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## DeWAYNE McCULLEY HAS A MESSAGE FOR "DEATH TO DIABETES"!

BY: DIANE A. SEARS

He is an electrical engineer at one of the country's Fortune 500 corporations. He's also an author and *Ex-diabetic*? Yes, that's right! He is **MR. DEWAYNE**

His groundbreaking book "**Death To Diabetes**" v chronicles his death-defying-stepping-out-on-faith diabetes is creating quite a stir in the diabetes and communities. McCulley, who had a blood sugar cc and took insulin four times on a daily basis, and si diabetic coma, is making medical history by virtue that he has been "diabetes free" for the past four accomplishment along with his book is creating qu the medical community and has pushed McCulley spotlight. At last count, he has given approximate talks concerning diabetes to churches and diabete groups. His experience with diabetes and his fight was captured in a February 15, 2006 article publis Rochester Democrat and Chronicle ([www.democratandchronicle.com](http://www.democratandchronicle.com)). In the eyes of McCulley's book is a critical lifeline and is quickly t battle cry of diabetics nationwide.

So, who is DeWayne McCulley? Where did he grow inspired him as he made the journey from childho manhood?

"I grew up in a small town in Western Pennsylvan seven brothers and sisters and two strong parents worked in the mill and had other jobs such as pair My mother was a seamstress and worked for a clc My father's relatives had a small farm, which we v throughout the year. So, we learned early on abo work ethic. We went to church at least twice a we

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had a strong foundation in faith and God. I was i parents who overcame so much to raise us. I was by some of my teachers who helped to instill confi and belief in myself. Our Church pastor helped me public speaking by making me the church announ that experience makes it very easy for me to walk church today and talk about diabetes," Mr. McCull "My parents always emphasized the importance of My father used to drill us with math problems that in our heads. As a result, I became pretty good wi was primarily an A student. That eventually led m of engineering. I didn't really understand what er but because of my high math aptitude, some of m thought I would be a natural. But my parents cou send me to college. About two months before high graduation, I received a full state scholarship to P State University. And, this led to good job offers a engineering positions at Hughes Aircraft Company Corporation."

The conversation quickly moved to McCulley's bat diabetes. At one point in his life, he was taking in four times a day. He had a blood sugar count tha as 1,337. I asked him to talk about the day he di was a diabetic. I asked if he had experienced any symptoms attributable to diabetes – such as exce: excessive urination, and dramatic downward shifts: levels – before Mr. McCulley's physician had diagn diabetic condition.

"I woke up one morning -- March 20, 2002 -- and move." Mr. McCulley began. "Just before I blacke 911, and the ambulance came and took me to the couple of days later, I was told that I had gone int coma and almost died. The doctors told me I had complications including two blood clots that they v dissolve with medication. At the time, I didn't real serious everything was because I didn't really kno about diabetes. Then they told me that I would ha four insulin shots a day to control my blood sugar my fear of needles they were very patient with me me how to inject myself. At one point, I asked if ti give me the four injections each day. But at \$100 to my house, I quickly realized that I had to overc of needles. About a month or so before the coma notice that I was thirstier and I was urinating mor But at that time I thought I was having problems prostate, so I had scheduled a doctor's appointme time frame."

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What exactly is diabetes?

"Good question. There are basically three types of diabetes. Mr. McCulley replied. "Type 1 is the autoimmune disease that attacks the pancreas, preventing it from producing insulin. Type 2 is the lifestyle-driven disease – it accounts for more than ninety-five percent of all diabetics. Gestational diabetes is a form of Type 2 that women obtain when they're pregnant. It usually goes away after pregnancy. Type 2 is the most common form of diabetes. There are more than 21 million diabetics in the United States and over 170 million worldwide. The best way to describe Type 2 diabetes is to imagine that each cell in your body has a set of doors that open when the key – insulin – is present, and, when the doors open, glucose from the bloodstream enters the cell to provide energy; and when the glucose level goes down. But, if you're diabetic, the key doesn't work and the doors don't open to let in the glucose. This is known as insulin resistance. Therefore, you need more insulin. Your energy and the glucose backs up into your bloodstream, causing your blood glucose, or blood sugar, level to rise. In the meantime, the pancreas recognizes that your blood glucose level is not coming down, so it pumps out more and more insulin to try to find enough doors to open and 'put in' the glucose. The extra insulin causes the body to produce more fat. More importantly, the extra insulin makes it difficult for the body to burn fat. So, although this is an oversimplification, the key to controlling and even curing diabetes is to reduce the amount of insulin resistance in the cells – by eating foods that regulate the production and repair the cells such as vegetables; avoiding refined carbohydrates; cause the excess production of insulin (such as refined carbohydrates and processed foods made with flour and sugar); and, by exercising properly -- walking and carrying hand weights -- to increase the uptake of glucose into the cells."

