The Hypoglycemic Health Association

NEWSLETTER

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PATRONS: Dr George Samra & **Steve McNaughton, BE (NSW)**

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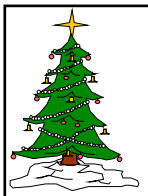
The NEWSLETTER of the Hypoglycemic Health Association is distributed to members of the Association and to Health Professionals with an interest in nutritional medicine and clinical ecology.



It is Christmas time again and we are going to have a big party at 1 pm on Saturday, 4 December 2004. Bring along a $5 present and mark it 'male' or 'female' and it will go into a gender bag for one of the other members. We are going to have a wonderful speaker, Dr Paul Ameisen, who is going to talk about what happens when all the goodies we are eating enter our digestive system. Members are also reminded that **memberships expire on the 31 December** and that the good work of the Association cannot be carried out without the prompt contributions of the members.

Mr Jack vand der Mark and Geoffrey Goninon have offered their skills to publicize the activities of the Association. If any other member would like to help this subcommittee, Jack can be contacted via his email address (given on the last page of the Newsletter).

The steering Committee of the Association wishes all members a happy Christmas and a prosperous New Year.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 4 December 2004
at ***YWCA***

5-11Wentworth Ave, SYDNEY
and our guest speaker is
Dr Paul Ameisen

who will be speaking
on the subject of

"The Leaky Gut Syndrome"

Dr. Paul Ameisen has graduated both from Medical School at Sydney University and has a Naturopathy Diploma (QINS). He also holds an Acupuncture Diploma from the International School of Medicina Alternativa.

Dr. Ameisen combines the knowledge and expertise of natural and complementary medicine with conventional medicine. He is recognised as a leader in Integrative Medicine.

He is accredited for Chelation Therapy from Los Angeles, USA and has been practising chelation full time for 6 years. Dr Ameisen is the author of ***'Every Breath You Take'***, the first book in the western world about the Buteyko cure for asthma and other diseases.

Christmas Party

Our next meeting at the YWCA, 5-11 Wentworth Ave, Sydney will start one hour earlier at 1 pm on 4 December 2004, to celebrate our Super Christmas Party.

Please bring along a plate of sugar-free foods. **Presents:** The Committee asks everyone to participate in the Lucky Dip. Bring a wrapped present worth about $5.00 with you and mark it "male" or "female". These will be placed in special bags as presents to your fellow members. If you don't you will not be disappointed!!

There will be presents for kids, and they are welcome.º

Books for sale at the meeting

Sue Litchfield: **SUE'S COOKBOOK**

Dr George Samra's book

The Hypoglycemic Connection II

is available at Dr Samra's surgery or PO Box 394, Kogarah NSW 2217. Fax: 612-9588-5290. It is also avaibale via the internet at: **http://www.hypoglycemia.asn.au/articles/SamraBooks.html**

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 the Hypoglycemic Health Association.

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 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 7 August 2004, **Jenny Eke** won the lucky door price. The raffle was won by **Lorraine Smith**.

Fund raising activities

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

Raffles

Conducting raffles is an important source of additional revenue for the Association. Raffle tickets are available at $1 each or three tickets for $2 at Dr George Samra's surgery. Donations for raffles would be appreciated. Items to be raffled should be on display at the surgery and will be raffled at the next public meeting of the Association.

The Kogarah support group: The Support Group schedule has been revised and meetings will be held in February (next meeting 19 February, 05), June and October (dates to be advised) in future. HOWEVER, INFORMATION WILL BE AVAILABLE from Jeanette 9525.9178 or Lorraine 9520.9887, at any time.

As from January 2005
Dr George Samra's surgery,
TOTAL THERAPIES MEDICAL CENTRE,
is moving to

Terrace4/8 Derby Street
KOGARAH NSW 2217
Phone: 02 9553 0084
Fax: 02 9588 5290

Letter from Sue Litchfield, Treasurer.

A special thanks to all those that responded to our mail out in March. If there is anyone out there that did not receive the newsletter, please let me know and I will gladly send one out to you.

A number of letters were sent out to some past members who unfortunately have passed away unbeknown to the Association. The committee and my self pass on our condolences to all those families who have lost a loved one.

Again a special thanks to Dr Samra and the committee for organising the mail out and a big thanks for Kerry Smith (Dr Samra's Secretary) for answering all the enquires and forwarding on all the mail. Believe me it was a big job and I would not have coped without her.

The attendance at the last meeting was an improvement on the previous one. If Reg and Lyn who drive up from Nowra and my self (I drive down from Queensland) can make the effort, I am sure there are plenty more that can also make the effort..

Lorraine, Jeannette and Reg do go to a lot of trouble to provide a tasty and nutritious afternoon tea and with recipes provided. A job well done. Please remember that the next meeting we are asking everyone to bring a plate and present as it is our annual Xmas party. If you could also provide the recipe for the dish you make, please share the recipe with everyone at the meeting. Beside I will also put it in the next newsletters.

The bank balance is looking alright at the moment we have $ 2647.00 in the bank and that is due to the response we had as I have said from the mail out and the generous few that also sent in donations.

Remember all donations how ever big or small are more than welcome and besides every donation over $2.00 is a tax deduction

I am planning to come down to the next meeting again and am looking forward to seeing you all there .

