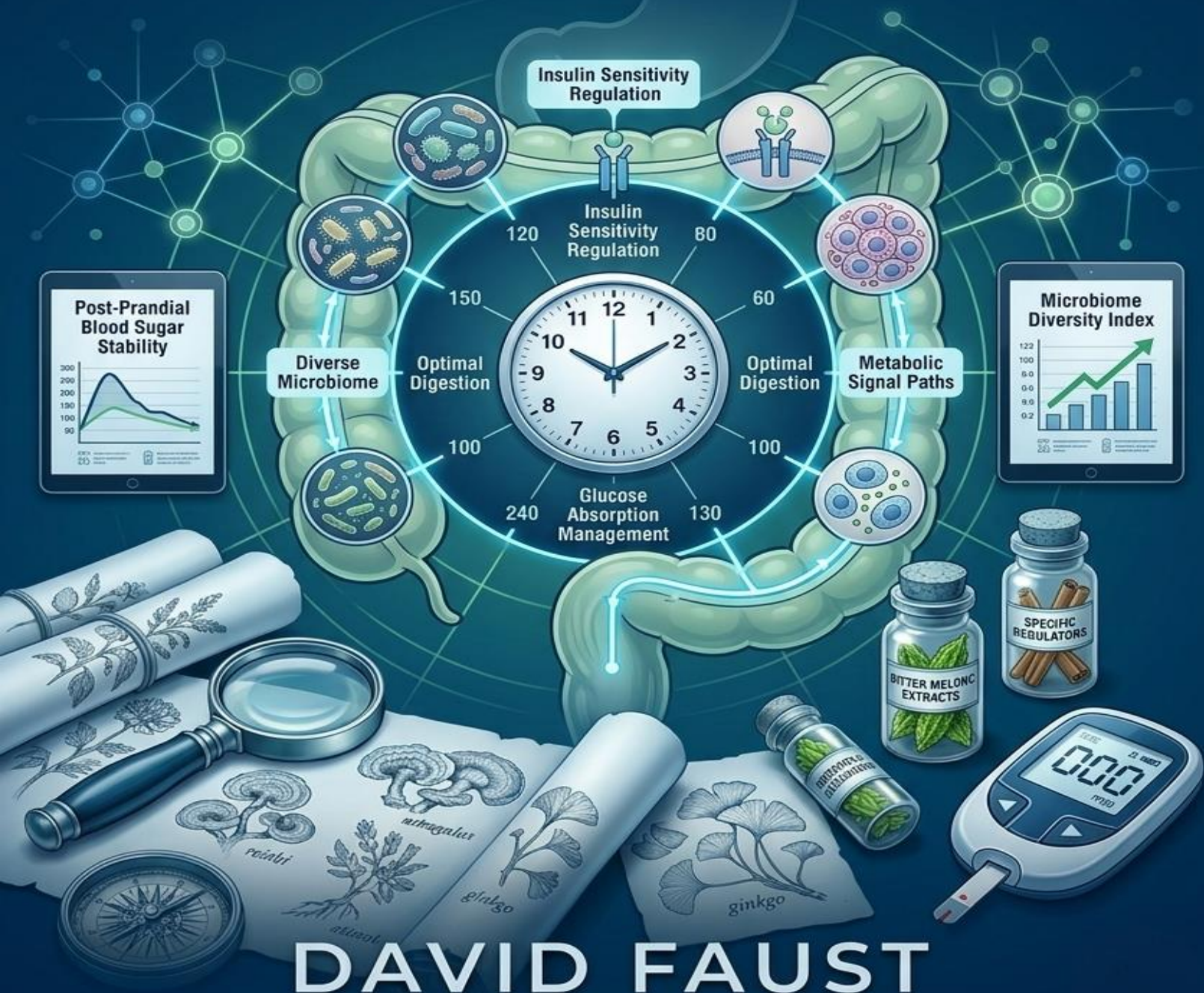


How 38 Trillion Microbes Control Your Blood Sugar — and What to Do About It.



THE GUT-DIABETES CONNECTION

How 38 Trillion Microbes Control Your Blood Sugar,
and What to Do About It

David Faust

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Published by The Diabetic AI, LLC

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Full medical, legal, and safety disclosures — including the complete medication safety warning, emergency protocol, privacy notice, and governing law — appear in the Appendix at the back of this book.