McCulley says that behavior modification is a diabetes challenge.

"Behavior modification – trying to change one's eating habits after so many years of eating and living a certain way is difficult. I was able to change because my mother and sister set the tone for change as soon as I got into the hospital. When you have three women running your life you're no longer in charge. But, I thank them -- for giving me my life back.

I asked Mr. McCulley whether his physician, after diagnosing his diabetic condition, had placed him immediately on medication? If so, which oral medication? Glucophage? Precose? Avandia? Rezulin? Glucotrol? Glucotrol? Amaryl? Micronase? Glynase? Diabeta?

Mr. McCulley offered the following:

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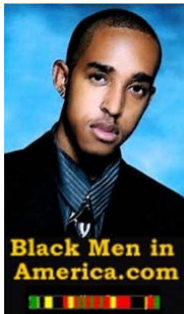
"I was put on insulin immediately. The doctors to they couldn't put me on a diabetic pill such as Glu because my diabetes was too severe and the pills work. Ironically, if I had been put on a pill, I believe have become comfortable taking the pill medication never became comfortable injecting myself four times a day. I was motivated to try to get well. My original objective was to improve my health so that I could reduce the number of insulin injections from four to three and maybe down to two if I got lucky."

After being placed on insulin, did Mr. McCulley's physician instruct him to attend diabetes education classes or provide training on how to take insulin and how and where to store insulin in his home? Or was he given any verbal or written instructions on how to take insulin and how and where to store insulin? What dietary changes were recommended?

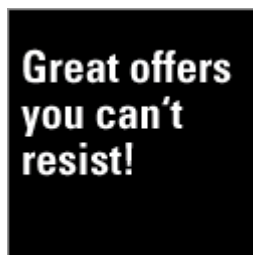
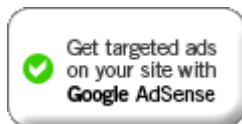
"The nurses at the hospital taught me how to inject insulin. When they visited my house during the first week out of the hospital to ensure I was checking my blood sugar and injecting insulin properly," says McCulley. "With help from one of my daughters, I purchased my insulin, glucose meter, and diabetic equipment. And there were instructions that told me how to store the insulin, how to inject yourself, and what to do if a nurse stopping by was more helpful than anything else. One of the nurses felt sorry for me because of the issues I was having with my eyes -- blurry vision, cholesterol, blood clots, and limbs -- poor circulation. She gave me a free ticket to a diabetes seminar where I met other diabetics, doctors, nurses, medical technologists, pharmaceutical people and others involved in diabetic healthcare. I was truly blessed because I met so many people with missing limbs, coke-bottled glasses, in wheelchairs. This was motivation for me because I saw my future. When I talked to other diabetics, they were all resilient. I just couldn't believe with all the excellent technology and knowledge in this country that this is what I have to look forward to!"

What type of insulin did McCulley's physician prescribe? Was he given a fast acting insulin -- Lispro (Humalog) which required that he eat within 15 minutes after injection and which finished working in four hours? Or NPH (N) Insulin or Lente (L) Insulin which worked in one to three hours, lowers blood sugar in twelve hours, and finishes working in twenty to twenty-four hours? Or regular insulin which required that he eat forty-five minutes before eating a meal after injecting insulin?

"I was on Humalog and Lantus," McCulley recalled



**Dating Site**



to seven units of Humalog before meals 3 times a units of Lantus once a day -- in the morning."

