

Hypoglycemic Health Association of Australia

working to prevent diabetes

HYPONEWS

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*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.*

Our next Public Meeting and AGM will be at

12.30pm on Saturday 9 August 2014

**at Kogarah Library
O'Keefes Lane, Kogarah**

Our guest speaker will be Dr George Samra who will be speaking about:

"Beating Fatigue and Preventing Diabetes"

- *Can you please **RSVP to Kerrie or Linda on 9553 0084** to assist with the organisation of the catering. If anybody could assist with afternoon tea in any way, please advise at the time of your RSVP.*
- ***Don't forget to put the next meeting of the year in your diary: Saturday, 6 December 2014 – 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.

In this Issue:

- A note from the President
- Treasurer's Report
- Financial Statements
- Some interesting Articles
- Common deficiency Symptoms of Vitamins and Minerals
- Do you have a Food intolerance?
- Sugar named 'most addictive and dangerous substance' of our time, worse than cigarettes and alcohol
- Sue Litchfield's and other Recipes

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Dr George Samra

Dr George Samra is a medical graduate from Sydney University. His special interest in nutrition developed after assessing and treating prisoners on parole, particularly recurrent offenders. In many cases nutrition was the key that ended the wasteful cycle of crime and imprisonment for these patients.

Dr Samra also holds a Fellowship with ACNEM (Australian College of Nutritional and Environmental Medicine). He is well known to doctors in the field of nutritional medicine and has special interest in all aspects of allergies, hormonal medicine, nutrition and environmental medicine. He is the Patron of the Australian Hypoglycemic Health Association and has been on regular talk-back radio, is a senior lecturer with ACNEM and lectures regularly to Medical Practitioners as well as various charity and community organisations. Dr Samra has successfully treated thousands of patients with his sensible and simple approach to diet.

His two books are: ***"The Hypoglycemic Connection II"*** and ***"Allergy Connection: Featuring the Food and Disease Paradigm"***

A Note from the President

by Dr George Samra

On 12 March 2014, I sent the following letter to all members of the Australasian College of Nutritional and Environmental Medicine (ACNEN):

“Dear Doctor

*Please receive some promotional material from our Association. Reactive Hypoglycemia is a fairly common condition, about 4% of the population and is often present in people complaining with Anxiety, **Depression and Fatigue***

*This package includes a Hypoglycemic Questionnaire pad to be completed by patients or therapists, glossy promotional leaflets and Dr Samra’s book *The Hypoglycemic Connection*11.*

It is a primary objective of the organisation to educate the community on this topic and help professional diagnose and treat the condition in order to prevent Type2 Diabetes

If in the future you require more Questionnaire pads or brochures, please do not hesitate to contact this Organisation we sincerely hope this material will be of benefit to you and your patients

Wishing you good health

The Committee of the Hypoglycemic Health Association of Australia”

I intend to send this letter to all the remaining doctors in the near future.

Treasurers Report

By Sue Litchfield

I have attached a copy of the financial report that was presented at the last meeting. Please take note of the last page. We are in a good financial situation at the moment with:

- \$1,527 in our cheque account
- \$6,000 in a term deposit
- \$2,000 in a cash reserve account

These funds will be used to promote our society on U Tube shortly.

If anyone is willing to contribute to the afternoon tea for the next meeting it would be much appreciated, as I will not be at the meeting. Any of the following would be appreciated:

- Dips, eg Humus with Rice crackers
- Frittata
- Chips and nuts are always popular
- Chicken
- Sandwiches
- Hard boiled eggs

**THE HYPOGLYCEMIC HEALTH
ASSOCIATION OF AUSTRALIA**

ABN 65 846 851 613

Financial Statements

For the year ended 31 December 2013

**THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA
ABN 65 846 851 613**

Contents

Treasurer's Declaration

Compilation Report

Balance Sheet

Detailed Profit and Loss Statement

Notes to the Financial Statements

**THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA
ABN 65 846 851 613**


Treasurer's Declaration

The treasurer has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies prescribed in Note 1 to the financial statements.

The treasurer of the association declares that:

1. the financial statements and notes, present fairly the financial position as at 31 December 2013 and the performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements;
2. in the treasurer's opinion, there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

Signed by:



Sue Litchfield
Treasurer

Date: 28 March 2014

THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

ABN 65 846 851 613

Compilation Report to THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

We have compiled the accompanying special purpose financial statements of THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA, which comprise the balance sheet as at 31 December 2013, the detailed profit and loss statement for the year then ended, a summary of significant accounting policies and other explanatory notes. The specific purpose for which the special purpose financial statements have been prepared is set out in Note 1 to the financial statements.

