



## **Navigating a Diabetes Diagnosis with Vandana Sheth, RDN, CDE (ep – 36)**

[00:00:00] **Vandana Sheth:** I would highly encourage anyone who is in the space of feeling nervous or anxious to get tested, get your numbers so that we know what we can do, because then you have the power to take action and to improve your health.

[00:00:15] **Ginger Hultin:** Welcome to the Good Clean Nutrition podcast. I'm your host, Ginger Hultin, an integrative registered dietitian nutritionist. Today I'm excited to talk with Vandana Sheth. Vandana is one of the nation's leading registered dietitians. And in this episode, we're going to discuss the ins and outs of a diabetes diagnosis.

[00:00:33] One thing that I see all the time is people say something like my diabetes markers, like an A1C, that's a lab for diabetes, is creeping up. It's pre diabetes, it's at the beginning stage of diabetes, but my doctor says, Oh, we'll just, we'll monitor it, we'll keep an eye on it year after year. And whenever I hear that, I say, Absolutely not!

[00:00:58] We need to intervene immediately. It's much better if you can try to catch it sooner and slow the progress or even try to stop it in its tracks. Because if you don't do something about your blood sugar numbers, generally they're going to keep going up and this is really problematic to your health and it can create really big issues long term.

[00:01:19] I have a client. And actually, she got diagnosed accidentally. She was in for something else and all of a sudden, Oh, by the way, you have diabetes. So she came to me really frustrated and scared. She was hardly eating anything because she didn't know what to eat. And she was on a low carb, ketogenic diet, just really, really scared.

[00:01:40] And so I stepped in and said, we are going to tackle this together. We created a wonderful meal plan for her. I got her eating on a regular schedule. And yes. We even added back in carbohydrates and guess what? Six

months after that, her blood sugar numbers were coming back down. Her doctor was thrilled.

[00:01:59] And together we really proved the power of nutrition and diet and a holistic approach. And I see it all the time with my clients. You really can make a difference in those numbers, but it's very important to go after it aggressively and immediately and to take action as soon as you get that information.

[00:02:19] Today, we have someone with a deep knowledge of diabetes and how to navigate a diagnosis. The topic is so personal to her and she is a true specialist in the field.

[00:02:34] Vandana, you have so much experience and expertise and there's a lot of different things to study and specialize in with nutrition, but you chose diabetes and I'd really like to know how you came upon that and what it means to you.

[00:02:48] **Vandana Sheth:** Well, diabetes is very personal to me. Um, the reason I was very interested in this specific condition is because my mom had diabetes and I have family members who have type 2 diabetes.

[00:03:01] And seeing them navigate life with this condition, doing everything they could in terms of food choices, lifestyle choices, and um, at times feel very frustrated through this process. I didn't feel they had the guidance and support they needed. So that drove me. to specialize in this. And also it, it's something that I feel very personally, you know, it's just very personal to me.

[00:03:25] When I can touch someone's life, someone who has diabetes, and if I can empower them to take action, to live a healthy quality of life and see the joy within the family structure and the community, it's just, it's everything to me.

[00:03:40] **Ginger Hultin:** Vandana, let's talk about that and also clarify some really important language.

[00:03:44] Somebody is not diabetic, they have diabetes. And diabetes is a chronic disease that is just one of many things that people are balancing in their lives. Tell me more about how you approach diabetes with your clients.

[00:03:57] **Vandana Sheth:** Yeah, so diabetes can be such an overwhelming diagnosis. When someone gets the diagnosis of diabetes, I've seen clients with, uh, you know, they are so fearful of food.

[00:04:06] They don't know what to eat because they don't want their blood sugars to be too high. They don't want to end up with some of the scary stories they've heard of, or they've experienced with family members with uncontrolled diabetes who have had toes amputated. Now, these are fear factors, but it's important to understand that diabetes is a completely manageable condition.