I asked Mr. McCulley to talk about how his body re insulin. Did he notice any changes in his body? C any side effects from taking insulin? What were tl effects?

"The insulin helped to keep my blood sugar below but I was having trouble getting it back to the nor 80-110 mg/dl. I was told that the average blood s diabetics in my condition was 180 mg/dl and that to 80-110 would be fruitless and frustrating and w depression. I didn't have any side effects that I cc I was getting heavier, even though I was eating le exercising more. This didn't make any sense and I really explain what was going on. During my rese discovered why diabetics get fat and why it is so c weight! The extra insulin triggers the body to prc store more fat, which requires more insulin. Plus, exercise, it is difficult for the body to burn fat bec insulin inhibits fat from burning!"

I wanted to know how and in what ways had diab taking insulin impacted upon McCulley's life. Was How did he manage the disruptiveness?

"It was disruptive trying to figure out how to plan injections a day. But, since I was on disability anc work, it was easier dealing with this at home vers been working. When I returned to work, I purchas refrigerator for my office so that I could store my Actually, I didn't mind the disruption because I dic a choice – take the insulin and live or don't take tl die."

Some diabetic patients experience neuropathy or : damage which causes excruciating pain in certain body. The pain is described as an "excruciatingly which moves up and down the spinal chord and sh back of the neck to the middle of the back of the s has been described by diabetic who suffer with ne pain " that radiates" and produces "a burning sen the skin". I asked Mr. McCulley if he had experier neuropathy. I asked him to discuss how his physi treated neuropathy in the event it had developed.

"No, I was able to get my diabetes under control k neuropathy could develop. I did have problems wi blurry vision and cataract formation – which I add

eating foods that help to nourish the eyes, for example fish, carrots, onions, etc. I also had thick, sticky blood causing blood clots and high cholesterol. I addressed eating foods that help to thin the blood, for example ginger, fish, vegetable juices, filtered water, etc. / Once my body was able to repair the damage to my blood, my doctor took me off the medications for Coumadin, a blood thinner -- and Lipitor, for high

The discussion moved to hypoglycemia. I noted that diabetic patients experience it. I asked Mr. McCulley about hypoglycemia. What is it? What causes it? What are the symptoms? Is it preventable? I asked Mr. McCulley if his physician had talked to him about hypoglycemia. Can a physician provide him with instructions or training about it?

"My doctor told me to be aware of hypoglycemia. It is an abnormally low level of glucose or sugar in the blood caused by an inadequate diet that is too high in refined carbohydrates. An over-consumption of refined carbohydrates causes the blood glucose level to rise rapidly, stimulating the pancreas to secrete an excess of insulin. This excess insulin removes too much glucose from the blood, resulting in an abnormally low blood glucose level. If the pancreas does not secrete enough glucagon to counter-balance the effect of the insulin, the glucose level is driven down too low, and may result in an attack of hypoglycemia. You can prevent hypoglycemia by eating healthier carbohydrates and other processed foods such as vegetables, fruits, grains; and healthier proteins such as fish, nuts and

Mr. McCulley is one of the few individuals who has survived a diabetic coma and has lived to tell about it! I asked whether the diabetic coma was caused by hypoglycemia. How long did the diabetic coma last? What medication and procedures were administered by hospital physicians during your diabetic coma? Were there any "after effects" from your diabetic coma? For example, did it affect your cognitive function or your ability to ambulate?

"According to the doctors, I went into a non-ketotic hyperglycemic hyperosmolar (NKH) coma, with a blood glucose level of 1337, and almost died. In fact, they called my mother who lives in Pennsylvania to tell her that the time she got to New York, I would probably not survive. But, for the grace of God, and the expertise of the nurses, I somehow survived the coma, the blood clots, and death. My NKH syndrome developed over a period of time with the following symptoms: high glucose level, s

dehydration and loss of electrolytes (for example, potassium); frequent urination; great thirst; weak tongue; leg cramps; rapid pulse; decreased awareness; and, paralysis of the arms and legs -- arms and legs. The doctors told my daughter that called 911 that morning, I would have lapsed into unconsciousness and died."

