Blood Sugar Support Protocol‡

DEVELOPED IN COLLABORATION WITH OUR SCIENTIFIC AND MEDICAL ADVISORS

Blood glucose regulation is influenced by multiple, interacting factors, including dietary patterns and meal timing, physical activity, sleep, stress, body composition, medication use and individual metabolic response. A clinically useful approach begins by assessing glucose patterns and related cardiometabolic markers, strengthening nutrition and lifestyle foundations and then adding support to address a defined clinical objective.

This protocol was designed with our clinician partners to help you deliver the most effective care and support for your patients. Included are recommendations to support foundational health and focused interventions to address common clinical objectives.‡

FOUNDATIONAL SUPPORT

In addition to a healthy diet and lifestyle, consider the following foundational supplements to support overall health and well-being:‡

PRODUCT RECOMMENDATIONS	FEATURES	SUGGESTED USE
O.N.E.™ Multivitamin (Order Code: ONE1 / ONE6 / ONE3)	Once-daily nutrient essentials with sustained-release CoQ_{10}; multivitamin/mineral formula for daily wellness‡	1 capsule daily, with a meal
O.N.E.™ Omega (Order Code: ONO6 / ONO3)	1,000 mg of supercritical CO_2 extracted, triglyceride-form EPA and DHA in a convenient, once-daily dose‡	1 softgel daily, with a meal

TARGETED SUPPORT

Use in combination with foundational nutrition and lifestyle support and reassess response before adding or substituting other glucose-support formulas.‡

CLINICAL OBJECTIVE‡	ASSESSMENT*	PRODUCT RECOMMENDATIONS‡	SUGGESTED USE
Support healthy glucose metabolism and cardiometabolic health‡	Fasting glucose and HbA1c; fasting insulin and/or postprandial glucose patterns when clinically useful. Fasting insulin may provide additional context prior to changes in fasting glucose or HbA1c. Additional assessments should include dietary pattern; medication and supplement review; triglycerides and waist circumference for cardiometabolic context	Berberine UltraSorb™ (Order Code: BUS1 / BUS6) Provides 550 mg of clinically studied Berbevis®, a berberine phytosome with enhanced bioavailability.‡ Promotes healthy glycemic control‡, helps maintain healthy glucose levels already within the normal range‡ and promotes healthy insulin receptor function and signaling.‡ Caution should be taken with concurrent glucose-lowering medications.	1 capsule, 1-2 times daily, with or between meals

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ADDITIONAL CONSIDERATIONS

The products in this category offer alternative or added support. Choose selectively and account for overlapping ingredients.‡

CLINICAL OBJECTIVE‡	ASSESSMENT*	PRODUCT RECOMMENDATIONS‡	SUGGESTED USE
Broader combination support for glucose homeostasis‡ and insulin receptor signaling‡	Persistent glucose/insulin pattern; medication/ supplement review	**Metabolic Xtra** (Order Code: MX29 / MX23) Provides 350 mg berberine HCl per capsule with chromium, alpha lipoic acid and resVida® 99% pure trans-resveratrol.‡ Clinical use: Consider as an alternative to Berberine UltraSorb™, not a routine add-on, because both provide berberine.	1 capsule, 1-3 times daily, with meals
Broad-spectrum, non-berberine nutrient/ botanical support	Dietary pattern; postprandial glucose pattern;[6] medication/ supplement review; preference or clinical reason to avoid a berberine-centered formula	**GlucoFunction** (Order Code: GF1 / GF9) Combines key nutrients, antioxidants and herbal extracts to promote broad-spectrum support for healthy glucose metabolism.‡	1 capsule, 3 times daily, before meals
Glucose metabolism plus a nerve-health/ antioxidant objective	Glucose pattern; neurologic symptoms or nerve-health concerns; medication/ supplement review	**Alpha Lipoic Acid 600 mg** (Order Code: AL61 / AL66) Supports glucose metabolism, promotes metabolic energy production and nerve cell health.‡ Water and fat solubility provide exceptional versatility as an antioxidant.‡	1 capsule, 1-2 times daily, with meals
Support fiber intake and gut microbiome	Dietary intake	**PureLean® Fiber** (Order Code: PLFX3) Promotes satiety, digestive health, nutrient absorption and healthy glycemic control‡ Gradual titration of supplemental fiber based on baseline intake and GI tolerance is recommended.	1 serving, 1-3 times daily, mixed with a beverage

NUTRITION RECOMMENDATIONS

No single dietary pattern is required to support a healthy blood sugar response. Several evidence-based approaches can support glycemic goals when built around whole, minimally processed foods, adequate protein, fiber-rich plant foods and little to no added sugar. The best fit should also account for each patient's glucose response, medication use, cultural preferences and long-term adherence.

