



THE DIABETIC AI

A Guide for Your Doctor

*“I’m working toward Type 2 Diabetes remission.
This is what I’m doing — and how we can work together.”*

Dear Doctor,

I’m enrolled in The Diabetic AI — a structured program to help me work toward Type 2 Diabetes remission through nutrition, lifestyle change, and AI-supported guidance.

I’m bringing this guide to share what I’m doing, what the science says, and — most importantly — what I need from you to do this safely. Your partnership in this is not optional to me. It’s essential.

Everything in this program is built on peer-reviewed research. Nothing I am doing replaces your care. I’m asking us to work together more closely, not separately.

With appreciation,

Your Patient

CHAPTER 1

What I'm Trying to Do — And Why

I have Type 2 Diabetes. You know this. What you may not know is that I've decided I'm not willing to simply manage this disease for the rest of my life. I want to work toward remission. That's not a desperate decision. It's a science-backed one.

What Does Remission Mean?

Status	HbA1c	What It Means
Diabetes Remission	<6.5% (off medications, ≥3 months)	ADA/EASD 2021 consensus definition
Non-Diabetic Range	<5.7%	NIDDK / NCBI standard
Optimal Metabolic Health	4.8%–5.4%	Lowest long-term complication risk

I know this may or may not be achievable for me depending on how long I've had the disease and other factors. I'm not expecting a guarantee. I'm asking for a chance — with your support — to try.

CHAPTER 2

The Person Who Built This Program

The Diabetic AI was created by a 64-year-old entrepreneur and business professional who was diagnosed with Type 2 Diabetes in 2002. His A1c was 12.1. His triglycerides were above 350. He was in trouble.

His Journey

- 2002: Diagnosed with T2DM — A1c of 12.1, triglycerides >350, high cholesterol
- Years of self-experimentation, reading peer-reviewed research, and refining his approach
- Strategies: Low-carbohydrate nutrition, intermittent fasting, sauna, homemade kefir and probiotics, targeted supplementation, varied exercise
- 2025: Full remission — A1c of 5.3, without diabetes medications

After 22 years with Type 2 Diabetes, he reversed it. He built this program so others wouldn't have to spend 22 years figuring it out alone.

He is not a doctor. He's clear about that. What he is, is someone who has lived this disease, done the research, and found a way out — and who has dedicated his effort to making that path accessible to anyone who wants to try it.

The program he built is priced at \$397 one-time with a \$20/month AI subscription — deliberately affordable, because he knows from experience that most people with T2DM don't have unlimited healthcare resources.

CHAPTER 3

The Science — What the Research Actually Shows

T2DM remission through lifestyle change is not a fringe idea. It's documented in peer-reviewed randomized controlled trials — the highest standard of clinical evidence. Here are four of the most important studies:

Study 1: The DiRECT Trial (2018) — The Lancet

46% of participants achieved T2DM remission within 1 year

- 298 participants with T2DM in the UK
- Approach: Intensive low-calorie diet (850 kcal/day), gradual food reintroduction, weight maintenance
- Result: 86% of those who lost ≥ 15 kg achieved full remission
- At 2 years: 36% still in remission

Citation: Lean et al., The Lancet, 2018. DOI: 10.1016/S0140-6736(17)33102-1

Study 2: The Virta Health Trial (2021) — Frontiers in Endocrinology

60% of T2DM patients achieved remission on a low-carbohydrate diet

- 262 participants in the USA; 2-year follow-up
- Approach: Very low carbohydrate (~30g/day ketogenic diet), remote physician oversight, no caloric restriction
- HbA1c dropped from 7.7% to 6.3%; 94% of insulin users reduced or eliminated insulin

Citation: Hallberg et al., Frontiers in Endocrinology, 2021. DOI: 10.3389/fendo.2022.836519

Study 3: Intermittent Fasting & T2DM Remission (2022) — JCEM

50% of participants reversed T2DM within 3 months using fasting

- 36 patients in China with T2DM diagnosed 1–11 years
- Approach: 5:2 and alternate-day fasting (500 kcal fasting days)
- HbA1c dropped from 7.6% to 6.4%; some maintained remission for over 12 months