The Responsibility of the THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA


The treasurer of THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA is responsible for the information contained in the special purpose financial statements and has determined that the significant accounting policies adopted as set out in Note 1 to the financial statements are appropriate to meet their needs and for the purpose that the financial statements were prepared.

Our Responsibility

On the basis of the information provided by the treasurer of THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA, we have compiled the accompanying special purpose financial statements in accordance with the significant accounting policies adopted as set out in Note 1 to the financial statements and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the director provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statements were compiled exclusively for the benefit of the treasurer of THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA. We do not accept responsibility to any other person for the contents of the special purpose financial statements.



Michael Pendlebury - Chartered Accountant
Suite 307, 25 Solent Circuit
Baulkham Hills NSW 2153

28 March, 2014

THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

ABN 65 846 851 613

Detailed Balance Sheet As At 31 December 2013

	Note	2013 \$	2012 \$
Current Assets			
Cash Assets			
Westpac - Cheque Account		26	1,109
Westpac - Cash Reserve Account		8,094	7,798
Westpac - Newcastle Account		-	142
Paypal Account		198	-
		<u>8,318</u>	<u>9,049</u>
Total Current Assets		<u>8,318</u>	<u>9,049</u>
Total Assets		<u>8,318</u>	<u>9,049</u>
Net Assets		<u>8,318</u>	<u>9,049</u>
Equity			
Retained surplus		<u>8,318</u>	<u>9,049</u>
Total Equity		<u>8,318</u>	<u>9,049</u>

These financial statements are unaudited. They must be read in conjunction with the attached Accountant's Compilation Report and Notes which form part of these financial statements.

THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

ABN 65 846 851 613

Notes to the Financial Statements

For the year ended 31 December 2013

Note 1: Summary of Significant Accounting Policies

The treasurer has prepared the financial statements on the basis that the association is a non-reporting entity because there are no users dependant on general purpose financial statements. The financial statements are therefore special purpose financial statements that have been prepared in order to meet the needs of the members.

The financial statements have been prepared in accordance with the significant accounting policies disclosed below, which the treasurer has determined are appropriate to meet the needs of the members. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements have been prepared on a cash basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of the statements are as follows:

(a) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

Financial Records

The treasurer has advised that there may have been some additional cash receipts and payments that occurred during the year for which she was not provided supporting records. Accordingly there may be additional transactions that took place during the year that are not reflected in this report. Changes have been made to systems and procedures to ensure this does not occur again the future.

These notes should be read in conjunction with the attached compilation report of Pathway Accounting Pty Ltd.

Some Interesting Articles

The Behavioural Neurotherapy Clinic of 2/314 Manningham Road, Doncaster, Victoria has some very interesting nutritional information on its website:

- <http://www.adhd.com.au>
- <http://www.autism.net.au>
- <http://www.ibs-irritable-bowel-syndrome.com.au>
- <http://www.appliedneuroscience.com.au>

Common Deficiency Symptoms of Vitamins and Minerals

Source: "Go, The Good Health News Magazine" (Issue 34 2014, www.govita.com.au)

Nutrient	Deficiency Signs
Folic Acid	Fatigue, feeling faint, breathless, headache, heart palpitations, trouble concentrating, loss of appetite, red swollen shiny tongue, change in bowel patterns and megaloblastic anaemia.
Iron	Tiredness, pale skin, breathless, weakness, dizzy, low appetite, poor concentration, cold hands and feet, brittle nails, cracks at corner of mouth, frequent infections. Iron-deficient anaemia can lead to unusual cravings such as ice, dirt or paint. It may also lead to restless leg syndrome. Menstruating women are at higher risk.
Magnesium	Mild deficiency leads to muscle cramps, nausea, poor sleep or insomnia, irritability, headaches, anxiety and fatigue. More severe deficiency leads to coldness in extremities, heart arrhythmias, numbness, tingling and even heart attacks as the coronary arteries constrict.
Vitamin B12	Mild deficiency leads to weakness, fatigue, light-headedness, constipation or diarrhoea, rapid heartbeat and breathing, pale skin, sore tongue, weight loss and reduced appetite. Severe lack leads to memory loss, tingling numbness in extremities, difficulty walking, confusion and depression.
Vitamin C	Easy bruising, bleeding gums, tiredness, dry hair and skin, muscle and joint pain, poor healing wounds, tooth loss, trouble fighting infections, rapid mood changes and irritability. Smokers and diabetics have increased requirements.
Vitamin D	General muscle pain and weakness, psoriasis, gum disease, joint pain, headache, poor concentration, severe asthma in children, frequent falls in the elderly and frequent infections. Those with reduced sun exposure, dark skinned people, those suffering kidney or liver disease have increased requirements.
Zinc	Recurrent infections, poor wound healing, male impotence, hair loss, dandruff, white spots on nails, no sense of taste, acne, back weakness, delayed development in infants and adolescents and hyperactivity.