For those that are unable to attend, have a very Merry Christmas and a Happy New Year. Hopefully we see you at least one meeting next year.

EXERCISE AT ANY AGE

by
Dr George Samra, MBBS (Sydney), FACNEM

Modern living has really gone a long way from humans being the hunter gatherers, where you actually have to chase what you had to eat, or dig out of the ground. Now we hop into cars, go where we like, press remote control buttons so we don't even get to get up when watching TV.

Living in "nature" we don't have to ponder about exercise, when we have to run after rabbits for our food. Exercise is part of survival. The way we are going and becoming more clever, yet we are getting further and further away from nature. We will be getting lazier and fatter.

Types of exercises

AEROBICS - like running, gyms, sports, swimming, fast walking

Aerobics is good if you are up to it, but certainly any exercise is better than no exercise. Aerobics helps you with your fitness, particularly your respiratory and cardiac output. With aerobic exercises you tend to burn up body fuels, and if you reduce your calorie intake you losing weight too.

Weight and resistance

There have been medical trial with patients with Chronic Fatigue Syndrome (CFS) with and without recommendations and different types of exercises. Those who were instructed with weight resistance improved in moods and energy. Exercises with weights make your muscles work harder, without making your heart race, because this can be a disadvantage. Typically a CFS person who has to run a long way, might finish up bed ridden for two weeks. Although they have the muscle capacity there is an immune weakness, which is more overwhelming than the muscle capacity they have. People with hypoglycemic also have to be aware that their levels of blood sugar could drop without exercise.

Stretching and toning

Yoga and karate fall under this heading. Also there is Taichi and some other oriental exercises. It is mostly about strengthening, but anything is better than no exercise at all. You have a body, it is your machine, you own it for life, and if you don't look after it ultimately it won't look after you.

Exercise at any age.

The young.

Most of us here do not fall in the first category of young people. But even school kids are becoming button pushers, learning to use the computers before the age of four. They really should be outside chasing a ball or playing cricket. Thus young people are already at risk. Also the young are the great fans of fast food. In the old days there were perhaps one or two fat kids ostracized in the class, now fat children represent a third of the class. Some of these children have high cholesterol levels under the age of ten. Where are they going to be with their cardio-vascular system. Later on they will be taking pills. Minus the pills they might be dead at a very young age. Therefore exercise, is important at any age, and although we may be blaming the kids, in reality it is us that have set up the social structure.

Middle age

It is important to access sports club, gyms, swimming pools and running, fast walking, and walking clubs. These are useful to consider.

Older age

There are many facilities for accessing exercise centres for the over sixties. People who have osteoporosis are at risk for serious consequences of complications of bone fractures. It is common for elder women to get a fractured hip. The statistics, until about five years ago, show that about 50 per cent would die within two years. In the last five years the medical profession have made a big effort to try to work out ways of reducing that number. Now it would be closer to 30-35 per cent who would die within two year after hip fracture.

A fractured hip is difficult to repair, but there are a number of clever techniques to help people with fractured hips. Certainly for older people should be joining a gym. Almost at any age a man can increase his muscle mass, and this applies to women too, to be as good as it could have been at a younger age.

So if a person puts some time in the gym and does the resistance and weight training, usually under supervision, he can improve his physical health.

The elderly

Some of the older participants in gyms have been found to have surprisingly good muscles. Muscle mass is retrievable. In the Osteoporosis Support Group, members are only accepted if they have proven osteoporosis. There was a trial done in bone density - densiometry - a review of 60 elderly people with six weeks of intensive exercise, mostly consisting of weight lifting. They had an improvement rate of 8-12 per cent in a fairly short time. This can be improved further with osteoporosis tablets such as biphosphonates. You can expect to get an increase of 8 percent in the first year and 4 percent more in future years. One needs to be able to sustain the exercise without injuring oneself.

Any exercise you do has an overlap in all three areas, thus you cannot do weight lifting exercises without doing some the aerobics. Osteoporosis classes are specifically designed to increase bone density.

For people over the 60's living in the Eastern and Southern suburbs there is a contact number of a facilitator by the name of Keith Adamson (phone: 9350-1397) who can refer you to any of the exercise centres.

Gentle exercise classes for over 50's is at Ramsgate RSL Monday, Tuesday and Wednesday nights, at 930 am, please ring Helen at 0412-806-145, who happens to be my wife.

Sickness helped by exercises

Just about any illness will improve if you do the right exercise. There is no point with bad asthma to do strenuous aerobic exercises, but light-weight exercise would be suitable. Swimming is very beneficial for people with asthma. This is because there are very few pollutant in a swimming pool, there are no dust mite and there are no grass pollens flying around in indoor swimming pools. It helps them to build up their lung volume, and getting confidence with their breathing. Our most famous Australian swimmer Ian Thorpe is an asthmatic. If you have worries about chlorine in the pool, the best time to go swimming would be in the late afternoon, because most of the chlorine would have evaporated. Not every body is sensitive to chlorine, but is not a pleasant chemical.

Most of the teaching hospitals have cardio-vascular classes for people who have had heart attacks, or patients who have stents or bypass surgery. Sadly most people taper off after these classes, but they should really continue these classes.