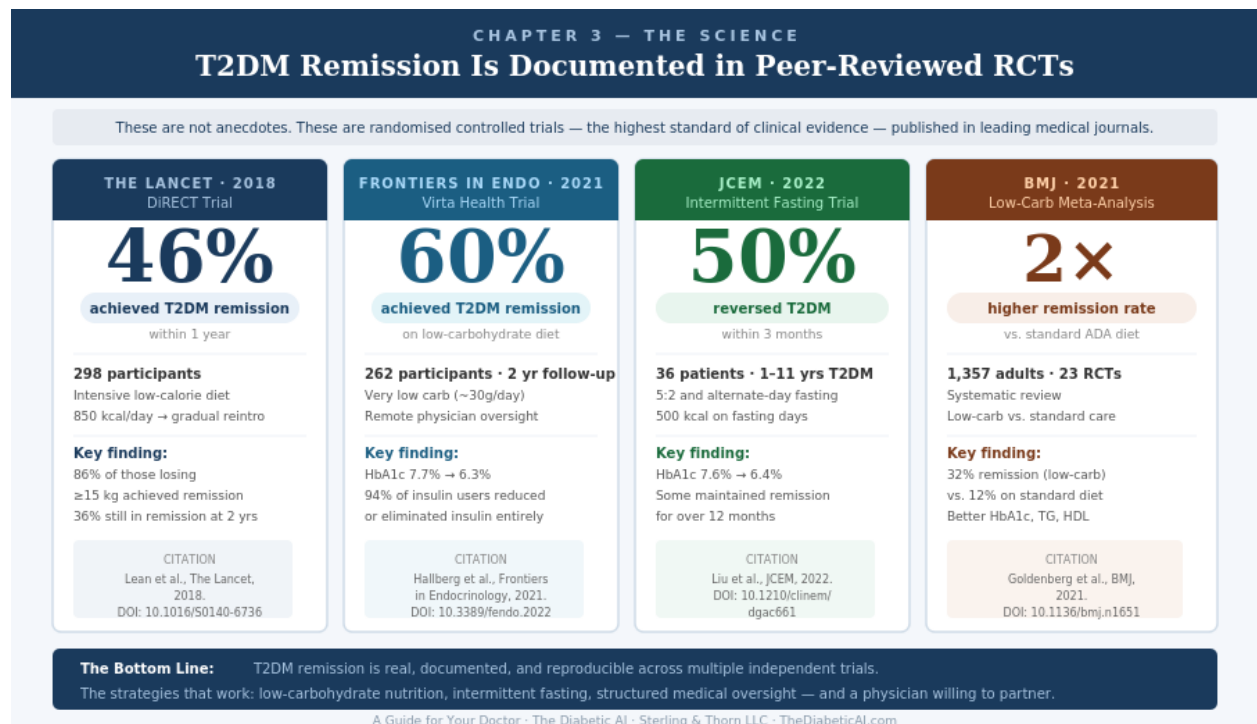
Citation: Liu et al., JCEM, 2022. DOI: 10.1210/clinem/dgac661

Study 4: Low-Carb Diet Meta-Analysis (2021) — BMJ

Low-carb diets more than doubled T2DM remission rates versus standard care

- 1,357 adults across 23 randomised controlled trials
- 32% of low-carb patients achieved remission vs. 12% on standard ADA diet
- Greater improvements in HbA1c, weight, triglycerides, and HDL across the board

Citation: Goldenberg et al., BMJ, 2021. DOI: 10.1136/bmj.n1651



The Bottom Line

- ☐ T2DM remission is real. It's documented in peer-reviewed trials — not anecdotes.
- ☐ The most effective strategies combine low-carbohydrate eating, intermittent fasting, exercise, and structured medical oversight.
- ☐ Remission is more likely in patients diagnosed more recently, but it has been achieved — including by the program's creator — after more than two decades with the disease.
- ☐ Remission requires sustained lifestyle change. If old habits return, blood sugar is likely to rise again.

CHAPTER 4

What I'm Actually Doing in This Program

The program guides me through six interconnected areas, each backed by RCT evidence. Here's a summary of what I'm working on:

CHAPTER 4 — WHAT I'M ACTUALLY DOING IN THIS PROGRAM

Six Interconnected Areas — All Backed by RCT Evidence

 **Nutrition**
Low-carb / ketogenic approach

What I'm doing:
Reducing carbs to 20–50g/day;
eliminating sugar and processed grains;
prioritizing healthy fats, protein, vegetables

Why it works:
Reduces glucose spikes directly; lowers insulin demand; promotes fat metabolism and weight loss

Primary intervention · Most impactful

 **Intermittent Fasting**
Time-restricted eating

What I'm doing:
Time-restricted eating (16:8 protocol);
starting with 16-hr fast, progressing
as tolerated

