

The Hypoglycemic Health Association

NEWSLETTER

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The NEWSLETTER of the Hypoglycemic Health Association is distributed to members of the Association and to Health Professionals with an interest in nutritional medicine and clinical ecology.

There is good news on the horizon. Dr George Samra has written a book, soon to be published, called "*The New Hypoglycemic Connection*". This book will be a text book for doctors and other health practitioners, explaining in detail how to test for and treat the Hypoglycemic Disease and related illnesses. In this issue we have published (page 3) Chapter 17 of the book "*The Food and Disease Paradigm*" showing the relationship between food and allergic reactions. The exciting news is that from now on people suffering from the symptoms of hypoglycemia will soon be able to get nutritional treatment from any doctor or health practitioner. This is one of our major aims of the Association; to have hypoglycemia recognised as a medical or nutritional disorder. This book, written in an easy style for both the medical and lay reader, is a milestone for our cause and Dr Samra is to be congratulated for his efforts.

There are a number of members whose membership have expired and are still receiving this Newsletter. When you open the Newsletter, please have a look at the expiry date on the envelope and if you discover that you may have overlooked to forward the fees, please complete the Application Form on page 12, and forward it with your cheque to the Association.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 7 September 2002
at **YWCA**

5-11 Wentworth Ave, SYDNEY

and our guest speaker is

Rama Prasad

who will be speaking

on the subject of

**"Hypoglycemia in Indian
Medicine"**

Ayurvedic physician **Rama Prasad** has been sharing his passion for Ayurvedic healing for almost 20 years.

Growing up in Kerala, an Indian state renowned for its wealth of healing wisdom, Rama has practised and observed Ayurveda from his early childhood.

After graduating from a 7 1/2 -year Ayurveda, Yoga and Surgery Bachelor course at the prestigious Coimbatore Ayurveda College, Rama gained extensive treatment and teaching experience at Coimbatore's Ayurvedic College and hospital. Marrying an Australian, Rama moved to North Queensland, continuing to practice and teach Ayurveda, Sanskrit and Yoga through his clinic, seminars and yoga classes.

After some time, Rama relocated to Sydney where, for the past six years, he has been head physician at his Cremorne clinic, Ayurveda Elements (formerly Jeeva Ayurveda). He also practices at Bikram's School of Yoga, Brookvale.

He remains one of Australia's most respected and qualified Ayurvedic physicians.

Rama is also the principal lecturer for *Nature Care College's* Ayurveda Diploma as well as conducting his own 1-year certificate Ayurveda Course at Ayurveda Elements for the past four years. Rama also offers annual Ayurvedic tours to Kerala every August. Many of Rama's articles on Ayurveda can be found in issues of *WellBeing Magazine*. Rama enjoys teaching Yoga and Sanskrit in addition to his work as a consultant to the herbal company Ayurvedic Remedies (www.ayurvedic-remedies.com.au). Rama may be contacted on: ph/fax: (02) 9904 4859 or email: ayurveda@acay.com.au

Previous Copies of the Hypoglycemic Newsletter

Back issues of the Hypoglycemic Newsletters are available at the NSW State Library, Macquarie Street, Sydney. They are filed under NQ616.466006/1 in the General Reference Library.

Other libraries holding copies are: Stanton Library, North Sydney; Leichhardt Municipal Library; The Tasmanian State Library; The Sydney University; The University of NSW and Newcastle University. The Association will provide free copies in PDF format to any library upon request to jurplesman@hotmail.com

The Association also has a web site at: <www.hypoglycemia.asn.au> where there are some Newsletters in PDF format, as well as articles on clinical nutrition and self-help psychotherapy.

Books for sale at the meeting

Sue Litchfield: **SUE'S COOKBOOK**
Dr George Samra's book

The Hypoglycemic Connection
(now out of print) is only available in public libraries).

Jurriaan Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries (state and university). By buying this book at the meetings you are supporting

Any opinion expressed in this Newsletter does not necessarily reflect the views of the Association.

DISCLAIMER: The articles in this newsletter are not intended to replace a one-to-one relationship with a qualified health professional and they are not intended as medical advice. They are intended as a sharing of knowledge and information from research and experience in the scientific literature. The Association encourages you to make your own health care decisions based upon research and in partnership with a qualified health care professional.

the Hypoglycemic Health Association.

The Newcastle branch of the Association are still meeting with the assistance of Bev Cook. They now meet at ALL PURPOSE CENTRE, Thorn Street, TORONTO. Turn right before lights at Police Station, the Centre is on the right next to Ambulance Station. For meeting dates and information ring Mrs. Bev Cook at 02-4950-5876.

Entrance donations at meetings

Entry donation is tax deductible and for non-members will be \$5, for members \$3 and family \$5. People requiring a receipt for taxation purposes will be issued when asked for it.

Donations for raffle

One way of increasing our income is by way of raffles. If any member has anything to donate towards the raffle, please contact Dr

George Samra's surgery at 19 Princes Highway, Kogarah, Phone 9553-0084 or Sue Litchfield at (litch.grip@bigpond.com).

At the meeting on the 1 June 2002, Helene Koechli won the lucky door price and Joyce Ashmore won the raffle.

Fund raising activities

We need money, ideas, donations, bequests (remember us in your will), donations over \$2 are tax deductible.

Raffles

Conducting raffles is an important source of additional revenue for the Association. Raffle tickets are available at \$2 each or \$5 for three tickets at Dr George Samra's surgery. Items to be raffled should be on display at the surgery and will be raffled at the next public meeting of the Association.

