The Hypoglycemic Association

NEWSLETTER

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

INTRODUCTION to our new President Mr **Steve MCNAUGHTON.**

On the 2nd March, 1991, Steve McNaughton became our new elected president following the resignation of Dr Peter Dobie at the Annual General Meeting.
Steve is a Qualified Engineer having obtained his degree from the University of New South Wales in 1969 and for the past ten years has been operating his own business supplying Engineering Drafting and Architectural contract services. He is a former first grade Rugby union player with St George and is prominent in the local small business community having helped establish the Sutherland and St George small business people's group. He is a former president of the SPB Sutherland Incorporated. As president of the Hypoglycemic Association he hopes to increase both public awareness and continue the struggle of re-educating the food industry to improve their products.

Our next meeting will be at 2pm on Saturday, the 1 June, 1991 at the YWCA, Wentworth Ave, Sydney, and our next guest speaker will be

Dr Jeffrey Yates (Psychiatrist)

whose topic will be

Psychological Aspects of Nutritional and Environmental Medicine

DOCTOR YATES is a psychiatrist working in Charlestown near Newcastle. He is a qualified child-adolescent family psychiatrist and has a special interest in using dietary and nutritional medicine in his practice. He gets to see more younger patients than most other practitioners because of his interest in family work and interpersonal relationships. He has been a keen pioneer in his work and uses what works best for his patients. Unlike many conservative psychiatrists he is not afraid of trying new and different approaches. He is a keen student and has learnt medical nutritional and environmental skills which he now incorporates with his natural gift in successfully treating his patients.

FEES: You will find the expiry date of your membership to the Association in the top right corner of the address label. A number of members may have overlooked to pay their membership fees. These are $15 per family or $10 for pensioners. Family is defined as "constituting both parents and any dependent children living at home". Also some Newsletters have been sent to friends of Association members as an introduction to the Association and its Newsletter in the hope that they may join. This issue is their last opportunity to join. This is an entirely voluntary organisation and finance is an important factor in the struggle for survival. We appeal to our members to help us in educating the public in clinical nutrition and ecology. It is hoped that doctors who receive this Newsletter without any charge may find time to send in donations or contribute by submitting articles to this journal.

ATTENTION TRAVELLERS FROM THE COUNTRY

Members wishing to arrive early at our next public meeting can look forward to receive a hot cup of tea or coffee with their own self-provided lunches.

Steve Duff telephone advisory service

Our life member Steve Duff is willing to talk to any person by phone on any problems relating to hypoglycemia, allergies and diet. This voluntary advice is based on his personal experiences with hypoglycemia and allergies and any problems of a more complex nature will be referred to nutritional practitioners. If you would like to have a talk with Steve, please ring him at his home on 529-8040.

Books for sale at the meeting

Dr George Samra: **THE HYPOGLYCEMIC CONNECTION.**

Jur Plesman: **GETTING OFF THE HOOK**

Sue Litchfield: **SUE'S COOKBOOK**

Contributions of articles by members and by practitioners are very welcome. If you would like to contribute an article to this Newsletter, please contact the Editor.

The Newcastle branch of the Association are still meeting under the leadership of Bev Cook. They meet on the last Saturday of each month beginning 1.30 PM to 3.30 PM at the Hillsborough Primary School. Enter the school from the Waratah Avenue. For further information ring Mrs. Bev Cook at 049-59-4369.

If any member would like to organise meetings in their local area or meet other members, we can help by advertising your name and phone number in this Newsletter.

Entrance fee at the next meeting Because of increase in costs the Committee has decided to charge an entrance fee of $2 per person or $3 per family at the next meeting.

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 32-38 Montgomery St., Kogarah, Phone: 558-5290.

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

I HATE MY HYPOGLYCEMIA

By
Garry Scholfield
(From a lecture given to the Hypoglycemia Association on 2 March, 1991)

My research into hypoglycemia began after I was introduced to it in the United States in a seminar on a lecture on acupuncture in 1978. This was rather fortunate because by 1982 I was a severe hypoglycemic myself. Sugar has always been an interesting topic to talk about and it is interesting to note that in very early days there was no sugar. Not free sugar that is. In 1747 a German chemist actually extracted sugar from sugar beets and from that time on the Lords, The Ladies, the Princes, Princesses and the Kings would often be seen strutting around carrying a very small satchel with their absolutely precious little tablets of sugar. However, sugar alone does not cause hypoglycemia.

Albert Einstein's*: "Great spirits are always violently opposed by mediocre minds."*

The genotype of hypoglycemia

The genotype of or the person inclined genetically to suffer from hypoglycemia is commonly blue eyed and blond, and has a wide ear notch, with the second finger longer than the forefinger, and the second toe longer than the first toe and that person also tend to have longish digits, so that their fingers tend to be elongated.

What happens to this genotype and to other people who have not been born with this genetic defect is that eventually their blood sugar endocrine neurological access breaks down. They are incapable of controlling their blood sugar levels and this seems to be first observed by people feeling tired, weak and generally unwell. If these particular people are followed eventually they develop into a insulin dependent diabetic. This is the late onset diabetic or the overweight diabetic we often see in clinical practice.

One of my early observations after doing a large number of Glucose Tolerance Tests on Australian people who seem to be suffering from hypoglycemia was to find that there was a very high percentage of pre-diabetics in this group. True diabetes however seems to be a different genetic type altogether. In this group of people the blood sugar level is not controllable by diet or tablets but only by injection of insulin. Unfortunately these people also may go on to develop what is called "small vessel disease"; their small arteries become blocked and consequently their eyes become blind, their kidneys finally fail, going into renal failure, and their feet unfortunately develop gangrene.

Hypoglycemia a benchmark

There is a question however that has to be

answered and this is: "Is hypoglycemia actually a disease or is it just a benchmark with deterioration of body functions?" I have no doubt after seeing hundreds of cases that it is not a single disease process but definitely a benchmark. It is usually accompanied by herbicide, pesticide poisoning, heavy metal poisoning, direct bacterial invasion or toxicity, viral invasion and even protozoan and other micro-organisms invasion. Once the person has progressed on to the inability to control blood sugar levels, with the large drops, that most of you people here experience, than unfortunately they are on the way to the development of more serious clinical problems. For example, they may be developing a break down of the collagen (white fibrous tissues) fibres of the body, such as rheumatoid arthritis, systemic lupus erythematosis and they may even go on to produce auto-immune antibodies in their own tissues. This may result in developing auto-immune antibody disease to their parietal cells of their stomach or to their bile duct cells. If this deterioration continues this group of people will eventually end up developing some crippling disease or even cancer.

The scourge of tuberculosis

The environment is full of bacteria, viruses, herbicides, pesticides and so on. The most serious invasion that one finds in hypoglycemia, and in fact in all severe chronic diseases in Australia is the invasion by the bacterium tuberculosis. Tuberculosis is considered by most people to be eradicated in Australia. Unfortunately, this is not true. When I acquired my acupuncture system in 1977 I analysed every single patient that I was looking at. Lo and behold, I found in every one of them a positive for TB. Being inexperienced at that time I was incapable of understanding of what I actually found. I thought in the beginning it was poor technique with the equipment. Later on I lead myself to believe that it was due to the TB injections we had. I found that it was an absolute positive in all the sick people I was looking at. As my technique improved and my understanding research-wise of homeopathics improved, by about the early 80's I had decided that tuberculosis was a serious problem. Not just as the broken down toxins of tuberculosis but low grade tuberculosis in the immune system in the Australian host. My next job was to find out where this was coming from. And while we differed from other countries that I worked in, such as Germany, England, New Zealand, United States and Canada, a close inspection of the beef industry in Australia led me to understand that we still had a huge problem of tuberculosis problem in Northern Australia. I also heard that 260 head of deer were riddled with tuberculosis and these were in the middle of cattle country in South Australia. So I have formed the hypothesis that the Australian cattle herd is riddled with low grade tuberculosis, probably at lower levels which is not diagnosable by the local abattoirs. This meat then passes on to the consumers.

I would imagine but do not know that if the meat is extremely well cooked, then the tuberculosis organism would be killed. However, over the years Australians have become increasingly interested in raw or semi raw steak, and I gather that this is a large entry point of tuberculosis into Australian bodies.