Note: If you experience any symptoms listed above, you should discuss these with your healthcare professional before commencing a supplementation course.

Do You Have a Food Intolerance?

By Jo Lewin - Nutritional therapist

Information regarding food allergy and intolerance is plentiful, but so are the myths. Self-diagnosed, food sensitivities have become more common place, but how can you really tell if you suffer from a food intolerance? Do you have a food intolerance?

Food allergy and food intolerance

Food intolerances are different to food allergies. An allergy elicits an acute, almost immediate reaction; the worst of which is anaphylaxis. Food intolerance is less severe and notoriously difficult to test. Intolerance is usually because the body is lacking an enzyme that is needed to properly digest and eliminate a food or substance. Symptoms are delayed and may include bloating, headaches or skin rashes. Skin prick testing and laboratory blood tests are available but the most effective, accepted and accurate way of identifying problem foods is via an elimination diet.

Elimination Diet

An elimination diet is a free, non-invasive way of working out if you have a food sensitivity. You don't need any pills or potions, just a fair amount of will power. Compliance and commitment are key to getting results.

Before you embark on an elimination diet, arm yourself with all the information you might need. Consult a qualified health professional to ensure your nutritional requirements are met. Start by removing suspected foods and food groups – gluten, dairy, eggs, caffeine and alcohol (to name a few) for at least one week and up to one month. At this initial stage it is recommended that you create a comprehensive list of 'foods to exclude' and 'foods to include' and keep a food diary of how you feel, symptoms etc.

After the period of elimination, reintroduce one food at a time from the exclusion list in normal amounts. Test the food on its own on an empty stomach. If symptoms return within 48 hours, then you probably have your answer. Leave at least two days between testing different foods. If there is no reaction after four days, bring the food carefully back into your diet. If you do experience a reaction, wait until you feel well again before continuing the reintroduction and avoid the culprit food for three months before retesting. If you suspect you have an allergy or intolerance, or if you are breastfeeding, pregnant or taking any medication, you should consult with your doctor before making any dietary adjustments.

Common intolerances:

Fructose

Fructose is a natural sugar found in fruits, honey and some syrups. If you suspect you have a sensitivity to fructose, you should also try to avoid sucrose (table sugar), high fructose corn syrup, fruit and fruit juices, sorbitol and sweetened juices. Common signs of fructose intolerance include abdominal pain, gas, bloating and diarrhoea. The FODMAP diet is a new approach to managing Irritable Bowel Syndrome (IBS), which is specifically linked to fructose sensitivity.

Wheat

Wheat is one of the most commonly allergenic foods due to its gluten content. Wheat intolerance is less severe than a gluten allergy. When trying to decipher wheat intolerance, it is important to eliminate white flour and flour based products entirely. Wheat intolerance varies between individuals with some people able to tolerate alternative grains. If you suspect you have a wheat intolerance, try eliminating wheat entirely and trying small amounts of older varieties of grains such

as spelt or kamut which are higher in fibre, lower in gluten and far more nutritious. *(Editor: If you think you may have a problem with wheat it is important not to cut it out of your diet until you have been checked for coeliac disease. Once checked for coeliac disease, and you are not coeliac, it is appropriate to try the elimination diet...)*

Gluten

Gluten is the glue-like protein found in many grains but especially in wheat, rye and barley. Its elasticity makes it a key part of many bakes. Some people are intolerant to the gluten in all of these grains, others just find wheat the trigger. A diet high in refined carbohydrates can contain significant quantities of gluten, which can effectively 'glue up' the digestive system. If you have discovered you cannot tolerate any gluten containing grains, try rice, corn and potato flours.