The Hypoglycemia support group meets every 3 months at 19 Princes Highway Kogarah (1st floor Dr. Samra's surgery) at 1.45 pm. The members of this support group meet every second Saturday of the months of February, May, August and November. The cost is \$1. Afternoon tea provided - family and friends welcome. For further information please telephone - Lorraine on 02-95209887 or Jeanette on 02-95259178

The Tasmanian Hypoglycemic support group. For members in Tasmania if you want to form a group or meet people with hypoglycemia phone Alison on 040 9966 385 A/hours or for more info (altennan@bigpond.com).

REPORT FROM THE KOGARAH SUPPORT GROUP

We were delighted to have an article published in the St George & Sutherland Shire Leader on 4 April 02. A journalist and photographer came to Lorraine's house and did an interview with her, Jeanette and Bill. Following publication we received 25 phone enquiries. Information sheets were sent out to these people.

Narwee (community) Radio had also seen the Leader article and they rang, inviting us to do a phone interview on their Breakfast Program, which we did on 1 May 02.

Our Support Meeting on 9 May 02 was attended by 18 people. We each spoke briefly about our symptoms and the more experi-

enced members explained how they had handled these problems with help from Dr Samra. One of the main problems was of course, insomnia. This seems to be a common problem amongst Hypoglycemics, in the early stages of treatment and is best discussed with the doctor. Suffice to say that supper should not be neglected as unimportant. It has to last you a long time! Another hint is NO CAFFEINE after 5pm. A warm drink of (allowed) milk with supper helps most of us.

The Speaker for the June Meeting in the city was announced. A number of our members attend these meetings regularly.

Everyone enjoyed trying the things brought in for afternoon tea and recipes were available to copy.

Anyone interested in attending our meetings should ring

JEANETTE (02) 9525-9178 or LORRAINE (02) 9520-9887.

OUR NEXT MEETING WILL BE ON SATURDAY 9th NOVEMBER (the last one for 2002) at 1.45pm, Dr Samra's Rooms (upstairs) at Kogarah.

(First meeting for 2003 will be Saturday 8th February)

Treasurer's Reports by Sue Litchfield

I was sorry yet again that I could not be at the last meeting, as I believe that Dr George gave yet another of his informative talks. It is also very encouraging to see that the numbers attending the meetings seem to be on the increase. The raffle seemed to be a great success as we raised \$88.00, that is terrific. However if anyone would like to sell some tickets for us please contact Jeanette

Continued page 7

The Food and Disease Paradigm

by

Dr George Samra

From Chapter 17 of *The New Hypoglycemic Connection*

SUMMARY:

The notion that food and disease have an intimate relationship is nothing new to traditional Chinese medicine. The food and disease paradigm is a new way of thinking about chronic illness. There appears to be a pattern of food and disease symptoms that are common to sufferers.

The food and disease paradigm argues strongly that rather than using drugs as a first line of treatment, a diet change based on common food triggers should be tried first with or without other treatment modalities including lifestyle change and natural supplements. For example with migraine sufferers, patients should be taught to avoid chocolate, cola drinks, oranges, peanuts, cow's milk products, green beans and peas, and MSG (code 621). With Asthma, patients should be taught to avoid dust mite, cow's milk dairy, as well as beef and veal.

The food and disease paradigm argues strongly that this is a safe treatment modality, the patient has nothing to lose and that a reasonable trial for one month should be considered. The food paradigm aims to cure disease by avoiding the cause, and argues when food avoidance has a positive effect on a chronic illness this is the preferred mode of treatment. Little is lost by waiting a month or so before commencing drug therapies. In chronic illness where drugs are used it is likely that they will be

used for many years, so patients and doctors need not be in any hurry for the prescription approach.

This chapter lists and explains the foods that may be involved in various chronic conditions. Food substitutes are also recommended to replace the foods that are being avoided.

Traditional Chinese medicine teaches that food is medicine. The notion that food and chronic illness have an intimate relationship is nothing new to traditional Chinese medicine.

A paradigm is a shift in one's way of thinking. The food and disease paradigm is a new way of thinking about chronic illness, whereby there appears to be a pattern of food and disease symptoms that are common to sufferers. As far as food is concerned Western medicine tends to be dismissive. Frequently patients tell doctors of food relationships to their symptoms, merely to be dismissed with a cynical grunt from their highly educated medical practitioner attending their illness. A patient might tell a doctor, for example, "every time I eat chocolate I get a headache." Common sense would dictate that the doctor should respond by saying, "Well in that case don't eat chocolate!" So entrenched is the dismissive view in Western medicine to food and symptom suffering that such a vital clue offered by a patient is carelessly abandoned.

The human machine is fuelled by food. Logic would dictate that anything we put in our mouths could go one of three ways in it's consequences:

- 1) It could be **good** for us
- 2) It could be **neutral**
- 3) It could be **bad** for us

This is true for all foods consumed. For the most part foods are good for our human machine, or they maybe neutral, however, the third possibility is very real as well and some foods are bad for some individuals. Some children have been known to die from sudden severe anaphylactic allergic reactions to peanuts - even very small quantities. Foods are not necessarily good for everybody.

Hypoglycemics react to sugar, simple carbohydrates (including honey and glucose); people with food allergies react to specific foods.