Tuberculosis homonous

In recent times, a new type of TB has flourished in Australia. This is tuberculosis Homonous, that is the human type of TB. This is a different but similar organism to tuberculosis in cattle which is called Tuberculosis Bovinum. The human type of TB has been brought into Australia in large numbers from legal and illegal immigrants into Australia. The technique for diagnosing of TB, mainly chest X-rays etc., is very inaccurate and will only diagnose very severe cases. Consequently our Asian immigration policy has added to our baseline of cattle TB and now we have an explosive TB problem. I predicted that we would have a major clinical problem with TB back in the early eighties. We now have 71 cases of recorded TB in the Manly-Wahroonga area alone. The total figures for NSW, I don't know, however I do know that investigations into the aboriginal race have found them to be riddled with TB.

Homeopathy and energy force

Most of you have not been trained in homeopathy. But if a doctor is well trained in the homeopathic arena he/she will know TB carries with it the worse type of energy force from the physical level. At the physical level TB makes the person's immune system very weak. It gets into the lymph nodes and the immune system has to keep it there. This allows other organisms in the environment to sneak through. TB is not the only bacterial problem; Salmonella is another. This comes from the chicken industry and unfortunately it comes through our water supply. Recently a few truck loads of chickens were dumped into Warragamba Dam.

Lead poisoning

It was many years ago that the Germans did a very interesting environmental study. They looked at two groups of people in the same town. One part of the town was besides a large autobahn and the other side of the town was in the country side. They found 1) a significantly high level of lead in those persons living near the autobahn compared to that group living in the country, 2) there was a significant increase in cancer in the autobahn lead absorbing group. This led the Europeans to do something about lead from the internal combustion engines of the motor vehicles many years ago. Unleaded petrol is unfortunately a reasonably new engine fuel introduced into the market, and as a consequence of years of leaded fuel in our atmosphere we find very high levels of lead poisoning in patients.

Lead is the worse of the heavy metals. I think I am the original person to do the heavy metal poisoning work on Australians through hair analysis sent off to the United States. I found that Australians were suffering from lead, copper, aluminium, arsenic, mercury and sometimes cyanide poisoning. Copper comes from the Sydney water supply, aluminium from wrapping, arsenic probably comes from two sources: 1) cattle dip 2) also from sprays aimed at exterminating termites. Cyanide is found in people involved with the chemical process of extracting gold.

Green House Effect

The green house effect is now with us and it is probably here to stay. A number of years ago the CSIRO predicted that as a result of the green house effect the Northern climate would come to the South and consequently there will come the Northern tropical diseases. The worst of all of these would be malaria. Malaria is almost out of control all throughout of Asia. After the heavy rains a couple of years ago, I started to notice patients who have never been out of their local districts were actually carrying low grade malaria. The dengue mosquito also is now common in the district I live in. It bites you during the day and when you pull it of your skin you see that it got black and white legs. Most other mosquitos bite people at night. So dengue will also evolve as being a problem in the future.

Viral diseases and pollution

It looks to me as though viruses are out of control. But it looks to me from work I have done for years, once the tuberculosis problem is fixed, then the immune system will be able to cope with the viruses. Observations from 1982 on in the United States and elsewhere have shown an unbelievably close relationship between tuberculosis and the AIDS virus. Recent statements by the medical profession in Australia have warned because now we have a definite tuberculosis problem the AIDS is definitely going to be associated with it.

AIDS is diagnosed by what is called the HIV antibodies. This admittedly is an inaccurate method of diagnosing the AIDS problem. However, in the United States recently a survey was done in the Midwest which was considered to be least likely group of Americans to be infected with AIDS. Unfortunately, one in twelve were found to be HIV positive. I have no idea what the figures are in Australia. What I do know is that from my electro acupuncture diagnosis every patient that I see is carrying the AIDS virus. That does not mean that the person will die from it, it does not mean either that this person can give AIDS to anybody else. The virus is there. The electro acupuncture diagnosis is an extremely accurate method of diagnosing very small amounts of anything in the body; namely viruses and pesticides etc.

Many other viruses cause problems in the body: hepatitis A, B, C, D, E, I, glandular fever, Coxsackie viruses etc. In patients with ME, which is often associated with the benchmark of the hypoglycemia, one usually finds the Coxsackie virus, although it can be any other virus. Local Sydney pollution has now become a very serious problem. I believe that a large percentage of the viruses, bacteria etc. that are now invading Sydney people are due to the salt water pollution of our beaches. This is not being correctly looked at to date. Our water supply is also a problem. I recommend to all sick patients that they have a reverse osmosis water and portable water filtration equipment that runs off the sink tap and which is now freely available. A lot is said about herbicide and pesticide poisoning. Yes it is very serious and yes it is very common. The most serious of all is 2,4,5-T and 2,4-D, because they contain dioxin, but any of the pesticides right down to ordinary household sprays, such as Baygone etc., are all major poisons to the body's biochemistry, the immune and endocrine system.

Combination of stresses to the body

The worst combination that a patient can have is that of tuberculosis, lead poisoning and 2,4,5-T or 2,4-D poisoning. This combination puts the biochemistry under very great stress and it is the combination invariably seen in all sick patients. If this toxic combination is left in the body than unfortunately the body continues to deteriorate.

The search for toxins

From the 1950's on, some very intelligent and well-known scientists decided to try and invent a piece of equipment that would actually find the energy cause of a molecule in the body. The Germans have always had a hypothesis that biochemistry runs incorrectly because poisons are interfering with it. If we can find the poisons and remove them than the body would get well. The search for poisons began with all the microbes that we know about and their broken down paths. Since I was German trained since 1977, this is the way I approach how to get the body better. Nowadays a large number of techniques are able to remove all of the body toxins. The question is, having done this, does the person get better? If a person has a mild problem, the answer is yes. But any moderate to serious problem the answer is unequivocally no. It has cost me about 1 1/2 million dollars of my own earned money to work this through.

What the Germans and the scientists have done is to work on the principle that if we can work out what the common denominators of the problem are than we can do something. Nevertheless, I am not so sure that this is true. I am sure we can significantly detoxify the body, but I believe also that the detoxification even of the major toxins, the body still does not get totally better. When I say 'totally better' I am expressing optimum health for one's genes and age.

Energy

The concept of energy the Germans were looking at is no longer in its infancy. The Associate Professor of Medicine, Dr Hackett in Germany has a research programme which I visited in 1984. This programme is funded by his University and he is researching toxins which interferes with body biochemistry. Instead of doing this by clinical biological assay techniques, the toxins are diagnosed by electro acupuncture. This is the equipment that I have been using now for many years. It is poorly understood by Doctors in this country and by most members of the medical profession. However, a poor understanding by the profession and others around me, does not mean that it is not correct. I always enjoyed repeating Einstein's famous statement that great spirits were always violently opposed by mediocre minds. I suggest strongly that this equipment, although the technique is difficult to learn, is a very important aid in the progress of medicine throughout the world. Without it there is no way that I could have got this far in my quest of finding out why the body breaks down and fails to get better.

Energy part of the body: Mind/body unit.

This is the spiritual or emotional part of the body. I'd like to introduce to you a new term; a mind/body unit. Not a body/mind unit!

In the late 40's early 50's a pair of Russians by the name of Kirlian invented a new photographic technique. They were able to take a live plant and photograph it and with this technique capture on the plate the energy force of the plant. They did an experiment. They took a leaf, photographed it and then they cut the leaf in half. They immediately photographed it again. Lo and behold, an energy force permeated right through the cut off part of the leaf. They were looking what's called the phantom leaf syndrome. This is when a person has a leg cut off, but still continue to feel the pain in the leg. The Kirlian photograph was a major breakthrough in the understanding of the body/mind unit. They had photographed the mind of the plant. Let us imagine we want to make a plant sick. We can deprive it of water, we can deprive it of nutrients or stick it out in too much sunshine or not give it enough sunshine. Another method is to keep the plant next to a set of speakers which are producing heavy metal rock. What happens after a period of time is that the plant begins to droop, although the normal physical nutrients are supplied. How can this be?