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*For David's 38 trillion closest companions.
(They were already working on the problem. He just stopped getting in their way.)*

Foreword: The Organ Nobody Told Me About

When my A1c was 12.1, I understood my problem as a glucose problem. Too much sugar in the blood. The solution: reduce the sugar going in, and give medication to handle the rest.

Nobody mentioned the gut.

Nobody told me that the 38 trillion microbial cells living in my digestive tract were directly influencing my insulin sensitivity. That disruptions in this ecosystem, which the standard Western diet is exceptionally good at producing, could drive insulin resistance through multiple independent mechanisms. That the reason my blood sugar was chronically elevated was partly because my gut was producing inflammatory compounds that made my cells resistant to insulin's signals.

And nobody told me that homemade kefir, a jar on the counter, costing about 50 cents a day, was one of the most evidence-supported microbiome interventions available.

This book is what I found when I finally looked.

— *David*

Founder, The Diabetic AI | thediabeticai.com

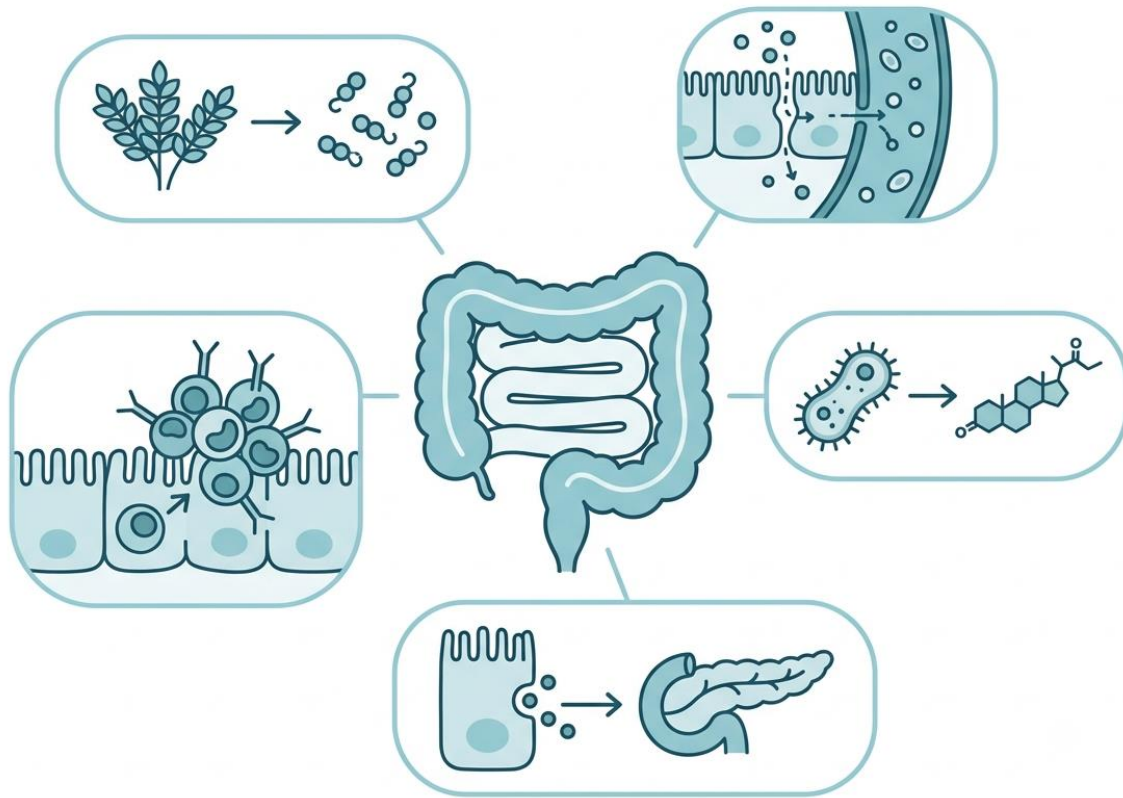
Chapter 1: Your Gut Is Not a Digestive System

The gut is the most metabolically active organ in the human body. It contains approximately 70% of the immune system, 90% of the body's serotonin, more neurons than the spinal cord, and a microbial ecosystem containing roughly 38 trillion organisms representing over 1,000 species, each producing compounds that enter your bloodstream and influence virtually every aspect of your physiology.