What we put into our mouths can be bad for us! Not just allergy foods! Imagine, for example, drinking a glass of kerosene - no doctor would argue that this would be good for you, but those same doctors would have problems believing that foods could cause any reactions at all to the sufferers.

It is time for a paradigm shift. The food and disease paradigm argues strongly that rather than use drugs as a first line of treatment, a diet change based on common food triggers should be tried first, with

or without other treatment modalities including lifestyle change and possibly natural supplements.

EXAMPLES

Migraine and Headaches

The following foods should be avoided:-

- Chocolate
- Cola drinks
- Oranges
- Peanuts
- Cow's milk dairy products
- Green beans and green peas
- MSG (code 621)

Substitute products could be tried as alternatives, carob can replace chocolate. Clear lemonade can replace Cola drinks, and apple juice replace orange juice. Soy and Goat's milk and cheeses replace Cow's milk dairy products.

Asthma and Airway diseases

The following should be avoided:-

- Cow's milk dairy
- Beef and Veal, and Beef bi-products
- Patients should be taught how to avoid dust and dust mite

Substitutes for Cow's milk include; Soya milk, Soya cheese and goat's cheese, white meats such as chicken, fish and seafood can be used instead of beef products. For small-goods things like chicken sausages and turkey loaf maybe used. Asthmatic patients should wear a protective mask if doing house work. The bedroom should have shiny floors with tiles, lino or polished floorboards. Patients should purchase special dust proof pillowcases and mattress covers, and should avoid having feather pillows, feather doonas and woolen blankets on their beds using knitted cotton blankets and cotton or synthetic doonas.

Irritable Bowel Syndrome and Stomach Disorders

Foods to be avoided include:

Onions, which includes shallots, chives and leeks

- Garlic
- Chilli
- Capsicum
- Spinach
- Cabbage
- Nuts and nut-pastes
- Bananas

Substitute foods include: Pine-nuts and pine-nut pastes, as well as fruits and vegetables not in the list above.

Eczema, Dermatitis, and Skin Conditions

Avoid:

- Chocolate
- Cola drinks
- Oranges
- Apples
- Cow's cheese
- Cow's yoghurt
- All nuts

Substitutes include: Carob for chocolate, lemonade for Cola drinks, pears and bananas instead of oranges and apples, soya milk products as well as pine-nut and pine-nut paste.

Arthritis, Rheumatism, and Muscle and Joint Problems

Avoid:

- Tomatoes
- Potatoes
- Beef and Veal
- Oranges

In cases of severe disabling disease whole food families should be avoided. The family of tomatoes is known as Nightshades and includes potatoes, capsicum, chilli and eggplant. The family of oranges is known as Citrus and includes oranges, lemons, limes, grapefruit, kiwi fruit, and passionfruit. The family of beef includes other red meats and includes lamb, pig meat and all the bi-products such as ham, bacon and salami. Approximately 25%

of severe arthritic patients are allergic to gluten which is wheat protein.

Substitutes: Sweet potato or yam, and pumpkin can be used to replace potato. In many cooking dishes pureed carrot can be used to replace tomato, apples can replace oranges, white meat can replace red meat, and non-Nightshade vegetables can be used freely. Where gluten appears to be a problem rice bread, rice noodles, rice biscuits, and rice flour can replace wheat and rye products.

Neurological Disorders, including Neuralgia, Parkinson's Disease, and MS

Avoid:

- Legumes

The Legumes food family includes beans, peas, nuts and lentils. It also includes soya bean products such as soya milk, soya sauce, tofu, as well as including bean sprouts.

Vegetables can be used that are not related to beans and peas. Pine-nuts can be used to replace nuts, cow's milk or rice milk can be used to replace soya milk. In these conditions it may prove wise to avoid all of the foods listed under migraines and headaches also.

Fatigue, Mood-swings, Depression

Avoid:

- Sugar
- Honey Glucose
- Yeasted or fermented foods, particularly alcohol and bread

Substitute foods can be purchased from supermarket and health food stores that are free from sugars and yeast.

Auto-immune diseases including Lupus, Rheumatoid Arthritis, Sjogrens, etc.

Avoid the food families of:

- **Mammalia** which includes all animal milks, cheese and yo-

ghurts, as well as all red meat such as beef, veal, lamb, pig meat and all their bi-products including ham, bacon, salami, corn-beef, and devon.

- **Gluten** includes all the products from gluten grains which are wheat, rye, oats, barley, malt, and occasionally some strains of corn or maize.

Substitutes include: Soya cheeses, rice milk and soya milk, as well as rice bread, cereals, noodles, and biscuits.

Auto-immune illness is a massive topic. In a book of this size one can only hope to skim through some basic dietary instruction.

THE FOOD DISEASE PARADIGM

The food and disease paradigm argues strongly that this is a safe treatment modality and that the patient has nothing to lose from a reasonable trial of avoidance. A minimum trial would be at least for one month. Unlike what is offered with drug treatments, the food paradigm aims to cure disease by avoiding the cause. This new way of thinking hopes to bring Western medicine into the 21st Century, where food treatments replace drug treatments and where lifestyle changes encourage the notion that prevention is better than cure.

When avoidance of certain foods has a positive impact of chronic illness, this is a preferable mode of treatment. There is nothing to lose by waiting a month or two before commencing drug treatments. In chronic illnesses once drugs are used, it is likely that they will be used for many years and perhaps forever. In the case where food has been unsuccessful in changing the course of a chronic illness, it is no crime to pursue the conventional prescription or drug approach.