A few weeks after his release from Rochester Gen where he had spent 13 days after lapsing into a di Mr. McCulley experienced what can only be descri "epiphany". One morning he was at home and no blood sugar level was low. Usually, he remedied t by eating Cheerios. On this particular day, his us was not available. I asked Mr. McCulley to explai happened next. What did he discover? How did t change his life?

"Right after my mother, sister and daughter had r I was preparing my breakfast and noticed that I h my favorite cereal. Because my blood glucose tha been a little on the low side --65 mg/dl--, I starte and a little dizzy. I didn't want to eat a candy bar, the refrigerator to see what my mother had prepa found some Brussel sprouts in a plastic container. Brussel sprouts. However, because I was getting v didn't have much choice, so I quickly heated the E with some olive oil and a leftover piece of salmon. when I measured my glucose level 2 hours later, I it had not spiked as it had in the past! I was very then, I thought maybe it was a fluke because my had started at such a low level. Anyhow, I felt tha to lose so I decided to eat Brussel sprouts again fr mid-afternoon snack and dinner. Each time, my gl off 2 hours after the meal! A few days later when my favorite cereal, my glucose level returned to a after breakfast. So, I decided to change my conce and eat a green vegetable as my carbohydrate in traditional cereal or other grain. With each passin glucose levels were steadily coming down. I found during some research that the juice from Brussel : string beans is very nourishing for the insulin cell the body's glucose management system. It didn' to modify the hospital's diet plan and develop a he nutritional plan while slowly and methodically redu insulin injections, one to two units at a time. This, lowered my body's resistance to insulin and reduc blood glucose level from 300+ to 200+ to 120+, a 88.5 mg/dl -- with less than a 10 mg/dl deviation months. Also, my hemoglobin A1C was reduced to normal range is 4.2% to 5.5%. Interestingly, I di many of the so-called 'healthy' foods recommende dietitian were 'killer' foods for diabetics! For exan rice, pancakes, bananas, toast, wheat bread, mas

orange juice, and apple juice all caused my blood and remain high. Once I eliminated these foods, I for refined carbohydrates diminished greatly and my glucose level stabilized. During those four months reduce my insulin dosage from 60 units to 0 units another month, I was totally drug-free – no more Lipitor. Also, my energy level continued to grow when for food slowed down. Because my body was doing utilizing the nutrients from the food I was eating, not require as much food (fuel) to produce the same amount of energy that I required on a daily basis.

When I asked Mr. McCulley to explain why he is “c while other diabetics are not, he responding by saying all, there is no doubt in my mind that if my mother daughter Cynthia and my sister Marguerite had not Rochester to take care of me, I would still be diabetic even dead by now. They taught me how to fix quickly prepare meals that were a lot healthier than the fast and other packaged foods I was eating. In addition fortunate to figure out which so-called “healthy” fast driving my diabetes by using post-meal blood glucose. Ironically, as an engineer, we use testing to verify software; and, I was able to use those same tests to improve my health. There are seven common mistakes most diabetics make concerning nutrition, exercise, glucose testing, spiritual health, and lifestyle choices. For example, some diabetics eat cereal for breakfast, wheat bread – both of these foods are “healthy” fast contain refined, processed grains and flour, some fructose corn syrup and partially hydrogenated oil. Some of these food chemicals cause the blood sugar stimulate an increase in the production of insulin. Other chemicals clog up the insulin receptors, reducing insulin sensitivity. And, over a period of years, this insulin resistance, high blood pressure, high cholesterol, fatigue, and obesity. Once you stop eating these refined processed foods and replace them with vegetables, fish, whole fruits, etc., your body better utilizes them and reduces its production. This, in turn, allows the body to and lose weight properly.”

He noted that that there are people who will find his difficult to believe. What does he have to say to those individuals who find his story unbelievable?

“I don’t believe it either. I was very lucky. But, when diabetics kept telling me that the super breakfast thought maybe it was more than luck. I suggest to diabetics to just try the super breakfast – and, when average blood sugar come down within seven to ten. Besides, what have you got to lose, plus it doesn’t

to try. One of the local news reporters didn't believe either – until she talked to my doctor. To help other disbelievers, my doctor gave me a copy of my report which I placed on my website – his report shows that my glucose and hemoglobin A1C improved during my trial. McCulley answered.