People with lung disease, such emphysema patients would benefit from aerobic exercises. With aerobic exercises your heart rate goes up and the circulation of your blood may go up four times. Even if you are doing weight lifting exercise, There are breathing techniques that you have to do if you want to do it properly. When you push the weight upwards that's when you take your in breath. This is followed by releasing and the breathing out. This will best provide oxygen to all the tissues when you are working hard.

Rheumatic disease and myalgia.

Any muscle disease such as myalgia benefits from a swim in warm water. There is a debate around exercises for arthritis, with advanced arthritis it is certainly recommended to swim in a heated pool. Cold water can stimulate the vagus nerve and you can get a response where the heart rate slows down dramatically. Even when you are overweight the person who exercises is at less risk of a heart attack than the person who does not exercise. The reason is that exercise gives you a level of reserve, that helps you to survive a heart attack. For weight loss you need to do aerobic exercise, more than weight resistance. In weight resistance you can even gain weight gain, even when you lose belt sizes. This is because you build up muscle size and muscle weighs more per volume than fat does.

In osteopenia one has soft bones. The average bone density of a 20 year woman is zero. Plus 1 is a person who has stronger bones by one standard deviation from the mean. Minus 1 is someone whose bone density is softer than one standard deviation. Once you get to - 2.5, then you get diagnosed in this country as osteoporosis. Women should be taking calcium well before that. Women should be taking calcium at any age, when they are pregnant, and before they go into menopause and through menopausal years. Nature can very cruel to women. Menopausal women will lose on average between 20-30 per cent of their bone mass in the first three years of menopause. This is possibly the time to consider hormone replacement therapy (HRT) and balance the risk of breast cancer. This is a time to take lots of calcium and do lots of exercise. Thus pro-active intervention is important with cal-

cium supplements and vitamin D. Even in this sunny country you get activated vitamin D from the sun on the skin of the face and hands and exposed areas.

In bone formation we have special cells breaking bone down called osteoclasts and other cells, osteoblasts, building bone. Two things that will happen to everybody when on a low calcium diet, you will shed bone by osteoclastic activity, because more important than bone blood homeostasis with calcium are much more important in the body. If the blood level of calcium falls too dramatically, you will be suffering muscle cramps, or tetany, which is muscle spasms. The body will shed bone calcium to protect blood calcium levels.

If you add calcium to your diet with vitamin D you stop part of the osteoclastic activity. The osteoclasts are shedding bone in any case, but more so if your blood calcium is low. By taking calcium it stops one aspect of bone degradation.

Bone building exercise helps it, hormones helps it, testosterone helps even more than estrogen. Natural progesterone helps stop bone shedding, whereas the synthetic progesterone does not help osteoblastic activity or bone building. The synthetic progesterone has a compound that blocks it from getting into osteoblastic receptor. These are receptors that stimulate activity to make new bone. Testosterone is an excellent hormone to keep osteoblastic cells building bone, but as men get older their testosterone levels go down, by as much as 50 per cent by age 80.

With exercise you pump out endorphins, which are natural opiates and they can give you relief of pain.

Constipation

The right exercise for people with bowel problems and lazy bowels should exercise around the abdomen. This will strengthen your abdominal muscles and this will help in defecation, it actually helps bowel peristalsis.

Incontinence

People with incontinence are usually treated by the experts in the gynecology department. All these conditions can be helped by exercises and there is no excuse for any body not to be doing them. Pelvic floor exercises are particularly helpful.

Advantages and disadvantages

Advantages of exercising includes muscle toning, the heart and blood vessels surrounding the heart improve when you do a lot of exercises. Peripheral vascular system is improved with exercises and keeps you walking longer distances as you get older. Studies have shown that people who exercise have a much better chance to survive an heart attack than those who don't.. With exercises you can increase the lung capacity and this is an advantage. Balance, strength and coordination and weight loss, all improve with exercises. An example is that most people, put their socks on when sitting down. It would be better for your fitness to put your socks on whilst standing up. The muscles will be coordinated and will be stronger if you exercise.

When doing exercises, people have a social outlet for meeting healthy like-minded people, if you go to gym classes, or if you go bush walking, rather than going to the pub and meet people who want to smoke and drink.

In exercising we get the endorphins giving us a natural buzz. The hormones produced with exercising gives your brain a lift and is good for people with depression.

There is a concept "If you don't use it, you loose it', and this is true in exercise medicine. When you have a broken bone and the bone is plastered and it come off, the muscles around the bone have wasted in the leg or arm. This is also apparent when astronauts go into space for twelve months and come back to space with osteoporosis and muscle weakness..

"Keep your machine well oiled" refers to the fact that exercise is about living; you are supposed to be a hunter-gatherer and hence your machine must remain well-oiled.

Disadvantages

I suppose all of us have only 24 hours a day and you need to prioritize your time. Doing exercises has to be part of your allocation of what you are going to do with your week, and you need to do it at least three or four times a week. You have to pick the time that suits you best. If you get tired you do it at night. If you get sweaty, do it at a time you can have a shower afterwards or a change of clothes.

An other disadvantage is the risk of injuries and issues with weather. If it rains three or four days the whole exercise program falls down.

Sometime when you meet a friend and start talking, you often stop walking.

