



Hypoglycemic Health Association of Australia

working to prevent diabetes

HYPONEWS

The Newsletter of the Hypoglycemic Health Association of Australia is distributed to members of the association and to health professionals with an interest in **nutritional medicine and clinical ecology**. Past newsletters are also available on the website.

November/December 2011 (Volume 27 No.3)

In this Issue:

- Treasurer's Report
- Tribute to the late Dr Chris Reading
- Advances in Nutritional Psychiatry
- The Future of Medicine: Know your own Genome
- The Hypoglycemic Questionnaire
- The Fats in your Blood
- Bev Cook's HHAA Meeting Report
- Sue Litchfield's Recipes and Tips

Our next Public Meeting will be at

2pm on Saturday 3 December 2011

at **YWCA** (Check Noticeboard in the lobby near the lift on arrival)

5 – 11 Wentworth Ave, Sydney

Our guest speaker will be **Kate Deppeler** –

(Accredited practising dietitian and nutritionist. Bach of Arts and Masters of Nutrition Science) speaking about

“The Hypoglycemic Diet to Prevent Diabetes”

PATRONS

- Dr George Samra
- Steve McNaughton BE (NSW)

PRESIDENT

- Dr George Samra

SECRETARY

- John P Natoli

TREASURER

- Sue Litchfield

AUDITOR

- Michael Pendlebury (Chartered Acc't)

NEWSLETTER EDITOR

- Susan Ridge

Can you please RSVP to Sue Litchfield on 0418 217 364 or email litch.grip@bigpond.com to assist with the organisation of the catering.

(Don't forget to put the next meeting of the year in your diary: 31 March 2012 – speaker and topic to be announced in the next newsletter)

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.

Kate Deppeler

Kate completed her training as a dietitian in the United States, earning her Masters of Science from Indiana University. Kate has worked as a dietitian in both the US and Australia, working in public and community health, private practice and within the food industry. Kate is an avid believer in the connection between diet, lifestyle and disease prevention. helping clients take a proactive and preventative approach to health. Kate specialises in weight management, weight loss and obesity, and is certified as a weight management specialist through the Commission on Dietetic Registration.. Kate also specialises in type I and type II diabetes, cardiovascular disease and sports nutrition and has experience treating many common and complex medical conditions for a diverse clientele.

TREASURERS REPORT

by Sue Litchfield

Another year has all but slipped away and it has been a fairly quiet year to date. However, I called a meeting whilst in Sydney a few weeks ago, and that meeting has prompted some new innovations for the HHAA. At the meeting, it was decided that we need a logo and slogan for the HHAA, pamphlets need to be printed and distributed, and also a pad will be printed and provided to various institutions

At the meeting, it was suggested we change our meeting venue to meet to Kogarah but it was decided to continue having meetings at the "Y" even though the expense of the hall is starting to get a little expensive. The web page is in the process of being updated by Amitee Goulton who did the original page all those years ago.

All members who have email addresses will start receiving their newsletters electronically with various updates during the year. For those of you who have not provided me with an email address, it would make life easier for me if at all possible to get one. As we now have \$9,593 in our savings account, we are now able to go ahead with the projects that were approved at our meeting

There have been a number of new members who joined the HHAA during the year, and a big welcome is extended to those new members. If there is any way we can be of help, please do not hesitate to contact us. I have spoken to a number of the new members and have been duly inspired.

Please note the renewals are due again in February next year. Please check your envelope as to when your renewal is due. The good news is that the subscriptions will remain unchanged for another year. This is thanks to those members who gave so generously to us during the year. The donations are very much appreciated by the Association. Please remember, any donation of \$2.00 or more is Tax deductible.

Dr Samra's daughter Nicole is being married in December this year. The HHAA would like to wish her all the happiness in the world. Nicole is a dietitian and has been very helpful with diets etc for the HHAA. I am going overseas and will not be at the next meeting. Is there someone out there who could please help out with the afternoon tea?

Merry Christmas to all and looking forward to an active New Year.

TRIBUTE TO THE LATE DR CHRIS READING

By Dr George Samra

Dr Chris Reading graduated in medicine from Sydney University in 1968 and qualified in psychiatry in 1973. He specialized in organic psychiatry, subsequently becoming interested in research into vitamin and mineral deficiencies, metabolic disorders, food allergies and clinical immunology/ecology and genetics as it applies to neuropsychiatric disorders.

Dr Chris Reading passed away 26th September 2011 in Sydney. A great Australian, a brilliant Orthomolecular Doctor who did not just stabilise his patients, he cured them. Dr Reading was always a good and loyal friend to me and also to the Hypoglycemic Association. He was an inaugural member, a speaker at many of our early meetings and a constant supporter of our cause.