McCulley talked about proper nutrition and where you should start in order to improve his or her health: breakfast. Our mothers were right when they told us that breakfast is the most important meal. Here's an example of what I call a 'super' breakfast because it is nutritionally synergistic on several levels:

- 2 cups of lightly steamed broccoli or spinach
- 1 tbsp. of extra virgin olive oil (place on vegetable after steaming)
- 2 oz. baked wild salmon or sardines (or egg)
- 16 oz. filtered water

Focus on eating healthy carbohydrates such as Brussels sprouts and oat; healthy proteins such as seeds, beans, skinless chicken breast; healthy fat: virgin olive oil and organic flax oil; and healthy liquid: filtered water, green/white tea, and raw vegetable juice. These foods will help to cleanse and detoxify the body and provide the necessary energy to exercise and burn fat. If you are a diabetic person, then you have sick cells in your body. To do well, you need to make the sick cells healthy again. Since the body consists of water, fat, protein, and carbohydrate, if you eat healthy versions of water, fat, protein, and carbohydrate, it would follow that your cells will be healthy. I realize that that is an overly simplistic view of biology, but it does make some sense."

When will a diabetic notice a change in their blood sugar?

"Obviously that varies from person to person and there are many variables to consider," says Mr. McCulley. "In general, a diabetic should notice his/her average blood sugar level start to go down within seven to ten days. As you eat healthy foods they consume and the more they exercise properly, and the more they connect with their inner self, easier it is for the body to initiate its own internal repair mechanism and the faster the body is able to repair defective cells, and continue to reduce the average blood sugar level."

glucose level. And, as the body begins to heal, the will increase, the emotional health will improve, th start to burn fat, and the cravings will dissipate."

McCulley says that there are one or two things th can do without spending any extra money to gain of their diabetes: "Stop eating the white bread, ri potatoes – replace them with green foods such as spinach and Brussel sprouts. Replace the traditio bread with a "living" bread, called sprouted grain l steamer to steam your vegetables. Exercise ever; it's only five to ten minutes – consistency is the ke intensity. Read more – educate yourself to empov and free yourself from the dependency on too mai unnecessary drugs and medications."

But isn't it true that there is no cure for Type 2 Di

"Medical science is right -- if you follow the conven treatment of drug therapy, there is no cure for Ty Diabetic drugs control the symptoms of the diseas nothing to get rid of the disease. I realize that wh to say is someone overly simplistic, but bear with If Type 2 diabetes is a disease that is acquired du nutrition and a sedentary lifestyle, would it not fol can unacquire this disease by utilizing proper nutr better lifestyle choices? Most people are aware th control diabetes with proper nutrition and exercise worked because most diabetics are eating the wrc they believe are healthy for them, such as cereal, bottled juice, and flour-based foods. So, they blan and eventually give up. By the way, my doctor bo my books; and, other doctors have also bought bc everyone believes there is no cure for Type 2 diab McCulley fired back.

And what does Mr. McCulley's primary care physic Periasamy Samikkannu have to say about his pati epiphany? In an February 15, 2006 Rochester De Chronicle news story concerning McCulley, Dr. Sar pointed out that his patient had "brought his diab control unusually quickly" and stated: "I'm happy he has done."

Mr. McCulley talked to me about his groundbreaki diabetes – "Death To

Diabetes." So, why did he decide to share his epij world through his book "Death To Diabetes" and h [www.DeathToDiabetes.com](http://www.DeathToDiabetes.com)?