You may have a cancellation by the bush walking club, and does this mean you don't walk anymore?

Create a new habit

Join a gym or walking club or a class.

It is good idea to park your car far away from where you want to go and then walk fast. This will

allow you to park your car in less busy street and get fit too.

Another way is having a exercising bike and listen to or watch the news while exercising.

The best addict is a "gym junkie". I have had several patients over the years that may have been a heroin addict and who have become 'gym junkies'. Exercises gives you the best buzz, gives you better attitudes, gives you a better bounce in your heels, sharper eyes and sharper minds.

Create a sustainable habit.
Exercises must be
Pleasurable
Sustainable and with
Minimal injury risk

DON'T TALK ABOUT IT DO IT!

NEWS FROM KOGARAH SUPPORT GROUP

The Margarine and Oil Alert - In view of the recent publicity about Macular Degeneration, we asked Dr Samra what could we substitute? He suggested that instead of margarine on sandwiches, use COLD PRESSED olive oil, or avocado, thinly spread.

To replace margarine in your cooking - Sue (Sue's Cookbook) suggests using olive oil, ghee or yoghurt, or a combination of these.

Although the final Support Meeting for the year is over, don't forget the City Meeting on **SATURDAY 4TH DECEMBER at 1pm.** If you haven't been before, give it a try. Quite a few people from the Support Group attend, and Jeanette and Lorraine will be at the door.

THE BEST WAY TO IMPROVE YOUR HEALTH IS TO LEARN AS MUCH AS YOU CAN ABOUT WHAT AILS YOU. Come along and meet people with similar problems, ask questions, and hear what our excellent Speakers have to say.

MEMBERSHIP 2005 - Renewals can be easily forgotten. Why not pay your next year's subs at the upcoming city meeting?

THE NEXT SUPPORT GROUP MEETING will be on SATURDAY 19th FEBRUARY 2005 at 1.30pm in Dr Samra's rooms at Kogarah. Any enquiries ring Jeanette 9525.9178 or Lorraine 9520.9887.

Report by the President of the Hypoglycemic Health Association Lynette Grady

The last meeting on the 7th August, 2004 was very good even though our normal speaker could not attend the meeting.

So Dr George Samra spoke at the meeting on the subject that was to be talk about. It was very informative and then we had a question time .There was a good attendance at the meeting. It is lovely to see you come along to the meetings. Don't forget the next meeting is our Christmas party as well as lecturer. We would like to ask any one to tell their story as to how they found out about their hypoglycemia. We would like to publish your story in our Newsletter.

Hope to see you at the next meeting its lovely to see you allGood Health & well being from the President

Letter from Geoff Goninon

TRAPPED, and tortured as if in a black fog, we searched desperately, from 9/11/91, for someone who could bring the joy of life back.

Each treatment/medication, just made matters worse, until we discovered that the medical profession are not trained in food/nutrition/pancreas related problems which are only brought under control by the Hypoglycemic Diet Rules.

At 2:30pm on 9/02/00, our search ended. Just the next day our diary reads, "Oh, what a miracle day".

Life now does not include any addictions, depression, breaking or throwing things away, marriage problems, no more heart problems, no more epilepsy fits, no more dermatitis with excruciating pain, no more pain of Arthritis, no more insanity or suicide wishes.

Many thousands of Australians are suffering as we did, without help.

Keeping Hypoglycemia from the general public is a bigger crime than that committed by some other big company, who kept the damage done by their asbestos, a secret.

On the 1st October is Margaret's 86th birthday. Help can be found free of charge, from the Non-profit HYPOGLYCEMIC HEALTH ASSOCIATION, a registered charity (CFN16689).

See:-
http://
www.hypoglycemia.asn.au

Regards, Geoff Goninon

MY STORY
by Lotus Cavagnini

The 1980's was a significant decade for me. The first year into the eighties saw the birth of our beautiful daughter and the beginning of family life. Post natal, I began to notice health symptoms that found me dissatisfied with Doctors diagnosis and recommendations. The reason. No change in my feelings of irritability, moodiness, reoccurring candida, being overweight and 'puffy', and generally feeling unwell.

The pills prescribed did not work. My daughter in her early years of life was experiencing symptoms of a constant runny nose, dark rings around her eyes, and moodiness as well as stomach pains. It wasn't until a Swiss friend who was staying with us warned against the side effects of the medication that we immediately discontinued its' use. It was at this point that I felt I was participating in poisoning my beautiful new child. Something had to be done. There was no other choice but to take our health in our own hands.

I had to, as I desperately felt seriously let down by the medical profession. I soon became an avid reader of health related books. I frequented health food shops in the hope of finding a book that would give me a sign as to what we were experiencing. I quizzed staff at women's health centres, and talked to anyone who would listen.

I soon struck jackpot. I eliminated dairy products from my daughters diet and saw her sad, ringed eyes and runny nose change within 48 hours. It was so immediate. I felt I had discovered my daughter for the first time, as her personality changed for the better. She became a bit more cheerful and not so grumpy. Her eyes were sparkling.

My health journey was not so simple. Eliminating dairy products did not reduce my symptoms, but I did not eat dairy because my partner's body rejected dairy as well and made life easier. My partner went off wheat for a while, and I went off yeast and fermented food.