EVIDENCE FOR THE FOOD DISEASE PARADIGM

Elimination diets have been used

by allergists in the past to unmask allergies. The patient is placed on a limited variety of low allergy foods for usually 7 to 14 days. Many allergy sufferers improve dramatically in their health on this limited diet. Typical foods allowed in an elimination diet include: boiled rice, peeled pears, chicken (no skin), pumpkin, carrots, olive oil, a whole range of rice products including rice milk, rice noodles, rice cakes, rice cereal, other bulbous vegetables including sweet-potato, marrow, zucchini, choco, and fresh beetroot. Only filtered water is used for drinking. The elimination diet varies slightly in the hands of different allergists.

It is reasonable to assume that someone whose health improves remarkably on an elimination diet has food allergies! The next step is to bring back foods one at a time, usually one day at a time, to identify offending foods. Patients are asked to keep a record of symptoms as each new food is returned. Responses from over 200 of my patients were used to help create a computer program which can function in two directions. From a list of symptoms and severities the program can reveal the most likely offending foods, but equally with any given food the program also is able to show the most likely associated symptoms. This is how I became involved in the food paradigm, because invariably with chronic illness the list of offending foods show a great degree of overlap. Hence the list of foods to avoid can be defined.

OTHER EVIDENCE

Dr. Preslav Trenchev works in an Immunological Laboratory in the outer-city suburb of Kemps Creek. He performs auto-antibody and other immunological testing. These have been used to cross correlate auto-antibody mechanisms

and food relationships. It is no surprise now to find that patients with multiple joint arthritis have high Synovial Membrane antibodies and/or high Cartilage antibodies. Patients with Irritable Bowel Syndrome often have high Colon cell antibodies or high Parietal cell antibodies. When Parietal cell antibodies are elevated a Gluten free diet almost always works well to alleviate symptoms. Dr Trenchev tests for an extensive list of tissue antibodies and an understanding of the food and chronic disease paradigm not only helps to lower elevated antibody levels with the passage of time - this in itself is evidence of the food and disease association. The tissue antibody levels fall with correct diet and this helps to undo the symptoms of the illness.

Dr Chris Reading practicing in the Northern Sydney suburb of DeeWhy has also conducted extensive food allergy and auto-antibody testing in thousands of his patients. His conclusions are very similar to those that have been found in my practice.

WHAT TO DO NEXT

If it is possible to do, have allergy testing performed (**particularly for foods.**) These can include Rast testing, and Cytotoxic Food Allergy Testing. In good hands Cytotoxic Food Allergy Testing is about 80% accurate, but this is good enough as it is a lot better than guess work. If you have a chronic illness then avoid the foods listed, use the substitute foods, and if possible have food allergy testing performed through a good laboratory. It must be emphasised once again that the food and chronic disease paradigm aims to cure disease by avoiding the cause. Surely if food can stop the symptoms this is vastly superior to using drugs as therapy.

The Serotonin Connection

By
Jurriaan Plesman,
BA(Psych), Post Grad Dip Clin Nutr.

From the Hypoglycemic Health Association Web
Site: <http://www.hypoglycemia.asn.au>

I will attempt to describe briefly *The Serotonin Connection* as a sequence of psychological and biochemical events in the development of emotional disorders. Most of the statements below can be verified by scientific studies, but some are still controversial, especially the relationship between insulin resistance and absorption of amino acids. Much research needs to be done in this area. The events appear to follow a predetermined sequence as follows;

1) A extended period of **stress**, will produce stress hormones such as cortisol and adrenaline, that can interfere with the synthesis of the brain neurotransmitter, Serotonin.

2) A **neurotransmitter** is any one of numerous chemicals that occupy the gap (synapse) between two or more nerve cells (neurons) and thereby allows the triggering of a tiny electrical currents in adjacent cells. Each neurotransmitter fits into a unique receptor - like a key fitting into a lock - thus allowing messages to be carried along nerve pathways

3) **Serotonin** is a neurotransmitter that conveys the positive sensations of satiety, satisfaction and relaxation. It regulates appetite and when converted to melatonin helps us to sleep.

4) A deficiency of Serotonin in

the brain can cause **endogenous depression**, upsets the **appetite** mechanism and may lead to **obesity** or other eating disorders such as **anorexia** and **bulimia nervosa** and may be responsible for **insomnia**. Doctors usually prescribe **Selective Serotonin Reuptake Inhibitors (SSRIs)** which have the effects of increasing the amount Serotonin and thereby medically treat the above conditions. Unfortunately, SSRIs may have side effects in some patients.

5) Serotonin is produced from an *essential* amino acid (protein unit), called **tryptophan**, obtained from food and then converted to Serotonin under the influence of vitamin B6 (Pyridoxine). "Essential" amino acids are sources of protein, that the body cannot produce and **must** obtain from food!

6) The absorption of tryptophan competes with the absorption of other amino acids in the digestive process.

7) The absorption of tryptophan can be accelerated by consuming refined carbohydrates, such as sugar.

8) Sugar consumption stimulates the body to produce insulin, a hormone which transports glucose, fatty acids and amino acids (except tryptophan) into body cells. Thus insulin speeds up the absorp-

tion of amino acids other than tryptophan.

9) This leaves tryptophan available for absorption and conversion to Serotonin (via 5-hydroxytryptophan (5-HT) in the presence of vitamin B6, *and presto we feel happy*.

