The Hypoglycemic Association

NEWSLETTER

Correspondence: THE HYPOGLYCEMIC ASSOCIATION, P.O. BOX 8, SYLVANIA SOUTHGATE, N.S.W. 2224

PATRON: Dr George Samra

Volume 6, Number 3 *SEPTEMBER, 1990*

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

FEES: Members are advised to check their expiry dates. This is shown on the top right hand corner of their envelopes. The membership fees for the year ending 31 December, 1990 falls due on the 1st January, 1991. Medical practitioners and other health professionals receive this NEWSLETTER free of charge to improve their communication between them and their patients. If professionals want to foster the aims of this Association, they can help by means of donations and/or contributions of articles in this Newsletter. Donations will be acknowledged.

DONNA REAMS is a psychologist sharing a private practice with her husband Carl Reams in Wollongong where they have been operating for close to ten years. As is common in private practice they deal with a wide variety of problems, i.e., relationships, parenting, vocational, learning difficulties, children's behaviour problems, etc. They have found that a large proportion of the clients referred to them with "psychological problems" have in fact an underlying metabolic or physical disorder inhibiting their performance. Usually this is diagnosed as hypoglycemia in adults/hyperactivity in children or hypothyroidism. Donna Reams' presentation will focus on:

*the opportunity for recidivism when only the physical disorder is treated but the personality factors (low self-esteem, lack of confidence, etc.) are untreated.
*psychological assessment used to identify clients at risk for hypoglycemia. These assessments also provide information on stress components, relating skills, and vital inter-personal dynamics.
*discussions regarding the familial link between hyperactivity in children who have a hypoglycemic parent; the occurrence of hyperactivity in childhood which then becomes hypoglycemia at puberty; allergy identification and treatment.

Wollongong is lucky to have professionals like the Reams in their area. They work in co-operation with Dr Das Balgi in Wollongong. This talk will prove to be interesting.

LECTURE BY
DONNA L REAMS
Saturday,
1st September, 1990 at 2 PM
at
YWCA
2 Wentworth Ave
SYDNEY
(NEAREST STATION: CENTRAL)
ON
"THE RELATIONSHIP BETWEEN HYPOGLYCEMIA AND PSYCHOLOGY"

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. Sue Litchfield will be there at 1 o'clock to help the starving long-distance patrons! Afternoon tea or coffee will be provided during the break as usual.

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 CONNECTI**ON.
Jur Plesman: **GETTING OFF THE HOOK**
Sue Litchfield: **SUE'S COOKBOOK**

Sue Litchfield will bring sugar-free cakes to the next meeting on Saturday, the 1 st September, 1990,

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.

Patricia Fatzeus has kindly donated a Cosmos Mesh handbag as a prize to be raffled at the next December, 1990 meeting.

PROFESSIONAL FINANCIAL SUPPORT

THE HYPOGLYCEMIC ASSOCIATION would like to express its appreciation to the following doctors and health practitioners who have shown support and generosity by making a financial contribution to the Associatio

Name	Firstname	City	Zip
BALGI,	DR DAS V	WEST WOL'GON	2500
BASSAL,	DR N	SURRY HILLS	2010
DONOVA,	DESMOND J	MAROUBRA	2035
GUZOWSKA,	DR JANINA	SPRINGWOOD	2777
MARSHALL,	DR JOHN	MEREWETHER	2291
PETTIT	DR	CAREY BAY	2283
PILLAY	DR VIC	COFFS HARBOUR	2450
RYAN,	DR JOHN A	ALBANY CREEK	4035

This Society welcomes the moral and financial support shown to us over the years by all health practitioners receiving this Newsletter.

A PRISONER WRITES FROM A VICTORIAN GAOL

DEAR DR SAMRA,

Thank you for your help. I'm now on the proper diet, thanks to you. By Victorian standards I'm not considered hypoglycemic. Here they have a two hour Glucose Tolerance Test and a low blood (sugar) level of 2.5. It's ridiculous, but they gave me the benefit of the doubt because of your help. I am already starting to feel better, although I know I won't get better for a few weeks yet. What I do find bothering though is that the tests vary from State to State. Surely, just because I am in Victoria it should not mean a different set of conditions must exist for me to be hypoglycemic. Your standards for the disease are definitely correct, because I did suffer from all the symptoms without reaching the low level of 2.5, and after 2 1/2 hours, not 2 hours.

When I was on the proper diet while on bail, I knew that if I felt that way before, I would not have been here.

Is there anything that can be done to standardize the test for hypoglycemia in Australia?

I think it would help a lot of people, especially in Victorian prisons. I see a lot of evidence of hypoglycemia in other prisoners. I hope you have some time to reply to my letter, otherwise thanks again for everything.