He often said that I taught him a lot, but the truth is, mostly in the reverse direction. He was a humble man, a dedicated scientific researcher, a brilliant author and a precious valuable pioneer into nutritional medicine. He was a hard worker dedicated to helping others with his vast knowledge and skills. The Hypoglycemic Health Association of Australia has lost a dear friend and a valuable ally in our work in nutritional medicine. He will be sorely missed.

ADVANCES IN NUTRITIONAL PSYCHIATRY

A TRIBUTE ARTICLE BY THE LATE DR CHRIS READING (B SC, DIP AGSC, MB, BS, FRANZCP)

THIS ARTICLE HAS BEEN EDITED AND CONDENSED BY DR GEORGE SAMRA (MB BS(SYDNEY), FACNEM)

In science, it is always important to be clear about what we mean by nutritional or orthomolecular psychiatry. Dr Linus Pauling, double Nobel Prize Winner, defined it in the following terms:

“Orthomolecular psychiatric therapy is the treatment of mental disease by the provision of the optimum molecular environment for the mind, especially the optimum concentrations of substances normally present in the human body.” [Science, 160, 265-271, 19 April 1968]

In the late 1960's and 1970's, interest was mainly directed at low vitamins status such as B1, B3, B6 and vitamin C and the theory became popularly known as “Megavitamin Therapy”.

Food allergies cause malabsorption of vitamins, minerals and amino-acids and also trigger inflammatory substances to be released such as cytokines, prostaglandins, histamines. These cause severe inflammation. They also preferentially absorb toxic metals into the system and they can cause autoimmune disease, including such conditions as Systemic Lupus Erythematosus (SLE), Coeliac disease¹, Scleroderma, Thyroiditis, Pernicious Anaemia, Motor Neurone disease and so on.

Certain blood groups are exposed to risks

There is an interesting blood group called HLA B8 and HLA DRW3². If a person's blood group belongs to the HLA-B8 then that person has 8 times the risk of developing Coeliac disease. If the patient is in the HLA-DRW3 blood type, there is a 70 times greater risk of developing Coeliac disease. They are also likely to developing Dermatitis Herpetiformis³ - a severe skin disease – which flares up when you consume wheat and grains. Also these patients are at risk of developing Systemic Lupus Erythematosus (SLE).

These conditions have one common factor, namely genetic sensitivity to glycoproteins of gluten containing grains, yeast, bacterial capsules, grass and tree, weed pollens and asparagus. Thus all of the conditions so far mentioned should include a gluten-free diet, free of yeast and any other substances containing glycoproteins.

The orthomolecular doctor uses the detection of a whole host of antibodies to peptides – chemical combinations of one or more amino-acids – which trigger abnormal immune responses not only in the brain area, but also throughout the rest of the body. Abnormal metabolism of gluten, alpha-gliadin, derived from gluten containing grains, grasses and milk products (alpha-casein, alpha-lactalbumin, beta-lactoglobulin) may lead to Coeliac disease, grains insensitivities, Crohn's disease, Sjögren's Syndrome, Ulcerative Colitis, Systemic Lupus Erythematosus (SLE), Cerebral Lupus. Specific

¹ **Coeliac disease** – an inborn error of metabolism characterised by the inability to hydrolyse (split) peptides (bundles of amino-acids or protein particles) contained in gluten. *Symptoms*: bloating, vomiting, diarrhoea, muscle wasting extreme lethargy, pale foul-smelling stools. Associated problems are lactose (milk sugar) intolerance. Most patients respond well to a milk-free, gluten free diet, with high protein content. Rice is a good substitute for wheat. Vitamin and mineral deficiencies should be corrected with supplementation. Also called coeliac sprue, gluten-induced enteropathy, nontropical sprue.

² **HLA B** is an abbreviation of 'human leukocyte antigen B'. HLA is any one of four significant genetic markers identified as specific loci on chromosome 6. They are HLA-A, HLA-B, HLA-C and HLA-D. Each locus has several genetically determined alleles (two or more alternative forms of genes that occupy corresponding loci on homologous chromosomes). These genetic markers are further subdivided carrying numbers or letters of the alphabet. These antigens are important in human transplants. If donor and recipient HLA antigens do not match, the nonself antigens are recognised and destroyed by killer T cell.

³ **Dermatitis herpetiformis** is a chronic itching (pruritic) skin disease with located red, pimple-like spots. It is sometimes associated with a malignancy of an internal organ or with coeliac disease. Diet may include a diet free of gluten.

antibodies usually attack specific organs, such as anti-prostate antibodies causing prostatitis, anti-ovary anti-bodies attacking the ovaries (O-Ophoritis), anti-bladder antibodies resulting in allergic trigonitis⁴, anti-nerve antibodies and anti-myelin antibodies leading to Multiple Sclerosis and so on. Others in turn may affect other tissues in the body, leading to osteo-arthritis, rheumatoid arthritis, collagen diseases, Myasthenia Gravis, muscle diseases such as Myositis, Myopathies/Muscular Dystrophy (diseases relating to proper functioning of proteins *actin* found in muscle fibre that act with *myosin* to bring about contraction or relaxation). Sensitivity of beta-lactoglobulin (from cow's milk) have been associated with diseases affecting Islets of Langerhans⁵ leading to insulin-dependent diabetes mellitus (IDDM). The list goes on and on. The interrelationship between all these antibodies and diseases may perhaps be somewhat perplexing, but modern science is gradually unfolding a better understanding of these otherwise mysterious and degenerative diseases, affecting body and mind.