10) A person low in Serotonin will consume greater amounts of sugar in an attempt to increase Serotonin production and this may lead to **sugar addiction**.

11) **Sugar addiction can lead to insulin resistance**. High levels of insulin cause receptors for insulin to shut down by means of 'down-regulation'.

12) **Insulin resistance** starts first as mild insulin resistance leading to **hypoglycemia** (low blood sugar level also called 'hyperinsulinism'), then **reactive hypoglycemia**, more severe insulin resistance which causes unstable concentrations of blood glucose, and finally more **complete insulin resistance**, causing diabetes over time. Thus there is a range of insulin resistance from low to severe which causes erratic and unpredictable sugar levels in the blood and to the brain. This explains some of the variable 'psychological' and physical symptoms of hypoglycemia.

13) In **hypoglycemia** wild fluctuations in blood sugar levels causes the body to produce excess **adrenaline**, which functions to convert glycogen (stored sugar) into glucose in an attempt to stabilize the supply of glucose to the brain. The brain normally has no other source of energy than glucose and needs a stable supply.

14) Treatment of hypoglycemia is achieved by adopting a **hypoglycemic diet** accompanied with vitamin and mineral supplements (Vitamin C, Zinc, Chromium picolinate, Thiamine (B1) and other B-complex vitamins, see "The Hypoglycemic Diet"). This helps to stabilize the blood sugar levels, even out mood swings, rebalance the appetite mechanism, equalize energy intake and expenditure; and halt if not reverse obesity.

15) The overproduction of adrenaline, known as the fight/flight hormone, can cause **nervousness, panic attacks, anxiety, phobias, extreme mood swings and bouts of aggression** and many other symptoms of hypoglycemia, described in the article "What is Hypoglycemia?"

16) **Depressant drugs**, such as alcohol, tranquillizers, benzodiazepines, sleeping pills may temporarily counteract the effects of adrenaline, these are however very addictive and this helps to explain how hypoglycemia may lead to alcohol or drug addiction. **Most drug addicts have been found to be hypoglycemic!**

17) It is suggested that insulin resistance may also interfere with the absorption of other essential amino acids such as **phenylalanine and tyrosine**, which are forerunners of important brain neurotransmitters, such as **dopamine and**

norepinephrine.

18) **Norepinephrine** (closely associated with dopamine) is believed to be a neurotransmitter that blocks out any irrelevant information from the brain and helps a person (usually young children) to concentrate on the task at hand. An error in norepinephrine synthesis has been associated with **Attention Deficit and Hyperactivity Disorder (ADHD)**, because the person is bombarded with irrelevant information and cannot concentrate. Thus ADHD is considered another consequence of insulin resistance and hypoglycemia.

19) Hypoglycemia and/or insulin resistance is believed to result in a dysfunction of dopamine metabolism. **Dopamine** conveys the sensation of pleasure and many addictive drugs such as heroin and cocaine increase the amount of dopamine, by blocking (inhibiting) the reabsorption (reuptake) of dopamine by brain cells. This causes increased levels of dopamine which is felt by the addict as a **high** and as a feeling of great pleasure.

20) The presence of excess dopamine in the brain causes the **down-regulation** of dopamine receptors as a defence against superfluous dopamine. Receptors for dopamine are reduced and the person becomes dependent on the heroin, cocaine or any other addictive drug to artificially obtain 'normal' levels of dopamine. Treatment aims at rebuilding natural dopamine receptors through abstinence from drugs and with nutritional aids, such as omega-3 essential fatty acids (fish oil) which is thought to help restore brain cell membranes.

21) **Treatment** aims at reversing the **Serotonin Connection** by

correcting the chemical imbalance of the various neurotransmitters. It is essential that the patient adopt the **hypoglycemic diet** together with nutrient supplements, vitamins and minerals, omega-3 fatty acids, neurotransmitter precursors, exercises and so on as explained in the article **Treatment of Drug Addiction**. This is generally a medical treatment intended to restore a person's health.

22) Considering exposure to emotional **STRESS** as being the main cause of the Serotonin Connection, it is important that the person undergoes a course of **psychotherapy** to help him deal with stress situations more effectively by learning new social skills. Such a course is available free of charge at the web Hypoglycemic site.

Continued Treasurer's Report from Page 2

Bousfield on (02)9525 9178 and I am sure she would be delighted. By the way a special thanks to Jeannette and Lorraine for all the hard work and support they are giving all the members, especially their Saturday support meetings they hold every 3 months. Keep up the good work.

Financially we are looking good we have \$ 3000.00 in the bank and that is really with the generosity of KPMG who donated \$1000.00 and as a result with the generous donations we may be able to maintain our very high standards at a low cost to members. Please do remember those donations are tax deductible if they are over \$2.00

If there is anyone who is coming up here to Surfers Paradise I would love to hear from you and when I finally get settled we maybe able to organise a get-together. I have spoken to Dr Samra and he is willing to come up and speak to a meeting if there are enough people interest at some stage in the new year.

Growing Your Own HERBS

by Sue Litchfield

This newsletter I thought I might mention about growing fresh herbs as they really do make a very bland diet more tasty and interesting

The favourite herbs of mine to grow are Chives, Mint, Oregano, Basil, Lemon Grass, Thyme, Tarragon, Parsley, Sage and Rosemary.