[00:04:28] You can thrive with it. You can manage your blood sugars appropriately and do all that you want to do. You do not have to have those complications. And I love the fact that you mentioned the language we use. Um, you know, someone has diabetes, they're not diabetic, that disease does not define them. So it's very important as healthcare professionals to also keep that in mind when we are referring to our clients who have this condition.

[00:04:53] It's just something that they have that they can manage and they move on.

[00:04:57] **Ginger Hultin:** It's part of your life. It is not your whole life.

[00:05:00] **Vandana Sheth:** Yes.

[00:05:01] **Ginger Hultin:** For anyone listening who says, what is diabetes anyway? Or maybe a healthcare practitioner that hasn't learned about diabetes. It's not their specialty. What is diabetes? And also, can you define type one versus type two?

[00:05:16] Cause I think there can be some confusion there.

[00:05:18] **Vandana Sheth:** So when we think about diabetes, diabetes is a condition where our body is not able to maintain our blood sugar within the normal range. And. When we look at diabetes, there are two types. Type 1 and type 2. Type 1 diabetes is something that happens to our body.

[00:05:36] Usually it's an autoimmune condition where our pancreas is not able to produce enough insulin or stops producing insulin. And so you are going to need insulin to support you. in life to manage your blood sugars. It usually happens when you're younger. Often children are diagnosed with type 1, but sometimes you have been misdiagnosed and you may have type 1 at a later age.

[00:05:59] Type 2 diabetes is what is more common with many of my clients. It's a lifestyle condition and it happens because your pancreas may still be producing insulin, it's just not as effective in managing your blood sugar. And so again, what is the problem with high blood sugars? The problem with high

blood sugars is it starts causing damage along different parts of our body and when you have uncontrolled diabetes, that's when you have complications.

[00:06:26] But if you get your blood sugars under range, you can completely do everything you want to do and live your life fully.

[00:06:34] **Ginger Hultin:** It's so great to hear the empowering take on this, but a lot of people come to me and they're not even sure if they have diabetes or they don't quite know, you know, what's going on with their blood sugars.

[00:06:47] How do you help people understand if they have diabetes or not? What does that look like?

[00:06:53] **Vandana Sheth:** So technically, we have tests, blood sugar tests. that you're done, your labs are done at your physician's office or you go to a lab and get blood tests done. And when you're diagnosed with diabetes, there are a couple of tests we look at.

[00:07:05] One is your fasting blood sugar. Your fasting blood sugar, if it's normal, ideally it needs to be below 99. If your fasting numbers are in the 100, then you're range, you'll consider to have prediabetes, and if it's 126 or higher, you'll consider to have diabetes. There's another test called hemoglobin A1c, and that's a really cool test because that tells us what is your average blood sugar for the last two to three months.

[00:07:35] And if that number is below 5.6 percent, you're considered to have normal blood sugars. If your A1c is in the 5.7 to 6.4 percent, you're considered to have pre diabetes, and 6.5 and higher, you're considered to have diabetes.

[00:07:53] **Ginger Hultin:** Is this like, a test that you recommend people get often or how do you interact with those tests?

[00:08:00] **Vandana Sheth:** So typically you have a baseline of your, your blood sugars, um, as part of your chem panel or your lab panel that your physician orders. And I would say an A1C is a good baseline test to get done, especially if you have a family history of diabetes, if you have other potential risk factors like your. 40 plus or 50 plus for sure if you are overweight, um, that might be a risk factor.

[00:08:27] I would say any of those can be a reason to get the A1C done. How often should you repeat the A1C? As I had mentioned, it's a two to three month

indicator. So if you're doing things in your lifestyle to improve your blood sugar, you want to test it every four months or at least every six months to see if you're trending in the right direction.

[00:08:48] **Ginger Hultin:** I love A1C2 and I'm always telling my clients, you know, Hey, ask for this. Cause especially if they're on the younger side or, you know, they're look healthy on the outside, they're not getting this, the doctors aren't drawing them and they're not getting it done. But I think it's critical because it helps us understand what is going on holistically with your body and your blood sugar management.