Sometimes, deficiencies of coenzymes, such as vitamins and minerals (zinc and selenium) may impair metabolism. Or the accumulation of toxic substances in the liver because of environmental pollution or of life-style may hinder normal chemical reaction steps. In either case, the body sets up an immune response producing antibodies marking cells for attack by the immune system. Thus neurotoxic peptides produce specific antibodies: anti-nerve ABS+ve and anti-myelin ABS+ve resulting in multiple sclerosis.

Most of these antibodies can be reversed by diet. By avoiding certain allergies and food stuffs (sometimes sugar, milk, wheat or beef), increasing consumption of certain other nutrients such as vitamins, essential fatty acids, amino-acids, or minerals, their cofactors, the orthomolecular doctor aims at eliminating or at least minimising symptoms of the underlying metabolic disorder, responsible for the presenting illness. On such a diet these antibodies are halved every three months. Arthritis is not caused by wear and tear, as is popularly believed, but is much more due to low tolerance to food sensitivities and severely low nutrients affecting the cartilage and synovial membrane.

Hence the cost of treatment of psychiatric illnesses is shifted from psychopharmacology to prevention; that is away from lifelong medication, hospitalisation, community care, subsidies to boarding-houses, communal supervision and Government financial benefits to personal well-being, health and independence.

There are many examples to quote showing how one has been able to help patients who seem beyond help by mainstream medicine. One lady who had flare ups of her Multiple Sclerosis (MS) three times responded well to a change in diet. The last time she told me her leg was dead, she had to give away line-dancing and tennis; and by supplementing her with vitamin B12 together with an allergy free diet she was able to return to line-dancing and tennis.

Another patient presented with Meningioma, a form of brain tumor. She had terrible headaches and her eye was moving over to one side due to intra-cerebral pressure, she had hip pains and had three arthritic conditions. She was told that an operation was out of the question as the tissues were too close to vital organs. At first, I did not think I could help her. We placed her on an allergy free diet, after diagnostic testing and she went into remission. Whenever she would drink milk, symptoms would return.

If you treat a Down's syndrome child as a severe Coeliac, you can significantly improve their condition by avoiding allergies and gluten in the diet, supplementing their diet with appropriate nutrients, vitamins, mineral and amino-acids. Supplementation with B1 (thiamine) is especially

⁴ **Trigonitis** is the inflammation of the trigone of the bladder, also called the trigonium vesicae. This is the triangular area of the bladder between the opening of the 2 ureters (tubes carrying urine from the kidneys to the bladder) and the orifice of the urethra (small tube draining urine from the bladder).

⁵ **Islets of Langerhans** are clusters of cells within the pancreas that produce insulin, glucagon and polypeptides. These are scattered throughout the pancreas; the beta cells secrete insulin and the alpha cells secrete glucagon. Glucagon stimulates the conversion of glycogen (stored glucose) to glucose.

important in this treatment from my clinical experience. Orthomolecular treatment often results in their becoming slimmer, less prone to infections. They often speak more clearly and it would not be unusual to find that they are the only child in kindergarten that can read. Obviously, nutritional intervention has to be started as early as possible.

Depression and manic-depression

People suffering from depression and manic-depression are usually low in the neurotransmitter serotonin as one cause of the disorder. Serotonin and melatonin is produced from the amino-acid tryptophan and often people cannot make serotonin from the tryptophan in the food they eat. Tryptophan is also the precursor of vitamin B3 (niacin) and thus they may be low in that vitamin as well. Any of these deficiencies can cause serious depression. Serotonin blockers, such as Prozac (fluoxetine), Zoloft (Sertraline) are working on serotonin, but they are not getting at the core of why a person is low in serotonin. One reason may be that they are low in vitamin B6 (pyridoxine), a necessary coenzyme or cofactors magnesium, zinc and manganese in the conversion of tryptophan into serotonin. Thus by supplementing these nutrients over time the person may be able to produce the necessary serotonin which is the cause of depression if low.

Another aspect of depression is that if you are low in B6 there may not only be a blockage in the production of serotonin, but also in other neurotransmitters, such as GABA⁶, dopamine, norepinephrine, adrenaline. These are derived from amino acids in food, such as phenylalanine. Thus either a person is not eating a proper food balance, or cannot transform certain amino-acids into neurotransmitters or the necessary enzymes involved in these metabolic processes cannot function. **Over 80 per cent of manic-depressive patients** are low in B1, B6, vitamin C, and most of them were unable to form B3. Vitamin B12 deficiency may also be involved.