Most herbs will grow very well in pots providing they get a reasonable amount of sun however remember that mint will grow in shade and does require a lot of water so I try to grow it in the ground near a dripping tap

Chives go very well with eggs, frittatas dips, vegetables, noodle dishes, fried Rice, salads and dressings

Mint there is many varieties from chocolate, spearmint apple, Vietnamese which is fantastic in Thai recipes Laksa which is my favourite dish. Mint is probably one of the most versatile as it can be used in drinks hot and cold in salads fruit (especially pineapple) potatoes, lamb, peas soups etc.

Oregano is used mainly in Italian Style meals it goes very well with tomatoes beef lamb and pork I like it in pasta dishes

Basil is great with tomatoes, salads, Thai style dishes and chicken

Lemon Grass is another handy herb to grow as it is great as a hot drink, with fish, chicken, it is widely used in Asian cooking

Thyme goes well with lamb, chicken and seafood

Tarragon again a very handy herb as it is great to flavour vinegar. seafood chicken mayonnaise

Parsley probably the most versatile of all herbs as there are just so many uses for it including garnishing food, sauces, soups, sandwiches, egg dishes, casseroles etc.

Sage is very handy for the stuffing's, lamb, chicken and veal

Rosemary which will grow into a small bush is traditionally used on Remembrance Day. But is a favourite of mine with tomatoes, lamb, potatoes, pasta and onions

Good Luck

Here are some other recipes which have not been published yet:

Coconut Ice Cream with Oranges -Bananas

1 jar Cream
2 egg whites
tip of spoon Stevia
OR
1 dess of fructose
1/3 cup coconut

whisk egg whites till very stiff. Beat cream and Stevia/fructose till thick. Fold in coconut and egg whites. Place in a freezer proof container and freeze till frozen

To Serve

Peel and slice 3 oranges and arrange in a serving dish Place some ice cream on top and sprinkle over a little roasted coconut.

NOTE

To make a plain ice-cream omit the coconut and add 1/2 teas vanilla

GOATS MILK ICE-CREAM

The recipe on the tin of Healtheries powdered goats milk makes a very good ice cream.

However I use pear concentrate instead of the juice they use.

“Chocolate Sauce”

100 gr Sugar free Carob Bar
(Sweet William brand is milk free and will do)

1/2 cup thickened cream

Place the cream in a saucepan add the carob bar that has been broken into pieces and over a low heat melt until dissolved about 5 mins

Pour over ice-cream

Cystitis

By Nicola Reavley

Cystitis an infection of the urinary tract, the symptoms of which are burning pain on urination, frequent need to urinate, and lower abdominal pain. It is usually caused by bacteria.

Drinking plenty of water, avoiding caffeine, tobacco, sugar and other chemicals, good hygiene, and wearing cotton underwear can help to relieve and prevent urinary tract infections.

Supplements and Herbs

•Vitamin C, which acidifies the urine and boosts immune function can be useful in the treatment of cystitis.

•*Lactobacillus acidophilus* can help restore bacterial balance.

•**Cranberry Juice**, which acidifies the urine and inhibits bacterial growth, is useful in the treatment of cystitis.

•**Herbal treatments** include goldenseal, buchu, uva ursi and kava. Uva ursi is less effective if taken with cranberry juice.

Treatment of Gout

From Healthwell Web Site:

<http://www.healthwell.com/healthnotes/Concern/Gout.cfm?path=hw>

Gout is a form of arthritis that occurs when crystals of uric acid accumulate in a joint, leading to the sudden development of pain and inflammation. People with gout either overproduce uric acid or are less efficient than other people, at eliminating it. In people with gout, the body does not produce enough of the digestive enzyme uricase, which oxidizes relatively insoluble uric acid into highly soluble compounds. The joint of the big toe is the most common site to accumulate uric acid crystals, although other joints may be affected.

Symptoms

What are the symptoms of gout? The pain of gout can arise suddenly and is often very intense. The affected joint is usually red, swollen, and very tender to the touch. A low-grade fever may also be present.

Treatment

Conventional treatment options: Acute gout attacks are typically treated with colchicine, nonsteroidal anti-inflammatory drugs (NSAIDs) such as indomethacin (Indocin®) or naproxen sodium (Aleve®, Anaprox®), and corticosteroids. Resting the affected joint is commonly recommended. For long-term treatment, doctors may prescribe medications such as allopurinol (Lopurin®, Zyloprim®) to decrease uric acid production, or probenecid

(Benemid®) or sulfinpyrazone (Anturane®) to increase the excretion of uric acid from the kidneys.

Dietary Changes

Dietary changes that may be helpful: Foods that are high in compounds called purines raise uric acid levels in the body and increase the risk of gout. Restricting purine intake can reduce the risk of an attack in people susceptible to gout. Foods high in purines include anchovies, bouillon, brains, broth, consommé, dried legumes, goose, gravy, heart, herring, kidneys, liver, mackerel, meat extracts, mincemeat, mussels, partridge, fish roe, sardines, scallops, shrimp, sweetbreads, baker's yeast, brewer's yeast, and yeast extracts (e.g., Marmite, Vegemite).

Avoiding alcohol, particularly beer, or limiting alcohol intake to one drink per day or less may reduce the number of attacks of gout.

^{1,2} Refined sugars, including sucrose (white table sugar) and fructose (the sugar found in fruit), should be restricted, because they have been reported to raise uric acid levels.³

Black Cherries & other juices

According to a 1950 study of 12 people with gout, eating one-half pound of cherries or drinking an equivalent amount of cherry juice prevented attacks of gout.⁴ Black, sweet yellow, and red sour cher-

ries were all effective. Since that study, there have been many anecdotal reports of cherry juice as an effective treatment for the pain and inflammation of gout. The active ingredient in cherry juice remains unknown.

