

# DIABETES

## The **Real Cause** and The **Right Cure**

John Poothullil, MD, FRCP

*Revised and Updated Second Edition*

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## The **Real Cause** and The **Right Cure**

***8 STEPS***

***to Reverse***

***Type 2 Diabetes***

***in 8 WEEKS***

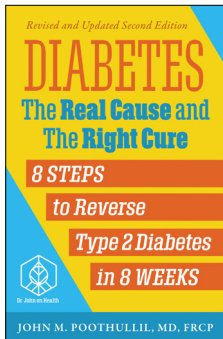


Dr. John on Health

JOHN M. POOTHULLIL, MD, FRCP

# A Simpler Way to Understand Type 2 Diabetes and a Practical First Step

**New explanation says most cases are a “fuel overflow” problem.  
The fix starts with food, not more insulin.**



OCTOBER 18, 2025. Washington, D.C.—A physician–researcher is urging a rethink of Type 2 diabetes (T2D) that puts everyday food choices at the center of the story. The new explanation is simple: when we regularly consume more carbohydrates than our bodies can immediately use, excess glucose is converted to fatty acids to be stored in fat cells. But eventually our fat depots fill up and excess fatty acids spill into the bloodstream. Muscles then switch to burning those fatty acids first, while the liver keeps releasing sugar, and blood sugar stays high.

Translation: for many adults, Type 2 diabetes is less about “broken cells” and more about fuel overflow—a problem that often improves when people cut back on fast-burning carbs and shrink liver and belly fat. “When fat storage is maxed out, the body flips to fat-burn mode. That leaves sugar stranded in the blood,” said John Poothullil, MD, FRCP, physician and author. “The encouraging news is that early Type 2 diabetes often improves quickly when people change what—and how much—they eat.”

## The Idea in 30 Seconds

- Too much fuel in, not enough out → fat stores fill up.
- Spillover → excess fatty acids circulate in the blood.
- Fuel switch → muscles burn fatty acids first and leave sugar behind.
- The liver adds fuel to the fire → it continues to produce and release sugar.
- Result → high blood sugar.

## Why this Matters

- Millions live with T2D and public health care costs keep climbing.
- A diet-first approach can improve blood sugar levels within weeks, reduce the need for medications, and lower the risk of complications.
- This isn’t “anti-insulin.” Insulin remains vital in emergencies and advanced disease. The message is: try diet-first when it’s safe and appropriate.

## What's Different from the Usual Story

Most people hear that Type 2 diabetes comes from “cells ignoring insulin.” This new framing suggests that the problem begins earlier—with excessive fuel and insufficient storage space, causing cells to prefer fatty acids as fuel over glucose. Leaving insulin and sugar to circulate in the bloodstream, unused and unchecked.

It's a common-sense explanation that matches what many clinicians already see: when patients cut refined starches and sugars and eat fewer calories, liver fat falls, blood sugar levels improve, and many can de-intensify medications under medical supervision.

### What this Means for Families

- Start with food: fewer refined carbs (breads, pastas, pizzas, sweets, sugary drinks); more whole foods and fiber; watch portions.
- Move most days; even short walks help the body use fuel more efficiently.
- Work with your doctor: never stop or change medicines on your own.

### A Message for Policymakers and Health Leaders

- Make diet-first programs easy to access: cover visits with registered dietitians, and medically tailored groceries.
- Track what matters: include remission and medication de-intensification as quality measures.
- Pilot a 12-week, diet-first program for newly diagnosed adults across Medicare, Medicaid, and the VA—and publish the results.

**“We can keep treating the smoke, or we can turn down the fire,” said Dr. John Poothullil.  
“Helping people change what they eat—backed by simple support—can improve  
blood sugar fast and save money. It’s practical, humane, and overdue.”**

### Notes to Editors

- This release describes a framing that is consistent with classic “fuel-switching” physiology.
- The Randle Cycle (1963) describes how elevated fatty-acid oxidation suppresses glucose oxidation in muscle (substrate competition).
- This release does not provide medical advice; patients should consult their clinicians.

## AUTHOR BIO



**John Poothullill, MD, FRCP** is a Board-Certified physician, award-winning author, and nationally syndicated health advocate committed to ending the epidemic of lifestyle-related diseases. With decades of clinical experience, Dr. John combines science-based strategies with practical, actionable solutions to empower individuals toward lasting wellness.

As an author, his books have educated and inspired countless readers to take control of their health. Beyond personal wellness, Dr. John champions systemic change, urging individuals and healthcare systems alike to adopt practices that promote true, sustainable health.

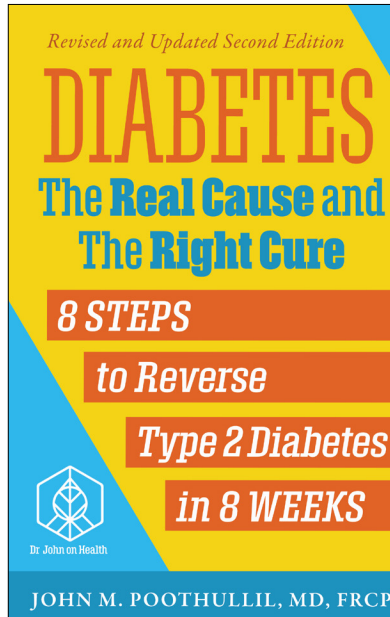
Dr. John is available for interview, contact [info@drjohnonhealth.com](mailto:info@drjohnonhealth.com).

Read more: “[\*\*Beyond Insulin Resistance: Rethinking Type 2 Diabetes\*\*](#)”

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Note to editors: This release describes a framing that is consistent with classic “fuel-switching” physiology. It does not replace medical advice. Patients should consult their clinicians before changing medications or diet.