



Glucose-Insulin Interaction

Function:

A stimulation of lymphocyte growth by insulin may indicate a functional deficiency of insulin in vivo, or a metabolic defect in glucose utilization. At suboptimal glucose concentrations, supplementation of lymphocyte cultures with insulin exerted a sparing effect. This means that insulin addition makes uptake or utilization of glucose and amino acids more efficient, producing more cellular energy, and thus, a greater growth response. At optimal concentrations of glucose, insulin does not exert a sparing effect in healthy persons.

Deficiency Symptoms:

Preliminary evidence suggests that persons with abnormal Glucose-Insulin Interaction exhibit hypoglycemia or hyperglycemia based on glucose tolerance testing. Morbidly obese persons with abnormal Glucose-Insulin Interaction may indicate insulin resistance. Thus, deficiency symptoms include fatigue, headaches, nausea, disorientation, dizziness, cold hands and feet, glucose intolerance.

Repletion Information:

Dietary suggestions are to replace, as much as possible, refined carbohydrates (table sugar, corn syrup, white flour, products made predominantly with white flour and/or sugar) with whole-food, unrefined carbohydrates (whole grain products, legumes, fruits). Reduce intake of foods with a high glycemic index. If clinically indicated, it is suggested that further laboratory testing of glucose and insulin metabolism be conducted (glucose tolerance test, glycosylated hemoglobin).

Since chromium status is closely linked with insulin function and glucose tolerance, a chromium deficiency is one possible reason for abnormal Glucose-Insulin Interaction.