Fiber-Rich Food	Build Balanced Meals	Individualize Meal Timing
Focus dietary intake on vegetables, legumes, nuts, seeds, berries/whole fruit and intact whole grains as tolerated. Soluble and viscous fibers can reduce postprandial glucose exposure and support glycemic response.	Center meals on protein and non-starchy vegetables, then add a fiber-rich carbohydrate source and quality fat. This approach can improve satiety and reduce reliance on rapidly absorbed carbohydrate sources.	When feasible, reduce late-night eating and use glucose patterns to individualize timing.

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Consider Fasting Selectively	Minimize Alcohol	Minimize UPFs and Added Sugars
Time-restricted eating (8-to 10-hour eating window) or intermittent fasting may benefit some adults when safe, nutritionally adequate and aligned with patient preference.[1,2] Fasting may not be appropriate for patients with a history of restrictive eating concerns, pregnancy/ lactation or frail/underweight. Consider medication use and risks of drops in blood glucose.	Individualize reduction or avoidance based on glucose patterns, triglycerides, hepatic status, sleep, weight goals and medication use. Minimize sugar-sweetened mixers.	When feasible, reduce late-night eating and use glucose patterns to individualize timing.

DIETARY PATTERNS

The best long-term pattern is one that improves metabolic markers while remaining nutritionally adequate, culturally acceptable, clinically safe and sustainable. Use glucose data, symptoms, hunger and satiety, laboratory markers, medication use and adherence to refine dietary needs.

Dietary Pattern	Overview	Rational and Clinical Fit
Lower-Carbohydrate 	Reduce total carbohydrate to <130 g per day, without requiring nutritional ketosis.[3] Emphasize non-starchy vegetables, adequate protein, quality fats and smaller portions of high-fiber carbohydrate sources such as legumes, intact whole grains and whole fruit as tolerated. Carbohydrate quality and individual glycemic response may be as clinically important as achieving a specific carbohydrate threshold.	Low-carbohydrate patterns can improve HbA1c, fasting glucose and weight, particularly in the short term. Benefits may diminish over time, making food quality, cultural fit and sustainability important.[4] This may be a good fit for patients with elevated postprandial glucose, carbohydrate sensitivity or a preference for moderate carbohydrate reduction.
Very-Low-Carbohydrate/ Ketogenic Pattern 	A well-formulated ketogenic pattern provides approximately 20-50 g of total carbohydrate per day to support nutritional ketosis.[3] Prioritize fat quality, non-starchy vegetables, adequate protein and nutrient adequacy. Review glucose-lowering medications like SGLT2 inhibitors before initiation and during the application of this dietary pattern.[5]	Clinical trials and meta-analyses report improvements in fasting glucose, HbA1c, insulin response, triglyceride levels and body weight in adults following this dietary pattern.[5,6] This may be a good fit for selected, motivated patients who can adhere to significantly lower carbohydrate intake.
Mediterranean-Style Pattern 	Encourage a variety of colorful vegetables, fruits, legumes, whole grains, nuts, seeds, omega-3 fatty acids, herbs/spices, fish/seafood and minimally processed protein sources. Individualize protein recommendations based on age, body composition goals, activity level and clinical status.	Mediterranean dietary patterns have demonstrated improvements in glycemic control and several cardiometabolic risk factors, including blood pressure and body weight.[7,8] This may be a good fit for patients seeking a sustainable, food-first approach with broad cardiometabolic benefits and flexibility in carbohydrate intake.
Whole-Food, Plant-Forward Pattern 	This pattern emphasizes legumes, vegetables, fruits, whole grains, nuts and seeds while minimizing ultra-processed foods. It can range from plant-forward approaches that include meat, poultry and fish to vegetarian or vegan approaches based on preference.	Evidence supports improvement in glucose control and insulin sensitivity, especially for those who are overweight or obese. [9,10] This may be a good fit when improving diet quality and fiber intake are priorities or when cultural, religious or personal preferences favor limiting or avoiding animal products.