Conclusion

Nutritional psychiatry is a relatively new area of medical science and is closely related to a host of other 'degenerative' diseases. In general, mainstream medicine is failing dismally in helping patients overcome the majority of modern-day illnesses. Medical orthodoxy appears unable to respond to the demand of medical consumers to shift its attention (and medical costs) from heroic high-tech intervention to simple inexpensive prevention based on scientific tests. "Heresy of today" is the "orthodoxy" of tomorrow. Ultimately, well-informed members of the community will force open the Bastille of contemporary medical science.

THE FUTURE OF MEDICINE: KNOW YOUR OWN GENOME – FIGHTING DISEASE WITH NUTRITIONAL MEDICINE (*TALK GIVEN BY DR GEORGE SAMRA AT THE AUGUST 2011 HHA MEETING*)

Predicting Future Technologies

In medicine the major "buzz area" for technology is **gene medicine**. In surgery the major "buzz area" is minimal invasive or *keyhole surgery*. In the last 20 years with prescription medicine, the biggest technology movement, I think, is 24-hour pills or *once daily medication* for most chronic illnesses – hypertension, arrhythmia, asthma, diabetes, antibiotics, migraines, reflux, etc. I expect in the next 20 years we might come to expect once per week medications to become more prevalent.

The **Human Genome Project (HGP)** is an international scientific research project with a primary goal of determining the sequence of chemical base pairs which make up DNA, and of identifying and mapping the approximately 20,000 – 25,000 genes of the human genome from both a physical and functional standpoint. The project began in 1989 and completed in 2003. The "genome" of any given individual (except for identical twins and cloned organisms) is unique.

Personal genomics is a branch of genomics where individual genomes are genotyped and analysed using bioinformatics tools. The most important aspect of personal genomics is that it may eventually

⁶ **GABA** – gamma-aminobutyric acid, an amino acid with neurotransmitter activity found in the brain and also in the heart, lungs, kidneys and certain plants.

lead to personalised medicine, where patients can take genotype specific drugs for medical treatments. A **genetic disorder** is an illness caused due to abnormalities in genes or chromosomes. While some diseases, such as cancer, are due in part to genetic disorders, they can also be caused by environmental factors.

Most Common Genetic Disorders

The most common X-linked recessive disorders are:

- Colour blindness
- Hemophilia A
- Duchenne muscular dystrophy
- Becker's muscular dystrophy
- Hemophilia B
- X-linked ichthyosis
- X-linked agammaglobulinemia (XLA)
- Glucose-6-phosphate dehydrogenase deficiency

Less Common Disorders

- Alport syndrome
- Androgen insensitivity syndrome
- Barth syndrome
- Charcot-Marie-Tooth disease (CMTX2-3)
- Hunter's Syndrome
- Menkes disease
- Occipital horn syndrome
- Spinal muscular atrophy
- X-linked sideroblastic anemia

It is likely that our current knowledge of gene-linked disease is just the tip of the iceberg. As genome mapping becomes commonplace for families, communities, and those suffering conditions in common, our knowledge is destined to grow, possibly exponentially. The big question is what we do with that knowledge and, in particular, how we use it to treat our diseases – present and future.

Current Best Practice

Treatment Options

- Medical drugs
- Surgery – keyhole methods preferable
- Nutritional support

Nutritional Support

(a) **The Correct Diet:** Whatever that is!

Hypoglycemic, diabetic, allergenic, anti-cholesterol, anti-arthritis, anti-cancer, immune balancing, use of organic foods.

(b) **Supplements**

(i) *Herbal and Natural*

e.g. glucosamine for arthritics; L-Arginine and Hawthorne Berry for hypertension; Brahmi for memory loss

(ii) *Vitamins and Minerals*

Minerals: Establish proper mineral balance – consider depleted soils, poor mineral absorption, toxic mineral exposures

Vitamins: Consider inadequate dietary intake of vitamin C, D, etc; specific vitamin replacement; high dose vitamins in therapy

(c) **Natural Hormones**

- Hormone balancing
- Age-related hormone depletion
- Hormone replacement therapies (sex and other)

(d) **Paramedical Support**

Acupuncture, osteopathy, naturopathy, physiotherapy, chiropractic, etc

(e) **Proteomics:** Getting the proteins right

(f) **RNA and DNA:** Fragment therapy

Treatment Options for Gene-Identified Conditions

Bowel Cancer

Conventional: Colonoscopy - with any symptom, e.g. altered bowel habit, blood in motions.

Colonoscopy every 1 to 3 years if aged over 45 years. Test for Helicobacter and colitis.

