



THE DIABETIC AI



Your First 30 Days

A Quick-Start Guide to Reversing Type 2 Diabetes

From The Diabetic AI — Your Evidence-Based Companion for T2DM Remission

The Diabetic AI, LLC | thediabeticai.com

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Medical Disclaimer

This guide is for educational and informational purposes only. It does not diagnose, treat, cure, or prevent any disease and is not a substitute for professional medical advice. Always consult your licensed physician before making changes to your diet, exercise routine, or medications — especially if you are on insulin, sulfonylureas, or other diabetes medications. Dietary changes can rapidly lower blood glucose, creating hypoglycemia risk if medication doses are not adjusted.

A Message From David



Twenty years. That is how long I lived with Type 2 Diabetes before I figured out how to reverse it. Not manage it. Reverse it.

My A1c went from 12.1 — dangerously high, complication territory — all the way down to 5.3. That is the non-diabetic range. My doctor was surprised. I was not, because I had spent years reading every randomized controlled trial I could find and testing what worked on me.

What I discovered is that Type 2 Diabetes is not a life sentence. It is a metabolic condition driven by insulin resistance and chronic inflammation — and both of those can be reversed through specific, evidence-based lifestyle changes. The science is clear. The problem is that most people are never given the tools or the guidance to act on it.

That is why I built The Diabetic AI. And that is why this guide exists.

In the next 30 days, you are going to make changes that your blood sugar will notice immediately. You do not need to be perfect. You do not need to understand every mechanism. You just need to start — and this guide will show you exactly how.

Let's get to work.

— David, Founder of The Diabetic AI

Understanding What You Are Actually Fighting

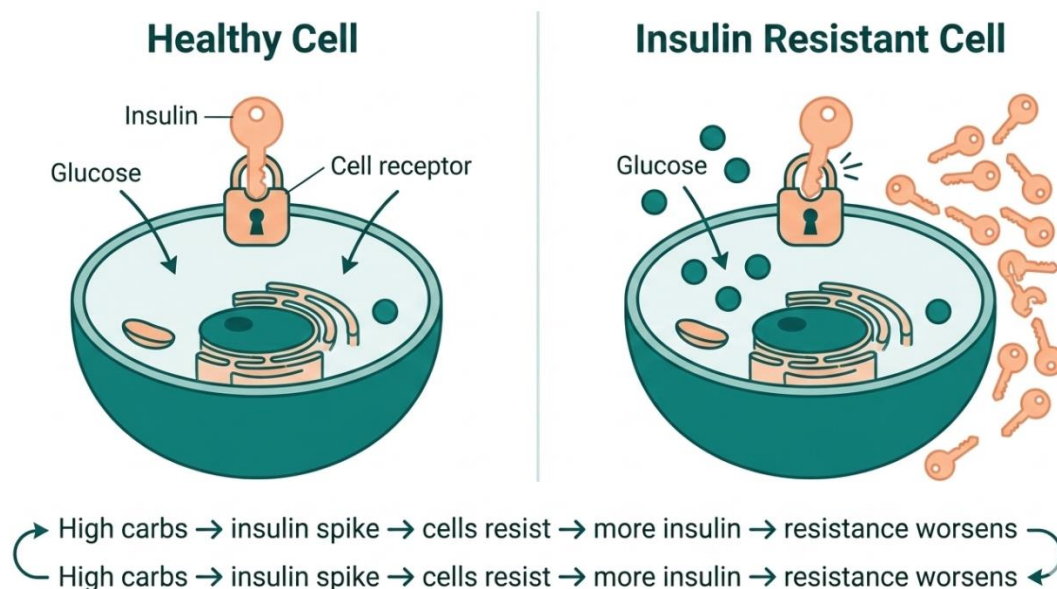
Before we give you a single action step, you need to understand one thing: Type 2 Diabetes is not about sugar. Sugar is the symptom. The disease is insulin resistance.

What Is Insulin Resistance?

Insulin is a hormone produced by your pancreas. Its job is to unlock your cells so glucose can enter and be used for energy. Insulin resistance means your cells have stopped responding to that signal. The pancreas compensates by producing more and more insulin — until eventually it cannot keep up, and blood glucose rises.

This process does not happen overnight. It builds over years, driven by:

- Excess refined carbohydrates and sugar chronically spiking insulin
- Ectopic fat accumulation in the liver and pancreas, disrupting insulin signaling
- Chronic low-grade inflammation damaging cellular insulin receptors
- Poor sleep, chronic stress, and sedentary lifestyle amplifying the damage



What Does Reversal Actually Mean?