[00:09:08] It's so important.

[00:09:10] **Vandana Sheth:** Agreed, and often I do have clients who tell me that they, their physician is not interested in getting the A1C, but when you mention the fact that you have a strong family history and certain ethnic backgrounds, you're at a higher risk, genetic predispositions. Many of my clients are of Indian, South Asian descent, and we have a very, very strong history of type 2 diabetes.

[00:09:32] And so it's important to advocate for yourself and get that test done. And now there are many labs that you can actually go in and pay for the test and just get it done even without a physician's request. So that might be an avenue to consider. Hopefully your physician is

[00:09:48] being holistically minded and saying, you know, let's look at this lab.

[00:09:53] **Ginger Hultin:** One thing that I see, and I'm interested in your take is, oh, your A1C is creeping up, you know, maybe it was 5.5 and now it's 5.6. And, you know, now it's getting into the prediabetes level, but we'll just watch it over time. I feel in some ways that it's getting brushed off in the medical system. And I really wonder how you feel about that.

[00:10:12] **Vandana Sheth:** Yeah, it's frustrating to me when someone has an A1C that's trending, even if it's 0.1. you know, point minute increase. That is a trend. And A1C is telling us what is the average blood sugars, meaning there are times where this individual is having higher blood sugars. So it's important to address that and address that assertively so that we can reverse this.

[00:10:36] We can put this in remission rather than have them march down the road towards diabetes. So yeah, I think using your labs as a data point. Not as

the complete, you know, picture, but just one data point and use that as motivation to turn things around and improve your quality of life.

[00:10:54] **Ginger Hultin:** I really like your message about advocating for yourself and also feeling empowered instead of helpless.

[00:10:58] So I think you're helpless if you're just watching the A1C rise and rise and you don't know what to do about it and you're, you're afraid. But if you're asking for it and you're talking to your doctor and you're saying, Hey, can I get a referral to a registered dietitian? I want to make lifestyle changes because I know they work.

[00:11:14] That puts you in a completely different position.

[00:11:18] **Vandana Sheth:** That's the goal. We all want to take care of our bodies and live a full, healthy quality of life.

[00:11:24] **Ginger Hultin:** So is the certification for diabetes specifically something that consumers should be looking for if they get diagnosed?

[00:11:31] **Vandana Sheth:** It's always good to have someone who's, It's taken that extra step in terms of education and experience.

[00:11:37] And when it comes to certified, uh, certification for diabetes care and education specialists, what's interesting is it's not just for dietitians. It's for all the specialties that work with people in the diabetes realm. So you may have nurses, you may have a pharmacist, you may have physicians, therapists, social workers.

[00:11:58] So it can be a whole range of professions that are certified. And so if you're looking for someone who is working with food, you want to make sure your dietitian is also a certified diabetes care and education specialist.

[00:12:12] **Ginger Hultin:** Ah, I didn't realize that other specialties could also have that certification.

[00:12:15] That's really, really interesting.

[00:12:17] **Vandana Sheth:** Yeah. So that makes that, uh, that board exam pretty tough because it takes into account all these specialties and how you approach, uh, someone with diabetes. So it's definitely one of those tougher board exams.

[00:12:30] **Ginger Hultin:** Yeah, I've heard that too. So if you have somebody with this certification, you know that they have spent a lot of time in the field and they are true experts and they, you're in very good hands.

[00:12:39] **Vandana Sheth:** Knowledge is power. So getting the right support around you can have a huge impact on how you handle this condition. And it is totally doable, but getting yourself surrounded by a team, your physician, maybe an endocrinologist, because they specialize in diabetes, a diabetes care and education specialist, a dietician who specializes in diabetes.

[00:13:02] And if you need to, a therapist. Because this is an emotional journey and it's important to surround yourself with that kind of support that can help you in the right, right way.

[00:13:15] **Ginger Hultin:** Taking an, I call this interdisciplinary approach. Taking an interdisciplinary approach is so important. So you do feel like you have support and you have a team on your side.