For Type 2 Diabetes, the gut microbiome is not a side story. It is a central driver of the insulin resistance that causes the disease. A 2012 landmark study in *Nature* (Qin et al.) examined the gut microbiome of 345 adults and found that T2DM was associated with significant gut dysbiosis, and that the degree of microbial disruption correlated directly with the severity of insulin resistance. The disruption was identifiable years before clinical T2DM was diagnosed.

Five Ways Your Gut Microbiome Controls Your Blood Sugar

Mechanism	How It Works	Why It Matters for T2DM
Short-Chain Fatty Acid (SCFA) production	Beneficial bacteria ferment dietary fiber into butyrate, propionate, and acetate. These activate GLP-1 secretion from gut cells and directly improve hepatic insulin sensitivity.	People with T2DM have measurably lower SCFA-producing bacteria (<i>Faecalibacterium</i> , <i>Roseburia</i> , <i>Akkermansia</i>). Restoring these populations through diet and fermented foods is a direct insulin-sensitizing intervention.
Metabolic endotoxemia	Gram-negative bacteria release LPS, an endotoxin that passes through a damaged gut lining into the bloodstream, triggering chronic systemic inflammation and directly impairing insulin receptor signaling.	High LPS levels are found in the majority of people with T2DM and obesity. Leaky gut is both a cause and consequence of metabolic disease.
Bile acid modulation	Gut bacteria convert primary bile acids to secondary forms that activate TGR5 and FXR receptors, improving insulin secretion and glucose tolerance.	This is part of the mechanism behind bariatric surgery's dramatic metabolic improvements, and it is partially replicable through dietary intervention.
GLP-1 and incretin production	Gut bacteria directly influence GLP-1 and PYY secretion, hormones that signal satiety and stimulate insulin release. A disrupted microbiome reduces incretin production.	GLP-1 agonist medications (Ozempic, Wegovy) work by replacing a gut-derived hormone whose natural production is impaired in metabolic disease. Restoring the microbiome can partially restore natural GLP-1 production.
Immune system education	70% of the immune system lives in the gut. Dysbiosis produces a chronically activated immune state, systemic inflammation that directly impairs insulin receptor function.	Reducing dysbiosis measurably reduces hsCRP, IL-6, and TNF-alpha, the same inflammatory markers that track with insulin resistance severity.



Chapter 2: The Research That Changed Everything

Study	Findings
Qin et al., Nature, 2012	A metagenome-wide association study of gut microbiota in 345 adults found that T2DM was associated with moderate-level gut dysbiosis characterized by decreased butyrate-producing bacteria and increased opportunistic pathogens. The degree of dysbiosis correlated directly with insulin resistance severity. Microbiome differences were identifiable years before clinical T2DM diagnosis.
Wastyk et al., Cell, 2021 (Stanford)	Compared a high-fiber diet to a high-fermented food diet over 17 weeks. The fermented food diet significantly increased microbiome diversity and decreased 19 inflammatory markers, while the high-fiber diet showed variable, less consistent results. Fermented foods emerged as one of the most powerful available dietary tools for microbiome restoration.
Yao et al., Journal of Nutritional Science, 2020	A meta-analysis of 17 RCTs found that probiotic supplementation in T2DM patients produced statistically significant reductions in fasting glucose (-0.49 mmol/L), fasting insulin, HOMA-IR, and HbA1c. Effect was most pronounced with multi-strain products used for 8+ weeks.

Ostadrahimi et al., Iranian Journal of Public Health, 2015	A randomized controlled trial found that T2DM patients who consumed kefir twice daily showed significant reductions in both fasting blood glucose and HbA1c compared to a control group consuming conventional fermented milk. Kefir's 10–34 bacterial strains produced measurably superior outcomes to single-strain products.
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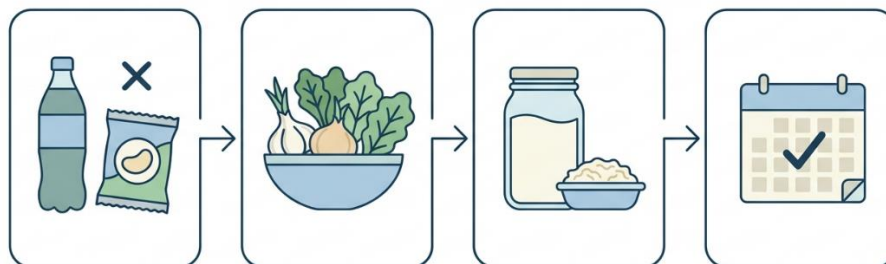
Chapter 3: Signs Your Gut Needs Attention

Gut dysbiosis rarely announces itself with a single obvious symptom. It presents as a cluster of signals that most people have lived with so long they have stopped noticing them. Run through this list honestly.