The medical definitions matter here, because you should know exactly what you are aiming for:

A1c Level	Status	What It Means
Above 6.5%	Type 2 Diabetes — Active	Requires ongoing management. Reversal is the goal.
Below 6.5%	Remission — Off Medication	Medically defined remission. A major win.
Below 5.7%	Non-Diabetic Range	Your pancreas and cells are working normally again.
4.8% – 5.4%	Optimal Metabolic Health	Long-term longevity zone. David's current range.

These targets are achievable. The DiRECT Trial — a landmark randomized controlled trial published in *The Lancet* — showed that 46% of participants achieved full remission (A1c below 6.5% without medication) within 12 months using dietary intervention alone.

Lean MEJ, et al. Primary care-led weight management for remission of type 2 diabetes (DiRECT). Lancet. 2018;391(10120):541–551.

Your First 30 Days — A Week-by-Week Protocol

This protocol is deliberately staged. You do not change everything at once. Each week adds one new layer on top of what you built the week before. By Day 30, you will have a complete, working protocol running simultaneously — and your blood glucose will show measurable improvement.

NOTE: The program is designed to be self-paced, so these numbers represent what could occur given a structured time commitment.



Layer by layer — not all at once.

Eating Window + Food Eliminations

The two highest-leverage changes you can make — starting today.

Week 1 Action 1: Set Your Eating Window

The single most impactful thing you can do right now — before changing a single food — is to stop eating outside a defined daily window. This is called time-restricted eating, and the research is unambiguous about its metabolic benefit.

A 2022 RCT in the New England Journal of Medicine found that an 8-hour eating window reduced HbA1c, fasting glucose, and body weight in adults with Type 2 Diabetes — without any dietary changes at all. The timing of eating is itself a therapeutic intervention.

Wilkinson MJ et al. Ten-Hour Time-Restricted Eating Reduces Weight, Blood Pressure, and Atherogenic Lipids. Cell Metabolism. 2020;31(1):92–104.

For Week 1, you are not aiming for 16:8 fasting. You are just establishing a window. Choose one of the following:

Window	What It Means
12:12 (entry)	Eat between 8 AM – 8 PM. Fast for 12 hours. This is your floor — most people are already doing something close to this.
11:13 (good)	Eat between 8 AM – 7 PM. 13 hours fasting. Solid Week 1 target for most people.
10:14 (ideal)	Eat between 9 AM – 7 PM. 14 hours fasting. Best Week 1 target if you currently skip breakfast.

Rules During Your Fasting Window

Allowed: Water, black coffee, plain tea (no milk, no sweetener of any kind)

Not allowed: Any food, juice, flavored drinks, cream, sweeteners

Do not eat within 2–3 hours of bedtime — late eating directly spikes morning fasting glucose

If you slip once: log it with the AI, understand why, and reset the next day. One slip is data, not failure.

Week 1 Action 2: Eliminate Three Food Categories

You do not need to overhaul your entire diet this week. You need to remove the three categories that do the most damage — the ones most aggressively spiking insulin, fueling inflammation, and blocking your reversal regardless of everything else you do correctly.

Category	What to Remove	Why It Matters
All Added Sugars	Sucrose, fructose, honey, maple syrup, agave, fruit juice, most commercial sauces and condiments, sweetened yogurt, flavored drinks	The most direct driver of insulin spikes and glucose elevation. Also feeds the inflammatory cascade. Non-negotiable.
All Refined Grains	White bread, pasta, rice, cereals, crackers, tortillas, wraps, muffins, pastries, most packaged low-fat foods	Rapidly converted to glucose. Glycemic impact rivals sugar. No meaningful nutritional advantage.
Industrial Seed Oils	Canola, soybean, corn, cottonseed, sunflower, safflower, grapeseed oil — and any fried food cooked in them	High in omega-6 fatty acids. Oxidize easily, generating inflammatory compounds that directly impair insulin receptor function.

What to Use Instead

Instead of...	Use This
Sugar in coffee or tea	Allulose monk fruit, or 100% pure stevia — neither spikes insulin
Bread or wraps	Lettuce wraps, or eat the filling without the bread
Pasta	Zucchini noodles, shirataki noodles, or a protein-and-vegetable plate
Rice	Cauliflower rice, or skip it and add more protein and fat
Vegetable or seed oils	Olive oil, avocado oil, coconut oil, butter, or ghee
Sweetened yogurt	Full-fat plain Greek yogurt — add cinnamon or a few berries

□ THIS WEEK'S ACTION — Week 1

Pick your eating window and write it here: ____ AM to ____ PM. Then remove all three food categories from your home today. Do not keep them on the counter 'for later.' Out of sight, out of mouth. Tell The Diabetic AI your window and what you eliminated. It will log your start date as Day 1.