[00:13:24] **Vandana Sheth:** Absolutely. Because, um, we all specialize in our spaces and if you can have a team that also communicates with each other, that can be magical because then everyone is here to support you from their perspective and you get the best of all their specialties.

[00:13:39] **Ginger Hultin:** And I wanted to talk about sort of a trending topic.

[00:13:42] A lot of my patients are using, uh, continuous glucose monitoring devices, or that little thing that you click into your arm that connects to an app and tells you what your blood sugars are. And this kind of personalized testing used to be prescribed, you know, just for diabetes, but now it's pretty much available to everybody.

[00:13:59] And I actually tried one for myself, uh, for a couple of weeks last year, and I learned a lot. Uh, my biggest problem is that I'm dropping low in my blood sugars all the time, and it really helped me understand more about my body. Are you seeing these being used and what's your take?

[00:14:15] **Vandana Sheth:** I love technology when it can be used to sort of biohack how we live.

[00:14:21] So I am a big fan of CGM, so Continuous Glucose Monitors. But at the same time, I'm cautious because we can become obsessive. As a culture, we have all this data coming in. What do you do with the data? If you don't know

how to interpret it and use it appropriately, it can be another stressor in your life.

[00:14:40] For someone who has diabetes, we need to make sure they're aware of what this means, that this is just to look for trends to get those aha moments and make tweaks and see if it helps, but not where they're constantly swiping their app to see what their blood sugar is every second of the day. Uh, because that can just be very upsetting and overwhelming.

[00:15:00] I've had a couple of clients where I've had to request that they take off their CGMs because they are so type A and they were so. so particular about getting it just right. And blood sugar is something that is going to shift through the day. It's never going to be precise. And we don't need perfection.

[00:15:18] We just need overall trends for us to be in that range.

[00:15:21] **Ginger Hultin:** That is such an interesting point. Um, you know, when you mentioned earlier, having, you know, ordering your own labs, you can do that online now or ordering your own CGM. And I think. You have to be careful with the technology because it can be so helpful and so empowering, but it could also be so scary.

[00:15:38] And correct me if I'm wrong, but I think in the diabetes world, there is also a connection to disordered eating or eating disorders. Do you see that much?

[00:15:47] **Vandana Sheth:** Yes, unfortunately, when you think about it, any condition, any situation where You need to be very specific about what you eat and how you eat and timing.

[00:15:57] It can create this obsession around food. And then especially my younger clients who are, who are dealing with their peer pressure and going out and they realize if they didn't take the insulin, they feel a certain way they can get around it. So yes, it can lead to disordered eating for sure. So that's why it's really important to understand what your goals are.

[00:16:22] How can you get to your goals while also enjoying life along the way and that this is not a diet, this is a lifestyle because we want to continue eating the things we like to eat with just a few tweaks.

[00:16:34] **Ginger Hultin:** Orgain



[00:16:40] offers a wide variety of great tasting, diabetes friendly nutrition products featuring impressive nutrition profiles with zero to minimal added sugar, low in carbohydrates, and high in protein. Right now, my favorite is Orgain's 20 grams of protein plant-based chocolate shake. It tastes great, there's no added sugar, and it's convenient to grab on the go.

[00:17:01] Check it out for yourself at [Orgain.com](https://www.orgain.com).

[00:17:06] The conversation about continuous glucose monitoring reminded me of another technology or medication, if you will, the rise of those injectables, the GLP 1 injectables for blood sugar control slash weight loss, that typically was indicated for people with diabetes that are overweight or obese, but now seems like everyone's using them.

[00:17:27] Do you see it in your practice?

[00:17:28] **Vandana Sheth:** My biggest concern is what do you do when you're off these medications? How are you going to learn to eat a certain way so that you can continue to have the success with your health journey? So there is a place for these medications for sure. Um, they can do amazing things for someone who needs them specifically for appetite suppression, for their blood sugar management.