Nutritional: Anti-Cancer Diet – vegetarian with white meat – fish and chicken. All foods organically grown. Avoid constipation – high fibre diet.

Avoid: Beef, veal, red meat, tobacco, constipation, excessive antibiotics

Supplements: selenium, vitamin C, barley greens, green vegetable juice, probiotics, prebiotics

Diabetes

Conventional: Regular glucose monitoring after 30 years. 2-hour glucose tolerance test every 3 years, see endocrinologist

Nutritional: Very low sugar diet. Low carbohydrate diet (low Glycemic Index), high protein breakfast

Avoid: Sugar, obesity, weight gain, ethnicity (Aboriginal, Middle East, African)

Supplements: Protein breakfast, chromium, zinc, multi-vitamin and mineral

THE HYPOGLYCEMIC QUESTIONNAIRE

(by Dr George Samra)

It is estimated that hypoglycemia affects about 4% of the population. It is a reactive condition occurring in response to sugar or sweet food consumption. **It is not rare!** Hypoglycemia means 'low blood sugar level'. The term is used to describe a metabolic disorder that may manifest in a variety of physical and psychological symptoms. Try doing the following questionnaire:

QUESTIONNAIRE					
	Never	Rarely	Occasionally	Usually	
1. I get tired or exhausted.					
2. I forget things easily.					
3. I feel sleepy during the day.					
4. I get down or depressed.					
5. I get down over nothing.					
6. I have trouble concentrating.					
7. I get nervous or shaky.					
8. I easily get angry.					
9. I eat or crave sweets, or once used to.					
10. I awaken during the night.					
TOTAL:					

SCORING

Total the number of ticks in each column for RARELY, OCCASIONALLY, and USUALLY and then calculate as follows:-

RARELY	(Total) x 1 =	_____
OCCASIONALLY:	(Total) x 2 =	_____
USUALLY:	(Total) x 3 =	_____
Add together for TOTAL SCORE		=====

If your TOTAL SCORE IS:

Less than 8: Hypoglycemic disease is unlikely
Between 8 to 15: Hypoglycemic disease is possible.
Above 15: **Hypoglycemic disease is present.**

(This Questionnaire has been produced by the Hypoglycemic Health Association of Australia (HHAA), Working to Prevent Diabetes, PO Box 394, Kogarah NSW 2217)

If you have scored above 15 please read on for what to do next:

This Questionnaire has been provided by the HHAA in order to help health professionals and sufferers to identify, diagnose and treat hypoglycemia. It often runs in families and can lead to Type 2 Diabetes (Mature Onset Diabetes).

Ask your doctor to order the correct Pathology Test for this condition **GTT – 4 hrs with all ½ hourly readings**, not the 2 hour GTT used to diagnose Diabetes. To interpret your result check our website www.hypoglycemia.asn.au and click articles and click *Testing for Hypoglycemia and how your doctor can help*.

As with global warming, some health professionals are what we call **Hypoglycemic Deniers**. Most doctors have little or no experience in treating this condition. Ask your doctor this: *“How would you feel if your blood sugar was 2.4mm/l?”*

The correct answer is **awful**, because **below 3.4mm/l the brain is starving for fuel**. You feel rotten! **This is not a rare condition**. Under normal circumstances the brain relies on blood glucose as its only fuel!

Our website has many useful articles, newsletters and book recommendations as well as joining up information.

Did you know diagnosing Hypoglycemia and treating it correctly could save the community *millions of dollars* in schooling, alcohol and drug abuse, psychology and psychiatry and medicine (in particular by preventing diabetes).

1. MAJOR CLUES ON DIET AND MANAGEMENT

1. Avoid sugar and sweet foods strictly
2. Have a quality protein breakfast every morning eg: 2 eggs, rissoles, mince, chicken, fish – fresh or tinned, 2 chops, 80 grams minimum serve.

2. USEFUL SUPPLEMENTS – B Complex, Zinc, Chromium and Vitamin C

Ask your friendly Chemist or Health Food Store.

Best of luck in your quest for good health!

THE FATS IN YOUR BLOOD

by Nicole Samra APD CDE

There is a growing body of evidence that certain types of fat in your blood increase your risk of heart attacks and strokes. The types of fat we should be concerned about are called LDL-cholesterol and triglycerides.

LDL-cholesterol is the 'lousy' cholesterol that builds up on the walls of blood vessels. Over time, the build-up of LDL-cholesterol can cause blood vessels to narrow. Serious problems arise if this narrowing blocks blood flow to your heart or brain. Although our blood vessels are supposed to flex and contract as blood pressure changes, LDL cholesterol makes blood vessel walls brittle. Another serious problem can arise if brittle walls cause a blood vessel to break, as this could damage supply to our heart or brain.