Obesity

Lifestyle changes that may be helpful: People who are overweight or have high blood pressure are at greater risk of developing gout.⁵ However, weight loss should not be rapid because restriction of calories can increase uric acid levels temporarily, which may aggravate the condition.

Supplements

Nutritional supplements that may be helpful: Large amounts of supplemental **folic acid** (up to 80 mg per day) have reduced uric acid levels in preliminary research.⁶ However, other studies have failed to confirm the effectiveness of folic acid in treating people with gout.⁷

Vitamin C?

In one small study, people who took 4 grams of vitamin C (but not lower amounts) had an increase in urinary excretion of uric acid within a few hours, and those who took 8 grams of vitamin C per day for several days had a reduction in serum uric acid levels.⁸ Thus, supplemental vitamin C could, in theory, reduce the risk of gout attacks. However, the authors of this study warned that taking large

amounts of vitamin C could also trigger an acute attack of gout by abruptly changing uric acid levels in the body. Despite this concern, some doctors recommend vitamin C supplementation (sometimes starting with one gram per day) as a method for reducing elevated uric acid levels.

Quercetin

In test tube studies, quercetin, a flavonoid, has inhibited an enzyme involved in the development of gout.^{9, 10} However, it is not known whether taking quercetin by mouth can produce high enough quercetin concentrations in the body to achieve these effects. Although human research is lacking, some doctors recommend 150–250 mg of quercetin three times per day (taken between meals).

Herbs that may be helpful: Autumn crocus (*Colchicum autumnale*)

is the herb from which the drug colchicine was originally isolated. Colchicine, a strong anti-inflammatory compound, is used as a conventional treatment for gout. Both the herb and the drug have significant toxicity and should only be used under the guidance of a physician.

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**Reports from the
International Clinical Nutrition Review**

EVENING PRIMROSE OIL REVISITED

The therapeutic value of the oil from the seeds of the evening primrose is a more recent discovery historically. In North America, the native people as well as the English were aware of the healing properties of the leaves and bark as an astringent, nervine and sedative. It was used for stomach and liver complaints, coughs and female disorders.

Evening primrose oil roots can be eaten as a vegetable and the seeds can be boiled to make a drink as a coffee substitute. Evening primrose oil (EPO) is an omega-6 rich oil containing both linoleic acid and gamma linolenic acid.

Many cannot convert linoleic acid (LA) to gamma linolenic acid (GLA) as dietary deficiencies of vitamin B6, zinc and magnesium, disease, processed oils, trans-fatty acids, alcohol, aging, viral infections and sugar consumption interfere with the enzyme, delta-6-desaturase, which catalyzes this conversion.

Scientific trials have suggested that evening primrose oil may be used to treat premenstrual syndrome, fibrocystic breast pain, eczema, sunburn, rheumatoid arthritis, diabetes, heart disease, osteoporosis, ulcerative colitis among others.

Women with **premenstrual syndrome (PMS)** may have a deficiency of PGE1. GLA, available at approximately 9% of the total oils in EPO, is used in the body to produce this prostaglandin. Scientific studies have demonstrated that by this action EPO can improve

symptoms such as **premenstrual headaches, depression, irritability, breast pain and bloating**. Other oils, which contain high amounts of GLA, are borage and black currant oil. When 291 women with fibrocystic breast disease took 3g EPO for 3-6 months almost 50% experienced symptomatic improvement. The concentration of GLA rose in these women on EPO and the concentration of saturated fats in the breast decreased. EPO is popularly consumed by menopausal women, who may find it decreases **night-time flushing**, however, as Hudson comments, there are many other herbal supplements available to relieve menopausal symptoms, which may be used in conjunction with EPO “for greater benefit”.

Research now shows that use of essential fatty acids (EFA) can maximise calcium metabolism and preserve bone health. EFA have

been shown to increase calcium absorption from the gut, in part by increasing the effects of vitamin D, reducing the urinary excretion of calcium, increasing the level of calcium deposited in the bones and improving their strength. GLA in particular has been shown to **reduce the excretion of calcium, inhibit bone reabsorption** and markers of bone turnover, while increasing calcium content in bone.

Daily GLA doses of 0.5-3g GLA improve the symptoms of **eczema** and may correct the underlying metabolic defect. GLA also **moisturises skin**, protects it from environmental damage and reduces redness, swelling and pain from sunburn. After six months' use of GLA, patients with **rheumatoid arthritis** reported a 54% improvement in the number of tender joints, 42% reduction in swollen joints, 67% decrease in morning stiffness and 27% overall reduction in pain. Practitioners report similar improvements for patients with **osteoarthritis**, but there is a dearth of research trials in this area. EPO may improve **stool consistency in ulcerative colitis**, but more research is needed to demonstrate its anti-inflammatory effects.

Diabetes interferes with the conversion of LA to GLA. Individuals with diabetic neuropathies using GLA have reported significant favourable changes in muscle strength, sensation, hot and cold thresholds and reflexes. Supplementing with 3g GLA daily for 4 months has been demonstrated to decrease triglycerides by 48%, increase HDL by 22% and significantly reduce total and LDL cholesterol. While studies have shown fish oil and flaxseed oil supplements are effective in lowering **blood pressure**, only one, where EPO was combined with fish oil, showed that this combination significantly lowered blood pressure.