[00:17:52] It can be really, um, helpful. But it's sort of a double edged sword when it's used, um, for just the appetite suppressant part for someone who doesn't need the blood sugar management, then what happens when they go off. On the other flip side, I have clients who have diabetes who are put on these medications.

[00:18:11] Their blood sugars are improving. But at the same time, because their appetite suppression is so high, they're not eating enough. And so their blood sugar keeps dropping. So I've had a couple of clients who have had to go off these medications because it was not serving them well.

[00:18:28] **Ginger Hultin:** That is really complex.

[00:18:30] I have some patients using them too. And when you talk about assembling your team and really getting experts on board, it seems like if you're going to be using medications like this, it's very important to know what you're doing and to have a plan.

[00:18:42] **Vandana Sheth:** For sure, having the right team around you to educate you and support you as you're trying different things is important.

[00:18:49] **Ginger Hultin:** Absolutely. So, we've talked a lot about an individual moving through a new diagnosis, but what if that person is not you? What if it's a child, a friend, a partner? How do we support people in our lives that get diagnosed with diabetes?

[00:19:08] **Vandana Sheth:** The first thing is understanding what they need rather than telling them, you know, often I have spouses reach out to me for an appointment for their significant other who has been diagnosed.

[00:19:22] And I always ask them, have you had a conversation with them? Do they want to have a conversation with me? May I speak with them and understand what they need so that we can move forward because it's ultimately their journey. So it's really important that the person involved who has this diagnosis. is recognizing that they need support and then you as a family member or as a friend understand what they need and are just there.

[00:19:47] Sometimes they just need to vent. Sometimes they just need someone to tell them it's going to be okay. And please keep your judgment to yourself because I have many times where family members are judging a family member who has diabetes around the holidays, seeing them eat some fruit or dessert and say, Oh my gosh, you're not supposed to be eating that.

[00:20:07] Well, They know what they need to do. They have a team that's supporting them. So all you want to do is if someone is coming to your house who has a specific condition, ask them, Hey, um, this is the menu. How can I make sure you have something to eat? Or is there something I need to do? Or maybe you're going to their place and say, Hey, I would love to bring something.

[00:20:26] What can I bring that you would enjoy eating? So those are some ways to keep in mind.

[00:20:31] **Ginger Hultin:** I tell my clients a lot because they have fear of going to a party or, you know, going to a birthday or what have you. And I think offering to bring something that you know you can eat is really, really great way to share your experience and also help others understand how to support you.

[00:20:47] **Vandana Sheth:** Yeah. And that's something I've seen. Like, you know, when we have these role play conversations with my clients before an

event, a family event, and they're nervous about what they can eat there, we always talk about, Hey, why don't you make this thing? And we go through a recipe. And when we have our coaching check in after the event, they always tell me, Oh my gosh, it was great.

[00:21:05] It's great. Not only did I eat it, but everyone loved it. I saw my family members who never eat vegetables dive into this amazing salad or this side dish. So it's pretty cool.

[00:21:16] **Ginger Hultin:** I really, what I really like about your approach is you just help people move into a more empowered place. And I think that's such a great way to look at a diagnosis like diabetes.

[00:21:24] There's so much you can do. You have a lot of control ultimately, and it's just about learning what you need. Well, I want to do a game of nutrition speed tips for diabetes because what I hear over and over is some of these myths that create fear, and I just want to get clarity from somebody as highly qualified and educated as you with your certification.

[00:21:48] So I'm just going to go down a list and be like, bam, here's a certain food, and I just want to hear how you would answer it. Are you game for that? Okay, we'll give it a shot. Okay, I'm gonna launch a really big one at you first. Um, whole grains like brown rice, what do you do?

[00:22:04] **Vandana Sheth:** If you enjoy brown rice, great.

