

CLINICAL CORRELATIONS BETWEEN SERUM GLUCOSE VARIANCE
AND REPORTED SYMPTOMS IN HUMAN SUBJECTS

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ABSTRACT

The evidence presented in this report suggests that, in both a healthy people and patient populations, there are clinical and biochemical (fasting serum glucose) gradations of health and sickness. What is particularly fascinating is the fact that, as one progressively develops a symptomless and signfree subset, the blood glucose levels become more homogeneous, meaning that glucose scores cluster to the mean. This enhances the diagnostic, therapeutic and predictive utility of blood glucose scores. While such clinico-biochemical parallelisms are clear, it is essential to mention the point that they do not necessarily prove cause-and-effect. But our interest has been sufficiently stimulated to study several other possible correlates between biochemical variances and the degree of reported symptomatology.

INTRODUCTION

Clearly who is thought to be well or ill is a function of where one draws demarcating lines. This apparent complexity of choice has, as one might anticipate, resulted in a plethora of published material as to what constitutes the "normal fasting blood glucose." One of the reasons for the quantity and diversity stems from the fact there might well be at least seven different definitions for "normal." Murphy¹ has outlined these possibilities (Table 1). The last, the "ideal," the most desired has been accorded the least attention.