Why it works:
Reduces fasting insulin; promotes hepatic fat clearance; improves insulin sensitivity

Amplifies nutrition intervention

 **Exercise**
Resistance + aerobic

What I'm doing:
Resistance training 2–3x/week;
walking post-meals; progressive
increase based on fitness level

Why it works:
Resistance: improves GLUT4 and glucose uptake; aerobic reduces HbA1c directly

Post-meal walks shown to blunt glucose spikes

 **Sleep Optimisation**
7–8 hrs · consistent schedule

What I'm doing:
Aiming for 7–8 hours consistently;
reducing screen exposure before bed

Why it works:
Poor sleep elevates cortisol, worsening insulin resistance; deprivation raises HbA1c

Often overlooked — clinically significant

 **Stress Reduction**
Breathing · mindfulness · journaling

What I'm doing:
Daily guided breathing, mindfulness practice, and journaling

Why it works:
Chronic stress elevates cortisol, which raises blood glucose independently

Stress management shown to reduce HbA1c

 **Targeted Supplementation**
With your approval only

What I'm doing:
Potential use of magnesium, omega-3s, berberine — only with your approval and supervision

Why it works:
RCT evidence supports these for glucose management; all changes discussed with you

Nothing changed without your knowledge

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Area	What I'm Doing	Why It Works
Nutrition	Reducing carbohydrates to 20–50g/day (low-carb or ketogenic approach); eliminating sugar and processed grains; prioritising healthy fats, protein, and vegetables	Reduces glucose spikes directly; lowers insulin demand; promotes fat metabolism and weight loss

Intermittent Fasting	Time-restricted eating (e.g., 16:8 protocol); starting with 16 hours fasting, progressing as tolerated	Reduces fasting insulin; promotes hepatic fat clearance; improves insulin sensitivity
Exercise	Combination of resistance training (2–3x/week) and aerobic activity (walking post-meals); progression based on fitness level	Resistance training improves GLUT4 translocation and glucose uptake; aerobic exercise reduces HbA1c directly
Sleep Optimisation	Aiming for 7–8 hours; consistent sleep schedule; reducing screen exposure before bed	Poor sleep elevates cortisol and worsens insulin resistance; sleep deprivation shown to increase HbA1c
Stress Reduction	Daily guided breathing, mindfulness practice, and journaling	Chronic stress elevates cortisol, which raises blood glucose; stress management shown to reduce HbA1c
Targeted Supplementation	Potential use of magnesium, omega-3s, berberine — only with your approval and supervision	RCT evidence supports these supplements for glucose management; all changes discussed with you first

I am not doing this alone.

The Diabetic AI provides me with structured guidance, helps me track my data, generates reports for your review, and educates me about the science behind every recommendation. It functions as a knowledgeable companion between our appointments — not as a replacement for you.

CHAPTER 5

The Medication Conversation — The Most Important Chapter

This is the part of this program that most requires your direct involvement. Please read this carefully.

The Core Risk:

When I reduce carbohydrates significantly — especially to 20–50g/day — my blood glucose can drop rapidly and substantially. If I remain on the same glucose-lowering medications, I face a real risk of hypoglycaemia. This can be dangerous.

I have been instructed by the program to:

1. Speak with you before starting any dietary changes
2. Self-monitor my blood glucose daily throughout the program
3. Contact you immediately if my fasting glucose drops below 80 mg/dL while on medication

4. Never adjust my medications on my own — all medication changes must be authorized by you

What I'm asking from you:

- Please review my current medications against the dietary changes I'm making
- Be prepared to reduce or discontinue glucose-lowering medications as my glucose normalizes — proactively, to prevent hypoglycemia
- Monitor my blood pressure medications as well — weight loss and improved insulin resistance can reduce blood pressure significantly
- Establish a clear threshold with me for when I should call you

Medication	Risk with Low-Carb Diet	What I'm Asking You to Consider
Insulin	High hypoglycaemia risk with rapid glucose reduction	Proactive dose reduction before I begin; we should plan this together
Sulfonylureas (glipizide, glyburide, glimepiride)	High hypoglycaemia risk	Consider reducing dose early; I will monitor closely
SGLT-2 inhibitors (empagliflozin, dapagliflozin)	Risk of euglycaemic DKA on very low-carb diet	Please advise whether to continue during ketogenic phase
Metformin	Lower risk; GI side effects may increase	Generally safe to continue; reassess as glucose normalises
Blood pressure medications	Risk of hypotension as weight and vascular health improve	Please monitor my BP regularly; ready to reduce dosing as needed

CHAPTER 6

About the AI — What It Is and What It Isn't

I understand that you may have questions or concerns about an AI being involved in my healthcare. I want to be transparent about exactly what it does and doesn't do.