Fetal development is associ-

ated with a high EFA requirement and mothers at risk of **pre-eclampsia** may also find taking EPO will significantly lower the risk of oedema. Some reports have queried the safety of EPO in breast cancer, but there is no evidence to show EPO contains oestrogen and it is not stimulatory to breast tissue.

Trials in patients with **schizophrenia**, who were being treated with phenothiazines, reported episodes of epileptic seizures which may have been aggravated or induced by EPO. However, it was not clear if the side effects of the medication may have caused these seizures. Hudson notes that to be cautious, **EPO should not be recommended either to epileptics or to those on phenothiazines.**

Hudson T. Evening primrose oil (*Oenothera biennis* L.) **Townsend Letter for Doctors & Patients**, Jan, 160-2 (2001)

Tracking a Vision Thief

At first, the only clue might be slightly distorted or blurry vision, or difficulty reading. When it gets worse, you decide to see your eye doctor. In doing so, you might learn you have a condition called age-related macular degeneration, or AMD. In AMD, the macula — the area of the retina that is responsible for your sharpest central vision — deteriorates.

By *Camille Rey*
WebMD Medical News

At first, the only clue might be slightly distorted or blurry vision, or difficulty reading. When it gets worse, you decide to see your eye doctor.

In doing so, you might learn you have a condition called age-related macular degeneration, or AMD. In AMD, the macula — the area of the retina that is responsible for your sharpest central vision — deteriorates.

According to the National Eye Institute (NEI), one million people have AMD, the leading cause of blindness in people over the age of 60. Every year, 200,000 new cases are reported — a number expected to increase as the baby boomer

population ages.

In “**dry**” AMD, the tissues of the retina thin and the cells of the macula “drop out.” If this progresses enough, the resulting washed-out appearance of objects can make fine details on items, such as the letters on street signs, difficult to make out. Distortions or warping of images can also occur.

About 10% of patients have the “**wet**” form of the disease, in which abnormal blood vessels develop in the layer of tissue under the retina and leak blood and fluid, usually causing scar tissue, which creates a central blind spot. This more aggressive version of AMD accounts for about 90% of severe vision loss from the disease, according to the NEI.

There is **no proven treatment** for dry AMD. Other than advising people to avoid cigarette smoking and bright sunlight — both considered risk factors — and to watch their overall health, there's not much doctors can suggest.

Laser surgery can sometimes help those with the wet form. However, whether treatment is successful depends for the most part on how close the abnormal blood vessels are to the center of vision. (That's because the laser is used to cauterize, but in the process it destroys the overlying retina.) Under study is a new approach that uses a low-energy laser and light-activated medication.

“The message is, you have to live with this until we figure out what to do,” says Lylas Mogk, M.D., an ophthalmologist with the Henry Ford Health System in Grosse Point, Michigan, who has written a book on the topic.

Fortunately, Mogk says, those who are “hard of seeing” can be taught to rely on magnification and better use of their peripheral vision. *“There's an enormous amount of vision remaining,”* she says.

Searching for a Cause and a Cure

Scientists are working to better understand the disease in the hope of discovering ways to prevent and better treat it.

Eating modified dietary fats, such as partially hydrogenated vegetable oil, along with exposure to environmental pollution such as cigarette smoke may play a role, Mogk believes. *“We are seeing the first generation [of those] who have lived their whole lives since we've been pumping the environment full of chemicals,”* Mogk says.

Studies in the October 9, 1996 issue of
Sept, 2002, Vol 18 No 3

the *Journal of the American Medical Association* partially support her theory. Researchers found smokers are two to three times more likely to develop AMD.

According to Mogk, avoiding cigarettes, modified fats (because they can be deposited in the retina), and exposure to blue light (the wavelength just above ultraviolet) might help minimize the risk of getting AMD. (Orange, yellow, or amber-tinted lenses can block blue light.)

INTERNATIONAL CLINICAL NUTRITION REVIEW

By Editor

Dr Robert Buist, Editor in Chief of the ICNR, has indexed the **International Clinical Nutrition Review** which will be updated in the last issue of each year.

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Several current studies, including one conducted by the NEI, are focusing on the possible preventive effects of antioxidants, such as vitamins A and E. Studies so far have yielded conflicting findings.

Other scientists are looking to foods that contain the same pigments found in the retina, says Jeff Blumberg, Ph.D., a researcher at Tufts University in Boston. "[These pigments] filter out wavelengths of light that can damage the retina," Blumberg says. He is studying the body's ability to use lutein and zeaxanthin, pigments that are found in eggs, corn, and spinach.

According to a study he conducted, published in the August 1999 issue of the American Journal of Clinical Nutrition, lutein and zeaxanthin are absorbed more efficiently from egg yolks than from the vegetable sources. "The important thing is that we've identified these nutrients in the diet," he says. "When levels in the blood go up, the density of the pigment in the retina goes up."

The next step, to prove that consuming certain foods can prevent macular degeneration, will require another 10 or 15 years, Blumberg says.

Publicity Officer

The Association is looking for a person with a computer and internet access who is willing to become our Publicity Officer. The main job would be to advertise our meetings and prepare pamphlets for distribution to libraries, Universities, clubs and other organisations with the aim of attracting members of the public to our Association. It is not well known that many young people suffer from hypoglycemia, leading to depression and addiction. The person should be able to create a data base of editors of local newspapers and advertise our meetings under "Community Events" in local newspapers.

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