"I realized that I was fortunate -- my mother says

be alive," McCulley explained. "I was also blessed to be beaten this disease. When I was in the hospital, I was in serious trouble because I would see some people shaking their heads in disbelief. Some of the other people couldn't look me in the eye because they knew I wouldn't get any better. I prayed and prayed to God that if I got through this I would help other diabetics. I had heard that more than 90% of Type 2 diabetics -- if they live long enough -- experience one or more of the following problems: kidney failure, heart attack, stroke, or amputation. I was already having problems with my eyes and blood sugar, and the clock was ticking. When I figured out which foods lowered my blood sugar to rise, I replaced them with the foods my mother had prepared for me: Brussel sprouts and cauliflower, and continued to experiment with various foods until I found the foods that worked best for me: broccoli, Brussel sprouts, spinach, cauliflower, organic brown rice, sprouted soy cheese, vegetable oil-based spread with olive oil, ground flaxseed, wild salmon, sardines, skinless chicken, blueberries, blackberries, dark cherries, lemons, and kidney beans, black beans, and filtered water. Slowly and gradually, I was able to reduce my insulin dosage to zero units.

"I didn't realize that I had really accomplished anything significant until someone from a local diabetic support group asked me to share my story with their group. When I had a blood sugar of 1,337 and had been on four units of insulin a day, they were shocked that I was even alive. And when I told them I was no longer on insulin, they put me to rest. Everyone wanted to know more and so they came to my next return to their next meeting. The next thing I knew, a representative of the American Diabetes Association (ADA), a Black man, at that time, asked me to facilitate the diabetic support group meetings. When other diabetics tried eating some of the foods, they found that their blood sugar levels improved. Needless to say I was just as surprised because I didn't know what worked for me was unique to me -- that's what my endocrinologist had told me. Then, several churches asked me to share my story, but they wanted more information, so I wrote a one-page handout that grew into ten pages, but that was enough. Eventually, people started asking me if I would write a book. I said 'No, there are hundreds of diabetic books already written.' My daughter shared my story with her work and the parents of one of her friends. She called me one day and said, 'Dad, people are really excited about what you did. Dad, you should write a book!' My mother tried to eat some of the same foods and was able to lower her blood pressure, cholesterol, and weight in a short period of time. People would stop my mother on the street, in church, at the mall and ask her how she lost the weight and got off her medications. My mother would take the time and write down some of her recipes, but this became time-consuming. So one day she called and said, 'Son, you should write a book.' I tried to tell my mother that I didn't have the time and the money to write a book, but she wouldn't take 'No' for an answer. Pl

work, some who were diabetic, felt that I should write a book or find someone to translate the story. My daughter convinced me to set up a website: 'Dad, write the book, you should at least create a short post on the web so that other people, especially our Black community, will know that they can beat this disease. And, if you write a book, people will need to know how to get the book. I can see, I was surrounded – I had no choice, but to write the book.'

Where did the title "Death to Diabetes" come from? At that point, but says so much. Did you have any other ideas for the book published?

McCulley stated: "Concerning the title of the book and the design of the book cover -- I wanted a book cover design that was clear and powerful, but conveyed a positive, uplifting message of hope and sincerity in line with the purpose of the book. I came up with the phrase 'Death to *diabetes*' to indicate hope and the end, or death, of the disease. Then, I needed a cover design that conveyed the same phrase. I remembered that I had a dream about a graveyard when I was in the hospital, but it didn't make any sense at the time. Although, some people thought that a photo of a graveyard was 'too dark', I felt that people would understand the graveyard and the word 'Diabetes' on a headstone as a positive and powerful message."

"Yes, there were a few obstacles that I had to overcome to transform the book from an idea into a finished product. Finding a publisher was difficult, especially being a Black author and writing about such a controversial topic. Most publishers said it would take five to six years, so I decided to publish myself within three years. Plus, my concept of a cover with a photograph of a graveyard and the title of a wellness book did not interest most publishers. And then there was the matter of pricing the book. The sentiment was that \$24.95 was a steep price to pay for a first-time author. So, what was my answer? The book is worth a lot more easily. You spend thousands on one medication! The average person will save a lot of money that within the first three to four months! And, if you follow the program through fruition, they will save hundreds of thousands of dollars in groceries, prescription medication, doctor appointments, hospital visits, and other medical expenses. What is your health or the health of a loved one worth?"