CHAPTER 6 — ABOUT THE AI

What the AI Does — and Doesn't Do

✓ The AI DOES	✗ The AI Does NOT Do
✓ Provides evidence-based educational information Nutrition, fasting, exercise, supplementation, sleep, stress ✓ Answers questions 24/7 between appointments Available when you're not — reduces unnecessary calls ✓ Generates structured reports for your review Metabolic summary, intervention plan, adherence scorecard ✓ Tracks self-reported data and identifies trends Glucose, weight, ketones, waist, adherence patterns ✓ Cites peer-reviewed research for every major recommendation RCT-based guidance, not opinion — verifiable by you ✓ Flags potential medication concerns — directs to you Hypoglycemia risk, BP changes, renal considerations	✗ Diagnose or treat any condition No diagnosis, no treatment recommendations — that's your role ✗ Adjust or recommend medication changes All prescribing decisions are exclusively yours ✗ Override your clinical instructions Your feedback is authoritative and directly updates recommendations ✗ Replace appointments with you Designed to support the relationship — not substitute for it ✗ Make emergency medical decisions Always directs patient to 911 or their physician in emergencies ✗ Collect identifying personal information No last name, DOB, insurance, or PHI collected

Built on Anthropic's Claude · Guided by a curated RCT knowledge base · Your feedback directly updates what the AI recommends · You are, in effect, the quality control.
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What the AI Does

- Synthesizes my logged data into structured reports for your review
- Delivers educational content adaptively based on my progress
- Answers evidence-based questions within its defined scope
- Cites its sources — every recommendation links to a peer-reviewed study

What the AI Does NOT Do

- Does not diagnose any condition
- Does not recommend specific medication changes
- Does not replace clinical oversight
- Does not speculate outside its evidence base

The AI is built on Anthropic's Claude — a large language model — and guided by a curated knowledge base of RCTs and clinical guidelines specific to T2DM. It's not perfect. It can make mistakes. That's exactly why you're involved.

Your feedback on the reports it generates directly updates its recommendations for me. You are, in effect, the quality control.

CHAPTER 7

The Reports I'll Bring You

At regular intervals throughout the program, the AI generates structured reports that I'll bring to — or send ahead of — our appointments. These are designed to make your review as efficient as possible.

Report 1: Metabolic Summary Report (Every 4–8 Weeks)

- Key biomarkers (HbA1c, fasting glucose, lipids, hs-CRP, weight, waist)
- My current dietary profile and carbohydrate intake
- Physical activity summary
- Current medications and supplements
- Progress scorecard with AI recommendations
- A physician feedback form for your response (valid for 30 days)

Report 2: AI-Generated Intervention Plan (At Program Entry; Updated as I Progress)

- Specific interventions I'm working on (nutrition, fasting, exercise, sleep, stress, supplementation)
- RCT citation for each intervention
- Action steps with timelines
- Disclaimer that all interventions are educational and require your approval before implementation

Report 3: Patient Adherence Summary (Every 8 Weeks)

- Week-by-week adherence scorecard across all program areas
- Clinical progress data (glucose, weight, ketones, waist)
- Behavioral insights and patterns
- Suggested next steps — for your review and modification

The Physician Feedback Form

Each report includes a physician feedback form — accessible by QR code or direct link, active for 30 days. This is how you communicate back to the AI and to me. It takes less than 10 minutes and includes:

- A field for you to agree or flag concerns with specific AI recommendations
- A free-text comment section
- A file upload option (PDF, Word, Excel, CSV, TXT) for lab results or clinical notes
- A section for your suggestions, with optional citations

Your feedback is authoritative. It directly updates what the AI recommends to me and becomes part of my program record.

CHAPTER 8

What I'm Asking From You

I want to be specific. Here are the things I'm asking you to do as my doctor while I'm in this program:

CHAPTER 8 — WHAT I'M ASKING FROM YOU

Seven Things I Need From My Doctor

1

Review my medications before I start **SAFETY CRITICAL**
Preventing hypoglycemia is the most urgent safety concern. We need a medication plan before I change my diet.