High-Priority Signals	Also Worth Noting
• Recent antibiotic use (within 12 months) • Persistent bloating, gas, or abdominal discomfort after meals • Irregular bowel movements despite adequate hydration • Fasting glucose that remains elevated despite dietary compliance • Frequent sugar or refined carbohydrate cravings, gut bacteria signal the brain to feed them	• Food intolerances that have developed or worsened over time • Mood instability, anxiety, or persistent low-grade depression • Skin conditions: eczema, psoriasis, acne that tracks with diet • Poor sleep quality, 90% of serotonin is gut-derived • History of a processed-food-dominant diet for 10+ years

Chapter 4: The Gut-Healing Protocol

Restoring gut health is not one intervention. It is four simultaneous actions: removing the disruptors, feeding the beneficial bacteria, reintroducing live organisms, and maintaining the conditions for long-term microbiome stability.



Step 1: Remove the Disruptors

Disruptor	What It Does to Your Microbiome
Refined sugar and high-fructose corn syrup	Selectively feeds pathogenic bacteria and fungi (Candida). Rapidly reduces beneficial species diversity.
Industrial seed oils (soybean, canola, corn oil)	Pro-inflammatory omega-6 fatty acids disrupt gut barrier integrity and promote the dysbiotic bacterial populations associated with metabolic disease.
Artificial sweeteners (aspartame, sucralose, saccharin)	Multiple studies show significant microbiome disruption and impaired glucose tolerance after regular use. Use erythritol or allulose instead.
Antibiotics (when avoidable)	The most powerful single disruptor of microbiome diversity. A single course can reduce diversity by 25–30% and alter composition for months to years.
Ultra-processed food ingredients (emulsifiers, preservatives)	Polysorbate 80, carrageenan, and other common additives directly disrupt the mucus layer protecting the gut epithelium, increasing permeability.
Chronic stress	Cortisol alters gut motility, reduces secretory IgA (the gut's primary immune barrier), and shifts microbiome composition toward inflammatory species.

Step 2: Feed the Beneficial Bacteria (Prebiotics)

Probiotics (the bacteria) need prebiotics (their food) to survive and thrive. The most powerful prebiotic sources that are also low-carb compatible:

Food	Prebiotic Component	Daily Target
Garlic and onions	Inulin and fructooligosaccharides (FOS), among the most studied prebiotic fibers. Selectively feed Bifidobacterium.	1–2 cloves garlic or ¼ cup onion daily with meals
Asparagus	Inulin, feeds Lactobacillus and Bifidobacterium specifically.	4–6 spears, 3–5 times per week
Leeks	High inulin content. Similar species specificity to garlic.	¼ cup, several times per week
Flaxseed (ground)	Lignans and mucilage fiber, improve gut motility and feed SCFA-producing bacteria.	1–2 tablespoons ground (not whole) per day
Jerusalem artichoke	Highest inulin content of any food. Very powerful. Introduce slowly.	1–2 tablespoons to start. Increase gradually.
Chia seeds	Gel-forming soluble fiber, slows glucose absorption and feeds beneficial bacteria synergistically.	1–2 tablespoons per day in water or food

Step 3: Reintroduce Live Organisms (Probiotics)

Fermented Food	Key Strains	Protocol Guidance
Milk Kefir (homemade)	30–50+ strains per batch. Dramatically outperforms all commercial options in diversity.	Start ¼ cup/day. Build to 1 cup/day over 4 weeks. See Chapter 5 for complete instructions.
Sauerkraut (unpasteurized, refrigerated)	Lactobacillus-rich. Improves intestinal barrier function. Rich in Vitamin C and K2.	2–4 tablespoons with a meal. Must be refrigerated and unpasteurized.
Kimchi	Lactobacillus kimchii and multiple strains. Reduces fasting glucose in 3 RCTs.	2–3 tablespoons with a meal. Make your own for maximum diversity.
Full-fat plain Greek yogurt	L. bulgaricus, S. thermophilus. Lower diversity than kefir but widely available.	1/2 cup with meals. Plain, full-fat only. Check labels for hidden sugar.
Miso (unpasteurized)	Aspergillus oryzae and beneficial bacteria. Dissolve in warm broth only, heat above 115°F destroys cultures.	1 tablespoon per day in warm (not boiling) broth.