Cooking for the family soon became complicated and challenging. I kept a bio-rhythm chart for two months which documented food and fluid intake, mood etc. It was here that I discovered amazing things about my body and it was here I identified that 'sugar' was not my friend.

I drastically reduced sugar from my diet, and focused on eating whole grains, fruit and vegetables. I was a vegetarian for ten years. This really helped but I continued to have symptoms over time, although not as fierce as previously experienced.

Life continued, and my passion for health and well-being saw me complete a degree in Health Education at the university of Canberra.

The mid 90's saw me visiting counsellors regarding 'panic attacks', which I associated with crowds. Different therapies and strategies were adopted with little success. I found while touring Europe in Sept/Oct 1999, I frequently experienced what I knew as 'panic attacks.'

From November 1999 to March 2004 we lived on our property along the mid north coast NSW. We tried to grow most of our vegetables and we inherited an amazing orchard. We have an overabundance of citrus and bananas, and good crops of mangos, pecan nuts, macadamia nuts, custard apples, tamarillos, kiwi fruit and more. We are organic gardeners. We also kept our own happy chickens that rewarded us with a good supply of eggs.

My health was OK during this time, but I still experienced days when I felt quite flat, tired, irritable, and without energy. I was always acutely aware that my father developed Type II diabetes as he grew older. We had planned to move to Sydney in 2004 in order to secure our future back on the property. My partner moved for work in January and I was to join him in April.

In February I was involved in a high speed motor vehicle accident with a semi-trailer. This trauma found me three weeks in hospital. After the third month I had a hard time getting off the numerous painkillers that served their purpose but were no longer needed. Soon after withdrawing from the pain killers, I eliminated the 2-3 sticks of licorice per day that I was taking for constipation. It was then that my 'panic attacks' came back with full force.

I remember being in a department store during a sale with my partner when dizziness struck, feeling faint, heart palpitations, and sweating. To me, this was the experience of a 'panic attack'. My partner drove me home and made me lunch while I rested on the lounge. Within an hour after eating, my symptoms began to subside.

This was a 'aha' moment for me. It was the first time I had associated food with my panic attacks. While in Europe I was frustrated about not having the control over

my diet and one of our favourite lunch meals was a banana eaten with a white bread roll.

French breakfast was sugary and left me on occasions skipping it altogether. I much preferred whole grain breads but this was difficult to locate in some countries, and I now know about bananas.

While on the internet a few months ago, I found the Hypoglycemic Health Association web site. This was a gift from the heavens. I discovered that dextrose was in the fluid pumped into me for two weeks while in hospital after my accident. I put together my abrupt abstinence of eating licorice to the 'panic attacks' that immediately followed, and realized these were signals of my rapid Blood glucose dip.

My so-called 'panic attack' that I associated with crowds is in fact a direct result of my diet. I have clear visions of the ' panic attacks' in Europe and how easily they fit into the hypoglycemic paradigm. I eagerly read through posted newsletters on the web and looked up many of the links supplied. I followed the hypoglycemic diet and found that within 5 weeks I began to feel on top of the world.

No more dips in my blood glucose level. The high protein diet, supplements, and protein snacks worked like a dream. I now have control over how I feel. It is so liberating.

Today I feel that my health journey is somewhat narrowing, and my health future is looking brighter. I am reminded by some words of wisdom from my mother who always told me that 'if you have your health, you are the richest person on earth.'

Well at the moment, I'm feeling like a million bucks! Thanks to the Hypoglycemic Health Association. If it were not for your web site, I would still be searching for the reason why I am not feeling well and paying a fortune in psychology bills re: my elusive 'panic attacks.

Thank you. Lotus Cavagnino

L-CARNITINE SYMPOSIUM FINDINGS

L-carnitine plays an important role in fat and carbohydrate metabolism and is required for the proper functioning of heart and muscle. Like choline, taurine and inositol, carnitine belongs to a group of food factors best described as vitamin-like nutrients, as part of the human requirement can be fulfilled by biosynthesis.

It was discovered at the beginning of last century in Liebig's meat extract, a dietary supplement, popular at the time. The biosynthesis of carnitine requires lysine, methionine, niacin, vitamin B6, vitamin C and iron.

Dietary sources are mainly meat products. Boehles reports that some individuals suffer inborn defects in the way carnitine transports long chain fatty acids across the inner mitochondrial membrane to the site of their oxidative degradation.

As 98% of carnitine is localised in heart and skeletal muscle these inborn errors present as muscle and heart diseases primarily with muscle weakness, muscle pain, cardiomyopathy and intermittent rhabdomyolysis as some of the clinical presentations.

Zurbriggen goes on to report that acetyl-L-carnitine is a metabolite of L-carnitine, which plays an important role in the nervous system and is widely used in so-called "brain food products", It has been shown to act as a precursor to acetyl-choline and to enhance its release.

Siebrecht writes that the human body contains about 20-25g L-carnitine and that an average 100-300mg per day can be obtained through our diet.

Boehles has proposed a daily dosage of 1,000-3,000mg L-carnitine per day as super nutrition for special needs such as in pregnancy, diabetes, heart or kidney problems and for athletes.

