogenesis."

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The second thing we teach medical students is that almost all the increased caloric intake during the ongoing epidemic of diabetes is from carbohydrates, as seen in Figure 1A. Data from National Health and Nutrition Examination Surveys (NHANES) indicate a significant increase in carbohydrate consumption from 1971-1974 to 1999-2000.

Figure 1B shows the incidence of diabetes by year. Data from the National Center for Health Statistics illustrate the dramatic rise in diabetes cases over the past several decades.

So what is Ms Warshaw's complaint? Well, she points out that studies that compare low carb diets to conventional diets show that while short-term studies might show a slight advantage for low carb diets, longer-term studies (greater than six months) do not show significantly more weight loss. Something's wrong here. Because low carb diets do the same as traditional diets after one year, then you don't want to be on the low-carb diet forever. Triglycerides and HDL (healthy cholesterol) were much better on the low carb diet than the low fat diet (Figure 2).
Figure 2. Results at 6 months and 1 year for a multicenter study in which obese men and women were assigned at random to a low-carbohydrate diet or a conventional low-fat diet. Data from Reference [3].

Reference [3] is important for showing the general health benefits of low carb diets even when a diet is not a complete success. I don't know of any study on any other diet that shows such good effects on controlling glucose and insulin.
Ms. Warshaw's complaint is that these studies "show that many study subjects drop out of the study and are unable to ... compliance rather than to dissuade people from a strategy that actually works for the many people who follow it?

You might want to think twice before you let Ms Warshaw tell you what you don't want to do. "You'll have type 2 diabetes ... for example, D-solutions (http://www.dsolve.com/) and Dr. Richard Bernstein's forum (http://www.diabetes-book.com/)

I am most concerned that if Ms. Warshaw really had something positive to offer, she wouldn't need to dissuade people from making their personal choice. Candy followed by insulin is not good enough.

5. JS Volek, RD Feinman: Carbohydrate restriction improves the features of Metabolic Syndrome.