

VIDEO_ Low carb for doctors with Dr. David Unwin (Part 4)

Dr. David Unwin: Many of you watching will be wondering whether this is an evidence-based approach, a very reasonable question. The good news is there is a pile of evidence for the low-carb approach and it's growing really on almost a daily basis.

But before I come to that it's perhaps worthwhile remembering that before the drugs for type 2 diabetes, a low-carb approach was the accepted way to treat diabetes, there was nothing else. So that was going on for decades, was perfectly accepted and exists in the medical textbooks around the 1920s and 1930s.

Coming back now to some of the evidence we've got now, I'm aware of well over 40 to maybe 50 now RCTs on this, there are meta-analyses as well and these are going to be lumped together and it will be a link that will appear below the videos, so that you can access this evidence and have a look for yourself.

What's really good news now is the UK guidelines for doctors particularly mention that we should be advising low glycemic index carbohydrates for our patients with type 2 diabetes. Thinking about that, there is only one way to interpret advice about low glycemic index source of carbohydrate, that has to be a low-carb diet, really.

And that exploring that is perfectly safe and I think reasonable. And that's what we'll be doing later on in the series. Just even as a basic approach, the idea of cutting sugar, which is how I would always begin with a low-carb diet, cutting table sugar, I think is completely reasonable for somebody with obesity and type 2 diabetes and a very safe first step.

And you can start with that if you're nervous, but I'd advise you have a look at the evidence and judge for yourself. But I think there is enough evidence for us to use this approach. So speaking personally, it's interesting for me to look back over the last five years and think about how few problems I've actually had.

The problems I have had have mainly been to do with the advantages of the low-carb approach. So yes, blood pressures have improved and people felt perhaps dizzy when they first stood up, because they were already on pre-existing medication.

I don't actually see that as a problem, because of course I've cut the blood pressure medication. I've encouraged patients to have their own blood pressure machines so that I knew about that there's a problem.

Another group might be people who are on pre-existing drugs for diabetes, which I'm keen to cut if that's what the patient wants to do. Again if they're measuring their blood sugar, I know about those problems.

I've had a number of patients who started with muscle cramps. In fact I get them personally, because I'm a runner. Now the muscle cramp thing generally means you need more salt. That's easily done. So I talk about that in advance.

So the patients are not surprised if they get muscle cramps. They go, "Oh, yes, Dr. Unwin told me about that and I just need to have salt." So I mentioned that quite commonly. Sometimes constipation has been a slight problem, but really given that I'm encouraging the patients to have a lot more green veg, I don't think that is something that's a great worry.

I'm still surprised really by how few patients have a problem and when we think internationally there must be well over, I don't know, half a million people doing this at least. And what's interesting is that beyond them are thousands of doctors doing this low-carb approach.

And that gives me confidence really, because it's growing all the time. I'm in personal contact with 250 doctors using the approach in the UK alone and that number is growing day by day.