The leaf is run by a computer programme which is an energy pattern, the pattern of the Kirlian photograph. If that pattern is distorted in any way then the leaf will be distorted; it will droop. In terms of biochemistry, the plant's biochemistry is run from a computer programme which is the energy force that surrounds it. This is equivalent to the subconscious mind in man.

Man has a subconscious mind. It has been talked about for thousands of years. It has a pattern and if that pattern is broken by the energy force of tuberculosis, 2,4,5-T, lead, or other major organisms, and these need not have to be in large enough volumes, then the body can get sick.

Emotional aspects.

I am going to make a strange statement: An emotion is an energy force! As we know from the way we feel, that is feelings from inside of us, the emotion of anger is different from the emotion of fear, it is different from the emotion of jealousy, and different from guilt or hate. These are different energy forces which are produced by the subconscious mind when they are triggered by an incorrect emotional response.

In the 1930's in England, the second genius of energy medicine was practising and his name was Dr Bach. Dr Hahnemann in the early 1800's was the first genius of energy medicine which was called homeopathy. Unfortunately, that particular type of homeopathics is more a physical than it is an emotional approach. Dr Bach in England in the 30's discovered - for one of a better word - the Bach remedies. When I had actually worked out how to detoxify the major toxins from the body, I found the patient was still not in optimal health for the age and genes. I had only one area to go to and that was the emotions. What Dr Bach said was that the energy force of certain flowers would change the way in which the person emoted. This is an extraordinary statement! So I decided to test it via the electro acupuncture machine and with the clinical research programme of patients. Fundamentally, what I found was that in children the Bach remedies seems to be working extremely well. If given long enough and it was the correct remedy the child emotional response would in actual fact change. In adults the results were nowhere near as good. I realized that Bach had stumbled upon one of the major discoveries of mankind. That was that an energy force from a plant actually changed the emotional response of a human being.

My next quest was to work out how the Bach remedy worked. After many hours of many hard work I came to the conclusion that Bach's remedies were actually excreting the emotions. What he had found was that the energy forces of nature were virtually the same energy force of the emotions. When those were put into the body they forced the similar wrong emotional response energy forces out. This I consider to be a major discovery, for it was from that I was able to continue research in this emotional energy arena.

Emotions can be excreted

Fundamentally over a number of years I discovered and then clinically tested a number of homeopathic remedies made again from

the plant kingdom, totally unrelated to any of the Bach's remedies which will excrete emotions. So I work with one homeopathic combination that excretes anger, another that excretes fear etc.. For any human being to stand up in front of an audience and state that emotions are energy forces and they are excreted certainly is challenging the ideas of the society we live in. But as matter of empirical fact that is exactly what happens.

I have now seen and treated many patients, none of whom I have asked to come along here today to give any support to this particular finding. But I can guarantee I have many patients that can tell of this, if you wish to find out what their findings have been.

As with the physical problems, that is TB, 2,4,5-T, 2,4,-D, and the lead being the worst combination, the question arises what was the worst combination of the emotions. The staff that I had working with at the time all agree that fear was the worst and most common emotion, and so we started with that. I remember an incredible case, when a woman was carried up the stairs. She had been having drop attacks for many years. It was decided by the doctors looking after her that she probably goes on to develop multiple sclerosis. She arrived in the very early stages when we were working with fear. She is alive today, she does not have multiple sclerosis, she is basically a normal woman who can now walk, but she found out that she can give herself the drop attack if she allows the emotion of fear/worry to build up in her. Only a few days ago she told me that a all of her feelings had returned again, but she knew that she was silly enough to allow these emotions to build up.

Hate seen as a toxin in the body

The combination of 2,4,5,-T, 2,4-D, lead and TB have been mentioned twice. More deadly than this is the emotion of hate. Most people when first interviewed deny that they have any hate. They concede that they have been worrying, and they concede to anger, but they cannot see hate. The programme that I have now in my electro acupuncture machine is such that it will match a certain treatment to a patient. I know what the treatment was specifically designed for; namely fear, anger, hate or jealousy or guilt or grief. But it is true to say that one can tell the volume of superficial emotional energy force in the acupuncture system of a patient, who has these emotions.

Suffice it to say that if the emotion of hate is removed from that superficial level of the acupuncture system, then very interestingly the body will eventually automatically detoxify. That is a most fascinating discovery, and of course we need to explain it. This is where we have to go over the spiritual side of the mind/body unit that is me. There is a basic teaching right throughout all religious teaching that divine love is the energy force, which holds the universe together, it holds nature together, and it holds us together. If we look at a molecule then the molecule is made up of atoms, and the atom is made up of subatomic particles. All these particular parts are held together by an energy force, so you and I are held together by an energy force. If that energy force is the pure energy force that holds together the universe, nature and you, you can guarantee that you will be a one hundred percent healthy, happy, well-adjusted, useful universal being. The reverse is also true. That is if that energy force that holds us together is impure, is incorrect we will be unhappy. Our immune systems won't work and we feel sick. We probably have hypoglycemia or some other medical disorder.

In my search for an explanation of the observations that I have made I had to study comparative religions and it is from them that I virtually got the answer.

Man is three minded unit. He has a subconscious mind which is a rather slow thinking automatic mind that is set at birth, that runs blood pressure, respiratory rate, and of course all of the complexities of the neuro-endocrine access, eg. the endocrine system, the nervous system and the immune system, because they are all one. If that programme which was set at first is never altered and note that this programme takes into account the person's genetic weaknesses, then that person will always experience optimal health.

The second mind of man is the normal conscious mind. The mind that you and I are very familiar with. It is what we are. We think there. Unfortunately, as we begin to grow our normal conscious mind copies the people around us and it teaches the subconscious mind to emote the same way as other people around us. So we learn from our parents, our brothers our sisters, teachers, our sometimes so-called friends to emote the fear, anger, hate, jealousy and guilt. Grief is a different emotion, the more natural emotion of loss, but the other side are destructive, incorrect and they are a learned process.

The third mind in man is the most interesting of all. The Maoris tell us, the Aborigines tell us, and many other cultures tell us, that it runs the cerebellum in man. It uses the cerebellum the same way as you and I use a computer. The normal conscious mind uses the frontal cortex in this way. This mind in Christian teaching has been called conscious, in other teachings inner self, higher self, the little, the little bit of God that is in you and in Indian teaching the self. It is a superior Superior - reference computer to you and your subconscious. It is the number one mind in man and it should run the subconscious, and the normal conscious mind should just go along for the ride, for the lesson of life itself.

If the superior mind runs the subconscious and the normal conscious mind goes along as a learning exercise then this unit will never get sick. It is debatable that although it would grow it would never get old, because it would be so perfectly living within the system of breakdown regeneration and breakdown regeneration that it would just go on ad infinitum. As we have seen the toxic emotions are learned at a very early age, and it just so happens that the most toxic of the emotions - hate - cuts off that superior mind from controlling the subconscious. When this happens, and the subconscious kicks its toe it does not know how to fix it up. It can not be referred back to the superior computer programme and get the answers how to do it. Consequently the toe does not heal. This is what happens in every organ and organ system in the body when the superior is cut off from the subconscious. All of the teachings have said that when man cuts himself off from God with the emotion of hate and fear he rots. If this statement from the teachings is true then, if one has the ability to remove the hate with homeopathic medicines then one should see the superior computer programme take over. One should be able to watch the self healing. This of course is exactly what I see.

This methodology of getting back the superior mind to control the inferior mind of the body is new, but the classical technique of doing it in the past that I know of has been by meditation. In meditation the normal conscious mind is slowed, the subconscious mind is slowed, and they are both slowed to a level of movement of activity which is similar to the activity of the superior mind. At this period of time the superior mind can click back into and eventually control it.

Where leaves this our biochemistry?

Is it necessary to take the vitamins, minerals and amino acids? Do we sit down and meditate all day? Do we take homeopathics and remove hate? No. We take a combination of these things. We've learned from our own experience that the body gets itself back into optimal health as quickly and as easily as possible.