Tracking Your Data

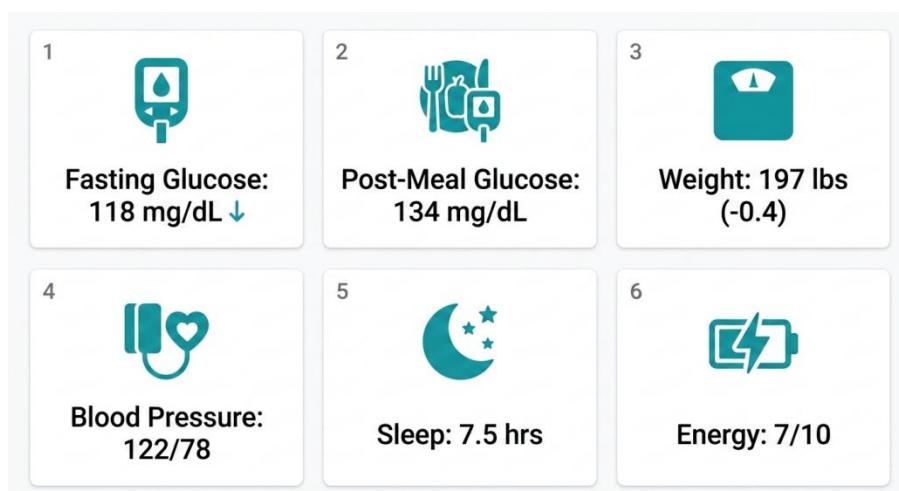
What gets measured gets reversed.

Why Tracking Is Not Optional

Data is the difference between guessing and knowing. Your glucose readings, tracked consistently, will tell you which foods work for your metabolism, whether your fasting window is producing results, and exactly when to have a conversation with your doctor about medication adjustment. Without data, you are flying blind.

What to Track Every Day

Metric	How and When
Fasting Glucose	Every morning before eating or drinking anything. This is your baseline metabolic health signal.
Post-Meal Glucose	1 hour after your largest meal. Your target is under 140 mg/dL. This tells you how your body responded to what you ate.
Weight	Each morning after waking. Do not react to daily fluctuations — look for 7-day trends.
Blood Pressure	3x per week, at the same time each day. T2DM and hypertension are deeply connected.
Sleep Hours	Log nightly. Poor sleep (under 7 hours) can raise fasting glucose by 10–25 mg/dL the next day.
Energy Level (1–10)	A simple daily note. Energy improvements often precede A1c improvements by weeks.



Understanding Your Glucose Numbers

Not all glucose readings mean the same thing. Here is how to interpret what you see:

Reading	What's Normal	What to Do If High
Fasting (morning)	Under 100 mg/dL ideal; under 126 mg/dL acceptable in early reversal	Check your evening eating time — late meals drive morning highs. Also check sleep quality.
Post-meal (1 hr)	Under 140 mg/dL — the threshold where cellular glucose toxicity begins	Identify the food that caused the spike. Log it with your AI as a 'red food' for your body.
Post-meal (2 hr)	Under 120 mg/dL is the goal	If still above 140 at 2 hours, that meal needs to be restructured.
7-day fasting average	Trending downward week over week is the signal that matters	Look for patterns, not daily numbers. One bad morning means nothing. A week of bad mornings means something.

Talk to Your AI This Week

Log your first 7 days of readings and say: 'Here are my glucose readings from Week 1. What patterns do you see, and what should I focus on in Week 2?'

The AI will analyze your data, identify your highest-spike meals, and give you specific next steps based on your actual numbers — not a generic protocol.

THIS WEEK'S ACTION — Week 2

Set up your daily tracking system — a notebook, a phone app, or the AI tracker. Log fasting glucose every morning for 7 days. At the end of the week, share your readings with The Diabetic AI and ask it to identify your glucose pattern and your top 3 improvement opportunities.

WEEK 3 | Days 15–21

Movement and Exercise

Muscle is your most powerful glucose disposal organ.