Yours sincerely,
(Signed)

PS I have 2 years, 8 1/2 months to go before early release.

SURGERY FOR THE 'ME' SUFFERER
by
Adriana Howes

An operation is a traumatic experience for people in good health; if you are an ME sufferer the risks of complications are greater.
I have ME and I've recently had an operation. I have recovered well, but this I'm sure is due to the precautionary measures and care I was given.
The following are hints useful to fellow sufferers facing surgery.

1) Wait till you are "better". I had problems for a number of years but I was too ill to face an operation. It wasn't until Dr Samra had eliminated allergic foods from my diet, stabilised my sugar levels and treated me with Gamma Globulin and vitamin injections that I really felt well enough to even contemplate surgery.
2) Ask your doctor to refer you to a surgeon with a good reputation even if this means extra travel and inconvenience.
3) Make sure your doctor writes a letter to the anaesthetist instructing him to administer a "saline only" drip. If possible an epidural instead of a general anaesthetic is recom-

mended for patients with hypoglycemia. If you have had previous surgery and experienced vomiting, discuss this with your anaesthetist. This was my experience and I was given three Valium tablets instead of Premed injection. This sped my recovery immediately after the operation. An injection can also be given to stop vomiting.

4) If you have chemical or other inhalant allergies book a private room. If financial considerations or hospital crowding prevents this, explain your problem to nursing staff and fellow patients. Ask them not to use perfume. Ask for a bed near the window. Ask for flowers to be put in corridor at least at night.
5) Advice the dietitian of your dietary needs. Make sure you are given meals every 21/2 - 3 hours. You may have to remind staff, they do forget.
6) Take care with any medication given. Advise nursing staff of any rashes or odd symptoms. To the sensitive patient, something as simple as Normalcol for constipation (which you'll probably suffer) can mean disaster. Unless you really need it don't take anything, unless you know it is safe for you.
7) When you are well enough go and sit in a sunny courtyard. It is well known that sunlight aids healing. But take care, these places are frequently used by smokers. If you are sensitive to tobacco, wait till the smokers leave.
8) Try to be as mobile as you can. This will assist your circulation and speed recovery.
9) Learn to relax prior to the operation. A consultation or two with a good hypnotist or psychologist specialising in relaxation therapy is a good investment. A relaxed person with a positive attitude heals well.
10) Be assertive with hospital staff, family and friends. Let them know your needs. Don't be afraid to ask for help when you get home. Martyrs don't get any attention until they're dead!

————O————

CHRONIC FATIGUE SYNDROME

Is environmental pollution making you ill?
by
William Vayda

(The Author Published this article in the 'Australian Wellbeing No. 33 '89.)

How would you like to be relaxing in your backyard and be confronted with an oozing mass of chemicals resembling volcano lava, slowly descending on you, ready to engulf your little garden?
Knowing the sludge is full of cancerous polychlorinated biphenyls, lead, mercury and other lethal poisons would probably scare you to death.

Well, as you can see, it has happened already and all indications are that it will happen more and more often. But the chemicals in the above story are only the ones that were seen. Quite invisibly, thousands of tonnes of toxic chemicals seep into the ground all the time. They eventually find their way into our water supplies - are absorbed by some of the fruit and vegetables we consume - and by many other plants, which are food for animals. When we eat some of their meat, we acquire the poisonous legacy of some distant factory's chemical dumping.

In spite of bans, hundreds of tonnes of toxic wastes are still pouring into the sea from Sydney's sewage outfall.

We all know these chemicals are bad because they may cause cancer or affect the foetus; but, in far more subtle ways, they may contribute to an acceleration of the aging process and the promotion of a variety of degenerative diseases, by slowly impairing our immune systems.

Viral diseases, Candida and a host of other illnesses are caused by opportunistic organisms and only occur when our resistance is compromised. Even low-grade, long-term exposure to chemicals can render one more susceptible to allergies, biochemical aberrations and immune disorders such as arthritis. The question is *how?*

The answer is not simple but here is a short, and hopefully understandable, explanation: Whenever the molecular basis for aging and illness is discussed, few research scientists doubt that it is the effect of free radicals. Technically, a free radical is a reactive molecule with one electron missing. Let me explain: The process called metabolism is essential to life. It consists of eating, drinking, digesting, extracting nutrients and energy from the foods, and so producing heat.