[00:22:06] You can enjoy them as they are or in a variety of uh, spiced and herb flavors. But if you really want your white rice, I have no problem with it. Enjoy the white rice. Let's talk about how are you pairing them. What are you getting into them? Maybe some fiber, some hearty vegetables, maybe protein, having some beans lentils.

[00:22:25] And also with rice, there's something called resistant starch. So if you cook your white rice and let it sit and enjoy it later, reheat it, it's still not going to cause the same spike as if you made it and ate it right away. So there are different hacks you can do.

[00:22:39] **Ginger Hultin:** Ooh, I love that. And white rice is an important cultural staple.

[00:22:43] around the world. And I really don't like it when people are told that they can't have it because that really goes against traditions.

[00:22:51] **Vandana Sheth:** Absolutely. And that's why I threw that in that, you know, I have many clients who love their white basmati rice and there's nothing wrong with it. Enjoy it. Let's figure out what else can you have on that, on that plate so that your blood sugar doesn't spike.

[00:23:05] But if you want to try whole grains, there's so many ones that you can try. It doesn't have to be brown rice. In the Indian culture, we have millets. We have about five to ten different types of millets that people here aren't aware of. So play around with those and see if that can add to your repertoire.

[00:23:23] **Ginger Hultin:** Love it. How about another one that I hear a lot about? Hydration. Is it important for regulating blood sugar or not?

[00:23:33] **Vandana Sheth:** Hydration is important because when you think about it, um, if your blood sugars are concentrated and they're high, what's the body wanting to do? It's going to want to shut that out. So you're going to feel more thirsty.

[00:23:45] You're going to need to drink enough water and you're going to go to the bathroom more often, but you don't need to overhydrate either. So let's just make sure you're drinking adequate water. Use your pee as a sign, the color of your pee. First thing in the morning, I have my clients drink a glass of water because we all wake up a little dehydrated.

[00:24:04] So start your day off with some water and then throughout the day, just make sure you're drinking water or having some kind of hydration or hydrating foods like cucumber. And, you know, there are lots of vegetables that have a lot of hydration too.

[00:24:16] **Ginger Hultin:** Absolutely. And I tell my clients this too, but I want to hear from you.

[00:24:21] How do you look at your urine and tell if you're hydrated or not?

[00:24:26] **Vandana Sheth:** Well, that's a tricky question. So when we look at it in terms of pale yellow to really concentrated yellow. So the lighter it is, the more well hydrated you are. At the same time, certain foods, medications can change the color. So don't just use that as the judging point.

[00:24:45] Just use that as one of the data points.

[00:24:47] **Ginger Hultin:** Okay. So You get diagnosed with diabetes and you feel like you have to eat healthy forever and you're sad about it. How do you make healthy food taste good?

[00:24:55] **Vandana Sheth:** First of all, you can eat anything you want. Just because you have the condition or diagnosis of diabetes does not mean you have to give up your favorite foods.

[00:25:05] So to make foods flavorful, understand what are the flavors you're looking for. I have clients who love chocolate and I'm a huge dark chocolate fan. So we figure out how can they enjoy that little piece of dark chocolate as part of their meal. And that's their treat, but they sit down with it and really savor it.

[00:25:22] Or if you're trying to switch things up and have more salads in your diet, let's flavor them up. It can't just be greens. Let's add some texture to it, maybe some other chopped vegetables. Let's add a dressing that you are excited about. So let's add some crunchy things. Maybe just crumble a few tortilla chips.

[00:25:41] So you feel like you got that tortilla chip in this Mexican salad with beans and quinoa and greens, but you got those chips too. So make it

[00:25:50] fun.

[00:25:51] **Ginger Hultin:** I love the takeaway, make it fun. And I'm going to break my speed round for a minute because there's something else that I really want to talk to you about, which is the comment.

[00:26:00] You can eat normally, you can eat what you want. And when I tell my folks that have cancer this too, a lot of times they are shocked. Like, what are you saying? I thought I had to cut out all dairy and all sugar and all meat and, you know, have this very specific diet. Um, so they're usually surprised. And what I'm hearing from you also is you might have more options than you thought you did.

