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.

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. New members have an opportunity to pay now. Fees are $15 per family or $10 for pensioners. Family is defined as "constituting both parents and any dependent children living at home". 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.

Our Next Meeting will be at 2PM on Saturday, the 6th June, 1992

at the YWCA,

2 Wentworth Ave, Sydney and

our guest speaker will be

DR ERIC ASHER,

who will be speaking

on the subject

"FATIGUE AS A METAPHOR;

A HOMEOPATHIC PERSPECTIVE"

Dr **Eric Asher**, our next speaker, is known to members of the Association for his fascinating and dynamic talk he had given some years ago.

Dr Asher is a "teacher of doctors" - Dr Samra was once his student in homeopathy. His expertise is in homeopathy. He is a founding member and office-bearer of the **Australian College of Homeopathy**. His skills are well known to many patients he has helped over the years. He is a talented author of many homeopathic papers, journals and books. He does keep an open mind and is an excellent general practitioner and allergist, also using the different healing disciplines he has mastered over the years to help his patients.

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

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.

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

The Newcastle branch of the Association are still meeting with the assistance 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. See Bev Cook's Report on page 5.

Organise local meetings

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.

Donation received from Mrs Robin Ryan

The Association wishes to thank Mrs Robin Ryan of Glen Iris, Victoria for her donation of $30 to the *David Mullen Memorial Fund.*

IN SYMPATHY

The Hypoglycemic Association extends its sympathy to our dear friend and life member Don Pemberton for the loss of his dear wife **EVELYN** who died on 19 March 1992. Don has been our guest speaker on several occasions and is always informative and entertaining. Evelyn - who was always supportive of Don's interest in the community - leaves behind 3 daughters Mary, Margaret, Katie and a son Harry and his wife Valerie, and two grand-children.

She will be sadly missed.

Happy 21 to Patrick Grady

who will miss the next meeting to celebrate his party. His father Reg always prepares the hot drinks, so the Grady bunch will not be there. **Martin Harris** has volunteered to take over Reg's job on the 6 June, 1992.

CHEMICAL-FREE LIVING:

A talk given by
TRIXIE WHITMORE
And reported by
Tony Peri

Trixie Whitmore gave a talk to the Hypoglycemic Association on Saturday the 7th March, 1992 on the topic of her personal experiences with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome known by its acronym ME/CFS.

Trixie noticed the similarities between the symptoms of ME/CFS and hypoglycemia. Indeed, some people have both, while others only suffer from one. Trixie believes by adopting a chemical free lifestyle, we can overcome and prevent the difficulties arising out of both these conditions. Her experiences relate to ME/CFS from which she suffered for many years and she spoke about this specifically.

Theories of ME/CFS

According to Trixie, there are at the moment two broad theories attempting to explain ME/CFS. 1) The mainstream medical profession believes it is caused by a virus which affects the body's immune system, and this is where most research is currently being directed. 2) An alternative view - which has so far received little attention - is that an overload of toxic chemicals in the body is affecting the immune system and this is the cause of ME/CFS.

Trixie is convinced her illness and subsequent recovery was due to her lifestyle and the amount of chemicals her body was exposed to. This meant watching her diet and controlling the environment she lived in.

When she was sick her doctor traced her illness back to the times and places when she was exposed to chemicals in her house, her food and everything around her. Her lifestyle was contributing to her illness. She moved house and then created a chemical free environment as much as possible. Her rehabilitation also included homeopathic medicines and a doctor who was prepared to adopt a holistic point of view.

Diagnosis

Diagnosis is a difficult aspect of ME/CFS. For instance, you can't be sure of ME/CFS unless you have had the symptoms for at least 6-12 months. They can be confused with any number of other similar symptoms, such as Post Viral Fatigue. No one knows for sure why it is people develop ME/CFS, or what the treatment is. The immune system can be depressed or changed by chemicals in drugs, toxic chemicals, a virus, stress, bacteria, shock, grief or worry. Trixie is convinced, however, that a chemical free lifestyle along with homeopathic treatment from a qualified practitioner helped her to get better. Her conclusion comes from having had ME/CFS at a time when it was not even accepted by doctors to be real, and so, she had to get better by her own efforts, not by those of a doctor's "cure" or "pill".