Fuhrmann's work shows that only L-carnitine is a physiologically beneficial substance, while D- or DL-carnitine are physiologically inactive. DL-carnitine inhibits the uptake and functions of the natural isomer L-carnitine.

Kraehenbuehl reports that strict **vegetarians** ingest less than 5mg carnitine per day and may develop carnitine deficiency. This is exacerbated by the fact that the two amino acids, methionine and lysine, essential for the formation of carnitine are low in plants.

If vegetarians' tissue carnitine stores drop to below 50% of normal, this may lead to a significant decrease in physical performance or organ function. Symptoms such as muscle weakness and/or decreased cerebral function may appear.

He has also found that long-term administration of L-carnitine over several months can improve physical performance and is associated with a trophic effect on skeletal muscle in patients on long-term hemodialysis.

In vitro studies on L-carnitine have shown a protective effect on bradycardiac and tachycardiac rhythm disturbances in the reperfusion period. Loester and colleagues' work in a randomised, placebo-controlled, double-blind

clinical study in patients with chronic ischaemic heart disease showed that in the majority of clinico-chemical parameters, there were no differences between those taking L-carnitine and the controls.

However, differences were found between the echo-cardiographic and ergometric values of the two groups. Those taking L-carnitine achieved higher maximum performance and were able to demonstrate this 60 days after the last intake of L-carnitine.

Nine of 12 healthy young subjects showed that on taking L-carnitine their recovery from bicycle riding was improved in a preliminary study reported in this review by Maggini and colleagues. Several clinical studies have demonstrated that L-carnitine may be part of an effective weight management programme.

Eighteen obese adolescents were given 2g L-carnitine over three months and in conjunction with nutritional education, physical training and dietary control, this led to an average 6.9% weight reduction. As low calorie diets and exercise are usually effective ways to reduce weight but may lead to suboptimal levels of carnitine.

Schaffhauser and Gaynor suggest 2-3g L-carnitine per day may be “an ideal nutritional supplement for supporting successful weight management”.

Reference:

Walter P, Schaffhauser AO. Ed. L-carnitine, a vitamin-like substance for functional food: proceedings of the symposium on L-carnitine**, April 28 to May 1, 2000, Zermatt, Switzerland. Ann Nutr Metab (44)**, 75-96 (2000)

Averting Osteoporosis

By Catherine S. Gregory

from: http://www.healthwell.com/deliciousonline/D_Backs/Aug_01/osteo.cfm?path=hw

You may find it easy to put osteoporosis prevention out of mind, believing that it's something only frail, elderly women should be concerned about. But in fact, around age 30, bone mass begins to decline, setting up a course for this crippling disease. Though associated with hip fractures and the "dowager's hump" of the elderly, osteoporosis literally means "porous bones" and describes any condition relating to bone mass loss, resulting in weak bones and an increased risk of fractures.

According to the U.S. National Osteoporosis Foundation, 28 million Americans are affected by osteoporosis—80 percent of them women. And what many don't realize is that the damaging effects of osteoporosis begin taking place long before obvious symptoms may appear. But there is good news. With the proper diet, hormone balance and regular weight-bearing exercise, osteoporosis may be prevented.

Although bone appears to be a solid, rigid mass, it's actually a living tissue continually undergoing a process called remodeling, through which minerals move in and out of the bone. When more minerals are withdrawn from the bones than deposited, bones become soft and weak, eventually leading to osteoporosis.

Studies have shown that dietary intake of zinc, vitamin K, potassium, fiber, magnesium and vitamin C all seem to play a significant role in maintaining a higher bone-mineral density. Fortunately, it's easy to get these minerals by including a variety of fresh fruits and vegetables in your daily diet. A daily multivitamin may also be a good idea to offset dietary pitfalls.

Calcium is another key. As one of the main components of bone, it is essential to bone formation. Increasing consumption of calcium-rich foods is important—including milk and dairy products. But there are nondairy options for calcium as well, including vegetables such as collard greens, kale, parsley and broccoli and sea vegetables such as kelp and dulse. Calcium supplements are also beneficial if adequate amounts can't be achieved through diet. Most experts suggest avoiding or eliminating caffeine, alcohol and cigarettes, which can be detrimental to calcium stores. And surprisingly, high amounts of dietary protein are also linked to calcium depletion.

The National Academy of Sciences suggests 80 grams of protein per day. Theresa Dale, N.D., dean of the International College of Naturopathy based in Santa Barbara, Calif., says that's too high. "All that heavy protein robs calcium," says Dale, who recommends eliminating red meat and pork and advises a balanced diet that includes fish, vegetables and whole grains. Depending on a person's size, Dale suggests between 45 and 60 grams of protein a day from sources such as fish, organic eggs, seeds and nuts. Protein needs vary from person to person, so consulting your health practitioner is advised.

Estrogen is also an important factor in protecting bone density. Because natural estrogen declines

in menopausal women, this group faces higher risks for osteoporosis. The consumption of soy foods—already shown to help alleviate many menopause symptoms—may also exert positive bone-building estrogenic benefits thanks to genistein and daidzein, naturally occurring isoflavones in soy.