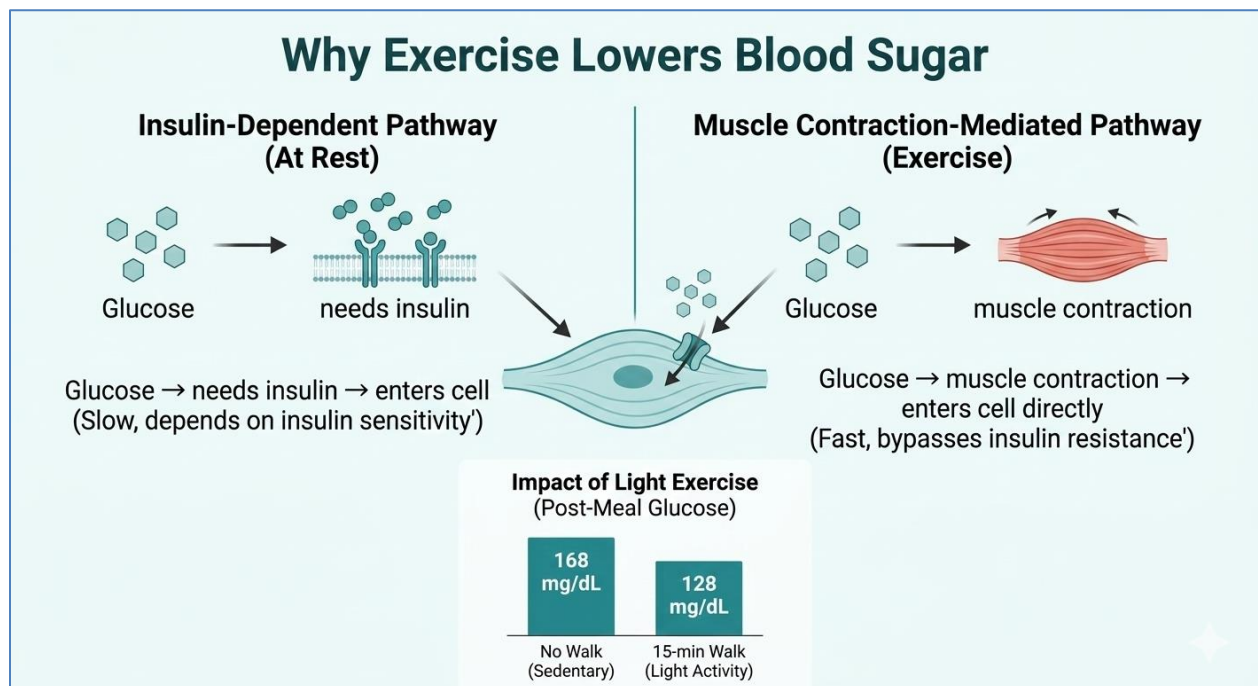
Why Exercise Is a Metabolic Intervention, Not a Calorie Burn

Most people think of exercise as a way to burn calories. For Type 2 Diabetes reversal, exercise serves a completely different purpose: it forces your muscle cells to absorb glucose directly —

bypassing insulin entirely. Every time your muscles contract, glucose uptake occurs. This is why even a short walk after a meal can drop your post-meal glucose reading by 20–40 mg/dL.

A meta-analysis in JAMA (Umpierre et al., 2011) reviewing 47 RCTs found that structured exercise — especially resistance training combined with aerobic activity — reduced A1c by an average of 0.89% compared to control groups.

Umpierre D, et al. Physical activity advice only or structured exercise training and association with HbA1c levels in type 2 diabetes. JAMA. 2011;305(17):1790–1799.



Your Week 3 Exercise Protocol

You are building three habits this week. None of them require a gym membership.

Habit 1: Post-Meal Walks

After your largest meal each day, walk for 10–15 minutes. Not fast. Not intense. Just move. Researchers at George Washington University found that three 15-minute post-meal walks reduced 24-hour blood sugar significantly better than a single 45-minute walk. Timing matters more than duration.

DiPietro L, et al. Three 15-min bouts of moderate post meal walking significantly improves 24-h glycemic control. Diabetes Care. 2013;36(10):3262–3268.

Habit 2: One Resistance Session Per Week

Resistance training builds the muscle mass that is your primary glucose disposal system. You do not need heavy weights or a gym. Start with one of these options:

- Bodyweight: squats, wall push-ups, chair-assisted lunges — 2 sets of 10, 3 exercises
- Resistance bands: available for under \$20, extremely effective for beginners
- Free weights: if you have them, 2 sets of 10 reps for 3 muscle groups

If you are already exercising, add one resistance session to what you do. If you are completely new to exercise, the bodyweight option above is your starting point.

Habit 3: Morning Movement

Before your first meal of the day, do 5–10 minutes of light movement — a short walk, gentle stretching, or even standing and moving through the house. Morning movement helps deplete liver glycogen stores and lowers fasting glucose for the rest of the day.

Exercise Type	Frequency / Duration
Post-meal walk	After largest meal daily — 10–15 minutes minimum
Resistance training	1–2x per week — 20–30 minutes, full body
Morning movement	Daily — 5–10 minutes before first meal
Optional: cycling or swimming	As available — both excellent for joint-friendly cardio

□ Before Starting Exercise

If you have diabetic neuropathy, retinopathy, cardiovascular disease, or have been sedentary for more than a year, check with your physician before beginning any resistance exercise program.

If you take insulin or sulfonylureas: exercise can lower blood glucose significantly. Monitor before and after sessions, especially in early weeks.