Trixie believes that an overload of toxic chemicals affects our immune system and this

may explain why some people get ME/CFS and others do not. ME/CFS seems to be caused by an imbalance in our bio-chemistry. Other factors are genetic defects or weaknesses, but this is really only a part of the process and not the main cause of it. For example, government regulations monitoring the chemicals in our food, air and water are based on an average healthy person. The sick, very young or aged, whose immune systems may be susceptible to less chemicals than normal are not counted. Also chemicals can accumulate or interact with others in our bodies, which is why it can affect us in such a devastating manner. Indeed, the symptoms of toxic poisoning are very close to that of ME/CFS. Manufacturers are either ignorant or don't care that their products are full of chemicals. It is quite surprising how many chemicals are to be found in everyday items we buy in the shops. Most of these chemicals are unnecessary as there are natural alternatives that will achieve the same purpose. Chemical-free living is the best guarantee for good health.

Listen to your body

Trixie says that we should "listen to our bodies". A bad smell or a rash is your body telling you that it does not like something. So a perfume, a spray or a cleansing aid full of chemicals should not be used in your house. Often the ads we see on television tell us that certain products make us look more beautiful or clean. In fact they may be damaging our health because of the toxic chemicals they contain. Trixie gave us many examples of toxic ingredients in goods normally purchased for the home.

An extensive list of these chemicals are mentioned in Trixie's own book ***Toxic chemical-free living and recovering from ME/CFS.*** It points out many practical things you can do to avoid them and advises about alternatives and where to buy these. She has also just written another book ***Toxic chemical-free pregnancy and child-rearing*** specially for pregnant women and mothers with young children. Trixie was kind enough to donate $2 to the Hypoglycemic Association for every book sold on the day.

Trixie's ebullient and outgoing personality contributed to a delightful afternoon for the audience.◊

HEALTH AND THE ELDERLY: A dream of holistic clinics

by
Jur Plesman
(Some of the material was derived from a ABC radio health show in March,1992)

The old are left with incurable diseases

About one in five people are over the age of 60 and women far exceed men as age increases. These are the people who have survived most infectious diseases. The respect and status of the medical profession derives from its ability to cure infectious diseases. The mortality from infectious disease declined from 600 per 100,000 at the turn of the century to less than 50 per 100,000 in the seventies whereas there was a gradual rise in mortality from non-infectious chronic diseases during this century. Incurable diseases include heart disease, cancer, Alzheimer's disease, diabetes, rheumatism, osteoporosis and so on. Western medicine can only offer high tech operations - heart, lung, kidney, hip, cataract replacements - or more often provide ongoing comfort and crisis intervention. Thus, basically the elderly are left with incurable diseases. Yet, many old people don't want expensive high-tech medical intervention although they may often get it anyway.

The doctor's dilemma

Doctors want to do something for their patients. Many doctors are trained to maintain life at any cost and it would be very difficult for doctors to allow a patient to die.

Some geriatric patients receive excessive and inappropriate medical treatment. It would be inappropriate to give a 95 year old patient a coronary by-pass, but the ethics involved in such decisions are by no means easy. Very often relatives of a dying person are not told that a patient has a terminal illness. Geriatric medicine is the ugly duckling of the medical degree. The average medical student spend a mere two weeks on geriatric issues. Often a chair of geriatric medicine at a university is not available and as a result the physiology of the aging is not being studied properly.

Drugs and the elderly

Drugs often affect the elderly differently from the younger population. A person over the age of 80 may have three or four active diseases for which he/she is prescribed drugs. The drugs may interact with one another. The liver may normally breakdown these foreign products reasonably well. However, an excess of medications may damage the liver or kidneys - which function to excrete the metabolites - and put these patients at risks. Most of the drugs are tested with young healthy people with perhaps one single disease state. These drugs are then used in older people which usually have multiple diseases.