Cholesterol medication is usually needed to lower LDL-cholesterol for protection against heart attacks and strokes. While not as effective as cholesterol medication, changes to your diet can also help to lower LDL-cholesterol. As LDL-cholesterol is accumulated during our lifetime, we can all benefit from these simple tips to lower LDL-cholesterol:

- Add each day 2 tablespoons of ground oat bran to cereal or yoghurt. This inexpensive product is a fine powder found in the supermarket in the breakfast cereal aisle, usually near the rolled oats.
- Cook with sunflower oil. Unlike olive and canola oil, sunflower oil can actually lower your LDL-cholesterol level.
- Replace butter with a sunflower-based margarine.
- Eat more soy protein from soy milk, tofu, tempeh or soy beans.
- Snack on Edamame (Japanese soy beans, available from the freezer in Asian grocery stores).
- Avoid buying chicken with skin.
- Trim the fat off meat and chicken before cooking.
- Avoid high-fat sausages, chorizo, salami, chicken loaf and Devon.
- Replace coconut milk and cream in cooking with Carnation Evaporated Milk with coconut essence.
- Avoid cooking with butter, copha and lard.
- Be cautious about using cholesterol-lowering milk, cheese and margarine. These products are expensive and ineffective unless you consume 2-3 grams of plant sterol each day (contained in either 1 tablespoon of ProActive and Logicol margarine, 2-3 cups of Pura HeartActive milk, or 2-3 slices of Kraft LiveActive cheese).

Triglycerides are a type of fat in your blood that provides fuel for your cells. If your cells don't need fuel, the leftover triglycerides are stored as body fat. Over-eating is a common cause of high triglyceride levels. Drinking more than 2 standard drinks of alcohol each day is another cause of high triglycerides. Try these simple tips to lower your triglyceride level:

- If you're overweight, aim to reduce your weight by 2-3 kg.
- Enjoy small meals every 2 hours and avoid large portions.
- Limit alcohol to 2 standard drinks each day (contained in either 200 mL wine, 2 mid-strength stubbies, or 2 nips of spirits).
- Include more omega 3 fatty acids in your diet such as salmon or sardines 2-3 times per week or a small handful of walnuts each day.
- Check with your doctor that it is safe to take 3 fish oil capsules each day.

You may be due for a cholesterol check. The next time you visit your doctor, consider asking if your LDL-cholesterol or triglyceride level is too high.

HAA (NEWCASTLE BRANCH) MEETING REPORT

By Bev Cook, Contact Person

There is always a lot of work involved in organising a local meeting, as many doing that can attest. However, it is always worth the effort. The day was just right weather wise, and our venue comfortable and pleasing, for the 18 who were privileged to hear Dr George Samra speak about "The Genetics of Disease and Prevention". It was very interesting to have the research that is occurring regarding human genes explained to us, and the 'story' it can tell about us.

Relating the information to my own situation, I got the message! Even though there is diabetes in my forbears (as a result of which I am a type 3 hypoglycemic), it doesn't mean I have to do nothing now and become a diabetic! No indeed! I have been expertly, and thankfully, educated by our informative Dr George Samra, on WHAT to eat, WHEN to eat and HOW eating correctly prevents depression, diabetes, and a host of other problems. Of course, when we go 'off track', and sometimes do, we find out WHY we really need to follow the good direction given.

As a result of gaining a Government Grant for the local Newcastle Branch of the HAA, we were able to purchase a very good professional type PA unit. Dr Samra was the first to have the use of this for his talk and question time which followed. We could all hear very well during Dr Samras' delivery, and we had the added enjoyment of good background music before and after the meeting. It was a great relief, and much appreciated that we had a very competent radio trained expert to set up and operate the PA unit, by the name of Graham Hughes. Thank you Graham, and wife Lydia, for volunteering to look after the sound.

At this point I should mention the other purchases we were able to make with the government grant. There is a small filing cabinet with side and top shelves, 2 display shelves for available books at the meetings, a 42litre cooler with wheels and a handle to transport refreshments to the meetings, a laminator and binder, all very useful for notices and keeping our Newsletters for future reference. To keep all of these branch purchases housed, we could also buy a large cupboard. Last, but not least, the grant also provided money for fuel used in the volunteer work for the local branch. That certainly came in handy, as there were quite a number of shopping trips for all the purchases that my husband Wally, thankfully helped me to do.

Looking back over the year, it is felt we had a good year. Of course it would be better to see more at the meetings we are so privileged to have. When we get together, such as at our last meeting, we always learn some additional information and gain encouragement from others who have similar problems. So good to see Clare, Edna and Jill who brought some 'goodies' to eat. Many thanks to friends Pat Byfield and Ralda who helped out getting our 'cuppa' ready. There is a limit to what one volunteer can do, so it is heartwarming when others 'step up' out of the goodness of their hearts and help out.