[00:26:23] **Vandana Sheth:** Exactly right. Because really you don't have to give up everything you love. Tell me what you like to eat and I will show you how you can eat that and still manage your blood sugars.

[00:26:35] **Ginger Hultin:** Okay, back to speed, nutrition speed round. How can people rethink their beverages? Because there is a lot of hidden sugar in drinks.

[00:26:44] What do you do?

[00:26:46] **Vandana Sheth:** First thing is know how to read the label, understand what the ingredients mean. Water is obviously the gold standard. Water is great, but sometimes water can be boring. So some of my clients don't like to drink water. So we talk about maybe looking at sparkling water. that has a little flavor.

[00:27:03] Or there are waters in the market that you can buy that are infused with flavor but have no calories or sugar or anything else. There are so many brands of products in the market that you can try. I have clients who love sodas and they can either go the route of diet sodas because then there's no added sugar.

[00:27:21] It has either a low or no calorie sweetener. Or there are other products in the market now that have these good for you gut bacteria. And they have the flavor profile of a soda that you like, but they can actually be good for you and much lower in terms of sugar or carbs. So there are lots of options.

[00:27:39] Learn about how to read a label. Learn what fits your taste preference and fits your goals.

[00:27:49] **Ginger Hultin:** Okay, this is a big one. Fruit and diabetes management. Can you eat fruit if you have diabetes? And I'm just going to throw in there, can you eat like bananas or, you know, quote unquote, sugary fruits? Tell me the story.

[00:28:03] **Vandana Sheth:** Absolutely. You can have fruits. Fruits are a great addition to your diet. Just keep in mind that they are carbohydrates. They're part of the carbohydrate group. So think about pairing them rather than having them by themselves. Either have them as part of a meal or have them with some kind of protein and fat to blunt the spike that goes in.

[00:28:21] Also understand what's the serving of. a fruit. So a regular banana from a grocery store may be pretty big and that would count as two carb servings. Whereas if you found the smaller size banana that would fit better. Enjoy it with a small handful of pistachios or almonds or dip it in a little nut or seed butter and right there it's a perfect snack.

[00:28:42] **Ginger Hultin:** I love that balance idea and that is a really good snack and it's satiating like it sticks with you too.

[00:28:47] Yes, I love fruit. As you can see I have an apple behind me and I have more fruit around me and I have some nuts and seeds too. on the side.

[00:28:55] Perfect. You are fueled up.

[00:28:57] Let's talk about sugar free and non nutritive sweeteners like Stevia, Splenda.

[00:29:03] **Vandana Sheth:** I do believe these products can be a healthy part of your lifestyle. There are plenty of studies that have looked at the safety. So for my clients, the ones that I usually suggest are either sucralose, uh, stevia, monk fruit, and you can play around with these. They work really well in recipes. And so it's just not for someone with blood sugar concerns.

[00:29:25] It can be safe for everyone in the family. So that helps.

[00:29:29] **Ginger Hultin:** Not cooking multiple, multiple things for different people. Exactly. Okay, final question. And you talk about this a lot on your Instagram, so I'm interested in what you have to say about physical activity, fitness for people with diabetes.

[00:29:47] **Vandana Sheth:** So moving your body can have a huge impact on your blood sugars.

[00:29:51] So when someone eats, our blood sugar naturally goes up. But if you can go for a quick walk right after you eat, it can help open those cell gates and suck that extra sugar into your cells, lowering your blood sugar. It's a magical way of lowering your blood sugar. So for my clients who are dealing with blood sugar issues, it's something that's super important.

[00:30:12] It's part of the plan. We talk about moving 10 to 15 minutes after your meals right away because that can be an easy way of bringing your blood sugar down. But also find something that you enjoy doing rather than feeling like it's a chore. So whether it's walking or whether it's a dance class you like or dancing in your kitchen, put on some music, whatever it is.