It is alarming to realise that the average person over seventy takes six different medications a day. Up to 25 percent of geriatrics are admitted to hospital as the result of adverse drug reactions. People may be on painkillers, sleeping tablets, antacids, antibronchitis, blood pressure tablets, tablets for claudication of the legs (vascular disease of the legs) or fluid tablets (diuretics). A recent study by the Australian Pensioners and Superannuates Association of 142 pensioners found that they took an average of 5 medications - some as much as 22 to 28 of concurrent medications all of which have adverse side-effects. To these may be added "over the counter medications". Many of the drugs interact and may aggravate an illness or cause confusion, dizziness and forgetfulness resulting in misdiagnosis of Alzheimer's disease, or contribute towards depression. Specialists are often not talking to one another and the cocktail of medications can sometimes be harmful to the patient. The cost of these medications may take up a substantial part of the elderly's income although many senior citizens can obtain them under the pharmaceutical benefits scheme. Here the tremendous costs are borne by the public. Most superannuates generally are not much healthier than pensioners yet may have to pay for the pharmaceutical cocktail out of their own pockets. Now if we add the vitamins and minerals that many buy of their own accord - and these start to exceed the costs of pharmaceuticals themselves - we come to a considerable health bill for the elderly. The present generation of the elderly come from the 1950's & 1960's when there was a explosion of pharmaceutical medicine (miracle cures) and they now have certain expectations from the medical profession.

Hence there is a lot of pressure put on the doctor to prescribe medications. It would be difficult for him/her to refuse sleeping tablets to an elderly person, knowing he has been using them for a long time and knowing that depressant drugs are habit forming and may be harmful in the long run. If these are withdrawn suddenly, withdrawal symptoms may now aggravate other disease states. The patient may go to more than one doctor. With-

drawing from sedative drugs - benzodiazepines, barbiturates and others - may cause very disturbing symptoms. Drugs need to be very gradually withdrawn with a lot of supportive counselling.

Alternative treatments ignored

Fortunately, literature in the alternative medicine have revealed that certain nutrients in high doses - vitamin C (ascorbate) and B6 (pyridoxine) - helps a patient to withdraw comfortably from these prescribed drugs. Acupuncture and homeopathy have a lot to offer in this area. Many of the drugs prescribed by doctors could easily be replaced by 'natural' nutrients or products; for instance in some cases depression and/or pain has been overcome by supplementing the diet with phenylalanine and/or B6, or ascorbate; insomnia with tryptophan and B6, allergies with gamma-linolenic acid contained in Evening Primrose Oil and/or dietary manipulation. Each case needs to be considered individually by a therapist trained and qualified in this field of alternative health care.

Strained relation between doctors and patients

Many patients see their doctors as being able to give instant miraculous cures in the form of medications, and many doctors seem to fulfil these expectations. Thus there seems to be a de-emphasis on communication, and the doctor/patient relationship has been institutionalised in the surgery. Many patients admit that they feel uncomfortable with their doctors who are often seen as authority figures and many doctors do not know how to communicate with their patients outside the traditional role of "the wise man in the white coat". Too often they tend to speak with the voice of authority as expected from them. On the other hand, many patients do want to see a "Father Christmas" in their doctors. Their mythical power and omniscience gives them comfort and above all security. They do not want to take responsibility for their health and many do not want to know the ins and outs of medical science. Again many doctors do not see their role as teachers of medicine, patiently explaining their client's medical problem. Besides, that part of the consultation is not covered by the Medicare rebate. Also, much of the medical knowledge floating around in the practitioner's head is often not of the kind that can be explained in "Readers Digest" fashion. The answer here seems to be that every patient should have a *family medical book* or dictionary, preferably one recommended by his doctor and which is easily understood. A patient should also have a layman's book on prescribed drugs, so that he is aware of why and how a drug is used. Also, patients could insist that they are part of a medical team with the doctor, trying out this or that approach, under supervision of his doctor.

Disabilities undermine one's independence

About one in three people over the age of 70 report some form of disability. There has been major progress in medical techniques; success in cataract surgery, hip replacement and coronary by-pass. And let us not forget the refinement of hearing-aids. But in other areas of degenerative disease little progress has been made. **The majority of disabilities of the elderly are caused by 1) arthritis and rheumatism, 2) cardio-vascular diseases and 3) respiratory diseases and 4) followed by sight and hearing loss.** One reason for neglect may be that medical priorities have concentrated on the killer diseases of the young.

Perhaps the worst part of these disabilities is that the elderly lose their independence and modern western society is simply not geared to look after the elderly. In Eastern societies the aged members remain the responsibility of the family. Hence an individual's security depends on the extended family. The larger the family, the more secure the elderly and sick. With the world population doubling every 30 years it may not be in the world's interest to have large families with finite food and energy resources. However, in the Third World the average life expectancy is much lower than in the West and families with between ten and fifteen children is not uncommon. The individual's security is still tied to the family. This tradition has been abandoned in the West with the institution of state-run social security systems. The question is whether social security can cope with the increasing demands of the elderly in our society. There is no doubt that the answer is in the negative!