□ THIS WEEK'S ACTION — Week 3

This week: take a post-meal walk every day after your largest meal. Log your pre-walk and post-walk glucose readings for at least 3 of these walks. You will likely see a 15–40 mg/dL drop. Share those readings with your AI and say: 'Here are my pre- and post-walk readings. What do they tell you about my insulin sensitivity?'

Fasting Introduction and Full Integration

Your protocol is complete. Now you activate your metabolic flexibility.

What Is Metabolic Flexibility — and Why Does It Matter?

Metabolic flexibility is your body's ability to shift between burning glucose and burning fat for fuel. In Type 2 Diabetes, this flexibility is severely impaired — your body is locked into glucose-burning mode, unable to access its fat stores efficiently. Fasting is the most powerful tool for restoring metabolic flexibility.

Fasting is not starvation. It is a deliberate, time-limited period of not eating that forces your body to deplete glucose stores and switch to fat and ketone burning. This metabolic shift is where insulin resistance reverses most rapidly.

The Fasting Protocol for Week 4

You have already been doing a 10–14 hour overnight fast since Week 1. This week, you tighten your eating window and, if you are ready, experience your first intentional extended fast.

Protocol	Best For
14:10 — Eat within 10 hours	If Weeks 1–3 felt manageable but morning hunger is still present. A gentle tightening.
16:8 — Eat within 8 hours	If Weeks 1–3 felt solid and morning hunger has diminished. The protocol most strongly supported by T2DM research.
18:6 (optional advanced)	For those who progressed quickly. Only attempt if you are NOT on high-risk medications.

Managing Morning Hunger

Black coffee or plain tea with a pinch of salt — these do not break a fast and significantly suppress hunger hormones.

Drink 16 oz of water immediately upon waking.

Stay occupied for the first 30–60 minutes. Most hunger disappears within 20–30 minutes if you stay hydrated and busy.

Hunger in the fasting window is a sign your body is burning stored energy. That is exactly what you want.

❑ Critical Safety Notice for Fasting

If you are on insulin, sulfonylureas (glipizide, glimepiride, glyburide), or SGLT2 inhibitors, do NOT extend your fast beyond 16 hours without speaking to your physician first. These medications can cause hypoglycemia during extended fasting.

Required action before attempting any extended fast: Tell your doctor you are beginning a structured fasting protocol and ask whether your medication doses need to be reviewed.

Your 30-Day Progress Review

At the end of Week 4 — Day 30 — do the following:

1. Pull up all your tracking data from the past 30 days.
2. Calculate your fasting glucose average for each week. Is it trending down?
3. Note your most significant food discovery — which food spiked you most? Which one surprised you by not spiking you?
4. Log everything in your Diabetic AI and say: 'I've completed my first 30 days. Here is my data summary. Please give me a 30-day progress assessment and my top 3 priorities for the next 30 days.'
5. If your doctor has not heard from you in 30 days, schedule an appointment and bring your tracking data. This is where the AI-generated Doctor Report becomes your most powerful tool.

❑ THIS WEEK'S ACTION — Week 4

Tighten your eating window to 14:10 or 16:8, whichever fits your readiness. Complete a 30-day data summary with your AI. Print or save your AI-generated Doctor Report and bring it to your next physician appointment. Tell your AI: 'Generate my 30-day progress report for my doctor.'

Your Nutrition Framework

The nutritional foundation of T2DM reversal is carbohydrate reduction. This is not a fad. It is the most direct lever you have for lowering insulin and blood glucose. Here is how to build a sustainable eating framework — not a temporary diet.

The Three Approaches — Choose Your Starting Point

Approach	Carbs Per Day	Best For
Low Carb	50–100g net carbs	If you are new to reducing carbs and want flexibility. More vegetables, some fruit, nuts, dairy.

Keto	20–50g net carbs	The primary protocol for most people in active reversal. Drives ketosis, strongest insulin reduction.
Carnivore	Near zero	Short-term elimination protocol for severe inflammation, autoimmune issues, or keto adaptation difficulty. Not intended as permanent.

This program recommends starting with Low Carb and progressing to Keto as you adapt. If you are newly diagnosed and your A1c is below 8, Low Carb may be sufficient. If your A1c is above 8 or you want faster reversal, start with Keto.

Foods to Eat Freely



- Proteins: Beef, pork, lamb, chicken, turkey, salmon, sardines, eggs, full-fat dairy
- Fats: Olive oil, avocado oil, butter, ghee, coconut oil, avocado, nuts and seeds (in moderation)
- Vegetables (non-starchy): Spinach, kale, broccoli, cauliflower, zucchini, asparagus, cucumber, peppers, mushrooms
- Beverages: Water, sparkling water, black coffee, plain tea (with approved sweeteners).
My favorite beverage I drink all day – every day - is decaf coffee with pure stevia!