2

Establish a blood glucose threshold to call you
Gives me a clear safety protocol and removes guesswork. I will contact you immediately if fasting BG drops below that level.

3

Review the AI-generated reports I bring
Structured to support your clinical decision-making, not add workload. Metabolic summary, intervention plan, adherence data.

4

Provide feedback via the physician form
Your input directly updates my AI recommendations. Takes less than 10 minutes. Accessible by QR code or direct link.

5

Be open to medication reduction as I improve
De-prescribing appropriately is part of the goal — and can only happen safely with your direct involvement.

6

Tell me clearly if you have concerns
I want your honest clinical opinion, even if it complicates my plan. Your expertise matters to me more than validation.

7

Order labs at baseline and every 8-12 weeks
HbA1c, lipids, hs-CRP, eGFR. Tracking these gives us the objective evidence we both need to see what's working.

A Note on Our Relationship
I am not trying to circumvent your expertise. I am asking for a more active partnership than a standard 15-minute appointment allows.
Review the reports. Tell me when something concerns you. Be my doctor — with better data.

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#	My Ask	Why It Matters
1	Have a conversation with me about my medications before I begin dietary changes	Preventing hypoglycemia is the most urgent safety concern in this program
2	Establish a blood glucose threshold at which I should call you immediately	Gives me a clear safety protocol and removes guesswork
3	Review the AI-generated reports I bring to appointments	The reports are structured to support your clinical decision-making, not add to your workload
4	Provide feedback via the physician form	Your input directly updates my AI recommendations and keeps the program aligned with your clinical judgement

5	Be open to medication reduction as my glucose improves	Deprescribing appropriately is part of the goal — and can only happen safely with your involvement
6	Tell me clearly if you have concerns about anything I'm doing	I want your honest clinical opinion, even if it complicates my plan. Your expertise matters to me.
7	Order labs at baseline and at 8–12 week intervals	Tracking HbA1c, lipids, hs-CRP, and eGFR gives us the evidence we need to see what's working

A Note on Our Relationship

I am not trying to circumvent your medical expertise. I am not trying to do this on my own or without you. I am asking for a more active partnership than a standard 15-minute appointment every three months allows. The reports I bring are designed to make that partnership easier — not harder.

CHAPTER 9

About the Program

If you're curious about what I'm enrolled in:

Program Pricing	What's Included
Course access: \$397 one-time AI subscription: \$20/month Why so affordable? <i>The creator priced it this way intentionally. He knows most people with T2DM face financial constraints alongside health constraints. Early market research suggested a \$2,000 price point. He chose differently.</i>	• Self-paced video course (100+ languages) • AI assistant (Emma - The Diabetic AI) • Physician collaboration reports • Progress tracking tools • Private support community • Printable resources and guides • Walkthroughs for non-tech-savvy users

How to Learn More

- Website: TheDiabeticAI.com
- YouTube: youtube.com/@thediabeticaai
- A separate Physician Partnership Guide is available for you — it contains full clinical detail, the medication safety protocol, sample reports, and a Q&A for common physician questions. Ask me for a copy or access it directly at TheDiabeticAI.com.

Closing: Thank You for Reading This

I know this is more than you usually receive from a patient. I know it asks more of you too.

But here's what I believe: the single greatest advantage I have in this effort is a doctor who understands what I'm trying to do, believes it's worth trying, and is willing to be an active partner in it — not just a bystander.

I'm not asking you to endorse every detail of the program. I'm asking you to stay engaged with my care as I go through it. Review the reports. Tell me when something concerns you. Adjust my medications as they become less necessary. Be my doctor — just with better data in hand.

The research says this is possible. The creator's story says this is possible. And I believe, with your help, it might be possible for me.

With gratitude,

Your Patient

Important Disclaimer

This document and all materials from The Diabetic AI / Diabetic AI, LLC are for general educational and informational purposes only. Nothing in this document constitutes medical advice, a diagnosis, or a treatment recommendation. Nothing in this program establishes a physician-patient relationship between Diabetic AI, LLC and any patient or healthcare provider.

All clinical decisions, including medication adjustments, treatment changes, and medical care, remain the responsibility of the patient's treating physician. The AI system does not diagnose, treat, cure, or prevent any disease.

This program is not an FDA-cleared medical device. The HIPAA compliance posture of this program is currently under formal legal review. For questions about regulatory matters, please consult your healthcare compliance counsel.

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