In the practice that I now run I seek committed patients who want to solve their hate problems, who got a basic belief that there is inner self mind within them and a controlling intelligence of the universe, whether they call it Nature, The Divine God, Buddha, Jesus - it does not matter - and what I see is these people making unbelievable rapid progress back to optimal health.

Yes we do have to do something about the physical body. We have to remove TB, we have to remove some of the other toxic materials we find in people, but once we deal with hate, once we get the superior computer programme running, than the amount of physical treatment necessary is dramatically less.

The title of this talk "I Hate my Hypoglycemia" has been chosen, because I believe that anybody with hypoglycemia is going have a hate or other emotional problem. The simple fact is that you created that emotion yourself. That is why I have used the term 'mind'. Through no fault of your own, you have learned a wrong emotional response in your early life

and you continued on with that response, so that the volume of the emotions has built up. Also you are born into a very toxic physical environment, and the unit then is invaded with all of these substances. Consequently, all that your hypoglycemia is, is a very serious benchmark of either your ill health or serious ill health in the future.

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CHOLESTEROL REDUCTION AND INCREASED MORTALITY IN CORONARY HEART DISEASE

By
Robert Buist PhD

(An Editorial published in the **INTERNATIONAL CLINICAL NUTRITION REVIEW**, reprinted here with permission)

THE CHOLESTEROL controversy has presently reached a very interesting stage. While there is undoubtedly considerable evidence linking both high levels of cholesterol with an increased incidence of coronary heart disease, other evidence seems to indicate that for the population at large, cholesterol lowering programmes may still be immature, particularly in view of an apparent association between low levels of cholesterol and increased cancer incidence in some cases. In addition, autopsy results seem to indicate that degree of artherosclerosis an cholesterol levels are unrelated. The role that homocysteine, oxycholesterol, and linoleic acid hydroperoxide plays in blood vessel damage is still emerging. It also appears that cholesterol lowering diets may even adversely affect behaviour to the extent that aggressive actions, accidents, and suicides may in some way be related to lowered levels of cholesterol in cell membranes.

One of the most interesting papers to emerge in recent times has closely examined all of the major studies relating cholesterol lowering diets with morbidity and moratorium over the last twenty years. The results of this study are worth more than a cursory glance.

This detailed examination of some of the largest randomized clinical primary prevention trials of serum cholesterol reduction and coronary heart disease has indicated that lowering cholesterol does not improve survival even though there is a reduction in coronary heart disease events such as myocardial infarction. The failure of cholesterol lowering to effect total mortality was found to be due to an increased incidence of deaths from cancer, accidents and suicides in the intervention groups.

For the present evaluation, 6 major primary prevention trials were chosen for analysis. These were: The Colestipol-Upjohn study (1978), the Los Angeles Veterans Administration trial (1968), the Lipid Research Clinics coronary primary prevention trial (1984), the Helsinki Heart Study (1987), the World Health Organization trial (1978), and the Minnesota coronary survey (1975). In total 24,847 male participants with a mean age of 47.5 years were followed for a mean treatment time of 4.8 years. Mean serum cholesterol concentrations at the start of each study ranged from 5.35 to 7.96 mmol/l. Follow up periods totalled 119,000 persons years during which 1,147 deaths occurred.

Participants in each study were randomized to intervention or control groups and cholesterol reduction in the intervention groups was accomplished by either dietary intervention by restricting saturated fat and cholesterol intake (2 trials), or by pharmacological means using different drugs (4 trials). In each of the 6 studies the average cholesterol level was successfully reduced with a mean cholesterol reduction across all trials of about 10%. Dietary approaches were the most successful in this respect.

Tabulated data subsequently revealed that while there were fewer deaths from coronary heart disease in intervention groups than in the corresponding controls (169 versus 197), the treatment effect was of borderline significance and showed that a mere 70 lives per year are saved for every 100,000 men receiving cholesterol lowering treatment. Neither dietary nor drug treatment appeared to improve survival. In fact the total mortality was actually higher in the intervention groups because of increases in mortality from other causes. There were more deaths from cancer in the intervention groups. This appeared to be related to the use of clofibrate in the World Health Organization Study.

While there is no clear indication of a causal association between increased incidence of cancer and cholesterol reduction, information on which specific types of cancers are observed may shed more light on the situation. The chance of dying from suicide or violence was nearly twice as high in the intervention groups as in the control conditions. The mortality not related to illness in the control groups was 64/100,000 and compares with 1980 American national average mortality from motor vehicle accidents, homicides and suicides among white men 45 to 54 years (62/100,000). The death rate from these same causes in the intervention groups was 107/100,000. In every single study the higher proportion of mortality not related to illness in the intervention groups and the association between treatment to lower cholesterol levels and deaths from such causes was highly significant and were comparable for trials of dietary and drug treatments.

The reason for the high number of deaths not related to illness in the intervention groups has no plausible explanation but the investigators offer several possibilities. Firstly, people who make changes to lifelong dietary habits may have changes in moods or behaviour sufficient to increase the risk of suicide or accident. This is not likely, however, because the same mortality not related to illness was experienced by the pharmacological in intervention groups.

Another possibility is that there is more direct causal relationship between a reduction of serum cholesterol concentration and increased death from suicide, accidents or violent death. A fat modified diet may have severe neurochemical and behavioural consequences. Monkeys fed a diet low in saturated fat and cholesterol became more aggressive than control animals. Clinical studies with humans have also demonstrated lower serum cholesterol levels among criminals, people with violent or aggressive behaviour, homicidal offenders with a history of violence and suicide attempts related to alcohol and people with poorly internalized social norms and limited self control. These observations suggest an association between serum cholesterol levels, neuronal function and behavioural predispositions.

The investigators conclude that "Whatever the explanation for the increased mortality not related to illness, these observations suggest that interventions to lower cholesterol concentrations do not have a robust favourable effect of overall survival...they also justify a more cautious approach to population based interventions for control of lipid concentrations".

In view of the additional finding that 40% of normal people have fluctuations in their fasting serum cholesterol level from one week to the next that can actually move them from one risk category to another (see article in this issue of ICNR entitled "Biovariability of a person's serum lipoprotein status"), we should strongly consider reserving cholesterol lowering programmes for those with excessively high cholesterol levels and certainly not for the public in general as part of a preventive measure against cardiovascular disease.

REFERENCE

Muldoon MF, Munuck SB, Matthews KA, "Lowering cholesterol concentrations and mortality: a quantitative review of primary prevention trials", **Br Med J 301, 309-314**

Oscar Wilde**: After a good dinner, one can forgive anybody, even one's own relations**

HEPATITIS-B: Prevention is the only cure!

(A Community Service by Smithkline Biologicals)

Everyone is at risk!

The perception that Australia is isolated from the rest of the world is no longer valid - hundreds of thousands of Australians travel overseas and even more people visit Australia annually - many of them arriving to live here permanently.

This means we are no longer isolated from infectious diseases such as hepatitis-B, which are highly endemic in some parts of the world.

Hepatitis-B is rapidly becoming a serious problem in Australia, and many people are unaware of the fact that once you have the virus, there is no cure, it has to run its course, which in some cases can be fatal.

The good news is that you can now protect yourself and your family from catching this life threatening virus, by asking your doctor for a course of three hepatitis-B vaccinations.

What is Hepatitis-B?

Hepatitis-B is a virus which affects the liver.

The acute form of hepatitis-B can cause many severe symptoms - weakness, fatigue, fever, vomiting - as well as yellowing of the skin and the whites of eyes (jaundice). If you develop jaundice along with flu-like symptoms, consult your doctor without delay. The doctor would also like to see your partner. Although it is seldom fatal, victims of the acute form of the disease frequently require hospitalisation, and need weeks or months of rest and recuperation before they can return to normal life and work.

If you are diagnosed as having hepatitis-B, you may be hospitalised or "quarantined" to prevent you from spreading the disease to others. The incubation period before symptoms appear may be several weeks or months and during this period, you could be highly infectious and therefore a danger to everyone with whom you come into contact.

The chronic form of hepatitis-B presents a very different - and much more dangerous situation.