Glucose

If you have impaired glucose tolerance (IGT) or impaired fasting glucose (IFG), your body is not using glucose (sugar) properly. This may result in higher than normal blood sugar levels – a condition known as hyperglycemia (diabetes). Diagnosis of either IGT or IFG requires medical guidance and is through blood test. Symptoms include excessive thirst, dry mouth, fatigue, blurred vision and frequent urination. It is important to seek medical advice if you suspect you have an intolerance to glucose. *(Editor: And don't forget **Hypoglycemia** which can also be a precursor to diabetes..)*

Dairy

All animal milks contain a sugar called lactose. We make an enzyme in our gut called lactase to digest the lactose in milk. Without lactase, the sugar is left to ferment in the gut and causes symptoms such as bloating, wind and diarrhoea. Many adults do not produce enough lactase, so suffer from what is known as lactose intolerance (essentially a lactase deficiency). If you are intolerant to lactose you may be able to tolerate a little butter, cheese or yogurt before symptoms arise. Others choose to avoid dairy products completely.

Alcohol

Alcohol intolerance may be caused by alcohol or the food the alcohol is made from (e.g. grapes from wine, grains from whisky). Alcohol can affect the integrity of the gut which may explain why some people experience digestive discomfort to food when it is coupled with drinking alcohol. Red wine is a common trigger, followed by whisky and beer. Alcohol intolerance can cause unpleasant symptoms such as nasal congestion and skin flushing. Once again, intolerance is linked to an enzyme deficiency making it hard for the body to break down alcohol. Intolerance may also be due to other ingredients commonly found in alcoholic beverages (especially beer and wine) including sulphites, preservatives or chemicals.

Histamine

Histamine occurs naturally in certain foods. We produce an enzyme called diamine oxidase to help break down the histamine in certain foods. As with many intolerances, some people do not produce enough of this enzyme and consequently when they eat histamine containing foods they suffer symptoms such as headaches, skin rashes, itching, diarrhoea and abdominal pain. Foods that are particularly high in histamine include: wine, beer, cider, pickled foods, cheese, tofu, soya sauce, processed meats, smoked fish and chocolate. More information on histamine intolerance can be found at allergyuk.org.

Yeast

Yeast is present in a variety of foods, commonly bread, baked products and alcoholic beverages. Yeast intolerance has a wide range of symptoms including flatulence, bad breath, fatigue, irritability, cravings for sugary foods, stomach cramps, bad skin and indigestion. If you suspect you are intolerant to yeast try following a yeast free diet (through elimination) for a few weeks. If there

is a significant improvement then you have found your culprit!(*For more information on food intolerances visit: "allergyuk.org"*)

Sugar named 'most addictive and dangerous substance' of our time, worse than cigarettes and alcohol

Learn more: http://www.naturalnews.com/042209_sugar_addictive_substances_cigarettes.html#ixzz33Qb5ps3b

NaturalNews) While the rest of the world is busy obsessing over the dangers of cigarettes and alcohol, the head of Amsterdam's health service in the Netherlands is trying to raise awareness about a much bigger and more pervasive health threat: sugar. According to Paul Van der Velpen, sugar is the most dangerous and addictive substance of modern times, and more needs to be done in the interests of public health to make people aware of the many harms caused by this ubiquitous drug.

In a recent letter posted by GGD Nederland, an association of the country's community health services, Van der Velpen discusses the issue of obesity, rates of which have risen dramatically in the Netherlands in recent years. Pointing out that obesity, which is linked to metabolic syndrome, cardiovascular disease and a host of other chronic ailments, saps the healthcare system of tens of millions of dollars annually, Van der Velpen emphasizes that exercise is simply not enough to reverse this growing trend.

Bravely defying processed food industry claims, which insist that sugar consumed "in moderation" is just fine, Van der Velpen delves into the actual science behind how the body responds to sugar as opposed to protein and fat. In his letter, Van der Velpen explains that sugar intensifies food cravings, for instance, and causes people to eat far more than they otherwise would without it. Additionally, he points out that sugar also disrupts normal food metabolism, eventually leading to addiction.

"Just like alcohol and tobacco, sugar is actually a drug," writes Van der Velpen, in an English translation from the original Dutch. "This may seem exaggerated and far-fetched, but sugar is the most dangerous drug of the times and can still be easily acquired everywhere ... The use of sugar should be discouraged. And users should be made aware of the dangers."