Imagine living in a big, empty room on a very cold, snow-bound mountain-top. Imagine a nice fireplace with a wood fire going full blast. You need this for warmth, for survival. The bigger the fire, the greater the heat. Our metabolism is just like that fire - it keeps us warm and makes life possible. Indeed, the more you eat and the more you metabolise, when running for instance, the more heat you generate. This is why joggers perspire so copiously. The metabolic process of that fire is called oxidation and oxidation produces free radicals. In metabolism-fireplace analogy, inevitably, some 'sparks' will fly out of the fire and land on our carpet, damaging it. Maybe only a small amount, but after many, many years of this, the carpet may simply disintegrate. The fire is our metabolism, the flying sparks are the inevitable free radicals produced by our metabolic fire, and the carpet is us. Eventually, we all disintegrate and die, largely because of the cumulative effects of innumerable free radicals assaults. The bigger the fire, the more sparks, and the sooner one dies or becomes ill.

If you place a screen in front of the fire, you get much less damage from flying sparks. In addition, if you run around chasing every spark as it lands on the carpet, and step on it very quickly, you minimise any damage the free radicals (sparks) can do. On the other hand, if you fan and fuel the fire further, you provoke more sparks (free radicals). Most of the toxic chemicals we are exposed to because of pollution are like that. They increase the formation of free radicals in the body. As in the fireplace analogy, if you create too many sparks (free radicals), your natural screen may not be strong enough to stop the spread of free radicals.

So when you read about chemicals in our air, water, food or beaches, remember that eating drinking, breathing and even touching them almost invariably adds to the formation of free radicals.

Now the screen in our inner fire (metabolism), which prevents many sparks from landing on our carpet, is the Anti-oxidants Mechanism. It consists of many enzymes like MFO (mixed-functions oxidase system) liver factors, amino-acids and substances like glutathione and SODs (super oxide dismutase). Anti-oxidants help your natural defences, the immune system. Most phagocytic cells (which eat up bacteria and foreign invaders) are easily inactivated by oxidants and need anti-oxidants for survival and efficiency.

You also have many substances which run around scavenging your metabolic sparks (the free radicals). These substances are known as 'free radical scavengers': vitamin E, vitamin A, vitamin C, vitamin B15 (also known as pangamic acid), ubiquinone (co-enzyme Q10), zinc copper, selenium, uric acid, tyrosamine, methionine, cytosine, taurine and several others.

You can easily see then, that if the total free radicals produced by your metabolism via oxidation exceeds your defence capabilities (anti-oxidants), you are in trouble. That is why one of the very few procedures which have been proven to increase life-span is a reduction in total kilojoule intake. The fewer kilojoules, the less metabolism; this means less oxidation and free radicals. Now let us go back to the sparks (free radicals).

You can't stop eating and breathing. However, you should minimise any other, non-metabolic source of oxidation. So, what are some of the sources of added oxidative stress and free radicals? Most, but not all, of them are xenobiotic compounds: foreign compounds not normally found in living systems. In other words, most man-made chemicals, or pollutants.

There is probably no branch of medical science more pivotal to the maintenance of good health than environmental medicine.

'Tomorrow's Medicine Today', it deals with increasing number of people affected by continuing deterioration of our environment so that they tend to become poisoned by, or sensitive/allergic to, more and more substances, be they common foods or chemicals. There is little doubt in my mind that the problem is getting worse and that we will see more and more people becoming ill because of environmental pollution.

Some of the most profound effects of xenobiotics (foreign chemicals) can be subtle, and may take many years to cause symptoms. They generally weaken the organism's resistance and pave the way for degenerative diseases. So environmental medicine is dealing today with problems that will confront most health workers tomorrow.

In Sydney, we have recently witnessed the public outcry caused by the pollution of our beaches. It was only because several well-known people reported recurring infections and bouts of ill health after swimming, and after scientists described the toxicity and cancer-producing potential of many chemicals found in our water and in our fish, that something may be done about it. That is after people have become well informed.

Alas! The same is not yet happening with the thousands of toxic chemicals we breathe, drink, eat and touch in our daily lives. Chemicals known to cause cancer, affect liver functions, promote cardio-vascular disease, render people allergic, cause immuno-incompetence and accelerate degenerative processes which make old age a misery, pour into our environment daily and in huge quantities.

Natural/holistic forms of medicine, and naturopathy in particular, have always maintained that conventional medicine fails to look at the real causes of illness because it is too preoccupied with alleviating symptoms. It is time that we realised that toxic chemical overload is probably one of the most basic 'causes' of human disease in this latter part of the 20th century and that doing something about our environment represents the ultimate form of prevention. We can choose whom we marry or what we wear but we are all forced to breathe the same air, drink the same water pollutants and be exposed to the same chemicals - whether we like it or not.

When the accumulation of these chemicals exceeds our individual capacity to detoxify ourselves (via liver detoxification and anti-oxidant activity) or if we are particularly susceptible to the effects of these chemicals, then our general capacity to deal with the myriad bacteria, viruses, illnesses and stresses which confronts us daily can diminish alarmingly. Only at that point do we become 'ill'.