With chronic hepatitis-B, the symptoms may be hidden and go unnoticed for years. You will feel well and probably won't even know you have the disease; nevertheless, the hepatitis-B virus will be in your body and may be slowly destroying your liver. Chronic hepatitis-B can lead to death through cirrhosis or liver cancer. And once the process has started, it cannot be stopped. The disease is incurable.

Moreover, since the disease is often symptomless, you could become a hidden danger to everyone around you., Neither you or anyone else will know you have hepatitis-B; meanwhile you will be infectious and could inadvertently spread the disease to others.

How do you catch Hepatitis-B?

Hepatitis-B is an infectious disease which can be easily passed from one person to another. The virus is carried in all body fluids - such as blood, sweat, tears, saliva, semen and vaginal secretions.

Needless to say there are many ways in which the virus can be transmitted; the absorption of the infected blood through tiny cracks in the skin, sexual intimacy, kissing, using infected articles such as sharing a toothbrush, acupuncture, tattooing, razor blade or needle. No one who is known to have the disease is permitted to donate blood.

The hepatitis-B virus lives for a lot longer than the AIDS virus once it is exposed to the outside world therefore it is far more dangerous.

Obviously some people are more at risk than others, such as people that work with blood and attend accident victims, but because we don't always know who the carriers are - **EVERYONE IS AT RISK!**

Why Vaccination?

Vaccinations do not provide a cure, they build up the body's immune system to produce defensive "antibodies" which have the ability to neutralize viruses and bacteria that get into the body and prevent them from doing harm.

You need specific antibodies to protect yourself against hepatitis-B and it is essential that these are circulating in the blood at the time the virus attacks to prevent infection.

How do I protect myself and my family?

A course of three vaccinations is required for full protection against hepatitis-B. Your doctor will determine the best schedule of injections, which will cause your immune system to build up protective antibodies over the period of the injections. After the third injection your supply of anti-hepatitis-B antibodies will be up to full strength.

CAUTION!

It is essential that all three injections are taken. One or two injections are inadequate to assure protection

Follow your doctor's advice!

Hepatitis-B The Facts!

- Hepatitis-B is an easily transmitted highly infectious disease affecting the liver, which can lead to death through cirrhosis or liver cancer.
- Hepatitis-B kills more people in one day than AIDS does in a whole year!
- There are around 250,000 carriers in Australia, a figure which is increasing daily.
- Hepatitis-B carriers often don't know they are carrying the virus and this can go undetected for years. In the meantime the virus is being passed on to others. The hepatitis-B virus can live for a long time outside of carrier's body - which makes it more dangerous than AIDS.
- Anyone could be at risk from the hepatitis-B virus by coming into close contact with a hepatitis-B carrier and unknowingly absorbing the virus into the body from contaminated blood, saliva, tears, semen, vaginal secretions or perspiration.
- The virus can be absorbed into the body through small cracks in the skin, sexual intercourse or even by kissing an infected

person. The sharing of tooth brushes, razor blade, a needle or other infected articles can also be disastrous.

• There is no cure for hepatitis-B - by having a course of three hepatitis-B vaccinations.

Nutritional aspects in hepatitis.

1) Cleanliness and personal hygiene is the first defence against infectious diseases

2) People suffering from hepatitis should have a low sugar diet.

3) An experimental group of 13/26 patients receiving B_{12} 100 mcg IV daily had less anorexia and jaundice and duration of illness reduced to 34.8 days (compared to 45.8 days in controls). Liver function tests unmodified. ***J Indian Med Ass*** *35:502-5, 1960* ,also ***Am J Med Sci*** *224:252, 1952* & ***AM J Med Sci*** *229:8, 1955*

4) Supplementation with **Vitamin C** may hasten recovery. 40-100 gms orally or IV, with paradoxical cessation of diarrhoea within 1 to 2 days. Patients feel fairly well in 2-4 days with clearing of jaundice in 6 days ***J Orthomol Psych*** *10:125-32, 1981.* Clinical observation: Patients treated with 400-600 mg/kg were well and back to work in 3-7 days. (***J Applied Nutr*** *23(3&4):61-88, Winter, 1971).* 10 gm ascorbic acid administered to 245 children showed rapid recovery. ***Medizinische Monatschrift*** *15:30-36, 1961.* Also see ***JAMA*** *156(5):565, 1954 [abstract].*

GALL BLADDER DISEASE

by
Jur Plesman,B.A.

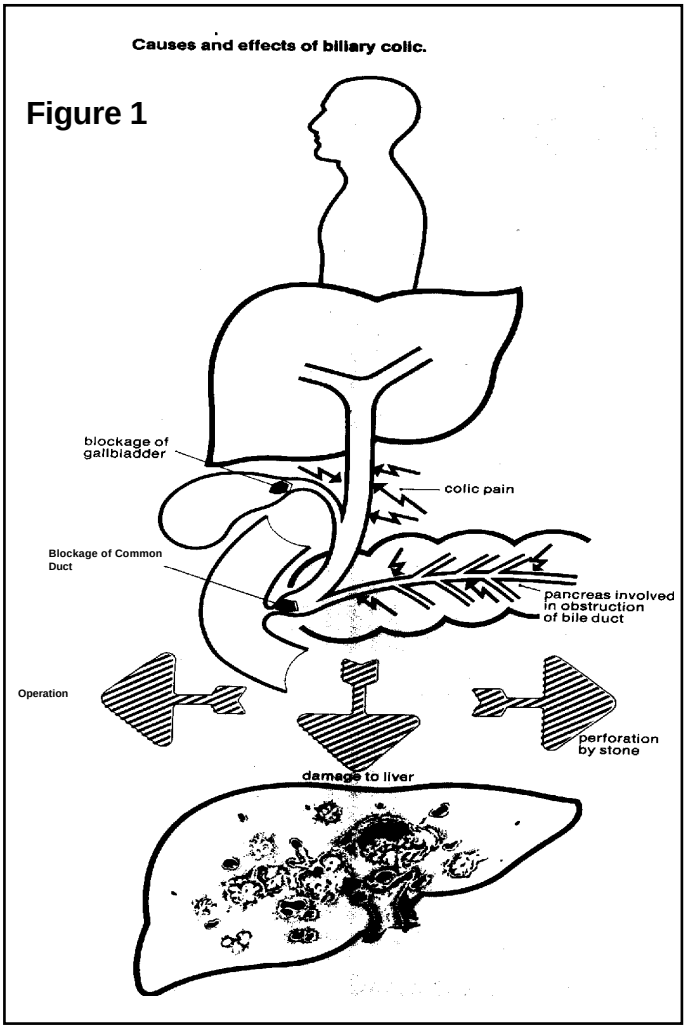
THE GALL BLADDER is a pear shaped sack, about 8cm long, tucked underneath the liver, which collects bile, a thick green fluid made in the liver. (See **FIGURE 1**) When triggered by a hormone from the pancreas - 'cholecystokinin' - the gall bladder contracts vigorously and squeezes bile into the bile (cystic) duct leading to the duodenum. Bile is a bitter, alkaline, viscid, greenish-yellow fluid, containing water, mucin (a mixture of glycoproteins), lecithin, minerals and cholesterol.

It also contains the pigment bilirubin, a breakdown product of haemoglobin from the red oxygen-carrying worn-out red blood cells and re-cycled in the liver. Bilirubin gives faeces its characteristic brown colour. In its absence the faeces turns chalky grey. When bilirubin is re-absorbed into the blood it causes jaundice, turning the white of the eye yellow. This results usually from hepatitis, but can be from tumours of the liver or the pancreas, sometimes cirrhosis of the liver or as a side-effect of drugs, which may attack the red blood cells or shorten their life. In haemolytic anaemia red blood cells are broken down faster than they are replaced. Thus jaundice is a sign of disease and not a disease itself. Another cause of jaundice may be gallstones blocking the exit of bile into the duodenum.

Bile is essential in the breakdown of globules of fats in the intestines and the absorption of fat soluble vitamins A, D, E, and K.