Foods to Avoid or Severely Limit

- All grains: bread, pasta, rice, oats, cereal, corn — even whole grain versions
- All added sugars and sweeteners (except allulose, monk fruit, or pure stevia)

- Starchy vegetables: potatoes, sweet potatoes, corn, peas, beets
- High-sugar fruits: bananas, grapes, mangoes, pineapple, watermelon
- Industrial seed oils: canola, soybean, corn, sunflower, safflower
- Processed low-fat foods: these are typically high in sugar to compensate for fat removal

A Simple 7-Day Meal Framework

You do not need elaborate recipes to succeed. Build most meals from this template:

Meal	Template	Example
Breakfast (or break-fast)	Protein + Fat	2–3 eggs cooked in butter + 2 strips bacon + black coffee
Lunch	Protein + Fat + Non-Starchy Vegetable	Grilled salmon + sautéed spinach in olive oil + half an avocado
Dinner	Protein + Fat + Non-Starchy Vegetable	Ribeye steak + broccoli roasted in butter + side salad with olive oil
Snack (if needed)	Protein + Fat only, never carbs alone	Hard-boiled eggs, full-fat cheese, handful of macadamia nuts, or beef jerky (check label for carbs)

Ask Your AI for a Personalized Meal Plan

Tell your AI your food preferences, any allergies or restrictions, your cooking ability level, and your budget. Say:

'Build me a 7-day keto meal plan based on my preferences. Include a shopping list. Keep it simple — I am just starting out.'

The AI will generate a complete plan tailored to your specific situation.

Evidence-Based Supplements

Supplements will not reverse diabetes on their own. But the right ones — used correctly — can meaningfully accelerate your results, fill nutritional gaps created by carbohydrate restriction, and support the underlying mechanisms of insulin resistance. Every supplement in this guide has RCT support.

□ Before Starting Any Supplement

Always discuss new supplements with your physician, especially if you are on medications. Berberine in particular has meaningful interactions with Metformin and other diabetes medications. Your pharmacist is an excellent and underutilized resource for supplement-drug interaction checks.

Supplements are support — not a replacement for nutrition, fasting, and exercise.

Tier 1: Start Here — Foundation Supplements

These are appropriate for almost everyone on this protocol, regardless of where you are starting from.

Supplement	Dose and Timing	Why It Belongs Here
Magnesium Glycinate	200–400 mg before bed	Deficiency is nearly universal in T2DM. Essential for insulin signaling, glucose metabolism, sleep quality, and muscle function. The glycinate form is gentlest on the stomach.
Vitamin D3 + K2	2,000–5,000 IU D3 + 100 mcg K2, with largest meal	Vitamin D deficiency directly impairs pancreatic beta-cell function and insulin secretion. Always take K2 together with D3.
Omega-3 (EPA + DHA)	2,000–3,000 mg daily with meals	Reduces triglycerides, lowers systemic inflammation, and improves insulin sensitivity. Use a third-party tested product.

Tier 2: High-Evidence Targeted Supplements

Supplement	Dose and Timing	Evidence Summary
Berberine	500 mg, 2–3x daily with meals	Multiple RCTs show A1c reductions comparable to Metformin. Highly effective for insulin resistance and post-meal glucose control. Do not combine with Metformin without physician guidance — risk of additive hypoglycemia.
Ceylon Cinnamon	500–1,000 mg daily	Meta-analysis of 10 RCTs shows modest reductions in fasting blood glucose. Use Ceylon variety only — Cassia cinnamon contains coumarin, which can be harmful at high doses.
Chromium Picolinate	200–400 mcg daily with meals	Insulin co-factor. Consistent evidence for improving fasting glucose and insulin sensitivity, especially when dietary chromium intake is low (common on low-carb diets).



Gut Health — The Hidden Driver of Blood Sugar

A landmark study in *Nature* (Qin et al., 2012) involving 345 subjects found that gut microbial dysbiosis — specifically low bacterial diversity — was significantly associated with Type 2 Diabetes and insulin resistance. Your gut microbiome directly influences how your body responds to food, how much insulin you need, and how much systemic inflammation you carry.

Qin J, et al. A metagenome-wide association study of gut microbiota in type 2 diabetes. Nature. 2012;490:55–60.

David's personal protocol includes homemade kefir — a fermented dairy drink containing up to 50 strains of live beneficial bacteria. This is one of the most cost-effective, powerful probiotic interventions available. A single cup of homemade kefir can contain more live cultures than an entire bottle of commercial probiotic capsules.

How to Make Simple Homemade Kefir

Do not buy kefir from the store! This kefir is often laced with ingredients that may spike glucose and the processing procedures highly reduce the microbial benefits you are trying to get.