Europeans consume far less sugar than Americans, and yet health officials there recognize a growing health epidemic.

If you have ever visited Europe, then you may recall that most of the foods produced and sold there are generally far less sweet than foods produced and sold in the U.S. And yet, despite this difference, Van der Velpen still sees a major public health epidemic brewing in his country as a result of sugar consumption -- how much worse must the situation be here in the U.S., where public health officials generally avoid tagging sugar as a major factor in declining public health?

"Sugar is actually a form of addiction," adds Van der Velpen. "It's just as hard to get rid of the urge for sweet foods as of smoking. Thereby diets only work temporarily. Addiction therapy is better ... Health insurers should have to finance addiction therapy for their obese clients."

It is important to note that Amsterdam has long tolerated the presence and use of other typically restricted substances such as cannabis, a plant that government authorities the world over have long referred to as a "drug," within its borders. Cannabis, of course, does not harm the body and is not a public health threat, thus Amsterdam's relaxed approach to its availability within the city. Sugar, on the other hand, is an actual threat, and Van der Velpen hopes others will learn this truth and take action.

Sources for this article include: <http://www.telegraph.co.uk>

Sue Litchfield's Recipes

Fruit and Nut Cake (Note this is Egg free)

Ingredients

1 cup stewed apple (about 3 small granny smith apples peeled, cored, sliced, cooked and cooled)
230 grams margarine or butter (I used Nuttelex)
¾ cup Xylitol
¼ cup Milk
2 cups plain flour
2 level teaspoons cinnamon
1 teaspoon bi-carb soda
1 tablespoon cocoa
1 teaspoon vanilla

Method

- Preheat oven to 150°C fan forced
- Line 120cm square cake tin with paper
- Dissolve soda in milk
- Cream margarine and Xylitol till creamy.
- Add the cooled stewed apple and give a good beat.
- Add cinnamon and vanilla then fold in flour, adding more milk if needed.
- Place into tin and bake in oven for about 45 minutes.
- When cold, ice with chocolate icing.
- NOTE to make this dairy free, Nuttelex margarine can be substituted for the butter and almond milk can be substituted for the milk.

Chocolate Icing

Ingredients

60 grams butter softened
2 tablespoons cocoa powder
3 tablespoons hot water
1½ cups Xylitol icing sugar

Method

- Dissolve cocoa in hot water
- Add all ingredients to a mixing bowl and cream till smooth and ice over cake
- Note Nutlex margarine can be used but butter is the better of the two.

Below is what I wrote on Buffalo yoghurt:

BUFFALO YOGHURT

Here are some interesting facts I have picked up about buffalo milk, which by the way should not be confused with cow's milk, as buffalo is a different animal.

- Compared to cow's milk, buffalo milk is almost snow white and has a clean, velvety consistency with a refreshing aftertaste.

- Buffalo milk contains 43 percent less cholesterol than cow's milk, 58 percent more protein. It also contains high levels of the natural antioxidant tocopherol.
- Buffalo products are available in Australia in the form of mozzarella, bocconni, yoghurt and feta cheese.
- Buffalo products are at the premium end of the cheese spectrum overseas and awareness is growing rapidly among the Australian public.

NB Tocopherol

Tocopherol by the way is commonly called vitamin E, which is a fat soluble vitamin which is an important antioxidant. Vitamin E is great as a preventative of heart disease. It also helps fight cancer, cataracts, Parkinson's disease and Alzheimer's disease. Vitamin E is often used in skin creams and lotions because it is believed to play a role in encouraging skin healing and reducing scarring after injuries such as burns.

NB Bocconcini

Bocconcini is traditionally made in Southern Italy of the milk of water buffalo which were introduced into Italy from India in the 16th century. The fresh young bocconcini balls are mild, fragrant and also very delicate. They make a great salad combined with tomato fresh basil and a good olive oil. Also finely sliced and used as a pizza topping

NB Mozzarella

Traditionally all pizza and lasagne in Italy were all topped with buffalo mozzarella. However, today it is hard to find the traditional as it has become very commercialised and now made out of cows' milk. Buffalo mozzarella is still available, but one has to really search for it. Bocconcini can be used in place of the Mozzarella. It is available at David Jones Food hall and there are a number of delicatessens that also keep it in stock.

Kale

If there was such a thing as a fashionable vegetable, kale would be it. This leafy green has become synonymous with "superfood" and has become a staple of healthy diets all over the world.