Elderly require access to low cost health care

Perhaps the greatest fear of a disabled older person is to land in a nursing home. That fear is justified for obvious reasons.

The elderly person often puts up with a lot of suffering for the sake of maintaining his/her independence and perhaps our social resources should aim in that direction. The elderly need home support services, access to cleaning and housekeeping, community health care, access to stress reduction classes and so on. In the end this would also be the most cost-effective.

Taking this to its logical conclusion such a person should have access to a whole range of health professional services; nurses, clinics dealing with diabetes and rheumatic disorders, dietitians and nutritionists, homeopaths, herbalists, meditation classes, psychologists and social workers, support groups, medical treatments (traditional and alternative), housekeepers and so on. Such a clinic should be a **holistic community health centre** where a wide range of traditional and alternative health professionals are within easy access of patients and who are willing to operate as a health care team. In such a clinic most degenerative diseases can be treated by low-cost alternative medical approaches. Some holistic health centres are already established in Australia. The difference is that these practitioners would be working in team with the more traditional medical practitioners, who are willing to give up their monopoly and their domination in matters of health and especially in matters concerning 'degenerative diseases'. When are they going to accept that these fall outside their expertise?

Social choice

The burning issues in medicine is: do we want to pour money into the heroic interventions at the high-tech end of the medical care spectrum, or do we want to invest in the provision of low-tech health care aimed at helping people to control their pains, their medications, their social functioning, their independence and dignity.

Having decided, the question now is whether such health provision can be provided by private medical practice. People under the sway of economic rationalism would argue that the government has no business in such health care. Ironically, this is often advanced by private medical practitioners who stand to lose a lot under a system that undermines their medical monopoly. It may well be that in the end the provision of health to the elderly in Eastern societies is far superior to that in the West, where the family has or is breaking down, and where 'society' is unwilling to replace its social responsibility to the elderly. These issues touch upon deeply held political beliefs.

Conclusion

The individual does not have to wait for 'society' or 'politicians' to make up their mind. If you believe that you are suffering from a 'degenerative disease' - a disease that by definition can not be cured by traditional medical practice - you can call upon a wide range of health professionals outside the traditional medical model, without having to abandon it. Naturopaths, homeopaths and herbalists can be contacted through the yellow pages of the telephone book. Ideally, one should have a GP who is not only sympathetic to natural therapists, but work with them in co-operation. It is a pity that most doctors do not refer their patients to other health professionals.

The future of health care provision lies in holistic clinics housing the various professionals together and working as a team and who believe that no person need to suffer from a 'degenerative disease'. ◊

Food for politics

"A completely planned economy ensures that when no bacon is delivered, no eggs are delivered at the same time."

Leo Frain

AN EXPERIMENT AT THE KEELONG JUVENILE JUSTICE CENTRE

By Jenni Jacobs

WHEN in 1981 staff of the Keelong Justice Centre wanted to explore further the relationship between sugar intake and behaviour, Don Robertson, who was at the time in charge of the Centre, at Unanderra, conducted an experiment to see whether there was any difference in behaviour between residents consuming sugar and those who did not.

For six weeks the staff at the Centre observed the behaviour of six young people who ate the normal diet provided at the Centre, and six who had agreed to cut all forms of sugar out of their diet.

After the first three weeks, or roughly halfway through the experiment, Don noticed that many of those who were not eating sugar stopped asking for sugary foods. He attributes this to a withdrawal period having concluded.

When the behaviour of both groups were compared, it was evident that those who were not eating sugar were clearly calmer, more agreeable and more reasonable with staff, as compared to the other group. The behaviour of those not eating sugar had significantly improved.

Young people in remand centres tend to be agro generally, this aggressiveness usually dissipates as they spend time in the detention centre and become used to its procedures. Don is, however, certain that it was clear that the change in the behaviour of those who did not have sugar was not at all the result merely of 'settling in'.

The experiment was not followed up at Keelong, partly because it is a remand centre and therefore has a transient population.