According to the American Diabetes Association, African Americans are more predisposed than other ethnic groups to be affected by diabetes and medical complications than being a diabetic. It estimates that nearly 3,000,000 African Americans have diabetes. A number of us know a family member, neighbor, co-worker, or friend who either has or has just been diagnosed with a diabetic condition.

going on in the African American community? Is it stress? Is it our lifestyle? Is it lack of exercise? information? Is it lack of adequate access to health resources and support systems? Is it due to an imbalance in doctor-patient communications?

"African-Americans are more susceptible to diabetes for various reasons, all of which I discuss how to handle in the book by Mr. McCulley.

So, what are these reasons? Mr. McCulley has a list that includes:

- Poor eating habits (too much processed animal meat)
- Living environment (surrounded by fast food restaurants, limited access to fresh vegetables)
- Lack of information (many African-Americans are not aware that you can beat this disease)
- Myths such as the belief that it costs more to eat healthy makes it difficult for African-Americans to improve their health
- A misunderstanding about what the doctor actually do. Most people believe that the doctor work! They are unaware that the doctor only manage symptoms but not the root cause of the disease
- No discomfort is caused by diabetes for a long time therefore there is no motivation to fix the problem until it gets out of control
- Blind trust in doctors and drugs (I have a primary care doctor, but he admits that he knows very little about nutrition)
- Sedentary lifestyle (many African-Americans have desk jobs, and don't have time to exercise)
- Stress is a problem, but if you eat properly you can handle the stress. But stress can lead to poor eating habits creating a vicious cycle.
- Limited healthcare coverage, therefore many African-Americans are not even aware that they may have a problem
- Poor treatment, service from medical personnel

limited doctor-patient communications – the most ethnic groups

-- Disconnect within churches: Churches try to reach people by holding health fairs, but people do not always participate or heed the message. Churches do not focus on the importance of eating healthy. It is a coincidence, but it seems that many pastors and church leaders that I've met are unhealthy. Many have high blood pressure, high cholesterol, obesity, and are on several drugs/medications.

-- Diabetes is "invisible" because people do not always know they have the disease and some live in denial. Coincidentally, there have been many famous African-Americans who have had diabetes, including Patti La Belle, Della Reese, B.B. King, Art Shell, Halle Berry, Ella Fitzgerald, James Brown, Arthur Ashe, Ray Charles, and Jackie Robinson.

-- There is a genetic disposition for diabetes in African-Americans and other ethnic groups, but if you eat better food and lifestyle choices you will not become diabetic.

We know that heart disease is an offshoot of diabetes. Many diabetics that Mr. McCulley has met had some type of heart disease and/or Alzheimer's disease. I asked if there was a connection between diabetes, heart disease, and Alzheimer's disease.

"Yes, most diabetics I have met usually have some type of cardiovascular disease such as high blood pressure issues, or high cholesterol. Some diabetics had some type of Alzheimer's disease, but it was not full blown Alzheimer's disease. People have asked me if there is a connection between these diseases and I tell them 'Yes! There is a connection. Without getting into too many details, let's look at what is called diabetes. What is diabetes? In simple terms, it is a rusting away of the body. The body is basically rusting on the inside due to excess oxidation. Diabetes attacks the heart and the kidneys initially because those are the organs that have the most small capillaries feeding blood to them. Diabetes is an accelerated aging disease that attacks the arteries, veins, and capillaries and as the disease progresses it will eventually work its way to the bigger organs. It will attack the cardiovascular system and the brain. Obviously, the cardiovascular system feeds the heart and the brain. The high insulin level in the body from breaking down the homocysteine results in a higher homocysteine level which leads to plaque formation in the arteries. This can eventually spread to the brain. The brain starts rusting away so to speak. If you have high blood sugar as a diabetic and if the arteries feeding the brain t

clogged and oxygen is not getting to the brain and plaque formation on the brain, this can be a precursor to Alzheimer's Disease. Basically, the point is that if the body continues to rust away, it will eventually get every organ in the body, including the kidneys and the brain.

If we were to resolve the diabetes medical question, would resolution be the key to resolving all other medical issues such as heart disease, high blood pressure, high cholesterol, kidney failure, chronic fatigue and some cancers?