In the recent past, several studies favored the use of ipriflavone, a synthetic form of soy isoflavones used to maintain bone density in menopausal women. Yet a study published earlier this year in the Journal of the American Medical Association (2001, vol. 285, no.11) showed that ipriflavone did not reduce fracture rates or prevent bone loss and in fact lowered the number of white blood cells in a significant number of cases. With this new evidence, ipriflavone should be used with caution and under the advice of a health practitioner.

Before beginning any osteoporosis prevention plan, Anthony Almada, M.S., collaborator on more than 45 university-based studies, suggests a bone density scan. "A lot of women don't realize that if they're trying to protect their bones, they need to have a baseline," he says. "Before you start taking a new therapy, drug or natural product or both, you should have a baseline bone scan performed."

All experts agree that daily exercise—especially weight-bearing activity that puts pressure on bones, such as walking, jogging, weight lifting and yoga—is crucial in the prevention of osteoporosis. A recent study published in Yoga Journal showed notable bone density increases in women between the ages of 18 and 65 who practiced yoga five times a week.

Although it is ideal to start osteoporosis prevention early in life, it's never too late to begin healthy habits to prevent further bone deterioration. Osteoporosis doesn't have to be an inevitable consequence of aging.

Catherine S. Gregory is a senior editor for Delicious Living.

Metabolic Considerations in Psychiatric Disorders [Bipolar Disorder]

Hamer, Ann M,, from:

http://www.psychiatrictimes.com/bp0408met.html

The metabolic syndrome includes three or more of the following features: elevated glucose levels, elevated blood pressure, elevated triglyceride levels, decreased high-density lipoprotein (HDL) cholesterol levels and increased waist circumference.

Patients with ***clinical depression*** exhibit elevated insulin and glucose responses to glucose tolerance tests (Winokur et al., 1988), which may be improved with antidepressant treatment (Okamura et al., 2000).

Conversely, **patients with preexisting diabetes are more likely to have depressive symptoms** compared to those without diabetes. Chapman et al. (2004) found that depressive symptoms were associated with deficits in self-care in people with diabetes.

Patients with **bipolar disorder** (BD) appear to be at greater risk than the general population for obesity. Risk factors for weight gain and obesity in patients with BD appear to include comorbid binge-eating disorder, the number of depressive episodes, treatment with medications associated with weight gain, excessive carbohydrate consumption and low rates of exercise (Keck and McElroy, 2003). Mood stabilizers, including lithium (Eskalith, Lithobid) and divalproex (Depakote), are associated with weight gain in patients with BD and subsequent medication noncompliance.

For various drugs associeted with weight gain see reference.

Data suggest that the prevalence of obesity and diabetes in patients with schizophrenia is 1.5 to two times higher than in the general population.

In schizophrenia weight gain is commonly associated with clozapine and olanzapine, and to a lesser extent, risperidone and quetiapine.

Leptin, a hormone primarily produced by adipocytes, plays an important role in body weight homeostasis and appetite. Despite the fact that the exogenous administration of leptin tends to reduce food intake and hunger, obesity in humans has been linked to high serum leptin levels and hypothalamic leptin resistance, which causes increased appetite and weight gain.

Conclusions

The predisposition of certain diagnoses and medications to cause or worsen metabolic adverse effects needs to be recognized and become a part of the decision-making process when medications are selected. Prescribing providers are dissuaded from choosing medications that tend to worsen metabolic profiles in patients who already have or are at risk for developing obesity and diabetes.

Recipes

by
Sue Litchfield

LEMON PIE

Filling LEMON BUTTER
60 grams margarine of choice
2 lemons
3 eggs well beaten
1/3 cup Xylitol or sugar substitute of choice

Melt margarine in bowl placed over simmering water. Add grated rind and juice of lemons, eggs and Xylitol.

Stir with wooden spoon until mixture thickens. Cool.

Crust

1 cup Rice crumbs
1/3 cup margarine of choice
3 tabs Rice syrup
2 tabs Xylitol or sugar substitute of choice
1 teas vanilla.
1/2 teas cinnamon
1/4 teas nutmeg

Combine rice crumbs, Xylitol cinnamon and nutmeg in a bowl. Melt margarine and add rice syrup and vanilla. Press I to a very lightly greased pie plate. Bake I a moderate oven for 10 mins Cool and fill with the lemon mixture Refrigerate till required Serve with whipped cream.

NB the lemon butter maybe store in sterilized jars in fridge

" COFFEE" ICE CREAM

300 g. silken tofu
1/4 cup oil
2 eggs separated
3/4 cup chopped walnuts or pecan if desired
2 teas decaf instant coffee
1 tab boiling water
1/8-1/4 teas stevia depending on taste
1 teas vanilla

Combine coffee and boiling water stir to dissolve add stevia stir and allow to cool. In a processor add tofu, oil, coffee mixture and egg yolks till smooth and creamy. Fold in chopped nuts if using. In another bowl beat egg whites till very stiff Gently fold through tofu mixture till well combined. Place into freezer tray and serve when frozen .

Good with stewed pears

Stuffed Dates

Simply seed fresh dates and in the cavity place a roasted almond or a whole pecan nut.