It is not clear why bile would form into gallstones. A stone starts as a tiny solid particle in the gall bladder, which grows as more material solidifies around it. A human gallstone implanted in a dog's gall bladder dissolves immediately, indicating a uniquely human problem. It has also been suggested that an inflammation of the mucous membrane lining of the gall bladder cause cells to slough off upon which cholesterol could deposit. A specific bacterium - eg., Salmonella typhosa - has sometimes been incriminated. It is often associated with people having high levels of cholesterol in their blood, thus it may be indirectly related to artherosclerosis. It is often associated with cirrhosis of the liver and certain diseases of the small intestines. Apparently, when bile is supersaturated with cholesterol, gallstone are likely to form.

Figure 1



Incidence of gallstones in the population

Ten percent of the population in the USA and 20 percent of those over the age of 40 develop gallstones. It is estimated that in Australia 1.7 million people suffer from gall bladder problems. This affliction is more frequent in women, especially those on the contraceptive pill, and certain racial groups.

This disease seems to be a typically Western disease. Eskimos who consume a Western diet were found to develop gallstones. The incidence of gallstones among the Japanese increased remarkably after the second World War (2,131).

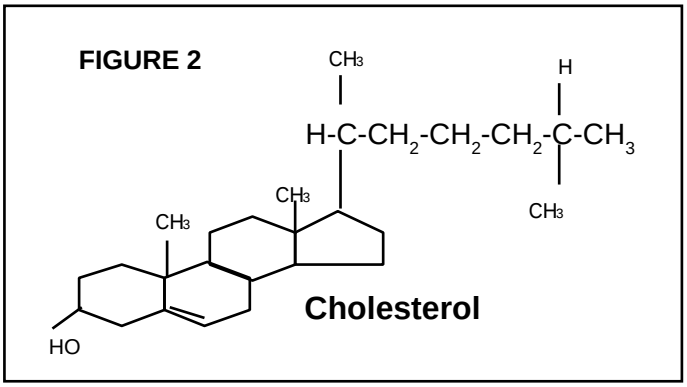
Its prevalence rises among young people with increased sugar intake; in other words, among hypoglycemics! It was also found that women (40-69 yrs) eating both plant and animal foods had about twice the incidence of gallstones as

vegetarian women. Substitution of soy for casein (milk protein) inhibited gallstone formation and tended to dissolve them (6,197).

Symptoms of gall bladder disease

One-third to one half of gallstones do not produce any symptoms. When gallstones get stuck in the bile duct they may cause biliary colic, usually after eating fried or fatty foods - an intense pain in the upper right-hand abdomen (sometimes also felt between the shoulder blades). This may last for a few hours and may make you feel very sick and induce vomiting. If the stone reaches the duodenum, which is rare or falls back into the gall bladder the pain relents. When the pain lasts for more then three hours a doctor should be called. It may help to take painkillers - two tablets of analgesics or antispasmodics like Buscopan or atropine - or place a hot water bottle on or near the liver. Take occasional sips of water. Other symptoms are flatulence (distention with gas), bloated feelings, belching, nausea and general food intolerance, especially after a heavy meal. In extreme cases the surgical removal of the gall bladder - cholecystectomy - may be recommended.

FIGURE 2



Symptoms not to be confused with gastritis

These symptoms are also common in functional dyspepsia (general indigestion) and thus are not specific to gall bladder disease. For instance, gastritis may show similar symptoms. Recently, Marshall and Warren (4) have found that stomach ulcers are caused by a bacterium called 'campylobacter pyloridis', which burrow in the grooves of the stomach lining. They live on urea, a by-product of protein, which is broken down into ammonia, thus preventing hydrogen ions - a component of stomach acid - entering into the stomach. Turning back into the tissues they start a stomach ulcer (4). The treatment is with De-Nol (tripotassium dicitratobismuthate) which forms an insoluble protective coating over the mucosa and a course of antibiotics aimed at attacking the bacilli. (Readers should not attempt to treat themselves, but are advised to see a doctor!) An inflamed stomach lining can't produce the 'intrinsic factor', a substance necessary for the absorption of vitamin B12, required for the formation of red blood cells. This absorption takes place in the ileum (part of small intestines) with the aid of calcium. People with gastritis should perhaps take sublingual B12. Alcohol, coffee, aspirin, highly seasoned or fried food should be avoided.

Gall bladder and cancer

It is not always realized that the removal of the gall bladder (cholecystectomy) could result in increasing the risk of cancer further down the alimentary tract.

The reason is that bile acids formerly retained in the gall bladder are now continually dripping into the gastro-intestinal tract, possibly damaging the mucous membrane.

Bile acids produced from cholesterol belong to the class of steroids who have in common a basic molecular structure called cyclo-pantano-phenanthrene nucleus. (See **FIGURE 2**) This is a mouthful, but simply means that the skeleton of cholesterol, from which other hormones are produced - glucocorticoids, cortisol, aldosterone, testosterone, estradiol (sex hormones) and bile acids among others - is of a form that if present in large amounts can damage the DNA (deoxyribonucleic acid) or the genetic material of most living organisms. We are all familiar with the danger of potential cancer in treatment with sex hormones or with steroids. Fortunately, the body synthesizes very small amounts of steroids thus protecting us against cancer. (See **FIGURES 3 & 4**)

In the case of bile acids, the gall bladder provides a shield.

However, with the removal of the gall bladder the intestinal tract is continually exposed to bile acids containing steroids that can be potentially carcinogenic, especially when other factors such as a stressed immune system comes into play.

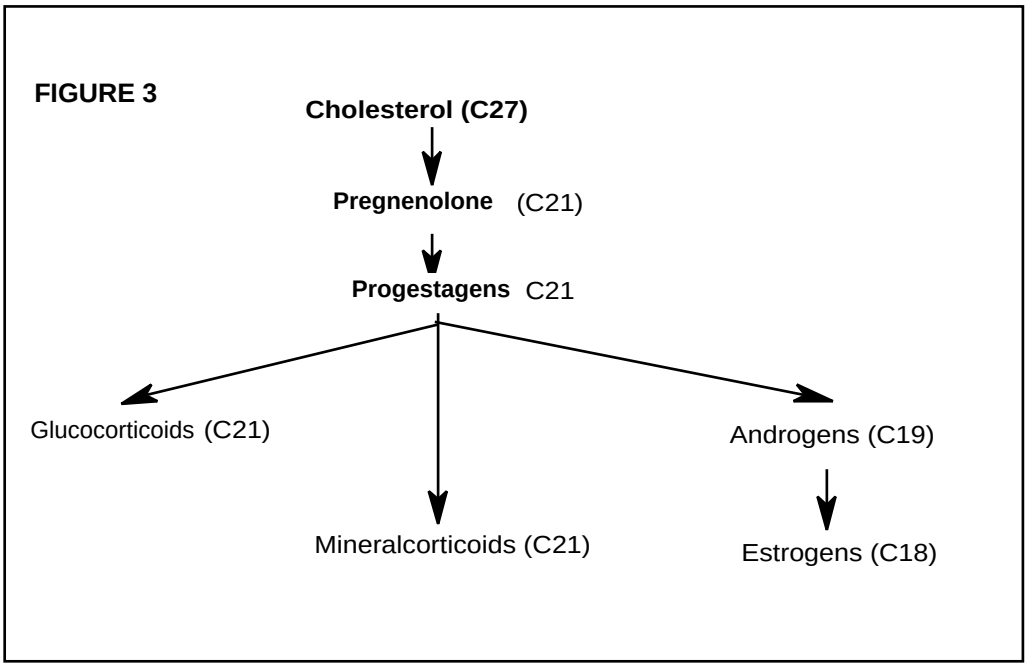
Fortunately again, there is a simple remedy for those people whose gall bladder has been removed. All they need is plenty of fibre which will soak up excess bile acids and carry it out of the body along the alimentary tract.