"For the most part, yes," says McCulley. "I have a common denominator in most of the top diseases: heart disease, cancer, stroke, diabetes, arthritis, kidney failure and Alzheimer's. In ninety percent of the cases, the common denominator is the existence of a nutrient deficiency. It's due to the body not getting the proper nutrients to prevent that disease. In addition, the body is consuming too much of the wrong nutrients – the toxins from the wrong foods. Either people are not getting enough of the right nutrients and/or the body is consuming too much of the wrong nutrients. And that combination tends to drive these diseases. If you understand that, then you know the answer to resolving health issues. The answer is, 'Okay, maybe I'm not getting enough of the right foods. Therefore, I am not getting enough of the vitamins and nutrients that I need. I'm consuming too much of the toxins from other foods. Therefore, how do I resolve this? Do I take a pill? Do I take a drug? No. I eat the right foods and avoid the wrong foods. Once you understand the problem you realize that taking a pill, taking a drug, or taking medication is not going to resolve the problem as long as the issues are still there. So, until you replace the bad food that has the proper nutrients and stop putting toxins in the body, you can't get rid of the disease."

I asked Mr. McCulley to talk about how his experience with diabetes and becoming the author of a phenomenon book on diabetes has changed his life.

"I do not take living for granted – when you come close to death and survive, you realize that you are truly blessed. I've been an engineer all of my life. It's a little strange to be invited to a local college or church and I'm introduced as an author. It's somewhat ironic that all my life I've tried to avoid public speaking. I do not consider myself a public speaker, but for some strange reason I seem to be in front of audiences because they realize that I used to be very successful, and I want to be where I am -- healthwise. After I finished the book, my mother said, 'God does truly work in mysterious ways. All these years that you've been working as an engineer, God was preparing you for this -- so that you could help other diabetics.' A couple

after I had left the hospital, I told my mother what she said: 'According to medical science, I should be dead. According to medical science, I should have lost one or both legs. According to medical science, I should have had an amputation. According to medical science, I should have been in a wheelchair. A doctor interrupted me and said: 'Boy, you tell them doctors that there is a science much bigger than *medical* science – that science, *God's* science, and God's science can fix any disease. God has other plans for you now'."

Mr. McCulley has a message for millions of American diabetics:

"The power to live a healthier life lies within each of us. Eat better and you'll do better. When you do better, you'll be better. And, when you're being better, one day you will want to get better. Don't listen to your television tells you to eat the bad food. Then, it tells you to take a 'purple pill' to feel better. Think about it! Why do we see certain foods on TV and in the newspaper? Why do we see celebrities to 'push' their food and drugs? Is it a coincidence that our children are fatter and sicker today than ever before?"

And McCulley does not shy away from fielding inquiries from the general public about diabetes or his book, "Death To Diabetes."

"I am available to talk to anyone. You can reach me at [DeWayne@DeathToDiabetes.com](mailto:DeWayne@DeathToDiabetes.com). Or you can call me at home Mondays through Fridays after six o'clock in the evening at 585-671-0577. My website – [www.DeathToDiabetes.com](http://www.DeathToDiabetes.com) provides information about some of the issues I've mentioned here. You can also look inside the book on the website if anyone is interested in getting a copy of my book, or my website to purchase the book or send a note to [DeWayne@DeathToDiabetes.com](mailto:DeWayne@DeathToDiabetes.com). Death To Diabetes, 940 Holt Road, #190, Webster, MA 01470."

What does the future hold for DeWayne McCulley?

"During my free time, I am working on a diabetes training program that would be a hands-on program that focuses on how to gradually change eating behavior and avoid any major disruptions in one's life. The program will teach people how to shop and save money, how to easily find healthy foods within minutes, how to exercise in less than 10 minutes, how to enjoy their favorite foods, how to recognize unhealthy foods, how to recognize a quality vitamin or other nutritional supplement, etc. Hopefully, I'll find a company that is conscious enough to offer people a financial incentive for the training course -- for example, a credit or discount on their healthcare premium. I don't know what the future holds for me. I mentioned, my mother believes that God has other plans for me. But, I expect everything will finally calm down and return to normal now that the book is written. My mother believes that God has other plans for me."