All suitable for that special occasion especially at Christmas

My 3 Way Rocket Dip

50 g Rocket
40 g almonds (blanched and roughly chopped)
2 cloves garlic. Peeled
75 g feta cheese (I use goats but any will do)
Oil

Place almonds in a food processor and process till smooth. Add garlic and rocket and pulse till chopped and smooth (I like mine not too smooth that is a personal choice)

Add 3-4 tabs oil depending on how you want to use the Dip

Mash feta cheese and add to dip

This dip can be used 3 ways

. By adding the 3-4 tabs oil this make a great spread for salad sandwiches

instead of using "butter"

Add an extra 2-3 tabs oil and you have a great dip I serve it with rice crackers or celery cut into 5 cm long lengths

Then by adding another 3/5 tabs of oil you have a great pasta sauce

This has become a family favourite

NB Pecans and macadamia nuts may be used instead of almonds

Goats cheese Dip

8 ounces soft fresh goat cheese
3 tablespoons olive oil
3 tablespoons plain sheep's or goat's yoghurt
2 tablespoons chopped fresh chives
2 tablespoons chopped fresh Italian parsley (flat leaf)
1 tablespoon chopped fresh coriander
1 teaspoon chopped fresh mint
1 teaspoon chopped fresh thyme
1/2 teaspoon chopped fresh rosemary
Salt and freshly ground pepper to taste
Toasted baguette slices
Assorted raw vegetables

Blend goat cheese, oil and yogurt in processor until smooth.

Transfer to small bowl. Mix in the herbs. Season dip to taste with salt and pepper. Cover and refrigerate until dip is cold and flavours blend, about 3 hours. (Can be made 1 day ahead. Keep chilled.)

Serve dip with toasted baguette slices and raw vegetables.

Crunchola

250 g frozen blueberries
500g yoghurt of choice(sheep's is best)
1 cup Blueberry "Crunchola"
1/3 cup Rice syrup Opp
A few extra blueberries to serve

Lightly crush blueberries with a fork. Fold through yoghurt

Divide crunchola between 4 glasses Drizzle over a tablespoon of rice Syrup if using. Divide yogurt between glasses and decorate with a few blueberries and drizzle over the rice syrup if using. Makes a great breakfast dish for a special occasion

APRICOT BALLS

1 cup roughly chopped dried apricots
2 tabs Coconut milk powder
1 tab tahini
2 tabs unsweetened fruit juice of choice
Roasted Sesame seeds or coconut to roll the balls in

Place all ingredients in a blender or food processor and blend until well combine and smooth add more fruit juice to mixture if a little on the dry side. Roll into small balls and roll in the seeds and store in the fridge

Medications that can cause Depression

by Ronald J Diamond M.D

http://www.alternativementalhealth.com/articles/diamond.htm

Ex.-Katerndahl found that 43% of patients diagnosed as depressed in a family practice clinic were taking medications that can cause depression.

1. Interferon (for treatment of hepatitis C infections)
2. Antihypertensive medications (drugs used to control high blood pressure): reserpine and alpha-methyldopa are probably the worst, but propranolol has been implicated and all antihypertensives are suspect
3. Digitalis preparations, along with a variety of other cardiac medications
4. Cimetidine: used for gastric ulcer disease
5. Indomethacin and other non-steroidal anti-inflammatory medications
6. Disulfuram (Antabuse): usually described by patients as more a sense of fatigue than true depression
7. Antipsychotic medications: can cause an akinesia or inhibition of spontaneity that can both feel and look like a true depression. This is much less common with the newer "atypical" antipsychotic medications
8. Anxiolytics: all sedative hypnotics from the barbiturates to the benzodiazepines have been implicated both in causing depression and making it worse in susceptible individuals
9. Steroids, including prednisone and cortisone

BEQUEST TO THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

If you would like to include a bequest to the Hypoglycemic Health Association of Australia in your will, the following options will guide you in its wording.

Option 1: I devise the sum of $..... to the Hypoglycemic Health Association of Australia for the general purposes OR for the specific purpose of .....
such purpose being consistent with the aims and objectives of the Hypoglycemic Health Association of Australia.

Option 2:
(for a proportional bequest) I give the Hypoglycemic Health Association of Australia for its general purposes or the specific purpose of .....
.....
.....per cent of my estate .

The gift you make to the Hypoglycemic Health Association of Australia will be an enduring record of you.

Publicity Sub-Committee established

The Committee of the Association has established a Publicity Sub-Committee, consisting of Mr Jack van der Mark and Geoffrey Goninin.

This subcommittee's task is to advertise the activities of the Association, publicize our public meetings, contact community organisations to arrange public discussions and other projects to make people aware of hypoglycemia.

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THE HYPOGLYCEMIC HEALTH ASSOCIATION
P.O. BOX 830, KOGARAH NSW 1485
MEMBERSHIP APPLICATION

PLEASE PRINT

Surname: _____

First Name: _____

Address: _____

Town/City: _____ **Postcode:** _____

Phone: _____ **Age:** _____

Membership		*Please Tick √*	
$22.00 pa	**RENEWAL**	☐	**Occupation** _____
Pensioners $16.50 (incl GST)	**NEW MEMBER**	☐	_____
Life Membership $200			

Do you have hypoglycemia? YES/NO Does a family member has hypoglycemia? YES/NO

My Email Address: .....

2004 MEETING DATES ON FIRST SATURDAYS
OF APRIL - AUGUST - DECEMBER