We are hoping to have meetings more frequently in future, as the need is there. With outstanding numbers of people being diagnosed with diabetes each year, it is said there are at least 1,000,000 people in Australia with pre-diabetic hypoglycemia. They can be, and should be given help to prevent diabetes with all its nasty issues. So, to all our hypoglycemic readers, keep up the good work preventing diabetes, and we look forward to seeing you at our next meeting, date to be advised.

SUE LITCHFIELD'S RECIPES AND TIPS

Recipe Books

I have found a few interesting cook books that may be of use however although they are free of sugar they nearly all use wheat and milk. However, all is not lost, as most of the liquids can be easily substituted and flour can be substituted for gluten free flour. Sometimes the results may not always be the same.

The links are as follows:

BLOOD SUGAR

by Michael Moore

<http://www.michaelmoorechef.com/CookingwithMM/Recipes/tabid/576/language/en-AU/Default.aspx>

SWEET POISON

by David Gillespie

<http://www.howmuchsugar.com/>

Interview on the ABC

by Richard Fiddler

<http://www.abc.net.au/local/stories/2011/06/10/3241046.htm?site=conversations>

Kersten's Kitchens Cookbook

Below is the email link to a very good cook book that I am sure many of you will get a lot of use:

kerstenskitchen@bigpond.com

(ph: 0402 656 938)

[facebook.com/kerstenskitchen](https://www.facebook.com/kerstenskitchen)

It is allergy free but not flavour free. You can only order and buy it directly from her at this stage as she's just starting up her business. She will mail it out to you. She also sends you any new recipes when they are available to add to the cook book. The facebook page is pretty good, and lots of people share their own tips on the page, so it's a good one to follow.

Marilyn Campbell's cake shop

6 Hartill-Law Ave, Bardwell Park NSW 2207 (a few steps from the railway station)

Phone (02) 9567 3357, Mobile: 0430 968 356

Important: gluten free slices are available instantly, but these are chocolate flavoured. Since I am avoiding chocolate most of the time, I have not sampled these products. All other gluten free cakes must be ordered, e.g. the day before. It is best to give 2 days' notice. The baker is Chinese, and he lives upstairs above the shop. He is amenable to trying new ingredients: ask if you can supply him with an unusual ingredient. I gave him some rice syrup to try, also some xanthan gum. He always asks where he can buy unusual ingredients. The last time the cakes appeared to look like sponge cakes and I suggested he add some ginger or nutmeg or cinnamon to improve the taste. He told me he did not add salt because some of his customers are on a low salt diet. A little salt would have improved the flavour. He takes note of any special request. Make sure you give him a written copy of what you want, so no instruction goes astray. He has a limited command of English but he is keen to establish his business, having taken over from the previous successful owners in the last 6 months.

Recipes

Chai Tea

Ingredients: 12 cloves
 1 cinnamon stick
 1x 1cm piece of ginger, finely sliced
 ¼ teaspoon peppercorns
 2 bay leaves
 2 litres water
 2 tablespoons black tea
 1 cup milk of choice
 Stevia to taste

Method:

- Using large saucepan combine water and spices, bring to the boil reduce heat, and simmer for 5 minutes.
- Turn off heat and allow to stand for 10 minutes.
- Strain through a fine strainer and return liquid to pan.

- Add black tea slowly, bring back to the boil, reduce heat and simmer for 5 minutes.
- Add milk of choice and Stevia to taste. Serve.

NB: To sweeten, I moisten an end of a skewer with water. Dip the end into the Stevia quickly and add to drink.

Xmas Recipes - “ Champagne” Cocktail

(This is great to serve at Xmas for everyone, even those who do not have hypoglycemia, because it is alcohol free.)

Ingredients: Sparkling apple juice
Strawberries

This is an individual serving recipe. Fill a champagne glass with chilled sparkling apple juice, add a strawberry and maybe an ice block if the weather is hot.

3 Way Rocket Dip

Ingredients: 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)
3-4 tablespoons oil (the amount depends on how thick you want the dip)

Method:

- 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 but that is a personal choice)
- Add oil.
- Mash feta cheese and add to dip.

This dip can be used 3 different ways:

1. By adding the 3-4 tabs oil this make a great spread for salad sandwiches instead of using “butter”.
2. 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.
3. Then, by adding another 3-5 tablespoons 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.

Christmas Cake

Due to popular demand I have added my favourite Xmas cake:

Ingredients: 1 kilo mixed fruit
½ cup rice syrup
1 single serve jar/popper fruit juice of choice, I used prune juice
¼ cup pure maple syrup
3 eggs beaten
250 gram butter or margarine of choice melted
3 cups plain gluten free flour
2 tabs glycerine
½ teaspoon nutmeg
½ teaspoon ground ginger
½ teaspoon cinnamon
½ teaspoon salt
½ teaspoon bicarb soda
½ teaspoon vanilla
1 teaspoon guar gum

Method:

- Mix together all the ingredients except the butter, eggs, guar gum and flour and allow to stand for at least 2 hours. (I like it to stand overnight.)
- Melt the butter and add to the fruit mixture. Beat the eggs and add to mixture.
- Lastly add the flour and guar gum, mixing thoroughly.
- Place in a lined 20 cm square cake tin and bake in a very slow oven (150°C) till cooked, about 3 hours depending on the oven - it may take a little longer or shorter.
- This cake freezes very well.

