



Diabetics Are More Susceptible
to The Corona Virus

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Recently, physicians were stunned to find that many severely ill patients in their hospital for Corona Virus (requiring respirators) were either diabetic or pre-diabetic — regardless of age. Finding virtually nothing in the medical literature linking high blood sugar levels to increased severity of viruses, amazed them. It is now known that in Louisiana 41% of the dead were diabetic.¹ Patient deaths there and in New York state were highly correlated with pre-existing conditions; in particular, significant diabetic populations, which both Louisiana and New York have.²

My colleague, EFA/eicosanoid specialist Paul Beatty, from Toronto, Canada, predicted this dire diabetes / Corona Virus link — and he started warning both his patients and colleagues about this reality. If you are treating a diabetic patient, they have every reason to be very concerned.

Many healthcare professionals have little understanding of physiologic lipids — mistakenly thinking fats & oils are “bad,” and carbohydrates are “good.” Engineering often makes great use of past discoveries to make today’s modern miracles — the medical profession doesn’t; often completely forgetting yesterday’s significant discoveries (like the discovery in 1973 below).

The Diabetes / Increased Corona Virus Connection Explained

- *Diabetic patients and pre-diabetic patients are known to have impaired delta-6 desaturase enzymatic activity. This **DEPRESSES Production of PGE₁** — the body’s most powerful natural anti-inflammatory — made*

¹ Gordon Russell, “Most Louisiana coronavirus victims had diabetes, other pre-existing conditions, data shows.” (https://www.nola.com/news/coronavirus/article_26b27b0c-7089-11ea-9bfd-fb10614704c4.html)

² “Demographics of New Orleans and early COVID-19 hot spots in the U.S.” — March 25, 2020. ([https://www.datacenterresearch.org/covid-19-data-and-information/demographic-data/#underlying-health-conditions-\(co-morbidities\)-related-to-covid-19](https://www.datacenterresearch.org/covid-19-data-and-information/demographic-data/#underlying-health-conditions-(co-morbidities)-related-to-covid-19), 500 Cities Project Data (2018) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

either easily from consumed gamma linolenic acid (GLA)-containing seed oils or metabolized from consumed Essential linoleic acid (LA) — IF there are sufficient fully functional, unadulterated / unprocessed amounts consumed on a daily basis.

- **PGE₁** also increases systemic vasodilation — **including the critically important bronchial dilation** (respiratory system) and regulates the immune system response (Also *See* Peskin, “Enhancing Your Body’s Ability to Fight the COVID-19 Virus with EFAs”).
- In addition to overdosing on processed carbohydrates, diabetic patients are overdosing on processed foods containing **adulterated /nonfunction oils**⁵ (Also *See* Peskin, “Enhancing Your Body’s Ability to Fight the COVID-19 Virus with EFAs”).

The result of this impairment of the delta-6 desaturase pathway is a compromised immune system. This is precisely why Emergency Room professionals are now seeing such a high death rate in those patients infected with COVID-19 presenting with chronic Diabetes.

What Physicians Need to Tell Their Patients...

- Every 20 calories of carbohydrate = 1 teaspoon of (glycemic in the bloodstream) sugar³
- Every 5 gm of carbohydrate = 1 teaspoon of (glycemic in the bloodstream) sugar⁴
- Only Fiber gets subtracted from total carbohydrate because fiber is undigestible.⁵
- There is normally (unless diabetic) <1 teaspoon (80-90mg/deciliter) of glucose (sugar) in the entire bloodstream.⁶
- The average diabetic patient attempting to follow the “standard diabetic diet” is (often unknowingly) consuming 60-100 teaspoon equivalents of sugar OR MORE each day; with often 20- 25 teaspoon equivalents at a single sitting.⁷

³ University of California, San Francisco, Diabetes Education Online, “Demystifying Sugar.” <https://dtc.ucsf.edu/living-with-diabetes/diet-and-nutrition/understanding-carbohydrates/demystifying-sugar/>

⁴ Wasserman, DH, “4 grams of glucose,” Am J Physiol Endocrinol Metab. 2009 Jan; 296(1): E11–E21. [Per a 70kg bodyweight].

⁵ Marks, D, Marks, A, Smith, C., Basic Medical Biochemistry—A Clinical Approach Williams and Wilks Publishing, 1996, page 398; University of California, San Francisco, Diabetes Education Online, “Understanding Fiber,” <https://dtc.ucsf.edu/living-with-diabetes/diet-and-nutrition/understanding-carbohydrates/counting-carbohydrates/learning-to-read-labels/understanding-fiber/>

⁶ Nichols, GA, “Normal Fasting Plasma Glucose and Risk of Type 2 Diabetes Diagnosis,” Am J Med, 121 (6), 519-24, Jun 2008; Basic Medical Biochemistry—A Clinical Approach, page 403.

⁷ We are often told to consume 60% of “calories” from carbohydrate. Calculation: 60% of 2,000 calories/day = 1200 calories. 1200 calories/20calories/tsp = 60 equivalent teaspoons of sugar. With today’s emphasis on snacking and comfort foods, that number can easily exceed 100 teaspoon equivalents of sugar/day.



Carbohydrates Known to Lower Immune System Back in 1973⁸

That's right. Carbohydrates are known to suppress the activity of the immune system. Analyzing blood drawn from subjects, white cell activity was measured before and after various doses of carbohydrates from glucose, sucrose, honey, or orange juice. Today, many Americans consumes more than 70 teaspoons of sugar equivalents (carbohydrates) a day, often (unknowingly) *consuming over 20 teaspoons of sugar* at a single meal, and diabetic patients frequently consume even more carbohydrate.¹¹ Pediatric endocrinologists confirm this fact, and it is easy to achieve this disastrous result.

For example, a typical 12" diameter pizza contains 160 gm of carbohydrates (32 teaspoons of sugar equivalent)⁹ — and it's effortless to eat the entire pizza yourself. An 8-oz bag of fat-free potato chips is 190 gm (38 tsp).¹³ Even a relatively small 4" diameter plain bagel is 47 gm (9.4 tsp),¹³ and a 12-ounce can of lemon-lime soda is 36 gm (7 tsp).¹³ Carbohydrates add up quickly, resulting in significant suppression of viral immunity.

Decreased white blood cell activity was directly correlated with carbohydrate consumption.¹² The group consuming the 100 grams (*approx. 20 teaspoon equivalents*)⁸ had significant immobilization (loss of function) of white blood cells within 1-2 hours after consuming them. This immune suppression occurred for up to 2 hours with adverse effects of blood cell activity continuing for at least 5 hours.¹²

Following the popular nutritional advice to eat 5-6 times a day with a carbohydrate-based diet can cause great harm to your patient's immune system — significantly impairing your patient's immune system 6-8 hours each day and compromising their immune system nearly 20 hours each day.¹²

⁸ Sanchez A, Reeser JL, Lau HS, et al. Role of sugars in human neutrophilic phagocytosis. Am J Clin Nutr. 1973 Nov;26(11):1180-1184.

⁹ <https://www.carb-counter.net/fast-food/2838>

Carbohydrates Compromise Your Patient's Immune System. Add to this risk, the harm of processed cooking oils.⁵ Can your patients not afford to modify their nutritional practices?