The staff at Keelong were sure that they observed improvements in the behaviour of residents as a direct result of a reduction in their sugar intake. Don, who is presently employed by the University of Western Sydney, now regrets that he did not keep more detailed records of this experiment. ◊

> "Nature will castigate those who don't masticate."
> *Horace Fletcher*

BEV COOK'S REPORT

ON HER DISCUSSION GROUP AT HILLSBOROUGH PRIMARY SCHOOL

MY APOLOGIES if I am somewhat late with my 1991 report on the Newcastle discussion group. These groups are held at 1.30 PM at the Hillsborough Primary School, Waratah Ave, the last Saturday of each month, except on school holiday. So if you Sydney people would like to come along, you're most welcome.

1991 was a mixed year with fluctuating attendances. One Saturday 20 new members arrived. The last meeting in 1991 was well attended as both 'new' and 'old' members thoroughly enjoyed Dr George Samra's explanation of Chronic Fatigue Syndrome and its various manifestations, causes and respective treatments. We certainly appreciate the great effort that such busy people as Dr George Samra, Don Pemberton and Sue Litchfield have made in coming to Newcastle to speak to the group. So many people have benefited by the kind help given. Local speakers have come and enlightened us on subjects in their particular field; i.e. Bill Jackson, EMR, Mark Holbrow, Iridology, Sylvia Greenwood and Robin Cathcart speaking on homeopathy. We were sad more members of the group didn't avail themselves of the opportunity of listening to the informative discussions. However, another year is well on the way and to get us off on a good start we had a visit by Mr Don Pemberton, Clinical Nutritionist and Toxicologist. Don has been to our group every year since the group commenced - 4 years ago - and he has always a wealth of information to pass on to us listeners. His talk on the 29 February, 1992 was indeed appreciated and I have had calls from those who attended, all saying how much they enjoyed the information Don spoke about on "Forgiveness". Many thanks to Don.

There has been a change in our meeting venue as previously we were able to use the school premises free of charge, but donating to the school funds at the end of each year in appreciation.

However, due to economical changes, the school is now obliged to charge a nominal fee for each booking. One of the families in our group, wishing to remain anonymous, has very kindly come forward to assist with the costs. There are still very fine people around us!

As we need to advertise prior to each meeting there are some ongoing expenses, including afternoon snacks. So we look to the members to help in whatever ways they can to enable the Newcastle Group to keep functioning, not only for our own benefit, but for those newly diagnosed and those yet to be.

We all like good news - so I am happy to announce that sugar free foods are now more readily available in Sydney and Newcastle - all the way to Port Macquarie and Tamworth. Thus now the goodies we could only get at the meetings are available at our local health food store. A wide range of sugar-free, chemical-free sweets and nibbles, jams, condiments, slices, muffins, cereals - even cornflakes sweetened with apple juice - and a host of other delicacies are as close to you as your nearest shopping centre.

There are a lot of 'new faces' at the group and it would be good to see some of our 'old faces' too. Best wishes for a healthier, happier year.

Warm regards,

Bev Cook

For Newcastle Discussion Group.

BOOK REVIEW

by Jenni Jacobs

COLLINS GEM GUIDE, NATURAL AND ARTIFICIAL FOOD ADDITIVES,

by John Clark, Harper Collins, 1991. RRP $6.95

Available in bookshops and newsagents.

LEAFING through *The Penguin Dictionary of Modern Quotations*, I found the following from J L Carr: "If you want to stay free from bother and calm in mind, read nothing except food-tin labels and your rent-book".

The Collins Gem Guide to Natural and Artificial Food Additives is a useful addition to the literature on food additives. Arranged alphabetically, it contains information about all additives at present permitted for use in the UK, which seem to be much the same as those used in Australia. Each entry explains concisely what the additive is made of, its use and in what circumstances it should be avoided. Sodium metabisulphate, for example, should be "strictly avoided by people with asthma or food aversion, and it is not recommended for children with a history of hyperactivity" (p222). An appendix gives the names of additives according to their code number, so that the numbers on the food tin labels can be investigated.

This book also explains issues associated with food additives. There are entries on breathing problems, datemarks and skin sensitivity, for example. Types of food such as dried fruits, smoked fish and meat products are also

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A CASE OF OBSESSIVE COMPULSIVE DISORDER

By
Penelope Bonrank

I WOULD like to share with you my own experience of Obsessive Compulsive Disorder (OCD), for I have been lucky. After years of suffering silently (and not so silently) I am cured.