Health benefits - According to Michigan State University, kale has a whole heap of nutritional benefits. It's high in antioxidants and anti-inflammatory nutrients such as vitamin K, it's been shown to lower cholesterol and comes with a lot of fibre which will aid good digestion. The green contains lutein and seaxanthin compounds, which promote eye health, and omega-3 fatty acids, which will help strengthen your immune system and reduce the risk of chronic illnesses.

Simple recipes

Make sure you're eating leaves that are firm and deeply coloured - not browning or yellowing.

- For a simple meal, chop some kale and put it with pine nuts, feta cheese and whole grain pasta. A drizzle of olive oil will top it off.
- Another simple way to prepare your kale is to saute it with a dash of olive oil until it's wilted, then add a pinch of sea salt, almond slivers and dried cranberries and then cook for a couple more minutes. Serve with brown rice for a healthy lunch.
- You can also put the vegetable in your smoothies for an added health kick. Just half a cup of chopped kale is all you need to add to your other ingredients.
- Steam till tender, then toss with butter and a sprinkle of nutmeg.

Growing your own

As an easy to-grow-plant, you can try your hand at producing your very own kale! Get started in March and April with seeds for the best results. Kale isn't highly sensitive to temperatures - it will flourish at any temperature between 8 - 30°C, and can be grown in the same bed as many other vegetables. In a couple of months you could be enjoying this superfood straight from your very own garden.

Poppy Seed Dressing

Ingredients

2 tablespoons finely chopped onion

1 teaspoon salt

1 slightly rounded teaspoon dry mustard

1/3 cup Xylitol

1/3 cup vinegar (I have also used cider vinegar for a change)

1 cup oil (I use Rice bran oil)

1 tablespoon poppy seeds

Method

- Place all ingredients except oil and poppy seeds in a food processor or blender and process for 30 seconds.
- With blender or processor on high very slowly add the oil. Turn off and stir in poppy seeds.
- Pour into a bottle and allow to stand overnight for flavour to develop.
- Before pouring over salad shake the bottle.
- Great served with a salad made with lettuce, sliced pears or any fruit will do, feta cheese and pecans

Pavlova

Ingredients

4 egg whites

1/2 cup Rice Syrup

1/4 teaspoon sweet leaf Organic Sweetener

1/2 teaspoon vanilla

Method

- Preheat fan forced oven to 150°C.
- Line a baking tray with baking paper.
- Place egg whites in mixing bowl with speed set at maximum - beat egg whites until stiff.
- Continue on maximum speed and slowly add rice syrup.
- Add stevia and vanilla and continue beating till mixture is thick.
- Place on baking tray and spread to 23-25 cm round approx. - the pavlova will be quite high (if you want a thinner pavlova allow less cooking time).
- Place in oven, turn oven down to 100°C and bake for 45 minutes.
- Turn oven off and leave Pavlova in oven until cool.
- Serving suggestion: spread some passionfruit butter on Pavlova, top with whipped cream and decorate with sliced banana, strawberry, blueberries or mango.

Decadent Passionfruit Butter

Ingredients

1 cup passionfruit juice - see note at end
225 grams unsalted butter (Can use Nuttelex - it works quite well)
10 egg yolks
175 grams Xylitol

Method

- Combine passionfruit and butter in a large heatproof bowl over simmering water, stir occasionally till melted.
- Meanwhile whisk egg yolks and Xylitol together, remove from heat, and then pour over the passionfruit mixture, whisking continuously to combine.
- Place bowl over simmering water and stir continuously until mixture coats the back of the spoon.
- Pour into warm sterilised jars.
- Cool and store in fridge (This make about 1 litre)

NOTE to make the passionfruit juice scoop the pulp out of approximately 12-14 passionfruit into a food processor and pulse for 20-30 seconds - no longer, to crack the seeds. then pass through a fine sieve. Discard the seeds.

Chia Pudding

(Source: "Go, The Good Health News magazine" Issue 34 2014, Go Vita)

Ingredients

1 ripe banana
1½ cups unsweetened almond milk
½ teaspoon vanilla extract
1 teaspoon cinnamon
2 tablespoons nut butter
½ cup chia seeds

Method

- Mash banana and add all other ingredients to blender except the chia seeds. Blend.
- Pour into a bowl and stir through chia seeds, cover and refrigerate for at least 2 hours.
- It will continue to thicken the longer you leave it.
- Serve with fresh fruit. (serves 2)