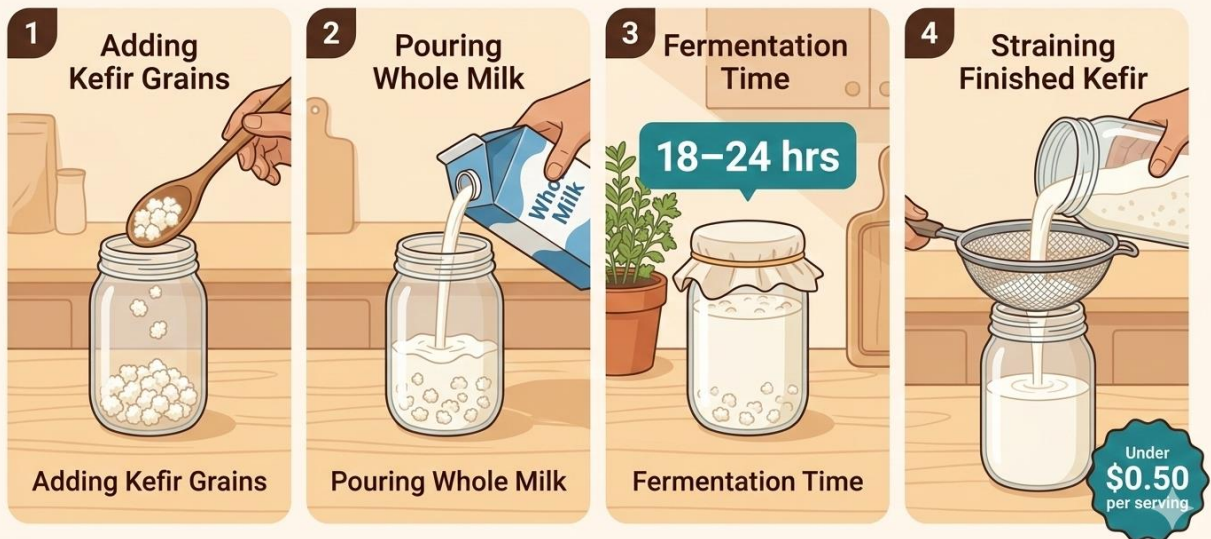
Making Kefir is so easy that the benefits of making homemade kefir far outweigh finding alternatives.

• You Will Need

- Kefir grains (available online, they are reusable indefinitely. Buy 2 tablespoons.)
- Whole milk (organic or grass-fed preferred, but not required)
- 2-3 glass jars (quart-sized or 900ml works well)
- A breathable cover (cloth, coffee filter, or loose lid)
- Rubber bands or hair ties to hold covers in place

Step	What to Do
1. Add grains to jar	Place 1–2 tablespoons of kefir grains in your clean glass jar.
2. Add milk	Pour 2–4 cups of whole milk over the grains. Do not use ultra-pasteurized milk — the cultures struggle with it.
3. Cover and rest	Cover with a breathable cloth. Leave on your counter at room temperature (68–75°F) for 12–24 hours. Don't worry if the mix separates into curds and whey, it does not matter.
4. Strain and store	Strain out the grains using a plastic (not metal) strainer. Store the finished kefir in the fridge. Return the grains to a fresh jar of milk to start the next batch.
5. Drink daily	Start with 4 oz per day. Build up to 8–12 oz over 2 weeks. Some digestive adjustment is normal in the first week.

How to Make Kefir at Home



Best Practices: Some people have a hard time with kefir because it is often tart from the fermenting process. My personal preference is to mix it 1:1 with full fat Greek Yogurt and I like to mix it with Ceylon Cinnamon, pure Stevia, and pure Vanilla Extract. The key is to be creative with it and integrate it with approved additives and foods, and add carb free flavors you like and can see yourself using all the time.

Mindset — Your Operating System

The science of T2DM reversal is not complicated. The hard part is the consistency. And consistency lives or dies in your mindset.

The Single Most Important Mindset Shift

Stop thinking of this as a diet you are on. Start thinking of it as a metabolic system you are rebuilding. Diets have a start and an end. Metabolic rebuilding is a direction, not a destination. When you eat off-protocol, you are not 'cheating.' You are just making one choice. The next meal is a clean slate.

Managing the Three Common Mental Obstacles

Obstacle 1: 'I've tried everything and nothing works.'

This is almost certainly not true — it is the voice of past approaches that were under-supported, incomplete, or not based on your specific metabolic profile. This program is different because it is personalized, evidence-based, and guided in real time. Give it 30 days with honest effort before drawing any conclusions.

Obstacle 2: 'I slipped up. I've ruined everything.'