Step 4: Probiotic Supplements — What the Evidence Shows

A 2023 meta-analysis of 33 RCTs found that probiotic supplementation reduced fasting glucose by an average of 7.4 mg/dL and HbA1c by 0.43% in people with T2DM. Effect was strongest with multi-strain products used for 8+ weeks.

Strain	Primary T2DM Benefit	Evidence Level
Lactobacillus acidophilus	Reduces post-meal glucose spikes; improves insulin sensitivity	Moderate — consistent across multiple trials
Lactobacillus rhamnosus GG	Reduces systemic inflammation; improves gut barrier integrity	Strong — one of the most studied strains globally
Bifidobacterium longum	Produces SCFAs; reduces fasting glucose and HbA1c	Moderate–strong
Bifidobacterium animalis (lactis)	Reduces BMI, triglycerides, and waist circumference alongside glucose improvement	Moderate
Akkermansia muciniphila	Restores gut lining integrity; reduces metabolic endotoxemia; improves insulin sensitivity	Emerging — early human trials very promising
Multi-strain combinations (8+)	Consistently outperform single-strain	Strong — use multi-strain

strains)	products for metabolic outcomes	formulas for T2DM
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Chapter 5: How to Make Kefir

Homemade milk kefir is the most probiotic-dense food available to you. ***A single cup contains 30–50+ probiotic strains and 50–100 billion CFU, far exceeding the best commercial probiotic supplements.*** The ongoing cost is approximately the price of milk and a one-time purchase of grains.

David has made kefir continuously since 2023. It takes about 5 minutes of active time per batch. The grains grow and multiply indefinitely. He has never had a batch fail using the instructions in this chapter.



What You Need

- Kefir grains — Available online (Cultures for Health is the most reliable source), \$10–15, reusable indefinitely. They look like small cauliflower florets and are a symbiotic colony of bacteria and yeast. Buy 2 tablespoons.
- Whole full-fat milk — Organic or grass-fed is ideal. Standard whole milk works perfectly. **Avoid ultra-pasteurized (UHT), it weakens grain activity.**
- 2-3 glass quart jars — Never use metal containers or lids. The acidity of kefir reacts with metal. If the jars only come with metal lids, buy additional plastic lids (what I did).
- A plastic strainer (not metal) and cheesecloth or a coffee filter for covering the top of the jar (The batch needs to breath while fermenting) with a rubber band or hair tie.
- Room temperature 68–77°F (20–25°C). In cold months, a spot near the oven or a turned-off oven with the light on works well.



Step-by-Step: Your First Batch

#	What to Do
1	FIRST TIME ONLY: Activate your grains. Place grains in a jar with 1 cup whole milk. Cover with cheesecloth. Leave 24 hours at room temperature. Strain out the grains and discard this first batch. The grains need one activation batch to wake up from shipping.
2	Place 2 tablespoons of grains in a clean 1-quart glass jar. The ratio is 1 tablespoon grains per 1 cup milk.
3	Pour 2 cups whole milk over the grains. Stir gently with a wooden or plastic spoon.
4	Cover loosely with cheesecloth or a coffee filter secured with a rubber band. Do NOT seal with a lid — CO2 needs to escape.
5	Leave at room temperature (68–77°F) for 24–48 hours. At 24 hours, tilt the jar. If the kefir has thickened like pourable yogurt and smells pleasantly tangy, it is ready. If still thin and mild, ferment up to 48 hours. It may also separate into curds and whey. This is fine and does not change anything.
6	Pour through a fine plastic strainer into a clean jar. The grains remain in the strainer. Store finished kefir sealed in the refrigerator — it keeps 2–3 weeks.
7	Immediately place strained grains in a clean jar with fresh milk. Start the next batch. The grains are alive and must not be left dry. Then also put back into the refrigerator until you are ready to make the next batch.

Troubleshooting

Problem	Cause and Solution
Kefir is too thin	Fermentation too short, too cold, or grains still activating. Extend to 48 hours. Move to a warmer spot. Allow 3–5 batches for new grains to fully activate.
Kefir is extremely sour with lots of whey	Over-fermented. Reduce to 18–20 hours. Increase milk-to-grain ratio (more milk per tablespoon of grains slows fermentation).
Kefir smells bad (rotten, not tangy)	Contamination. Discard batch. Rinse grains with filtered water (not chlorinated tap). Restart with fresh milk in a very clean jar.
Grains are not growing	Grains should double in volume approximately every 2–4 weeks. Check milk quality (avoid UHT), ensure room temperature is adequate.
Orange or pink discoloration	Contamination. Discard batch and grains. Start fresh with new grains from a reliable source.