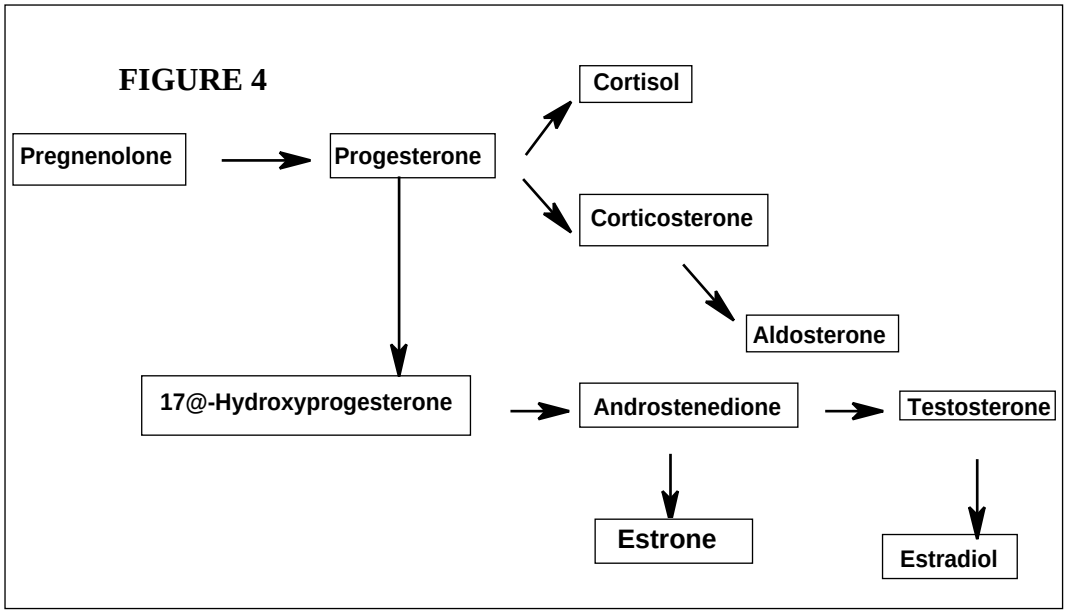
Drug therapy for gallstones

Gallstones may be dissolved in vivo by giving bile acids and other oral agents for several months. The secondary bile acid, chenodeoxycholic acid (Chendol, CP Pharmaceuticals) is said to be a naturally occurring primary bile acid in mammals which, because of the small yield from natural sources, is prepared synthetically from the more abundant ox bile acid, cholic acid. (MIMM's 1987 1-32). The usual dose is 250 mg with breakfast, 250 mg with lunch and 500 mg on retiring at night.

Nevertheless, MIMM advises to have regular liver function tests, particularly serum alkaline phosphatases and transaminases, before and during the therapy. Some animal studies have shown adverse reactions to long term treatment with chenodeoxycholic acid leading to irreversible excessive formation of fibrous tissues in the liver. The drug has induced malignant liver cells in rats and mice,

FIGURE 3





however the clinical significance of these findings is not known as the metabolic pathways are said to be different in man as compared to animals.

There is a caution against using the drug by people suffering from peptic ulcers as it enhances reflux of the bile acids into the stomach. Chenodeoxycholic acid should not be used by nursing mothers as the risks to babies are not properly assessed. However, the decision to use this drug depends on the expected benefits which could outweigh any potential risk and should certainly be discussed with your physician.

Drug therapy is limited where likely complications have developed such as: chronic gall bladder inflammation (cholecystitis), inflammation of the bile duct (cholangitis), abnormal bile duct (biliary fistula), presence of a gallstone in the duct (choledocholithiasis), inflammation of the pancreas (pancreatitis), cancer of the gall bladder.

Danger of a low-fat diet

Adelle Davis (3,160) warns against a low-fat diet which would prevent the absorption of the fat soluble vitamins A, D, E, and K causing their deficiencies which may be far more devastating than gall bladder problems. Vitamin A prompts the secretion of gastric juices necessary for digestion of protein. Carotene, (found in carrots, beet greens, spinach and broccoli) its fore-runner, is converted by fat-splitting enzymes and bile salts into vitamin A in the upper intestinal tract. This conversion is stimulated by thyroxine a hormone from the thyroid gland. Normally, only one third of the carotene is converted to vitamin A, which may take six to seven hours. Hence a bile obstruction may lead, not only to vitamin A deficiency, the first sign of which could be night blindness, but also to achlorhydria or low levels of hydrochloric acid in the stomach. This in turn can lead to malabsorption of vitamin B12 which require gastric secretions for its metabolism and transportation into the bloodstream to various tissues. The use of laxatives may deplete the storage of B12. (Some of the symptoms of B12 deficiency are: sore mouth, numbness or stiffness, a feeling of deadness, shooting pains, needles-and-pins, hot-and-cold sensations, psychotic symptoms, mild disorders of mood, neuritis, unpleasant body odours, menstrual disturbances, difficulty in walking). One can bypass the difficulty of B12 absorption by means of injections or perhaps better by sublingual vitamin B12 tablets designed to dissolve under the tongue for quick absorption and available from health food stores.

Natural sources of vitamin B12 (in µg per 100 kg) are: pig liver (25), pig kidney (14), fatty fish (5), pork (3), beef (2), lamb (2), white fish (2), eggs (2), chicken (0.5), cheeses (0.5 to 1.5), yoghurt (0.1), cow's milk (0.3). Most derive from animal sources with the exception of spirulina (200).

Adelle Davis claims that fat in the diet stimulates the bladder to empty itself vigorously. This does not necessarily lead to a colic attack. In one study using 15 patients eating various amounts of fat, it was found that fatty meals do not provoke biliary colic, but that passage of gallstones into the cystic duct, although a rare occurrence, is a random event (6,198), regardless of fat in the diet. Furthermore, although a low fat diet may cause a drop in cholesterol of 15-20% for 6 months, thereafter cholesterol seems to return to previous values despite the diet according to Passwater (5,64). Despite these studies, patients should avoid saturated fats and take an experimental approach as to their ability to tolerate food.

Nutritional treatment of gall bladder disease

In case of inflammation of the gall bladder Adelle Davis suggests high doses of vitamin C (1,000 mgs) and 200 IU's of vitamin E every three hours. A diet deficient in vitamin E would encourage the development of gallstones and this vitamin alone is said to dissolve gallstones (3.161). She recommends that yeast, soy flour, natural grains and peanuts should be added to vitamin E. As lecithin breaks cholesterol into tiny particles and keeps it in suspension it may help to add a tablespoon of lecithin granules to the diet. 1 to 3 tablets of dried bile with the lecithin and enzymes with the meals are sufficient to ensure digestion and prevent gas formation (3.164). The gas distention can be further reduced by taking 1 or 2 cups of yogurt or if this is not tolerated in the form of acidophilus tablets. If foul smell of the stool persists - indicating improper digestion of proteins - these amounts should be increased.

A diet high in proteins is required to repair any damage to the bladder lining and without getting excessive saturated fats this can be obtained from yeast, soy flour, wheat germ, fresh and powdered skim milk, nuts and liver lightly sauteed in oil.

A high fibre diet also may help to normalize the gall bladder. In one study the addition of 30 gram of wheat bran for 2 month decreased the bile saturation and 50 gram of wheat bran added for 4 weeks decreased bile cholesterol, after 6 months a significant increase in HDL cholesterol was noted. Women skipping breakfast and drinking only coffee were found to increase the risk for gallstones, whilst those having a regular breakfast had a lower incidence (6,197 & 198).

Role of essential fatty acids

A teaspoon (3.5 grams) of arachidonic acid - the essential fatty acid in peanut oil - or linoleic acid (safflower oil) with 20 to 60 mgs of vitamin B6 (Pyridoxine) will activate arachidonic acid to be changed into lecithin according to Adelle Davis. Saturated fats should be kept to a minimum and excess carbohydrates which change into saturated fat should be avoided.

Essential fatty acids in the form of "Rowachol" has been found to dissolve gallstones in 6-12 months (6,199).

Strangely enough, there is a study showing that a diet high in polyunsaturates may increase the incidence of gallstones as compared to a group on a standard diet (6,199).

Role of vitamin C & E in gallstone formation

One way of lowering cholesterol is the consumption of high doses of vitamin C, which

is involved in the conversion of cholesterol to bile. More importantly, this vitamin increases the bile acid component of bile, thereby making gallstone formation less likely. In one study, animals were given a high cholesterol diet, one group being deprived of vitamin C. The C-deficient group had decreased levels of bile acids as compared to the other group (6.199).