A single off-protocol meal does not undo your progress. The research is clear: metabolic improvement from low-carb eating, fasting, and exercise accumulates over weeks and months. One meal is a data point, not a verdict. Log it with your AI, identify what triggered it, and move forward.

Obstacle 3: 'My family doesn't support this.'

This is one of the most common obstacles in our community. The short answer: protect your protocol. You cannot reverse diabetes by committee. If someone in your life sabotages your food choices or questions your approach, that reflects their discomfort with change — not a verdict on your decisions. You are allowed to eat differently from everyone else at the table.

The Cortisol Connection — Why Stress Directly Raises Blood Sugar

Cortisol — the primary stress hormone — directly raises blood glucose by signaling the liver to release stored glucose. Chronic stress is not just a psychological problem. It is a metabolic one. Stress management is not optional on this program — it is a blood sugar intervention.

- Daily 10-minute meditation or breathwork — reduces cortisol and improves insulin sensitivity
- Sleep optimization — 7+ hours per night; sleep deprivation directly raises fasting glucose
- Walking — doubles as exercise, stress relief, and post-meal glucose control
- Reducing time on inflammatory media and content — the mental environment matters

Ask Your AI for Support

If you are struggling emotionally, feeling overwhelmed, or losing motivation — tell your AI.

'I'm feeling burned out and I'm struggling to stay on track. What do you suggest?'

The AI is designed to respond to setbacks with practical recalibration, not judgment. It has seen every obstacle in this program and knows how to get you moving again.

Working With Your Doctor

Your physician is your most important partner in this process — not an obstacle to work around. The goal of this section is to help you show up to every appointment as a data-driven, prepared partner who makes their doctor's job easier.

How to Have the Conversation

Many patients worry their doctor will disapprove of a low-carb or fasting protocol. Here is how to approach the conversation:

What to Say at Your Next Appointment

'I have started a structured, evidence-based lifestyle protocol focused on low-carbohydrate nutrition and time-restricted eating. I am tracking my glucose daily and I have data I would like to share with you.'

'I understand that my blood glucose may improve significantly in the next 30–60 days. I want to make sure we review my medication doses proactively to avoid any hypoglycemia risk.'

'I have an AI-generated progress report that summarizes my data. Would you be willing to take 2 minutes to look at it?'

The AI-Generated Doctor Report

At any time, you can ask The Diabetic AI to generate a structured Doctor Report. This report summarizes your tracking data, the protocol you are following, your progress since your last visit, and your specific questions for your physician. It is designed to be reviewed in under 2 minutes.

To generate your report, tell your AI: 'Generate my Doctor Report for my upcoming appointment.'

❑ The Medication Warning You Must Not Ignore

If you are on insulin, sulfonylureas, or other medications that lower blood glucose, your doses may need to be reduced as your glucose improves. This is a good problem to have — but hypoglycemia is dangerous.

Required: Inform your physician that you are beginning this protocol before you start. Monitor your blood glucose closely in the first 2–4 weeks. If you experience sweating, shakiness, confusion, or a glucose reading below 70 mg/dL, treat immediately with 15g of fast-acting glucose and contact your doctor.

Your Next Steps

You now have everything you need to begin. Here is your action checklist for the next 48 hours:

Action	Why It Matters
Write down your current A1c, fasting glucose, and weight	This is your baseline. Everything you do from here will be measured against it.

Set your eating window and stick to it today	The single highest-leverage first action. Start now.
Clear your kitchen of sugar, refined grains, and seed oils	Out of sight, out of mouth. Environmental design is behavior design.
Get a blood glucose meter if you do not have one	You cannot improve what you do not measure. A basic meter costs \$15–25.
Access The Diabetic AI and complete your onboarding profile	The more you tell it, the more personalized your guidance becomes.
Tell your doctor you are starting this protocol	Medication safety. This is non-negotiable if you are on glucose-lowering drugs.
Watch David's introductory video on YouTube	youtube.com/@TheDiabeticAI — See the journey, understand the approach.

The Full Course — Go Deeper

This guide covers your first 30 days. The full Diabetic AI course takes you through 8 complete chapters covering advanced nutrition protocols, fasting mastery, exercise programs by fitness level, supplement optimization, gut health restoration, physician collaboration, and long-term maintenance — available in 100+ languages.

Course access: \$397 one-time | AI companion subscription: \$20/month

Visit: thediabeticai.com

A Final Word From David

You were told this disease is progressive and irreversible. That is not what the science says.

The science says that with the right approach — carbohydrate reduction, time-restricted eating, movement, targeted supplementation, and consistent tracking — a significant proportion of people with Type 2 Diabetes can achieve full remission. The DiRECT Trial proved it. My A1c of 5.3 from 12.1 proves it.

You have the roadmap. You have the AI. You have the science.

Now start. And do not stop.

— *David*

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