How to Work Kefir Into Your Protocol

Timeline	What to Do
Week 1	¼ cup per day with a meal. Your gut is adjusting. Some temporary gas or bloating is normal in the first week — this is microbial adjustment, not a problem.
Week 2	½ cup per day if Week 1 was well tolerated. Always take with food to slow transit and maximize bacterial survival through stomach acid.
Week 3+	1 cup per day. This is the maintenance dose that produces measurable microbiome changes in research studies.
Blood glucose	Test your post-meal glucose after 1 cup of kefir to confirm your personal response. Most people see a rise of less than 25 mg/dL, well within acceptable range. The fermentation process dramatically reduces milk's natural lactose content.
Advanced	After the standard 24–48 hour first ferment, remove grains and ferment the finished kefir a second time (sealed, room temperature) for another 12 hours. This 'second fermentation' further lowers lactose, increases diversity, and creates a thicker, creamier, more complex-flavored kefir.

Adding Diversity

- Something I like to do is when straining is mixing the quart of fermented Kefir 1:1 with plain full fat Greek yogurt. What this does is cut the tanginess and add more diverse probiotic bacteria into the final product.
- I then like to use the final product just like any other yogurt. My personal preference is adding liquid pure vanilla, 1 tsp. of Ceylon Cinnamon and a small amount of your preferred sweetener (Pure Stevia, Allulose or Monk fruit). Be creative and add it to anything you like, just do not heat it up, as you will kill the bacteria.
- In this example I have 3 jars in the refrigerator. 2 with Kefir/yogurt mix and one with the grains waiting to make the next batch.

IMPORTANT NOTE: There are all kinds of videos on YouTube that go into how to make large batches (for families), using different types of milk (Sheep, Goat, etc.) and diverse recipes.

Chapter 6: The Dairy-Free Option — Water Kefir

Water kefir uses a different grain (a water-based SCOBY) to ferment sugar water, coconut water, or fruit juice. The sugar is consumed during fermentation, leaving a lightly fizzy probiotic beverage. It is a genuine alternative for dairy-intolerant individuals, though it contains somewhat lower probiotic diversity than milk kefir.

#	Step
1	Dissolve ¼ cup cane or coconut sugar in 4 cups filtered water in a clean glass jar.
2	Add 3–4 tablespoons water kefir grains.
3	Cover with cheesecloth. Ferment at room temperature 24–48 hours.
4	Strain grains. The water kefir is ready to drink or bottle for a second fizzy fermentation with 2 oz fruit juice (adds flavor and carbonation without adding significant carbs).
5	Always test post-meal glucose after water kefir — residual sugar content varies by fermentation time.

Chapter 7: The 4-Week Gut Restoration Protocol

This is a complete structured approach to gut restoration. It does not replace your dietary protocol, it layers on top of it. Most people begin seeing measurable changes (reduced bloating, improved regularity, better mood stability) within 2–3 weeks.



Week	Daily Protocol
Week 1	Remove: eliminate all artificial sweeteners, industrial seed oils, and processed food emulsifiers. Add: ¼ cup homemade kefir per day. Introduce 1 prebiotic food per day (garlic with every dinner). Begin 1 tablespoon ground flaxseed in water or food daily.
Week 2	Maintain Week 1. Increase kefir to ½ cup per day. Add unpasteurized sauerkraut (2

	tablespoons with one meal per day). Ensure at least 25g dietary fiber per day from non-starchy vegetables.
Week 3	Maintain Week 1–2. Increase kefir to 1 cup per day. Add a multi-strain probiotic supplement (8+ strains, 10+ billion CFU) if gut symptoms persist. Introduce second prebiotic food (asparagus or leeks).
Week 4+	Maintain full protocol. Begin tracking mood, energy, and glucose response alongside gut symptoms. Expected outcomes: reduced bloating, improved fasting glucose, better sleep quality. Sustain indefinitely — this is now your daily baseline.