There are several studies showing that animals on a vitamin E-deficient diet develop cholesterol stones even on a fat-free, cholesterol-free diet compared to a control group. Thus gallstone formation can be prevented with vitamin E supplementation even with a high fat/cholesterol diet (6.199).

Role of lecithin in bile

A low phospholipid-cholesterol ratio (2:1 in patients versus 6:1 in normals) is likely to increase the incidence of gallstone formation. Phospholipid helps to dissolve human gallstones. The bile concentration of phospholipids was doubled when giving 10 gms of lecithin daily to a group of patients (6,200).

Taurine plays a role in bile composition

Taurine is a non-essential amino acid, which means that the body can manufacture its own taurine from other substances. It plays an important role in the correct composition of bile (1,73). It is manufactured from methionine and cysteine in the presence of vitamin B6. Thus a vitamin B6 deficiency may lead to gallstone formation or gall bladder disorders. Drug users - legal and illegal, including smokers - may be deficient in this vitamin. Rich food sources of methionine are beef, chicken, fish, pork, eggs, cheese, cottage cheese, yoghurt, beans, onions and garlic. Often vegetarians, on a restricted diet, may lack sufficient methionine in their diets to produce taurine, which affect their bile composition.

Reflux into the stomach may affect stomach lining

About 50% of a group of patients having gallstones showed evidence of inability to secrete proper levels of gastric juices. One mechanism involving the deficiency of vitamin A has already been mentioned. Another mechanism is persistent duodenal reflux or regurgitation back into the stomach of various enzymes and duodenal juices as a result of gallstones. This is believed to affect or to destroy the oxyntic cells in the stomach lining, which are the cells responsible for the secretion of hydrochloric acid. The presence of bile and pancreatic juices in the stomach cause the belching and indigestion.

Food sensitivity and the gall bladder function

There is evidence to suggest that food sensitivities may interfere with the emptying of the gall bladder. A group of 69 patients were placed on an elimination diet consisting of beef, rye, soy, rice, cherry, peach, apricot, beet and spinach. After one week symptom provoking foods were introduced. It was found that all patients benefited by avoiding provoking foods. The most suspect foods were: eggs (93%), pork (64%), onions (52%). (Ann.Allergy 26:83, 1968). People with bronchial asthma developed gall bladder distress after ingesting wheat, which ceased when wheat was eliminated from the diet (6,201). Dr Samra feels cow products including beef, milk and cheese may be involved.

Pollution may be involved

The relation between high levels of lead, cadmium, mercury, organochlorines and other pollutants obtained from the environment, and gall bladder disease has not been subjected to much research. In so far as pollutants in the body may interfere with the function of enzymes - for instance substitution of heavy metals for zinc in a enzyme molecule - it would not be too far-fetched to expect pollution to be implicated, if not directly, perhaps indirectly. No doubt, one day scientific research will resolve this hypothesis one way or the other.

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Swift: **There is in every cook's opinion**

No savoury dish without an onion:

But lest your kissing should be spoiled

The onion must be thoroughly boiled

ORGANO CHLORINES IN THE FOOD CHAIN

Our cherished dream of the healthy life in the country side away from the city pollution turns out to be a nightmare.

A document *"ENVIRONMENTAL CONTAMINATION, RESIDUES IN WILDLIFE, SOIL, WATER, HUMANS"* produced by the Bio-Region Computer Mapping & Research of Coffs Harbour, (obtainable from Mariann Grinter and John Wickens, PO Box 1551, Coffs Harbour, 2450) describes in detail the extent of the pollution in the country and how it affects not only the wildlife, but also the whole of the biosphere of the North Coast. The infiltration of pesticides, organo chlorines, organo phosphates and every conceivable man-made chemical used to fight the plagues of pests, termites and fungi on the land have trickled from the soil into the waterways, in to the fish, into the birds, into the cow's milk, meat supply and even in human breast milk. Contaminated land in the Coffs Harbour area was subdivided for hobby farms despite recommendations from the Department of Agriculture that even poultry not be free ranged on this land due to the risk of bioaccumulation in their eggs. It describes how Government bodies have lulled the people into believing that their drinking water is safe by the simple procedure of altering the safe 'standards' by setting it above those recommended by the World Health Organisation. Species are under threat of extinction as chemical residues are capable of seriously impairing breeding activity in a way that is virtually impossible to detect except at the post mortem stage.

Patients suffering from Chronic Fatigue Syndrome among the North Coast population have been found to have high levels of DDE, Dieldrin, Penta-chlorophenol and 1,1,1 Trichloroethane as compared to a control group from the United States.

It is in response to the above information that Mr Don Pemberton, Nutritional Biochemist and Toxicologist was asked

to comment. Here is what he had to say;

ORGANO CHLORINES AND OUR HEALTH

A letter to a North Coast Conservation Group

By
Don Pemberton

I have just viewed the results of a survey entitled "Clarence/Tweed Fauna Survey for Pesticides - 1983", another survey titled "Mortalities and Chemical Residues in Wildlife Lismore District" and a laboratory report on a post mortem of a sea eagle from the Coffs Harbour District.

If the figures published for pesticide residues in these surveys and report are correct, and I have no reason to believe that they are not, than the implications that can be drawn from these figures should be a matter of grave concern for the residents of these districts.

The presence of high concentrations of organo chlorine pesticide residues in the body fat of aquatic birds such as cormorants and sea eagles is especially significant

These birds are not ground foragers and feed almost exclusively on fish and other marine life. The only way that these birds could build up such high levels of organo chlorine pesticide residues in their body fat would be as the result of bioaccumulation from the food they eat, namely fish and crustaceans.

It would appear that the waterways in the district are becoming heavily contaminated with organo chlorine pesticides. The implications for residents taking fish, oysters and prawns from these waterways is of course obvious. I am informed that there is a large commercial fishing and prawning operation based in this area. The implications for this industry is even more obvious.

As for the contamination of the waterways, failing accidental or deliberate dumping of pesticides directly into these waterways, the way these pesticides are most likely to find their way into these waterways would be by way of ground water leaching pesticide residues from heavily contaminated soil in the district.

Organo chlorine type pesticides whilst being effective against a wide variety of insect pests have certain inherent disadvantages. The two major disadvantages are their long half life and the fact that they have a high oil or lipid solubility. Both of these factors cause them to bioaccumulate in both animals and humans sometimes with disastrous consequences.

Because of their long half life, organo chlorine pesticides will remain largely unchanged for long periods of time, often years, in the soil after their initial application. Over a period of time they will eventually leach out of the soil in both ground and run off water finding their way to waterways where they will be deposited in the silt. Prawns, crabs, shellfish and other marine organisms, which feed and breed in this silt, will bioaccumulate them in their bodies because the normal metabolic detoxification mechanisms of these creatures are largely unable to break down these man made chemical materials. Then in turn fish and other marine life which feed on the silt dwelling organisms will further bioaccumulate the pesticides; again because their body detoxification mechanisms are ill-equipped to break them down. At the top of the food chain sea birds and human beings eating the pesticide contaminated fish, prawns, crabs and oysters become the ultimate recipients of organo chlorine insecticides sprayed on the soil perhaps years ago.

Unfortunately, the detoxification mechanisms of birds and humans are not much better at handling these organo chlorine pesticides than those organisms which are further down on the food chain. So the bioaccumulation process continues on in both birds and humans. ***High organo chlorine pesticide levels in the body fat of birds is a clear warning sign to humans that their environment is becoming grossly contaminated.***

The effects of organo chlorine compounds on human health has been well researched and documented. At the lower end of the spectrum organo chlorines have been found to be causative factors in certain types of behavioural disorders and chronic fatigue whilst at the higher end of the spectrum organo chlorines have shown to cause miscarriages, birth deformities and cancer in laboratory test animals. In addition it is also important to recognise the health hazard posed to the newly born as the result of bioaccumulation in humans. As mentioned previously organo chlorine pesticide residues have a high oil or lipid solubility. As a consequence they will tend to concentrate in the fat component of the milk of lactating women. The newly born start the process of bioaccumulation from the moment they first commence to suckle.

1991 MEETING DATES

2nd MARCH - 1st JUNE - 7th SEPTEMBER - 7th DECEMBER