



## Open Letter to Physicians

Re: Open Letter to Endocrinologists

Dear Colleagues,

For the past 20 years, I have been fortunate to care for diabetic patients. For me, it began in medical school, treating patients in our comprehensive care clinic. Most patients were underinsured or uninsured. To complicate matters, formulary and educational services were limited. For my first five post-graduate years, I continued to care for patients in the public hospital system in Louisiana. We had no fellows and no interventional services where I did residency. This resulted in my directing the care of numerous patients with end organ failure such as endstage renal disease, cardiovascular disease, proliferative retinopathy, peripheral neuropathy, and non-healing wounds. It was abundantly clear that we had a limited ability to prevent the devastating complications of diabetes in that setting.

I have been in private practice since 2008 and, fortunately, with the help of diabetes educators, nutritionists, and newer medication, my outcomes have greatly improved.

Medications like SGLT-2 inhibitors and GLP-1 receptor analogues have been a great help in reducing A1c and complications in my Type 2 diabetics. Whilst continuing to use these medications, insulin, and adjunctive insulin sensitizers like metformin and pioglitazone, I have been continually looking for ways to combat the tide of insulin resistance and metabolic failure.

In my type 1 diabetics, CGMs, smart pumps, and ultra-rapid acting insulins have improved glycemic awareness and control.

All of this being true, these medications and devices are costly and not available to many of our diabetic patients. When I learned of Diabetes Relief's innovative approach to treating insulin resistance, metabolic failure, and complications in both Type 1 and Type 2 diabetics, I was very intrigued. I proudly joined their team.

The key to what makes our multi-patented modality unique is that we use insulin as a hormone rather than as a drug. As an endocrinologist, this speaks to me. This protocol bio-mimics normal physiology. The result is a re-sensitization of insulin receptors and an improvement in insulin

resistance. As such, it follows the new designation by the FDA of insulin as a “biologic” rather than as a drug.

With improved insulin sensitivity, carbohydrates can more readily enter cells and be converted to ATP via oxidative phosphorylation. Increasing cellular energy, at the mitochondrial level, allows damaged tissues and organs to grow, repair, and regenerate. Furthermore, by improving carbohydrate metabolism, the treatment aims to reduce the chronic inflammatory state induced by excessive fat metabolism. Thus, our modality not only helps to stabilize the chronic inflammatory state of diabetes but in many instances can help overcome complications. There is no other treatment out there that can offer both of these outcomes in our diabetic patients.

We utilize an FDA-approved device and time-honored, fast-acting insulin to deliver insulin as a hormone mediator in a precision dosing protocol. With this approach, we meld today’s technology with established scientific principles, known for decades. We believe our approach represents a significant step forward in the treatment of diabetes and other metabolic disorders. As insulin sensitivity improves, patients’ medical profiles often improve as well. It is important to understand that we work in tandem with medical professionals to complement existing treatments with the goal to combat the myriad complications of diabetes.

Respectfully,

Justin W. Fontenot, M.D.  
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