Obsessive compulsion in my childhood

It is hard to pinpoint exactly where the OCD started but it was around the age of eight - though then the symptoms were not crippling, just annoying compulsions to blow out my stomach or to put everything into pairs. It was with the onset of adolescence that the symptoms got progressively worse. Especially in the area of sexuality and obsessions about the body. The hand-washing and fear of giving other people "germs" also set in. For years the symptoms got worse; until I was crippled almost every minute of the day with guilt over these imagined "sins" - sins that seemed simultaneously ridiculous and very real. I would lie awake at night going over details to ensure that I hadn't done anything "wrong". I could not tell anyone for a long time but the burden became too great. My mind seemed to create worse and worse things for me to obsess over.

First step is to place your trust in somebody

I believe that the breaking of that silence with someone you can trust is an important first step. Secrets can destroy. But the OCD continued the wear down my self-esteem, making me feel "weird", isolated, lonely, guilty and ashamed. The anxiety constantly beat me down. Many times I was in deep despair, and I felt that I was a burden and a shame to my family. All of this led me to search for an answer. I've tried many, many things to overcome this problem - general psychology/self help books were the beginning. After that I put myself on a slightly healthier diet (my eating habit were extremely poor). Then a family member sent me down a herbalist in Sydney. She put me on Bach Flower Remedies (designed to deal with emotions) and for three months everything that had been repressed was released. For me OCD was about a rigid control of self, emotions and actions, the fear of being a bad person and punishing the self. Although for a while things seemed worse, finally a healing process began.

How I discovered hypoglycemia

I also experimented with breathing techniques for I would become stressed and panicked in the throes of an attack - and whilst I practised the relaxation and deep breathing I felt better than I ever had. But the searching did not end there. Another family member read a book on a controversial subject in the medical community - "Hypoglycemia". I fitted so much into the criteria that I followed the diet. Things did not improve for a few weeks, then suddenly I had an experience I could never before remember - I had energy, my mind felt "clean", I wasn't worried, I felt happy for the first time that I could remember in my 18 years. There may be controversy but all I know is that I found out what it was to feel like a "normal" person.

In this new state the worries of OCD really did seem ridiculous. It was easy to simply divert the thoughts and they would leave. There will be months that have gone by after which I will still suddenly realise how long it has been since I've worried about something that took every waking hour in the past. There is no mistake, OCD is a completely different state of being. Since then I have had allergy testing (skin and cytotoxic blood) as well as testing for the presence of heavy metals and chemicals in the body with hair analysis. I have been on vitamins, zinc etc. and all of these things have made a difference. There is no comparison between the two states, and it's not something that can be willed away. I believe it is time that all the options are explored with openness.

Explore alternatives

People out there are desperate, I know that I was and it concerns me that information isn't getting to them. Only time will tell for each person but there are alternatives to conventional methods. Things such as herbs, vitamins, relaxation/breathing techniques, thought diversion, used under the guidance of naturopaths who understand, and a good healthy diet cannot harm the body. Options are many; herbalism, naturopathy, homeopathy, vitamins and minerals, allergy testing and testing for heavy metals and chemical build up, testing for blood sugar levels (there is a specific test for hypoglycemia).

Environment important

I would never underestimate the effects of past experiences and traumas; dysfunctional families, alcoholism and sexual abuse. It is important to isolate what the thoughts centre around and where they first started. We need to follow a complete healing process, and it is a process to wade through the maze of influences and face overwhelming anger, deep sorrow for time and energy lost and that is where we need the support. Two books I would recommend for research is: The Hypoglycemic Connection by Dr G Samra and Your Family Tree Connection by Dr C Reading. Whilst they are not specifically on OCD, they are a good place to start. OCD has not been as well researched as other illnesses but as more people are healed by alternative methods and more people enquire things will change. A good a reputable herbalist and naturopath could also be useful. Finally, for those with a faith, spiritual healing is also an important component. It may not be the answer for everyone but it is a place to begin. It has worked for others. A final word: in my experience the traditional medical community is not helpful in the alternative realm. Those interested must search for themselves. I wish you all the best. ◊

Anyone wishing to correspond with the author can write to
Ms P Bonrank
PO Box 355
TORONTO NSW 2283

Food Additives by Jenny Jacobs
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included. Appendices cover additive-free shopping and additive-free cooking. Legal requirements for food labelling are included throughout.