[00:30:33] Find an activity that's fun for you, so you will be more consistent with it.

[00:30:39] **Ginger Hultin:** I also tell people, like, you don't have to go to the gym, like, drive to the gym for a half hour, be there for two hours. I mean, a lot of people just say, I don't have time to work out. But honestly, from my understanding, the research shows even small amounts of activity throughout the day can really add up for blood sugar control.

[00:30:55] Is that the case?

[00:30:56] **Vandana Sheth:** That's why I often actually have my clients break it up into 10 to 15 minute movement spots right after their meal. So three times a day, right there, that's 45 minutes. And before you know it, it can be 60 minutes.

[00:31:10] **Ginger Hultin:** I am obsessed with following labs and it's just like a huge interest and passion of mine, so I track my own labs pretty carefully and I just got some new labs drawn and I didn't change anything in the last six months.

[00:31:22] But I started, uh, weightlifting more heavy and more often. And, uh, I didn't change anything about my diet or anything, and I saw my A1c pop down a little notch, and so I was so intrigued that, for me, fitness and weightlifting, like, really made a big difference in just a period of six months without changing anything else.

[00:31:44] **Vandana Sheth:** I have definitely seen a connection between physical activity and how their labs show up with my clients. I know when someone has done something different, and it's not necessarily huge changes, but they've started being more consistent with these habits. They are definitely seeing positive impacts.

[00:32:03] **Ginger Hultin:** I really think the consistency is important.

[00:32:05] You know, with diabetes, this isn't something that you just do once or twice. It's not just for a few months. It really is looking at the long term, the permanent change.

[00:32:14] **Vandana Sheth:** Agreed. Because this is a lifestyle condition. This is a lifestyle disease. And, um, You know, you can absolutely put it into remission, but you need to be consistent with your habits and behaviors and track things to make sure you're trending in the right direction.

[00:32:29] **Ginger Hultin:** So I want to get your advice for a person like me that might be thinking about getting tested for diabetes, but I'm feeling nervous



or maybe I'm like, do I really want to know? I'm kind of scared of getting a blood draw or I don't have a good relationship with my doctor. What would you tell someone like that?

[00:32:48] **Vandana Sheth:** First of all, it's totally normal. to be nervous or fearful, because the unknown is always something that we're nervous about. But knowledge is power. Once you know what your numbers are, you can take action, because even if your blood sugars are not where we need them to be, even if they are, say, in the pre diabetes or diabetes range, you can absolutely address them.

[00:33:11] I would highly encourage anyone who is in the space, It's a great way to get tested, get your numbers, so that we know what we can do. Because then you have the power to take action and to improve your health.

[00:33:24] **Ginger Hultin:** Knowing is better.

[00:33:25] **Vandana Sheth:** Yes. Knowledge is power. Knowing is better.

[00:33:29] **Ginger Hultin:** The research is churning out about diabetes and people that are certified like you are really on top of that.

[00:33:35] And today it's just been about feeling empowered, developing your interdisciplinary team, taking control, and also finding the joy in food. in your relationship to food, even if you do have a chronic disease like diabetes.

[00:33:52] **Vandana Sheth:** Food is very personal, and we all have our stories connected to food. And just because you have a diagnosis of diabetes does not mean that you can't have those foods.

[00:34:03] It's a matter of learning how to pivot, how to enjoy those foods, surround yourself with the right team, and take action because you matter. And you want to live a healthy life and you can thrive with a condition like diabetes.

[00:34:16] **Ginger Hultin:** Thank you so much for your time and expertise.

[00:34:19] **Vandana Sheth:** Well, this was so much fun.

[00:34:21] Thank you so much for having me here.

[00:34:25] **Ginger Hultin:** If you or someone you know needs more resources about diabetes, You can check out Vandana's free seven day plant based meal plan, or self paced program on her website, [vandanasheth.com](http://vandanasheth.com). You can find that link in our show notes along with more information. Thanks for listening to this episode of the Good Clean Nutrition podcast.

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