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LIFESTYLE RECOMMENDATIONS

Physical Activity: Encourage regular aerobic and resistance exercise based on medical status, fitness and personal activity preferences. A short walk or other light-to-moderate activity after meals can be a particularly practical strategy for reducing acute postprandial glucose excursions.[11] Resistance training supports glycemic control while helping to maintain muscle strength and body composition. [12]

Sleep: Inconsistent or insufficient sleep can make glycemic regulation more difficult and can undermine your patients' nutrition and physical activity goals. To determine the best intervention, begin with a clinical assessment of sleep that considers both **sleep onset** (how long it takes to fall asleep), **sleep duration** and **sleep efficiency** (the proportion of time in bed that is spent asleep). Additionally, assess potential root causes of sleep disturbances, including screening for breathing changes that may occur during sleep.

Stress regulation: Persistent stress can influence sleep, eating behaviors and glucose control. Use realistic stress-management strategies such as brief breathing practices, mindfulness, time outdoors, scheduled recovery time or referral for behavioral health support when indicated.

Weight and body composition: When excess central adiposity is present, sustainable reduction in body weight or waist circumference may improve insulin sensitivity and glycemic markers. Keep the clinical focus on metabolic improvement, function, preservation of lean muscle mass and behavior change rather than weight alone.

OTHER CLINICAL CONSIDERATIONS

Assessment and monitoring should be individualized. Hemoglobin A1c and fasting glucose are commonly used biomarkers. Additional consideration of fasting insulin, postprandial glucose data, continuous glucose monitoring, lipids, blood pressure, waist circumference and renal/hepatic markers may add context when clinically appropriate. Discordance between HbA1c and measured glucose may indicate factors that may alter HbA1c interpretation, including altered RBC turnover, changes in iron levels, hemoglobin variants or changes in kidney function.

- Before starting supplements, review medications to check for potential interactions. When applicable, coordinate with the prescribing clinician when glucose-lowering medications are used or risk is present.
- When applicable, escalate medical evaluation when laboratory findings meet diagnostic criteria, glucose is markedly altered or symptomatic, recurrent occurs or medication adjustment may be required.
- Avoid unnecessary ingredient stacking. Review the complete supplement plan before combining products that contain overlapping ingredients such as berberine, alpha lipoic acid or chromium.
- Consider continuous glucose monitoring (CGM) when greater insight into daily glucose patterns may help guide care. CGM can identify postprandial excursions, overnight patterns, glycemic variability and responses to meals, physical activity and meal timing that may not be apparent from HbA1c or fasting glucose alone. Use CGM data to identify reproducible patterns and personalize nutrition and lifestyle interventions rather than reacting to individual glucose excursions.[13] In individuals showing mild to moderate changes in glucose homeostasis, interpretation should remain cautious because standardized CGM targets and the clinical significance of individual glucose excursions are not yet well established.[14]

CLINICAL BOTTOM LINE

Blood sugar support should be individualized, beginning with sustainable nutrition and lifestyle strategies and appropriate monitoring. Add targeted support selectively, reassess response and adjust the plan as glucose patterns, medications and clinical goals change.

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RESOURCES

Blogs:

- Berberine and Blood Sugar: Unlocking Clinical Potential with Enhanced Absorption
- Evidence-Based Strategies for Clinicians: Addressing the Four Key Factors of Sleep Disturbances
- Building Resilience: A Guide to Personalized Care for Stress
- The Role of Dietary Fiber in Weight Management

For additional information, refer to the resources below:

- Cardiometabolic Support Protocol
- Healthy Weight Management Support Protocol
- Sleep Protocol
- Berberine Deep Dive: An Update to Evidence-Based Clinical Use for Cardiometabolic Applications‡ - On-Demand Learning

Drug-Nutrient Interactions Checker: Provides valuable information on potential interactions between your patients' prescriptions, over-the-counter medications and nutritional supplements.

You can also explore Pure Encapsulations® to find On-Demand Learning, Clinical Protocols and other resources developed with our medical and scientific advisors.

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*All assessments may not be necessary. Testing should be performed at the discretion of the healthcare provider.
The information contained herein is for informational purposes only and does not establish a doctor-patient relationship.

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