One Last Thing

The gut microbiome is arguably the least understood and most neglected aspect of T2DM care. Most diabetes management programs never mention it. Most physician appointments never discuss it. And yet there is a mechanistic, well-documented, bidirectional relationship between gut dysbiosis and insulin resistance that the research community has been building for over a decade.

You do not need a specialist to begin. You need a jar, a bag of kefir grains, and a quart of whole milk. Five minutes of active time. Twenty-four hours of patience. One cup per day thereafter.

The 38 trillion organisms in your gut have been trying to work for you this entire time. This book is how you give them what they need to do it.

— David

Founder, The Diabetic AI | thediabeticalai.com

A Note to Physicians

The gut microbiome's role in metabolic disease has evolved from speculation to one of the most characterized mechanisms in metabolic research. The Qin et al. Nature study, the Stanford Cell study, and the probiotic meta-analyses cited in this book are published in peer-reviewed journals of the highest standard. The ADA's current guidance on gut health and T2DM management continues to evolve.

Your patient is making kefir. This is safe, inexpensive, and evidence-supported. The primary clinical consideration is that fermented dairy contains carbohydrates, which should be accounted for in a low-carbohydrate protocol. The amount in one cup of kefir is modest and the glycemic response is significantly attenuated by fermentation. Most patients can incorporate it without meaningful impact on glucose control. The immune and anti-inflammatory benefits are clinically meaningful.

Your Next Step

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Emma, your AI companion, tracks your gut protocol alongside your glucose data and generates physician reports that include your fermented food intake, probiotic supplementation, and microbiome-related symptom tracking. The program covers the complete gut-health curriculum in detail, including David's kefir video demonstration.

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A final note: Everything in this book is for educational purposes only. Before making any changes to your diet, fasting routine, exercise protocol, or medications, please work with your physician. If you are on insulin or sulfonylureas, this is not optional — it is a safety requirement. Your doctor is your partner in this, not a gatekeeper to work around. This book was written to help you have a better conversation with them.

Appendix: Full Medical & Legal Disclosures

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This book is published for educational and informational purposes only. The content herein does not constitute medical advice, diagnosis, or treatment, and must not be used as a substitute for the professional judgment of a licensed physician, nurse practitioner, registered dietitian, or other qualified healthcare provider. Reading this book does not establish a doctor-patient relationship between the author, publisher, or The Diabetic AI, LLC and any reader.

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Medication Safety Warning — Critical

If you are currently taking any medication for Type 2 Diabetes, blood pressure, or any other condition — including but not limited to insulin, sulfonylureas (glipizide, glyburide, glimepiride), SGLT2 inhibitors (empagliflozin, dapagliflozin), GLP-1 agonists (semaglutide, tirzepatide), metformin, or antihypertensive medications — please be aware that the dietary and lifestyle changes described in this book may rapidly reduce your need for those medications.

Failure to adjust medications under physician supervision can cause dangerous hypoglycemia (dangerously low blood sugar) or other serious medical complications. Do not begin any dietary change, fasting protocol, or exercise program described in this book without first consulting your prescribing physician. Monitor your blood glucose closely throughout. Never reduce or discontinue any medication without explicit physician authorization.

Results Are Not Guaranteed

The personal experiences described in this book, including the author's journey from an A1c of 12.1 to 5.3, represent individual results and are not typical. Individual outcomes vary based on genetics, duration of disease, medications, comorbidities, adherence, and many other factors. This book makes no guarantee that any specific outcome — including T2DM remission, medication reduction, or any change in health status — will be achieved by any reader.

Clinical Decision-Making Remains With Your Physician

All clinical decisions — including medication adjustments, lab orders, dietary modifications, and changes to your treatment plan — must be made in consultation with your licensed healthcare provider. Your physician remains your primary medical authority. This book is designed to support and inform that relationship, not to replace it.

For Physicians and Healthcare Providers

Content in this series that is directed toward healthcare providers is intended as a continuing medical education resource only. It summarizes published peer-reviewed evidence and provides general clinical frameworks. It does not constitute the establishment of a physician-patient relationship, does not constitute clinical protocol for any individual patient, and does not constitute legal, regulatory, or compliance advice. All patient care decisions must be made based on the individual patient's full clinical picture.

Emergency Protocol

This book is not a crisis resource. If you or someone in your care is experiencing a medical emergency — including symptoms of hypoglycemia, diabetic ketoacidosis, heart attack, stroke, or any other acute condition — call 911 (or your local emergency services number) immediately. Do not rely on this book or any AI system for emergency guidance.

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