The guide is small enough to take to the supermarket when trying to work out what exactly is in each item. It is recommended for anyone who has to avoid certain additives or would like to know exactly what is in their food. For people with food additive sensitivities, the guide may contribute to a 'free from bother, calm in mind' feeling when we try to decipher food tin labels, helping us to know exactly what we can safely eat.◊

TWO RECIPES

FROM
SUE LITCHFIELD

DIABETIC CHOCOLATE

1 cup white vegetable shortening, 2 cups full-cream powdered milk, sweetener, 2 tblspns. Cocoa, 1/2 cup sultanas

Melt, but do not boil, the white vegetable shortening. Pour over the dry ingredients and mix. Pour onto a tray and chill. Cut into squares when set. Note - This is a high energy (that is, fattening) food and so it should be eaten in very limited amounts at a time. Total recipe contains: CHO (g) = 64; Kj = 10,000.

ICE CREAM

1 teasp. gelatine, A Pinch of salt, 1-1/2 tblspns. Thick cream, 1/4 teasp. Liquid sweetener, 1 tblspn. hot water, 1-3/4 tblspns. milk, Flavouring essence - vanilla, lemon, raspberry, etc.

In this recipe care should be taken to ensure that the gelatine mixtures does not set before it is mixed with the other ingredients, otherwise the ice cream will not be smooth. Except during very cold weather, 30 minutes is sufficient time for freezing. It is advisable to stir the ice cream once or twice while it is freezing.

PAINTING AND DECORATING

By
Trixie Whitmore
Author of ***"Toxic chemical-free living and recovering from ME/CFS"***

EXCEPT for the organic paints, BIO-PAINTS and AGLAIA and LIVOS, most paints are toxic to some degree. The most toxic are the aromatic solvent (white spirit, turps, toluene etc.) based paints which require mineral turps to wash the brushes. These paints take many weeks to outgas and the solvents store in the fatty tissues of our bodies. The less toxic paints are water-based, require only water to wash the brushes, but these vary from company to company. One of the toxic ingredients in paints (to make the brush slip) is glycol ether. There are many different glycol ethers and these vary in toxicity. Ethylene glycol, ethylene glycol monomethyl ether, ethylene glycol monobutyl ether and di-ethylene glycol to mention a few. Of this group the methyl ethers are the most mutagenic, the butyl ethers damaging to the blood and kidneys are less mutagenic, all seem to be toxic to the kidneys, and di-ethylene glycol seems to be the least damaging. There is also mention of central nervous system damage, eye damage, and glycol ethers can also cause hypoglycemia because they upset the mechanisms of the body.

Some paint manufacturers use up to 10 percent of these ethers and I am currently corresponding with CABOTS to change the ethylene glycol monomethyl ethers (10 percent) to less of another chemical. They are part of the formulation of their new products CRYSTAL CLEAR and CLEAR FLOOR which are water-based products and would be safer if they changed the methyl ethers to di-ethylene glycol and used less.

In some countries only 5 percent of butyl ethers is allowed. In Australia you will see up to 10 percent used in paints and cleaning products available at the supermarket.

The Seamans Union took the paint manufacturers to task regarding the glycol ethers in paints in and on ships because the painters were being affected by the vapours, especially in confined spaces, and because of the suspected mutagenicity and carcinogenicity of the glycol ethers. The manufacturers replaced the ethers with ethyl methyl ketone (which is hazardous but not mutagenic) and the painters wore protective clothing and masks. One of the added dangers of the glycol ethers is that they are absorbed via the skin and this is exacerbated alarmingly when mixed with water.

Cabots Clear Floor and Crystal Clear are wood and cork sealers and give a very hard finish, but need to change the methyl ether content. Another wood sealer, Wattyl Speed Clear, which is only used on woodwork, not floors, outgasses very quickly as it is water-based. Inquiries to the company revealed that they use many different glycol ethers, including butyl ethers, and change the formulas frequently. However, they do not use the methyl ethers at all.

DURALEX of Rydalmere (they are not retailed in any shops) produce very low toxicity indoor and outdoor paint. They use 2 percent diethylene glycol. The paints give a very good finish, smell very little, and are half the price of DULUX. DULUX paints are not too bad (the water-based ones) but I have yet to discover the formula. Will keep trying.