Coconut Fruit Slice**Base**

Ingredients: 100g butter at room temperature
 $\frac{3}{4}$ cup plain gluten free flour
 $\frac{3}{4}$ cup S.R gluten free flour
 1 dessertspoon xylitol
 1 egg
 Water to moisten About 1-2 tabs
 Jam of choice (I used "Dalfour" Apricot Jam)

Method:

- Preheat oven to moderate.
- Process flours and Xylitol to mix (about 3 seconds).
- Add the rest of the ingredients and process till combined.
- Press into a paper lined 20x30 cm slice pan.
- Bake for 5 mins.
- While still hot, spread with jam as thick as you like. I think one could also use less jam and sprinkle with currants, cranberries or even Goji berries.

Topping

Ingredients: 2 eggs
 1 cup Walnuts
 $\frac{1}{2}$ cup coconut
 $\frac{1}{3}$ cup xylitol

Method:

- Place all ingredients in a food processor and process till combined.
- Spread over the top of base and bake in the oven till nicely browned, and topping is set (about 35 mins).
- Leave in pan to cool before slicing.
- This also freezes quite well. I have been told that using slivered almonds can replace the coconut. (I have not tried this myself.)

Meringues

Ingredients: 3 egg whites
 3 tablespoons rice syrup
 1 teaspoon vanilla

Method:

- Beat egg white till very stiff.
- Very slowly add rice syrup, beating all the time.
- Add vanilla. Place on very lightly grease foil lined baking tray.
- Bake in very slow oven till dry about 1½ - 2 hours.
- Remove from tray before completely cool

HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

PO Box 830 Kogarah NSW 1485

ABN 65846851613

Registered Charity CFN 16689

www.hypoglycemia.asn.au

MEMBERSHIP RENEWAL

PLEASE PRINT

Mr/Mrs/Miss: Surname:..... First Name:

Address:

.....State:.....Postcode:.....

Please notify if your details have changed.

1 year Membership: \$22.00

3 year membership: \$50.00

Pensioners & Health Care Card Holders

1 year membership: \$16.50

3 year membership: \$ 35.00

Life Membership: \$200.00

Please tick type of membership

PLEASE NOTE - we now have Internet Banking. Details are as follows.

Our Bank Details: Westpac BSB: 032 258 A/C: 50 0324

When you choose <Internet Fund Transfer> Please insert: the following 2 details

1. Amount you are paying
2. your **NAME, IN THE REMITTER BOX** (very important as this is the only record of your payment if you pay online. Failing to do so creates a bank charge of \$35.00 for the Association.)

Please check with your bank for any differences in procedure for Internet Banking (this is based on the NAB format).

Until we set up automatic payment online would you please post or email your form (renewal or application) to Sue Litchfield, to enable us to keep track of membership payments.

As we are a registered charity, membership and all donations of \$2.00 or more are tax deductible.

Membership entitles you to all up-to-date information & newsletters. If you require a receipt please include a self addressed stamped envelope.

HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

PO Box 830 Kogarah NSW 1485

ABN 65846851613

Registered Charity CFN 16689

www.hypoglycemia.asn.au

MEMBERSHIP APPLICATION

PLEASE PRINT

Mr/Mrs/Miss: Surname:.....First Name:

Address:

.....State:.....Postcode:.....

Phone/or mobile number:.....

Email Address:.....

Year of Birth:.....Occupation.....

Full Membership: \$ 44.00

This includes a joining fee of \$22.00.

Pensioners & Health Care Card Holders Membership: \$ 33.00

This includes a joining fee of \$16.50.

Life Membership: \$200 (note no joining fee)

Please tick type of membership

Membership entitles you to all up-to-date information & newsletters. Please include your email address if you wish to receive the newsletter by email. This is recommended as it saves us postage and allows us to keep the membership subscription down.

Do you suffer with hypoglycemia? YES/ NO

Does a family member have food allergies/intolerances? YES/ NO

As we are a non-profit organisation aimed at providing support to our members, we need a group of volunteers to call on to spread the load in running the association. If you have any skills that would be of use in this we would appreciate your input.

Are you interested in volunteering to help running the association? YES/NO

See the Renewal Form on the previous page for instructions on paying by Internet Transfer.

Did you know that the Hypoglycemic Diet is the core of nutritional treatment? It is also the first step to the treatment of 90 other illnesses.