Home testing paints

If you have doubts regarding whether you can cope with a paint, or not, purchase a small can of the paint and use it on a piece of board. Use a mask and do it outside. Bring the board inside, into a small room (bathroom or laundry) and leave it there for a few hours with the door closed. Upon re-entering the room observe your body's reactions. Is the smell intolerable? Does it affect your eyes, nose throat? Does it make your chest tight, breathing difficult, head ache or make you feel vague, dizzy, agitated or unable to concentrate? If the smell is intolerable, persevere no more. However, if you have no adverse effects, stay in the room some time to see if you have any other reactions.

If you decide to use the paint it is wise to take precautions. Use a carbon filter mask (available from hardware stores) if in a confined space or if the smell worries you at all. Allow at least a week for the water-based paints to outgas, months for oil-based paints, and never sleep in a freshly painted room. By painting one room at a time it can be closed off until the fumes dissipate. Try to give a new house time to outgas before it is occupied. Be very aware that new babies react adversely to toxic chemicals and make sure that you bring them home to a room which has had plenty of time to outgas - and this includes the curtains, furnishings and particularly the carpet which I will address in the next issue of the Newsletter.

Paints recommended:

Organic paints Aglaia and Livos available from "The Cleanhouse Effect" at Dee Why and Newtown.

Bio-Paints available from Helios Enterprises at Glebe.

Be careful though with the organic paints because they sometime create problems when put over non-organic paints. They are best used on new materials because they allow the material to breathe.

DURALEX PAINTS of Rydalmere Sydney. Retailed at John's Paints at Hornsby. A phone call to the company will tell you your nearest retailer.

SPEED CLEAR by DULUX.

Happy painting,

Trixie Whitmore

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, Pentachlorophenol 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.◊

TRYPTOPHAN WENT THE COMFREY WAY!

by Jur Plesman

TAKE any nutrient, look for its side effects, publicize it, and you have the political ingredients to ban it. Of course, you need a group of people who will benefit from the banning and you need a group of bureaucrats, whose lifestyle depends on a steady income from implementing the banning. Tryptophan fits the bill.

Tryptophan is an amino acid, found in soya beans, brewer's yeast, bananas, brown uncooked rice, cottage cheese, fish, beef, liver, lamb, milk, kidney, peanuts, white meat of poultry, dates, figs, prunes, sesame seeds and lentils. In the presence of vitamin B6 (pyridoxine), it is converted to serotonin, an important neurotransmitter influencing moods and inducing relaxation and sleep. It is also the forerunner of vitamin B3.

Tryptophan is essentially non-toxic, except for side effects resulting from doses above 100 mg, which could cause imbalances in amino acids or place a greater demand on certain vitamins and minerals. Be sure to take a complete balanced B-complex formula. This is the case with any nutrient!

Therapeutically, tryptophan is used to help induce natural sleep, reduce pain sensitivity, act as a non-drug antidepressant, helps in reducing anxiety and tension, aids in relieving some symptoms of alcoholism and drug addiction.

Thus tryptophan is an important nutrient for our health and well-being.

On the 14 January, 1990, the Sun-Herald published an sensational article claiming tryptophan to be linked with a rare blood disease, **eosinophilia myalgia** syndrome. It was said to cause severe muscle and joint pain, swelling of the arms and legs, skin rashes and fever. It also mentioned that "150 types of drugs containing the chemical could be recalled this week". The immediate banning of the "drug" pending investigation must be regarded as a responsible action by the Government on behalf of its citizen at the time.

One year later the **New England Journal of Medicine** 323(6), 357-365 (1990) and reported in **International Clinical Review,** January, 1991, 11, 1, 49 described how the Minnesota Department of Health investigated and found the cause of the illness to be the manufacturing process by Showa Denko KK. Of course, this news was not reported in the Sun-Herald.

Now tryptophan is available again **but on prescription only** under the Therapeutic Goods Act. The National Foods Authority, or whichever department is responsible, must be aware of these findings and the question arises *why is tryptophan now a prescribed drug and who are the people who benefit from this legislation?* It won't be long before soya beans, brewer's yeast, bananas, brown uncooked rice, cottage cheese, etc. can be obtained on prescription only.◊

1992 MEETING DATES

7th MARCH - 6th JUNE - 5th SEPTEMBER - 5th DECEMBER