Any disease, however, takes hold only because your natural resistance, your defence mechanisms, have become inadequate. While diagnosing and treating the 'illness' is important, it must be obvious that finding, correcting or treating the underlying cause is the only way in which you can assure yourself of a cure.

I have lost count by now of the patients I have seen who have great difficulties losing their allergies, Candida and other opportunistic infections or overcoming persistent viral diseases such as glandular fever or chronic fatigue, simply because they are chemically overloaded. Clear evidence of lowered resistance to diseases can be seen in every doctor's surgery, every allergist's office and nutritionist's rooms. Indeed, the number of people suffering the consequences of such impaired resistance (allergies, Candida, malnutrition, obesity, cancers, chronic fatigue, psychiatric problems, alcoholism, recurrent viral and bacterial illness) has increased alarmingly in the past decade. What is even more terrifying is that where once we used to see mostly older patients affected by these ills, nowadays the proportion of young people presenting with these problems is mounting steadily.

Once advising these people to avoid food additives, medical drugs, mouldy or chemically contaminated foods and beverages to lead better lifestyles was sufficient: in the 'old days', we looked in your eyes (iridology) and told you your liver was not working well, the digestive system was clogged and you were full of toxins. 'Fast and you will be well', we used to say. Or when we placed a drop of blood under the microscope, projected it on a screen and showed you the circulating Candida, we'd say get rid of this and you'll be okay. Now many patients must be detoxified and learn how to drastically reduce the degree of exposure to chemicals if they are to avoid the recurrence of their problems.

If you realise that HCB (hexachlorobenzene), which is alleged to be carcinogenic and known to reduce immunocompetence, is banned in Australia, but that blood levels of Australians show them to be heavily contaminated, then you will suspect, as we do, that something is very wrong. Some of us believe that HCB is still being used to spray grains in this country. Existing stockpiles may cause this practice to continue for another decade. Yet more people are urged to eat complex carbohydrate grains every day. 'Good for constipation! It will lower cholesterol! The only way to prevent heart disease!' urge daily headlines.

What about the possibility that it may increase the chemical load and contribute to cancer? What about the thousands who become allergic to these grains? On the other hand, eating more meat is even worse, considering the chemicals in our animal foods. The problems created by all this are staggering but at least we warn people where the invisible, subtle pollution occurs.

The Twenty-second Scientific Session of the American Academy of Environmental Medicine was held at Lake Tahoe (USA) on 22-25 October 1988. The main theme was 'Chronic Fatigue Syndrome' (formerly known in Australia as ME or Post-Viral Syndrome). The aim of the conference was to discuss the symptoms, causes, laboratory tests and current therapies for the chronic fatigue syndrome, Candida, allergies and chemical overloading or sensitivities. Because I, and the publishers of Wellbeing, believe that finding an answer to the mounting pollution problems of our world is pivotal to the maintenance of good health, and because I think the only way we will achieve any results is by gaining an understanding of the enormous impact chemical pollutants have on human health, I will outline some of the conclusions reached at the conference.

1) That the Chronic Fatigue Syndrome (CFS) has many different causes, but one important, underlying factor is likely to be an overload of toxic chemicals and there is mounting evidence that the post-viral syndrome, especially the EB (Epstein Barr-glandular fever) virus or CMV (Cytomegalovirus) may be responsible for a considerable proportion of CFS and Candida illnesses.

(I would like to add that a recent report in the New England Journal of Medicine which suggests the Epstein Barr virus is not responsible because people treated with Acyclovir did not improve, shows only one thing: that Acyclovir is not an effective anti-viral agent. We have cured hundreds of CFS and Candida patients by halting the virulence of EB.)

2) That although people may believe they are avoiding chemicals because they buy food in health food stores, do not smoke and avoid food additives, anti-biotics and most drugs, they are, in fact, assaulted daily by a plethora of insidious toxins which affect their health.

3) That treating Candida, allergies, chronic fatigue, EB, ME and many psychological and psychiatric problems by diet alone, without looking at the possibility of chemical overload, may reduce the chances of a successful cure.

4) That many of the diagnostic methods and treatments currently used are of dubious value at best, and useless at worst, unless they take into account the effects of environment on the immune system.

We must, in other words, monitor as closely as possible the immune response of our patients.

Over a period of nearly 20 years working in orthomolecular medicine and clinical ecology, I have observed the appearance of a new 'disease' every few years: hypoglycemia; food allergy; Candida; and a range of syndromes caused by immune deficiency and linked with a number of different viruses. As laboratory analysis became more available and more accurate, we found ourselves with a number of different possible causes for the same problem. However, in most cases there was evidence of an impaired immune system and of impaired liver function; and we knew all too well that liver functions, especially critical enzymes, were easily affected by toxic chemicals.

In September, 1988 some of us attended an Australian seminar of the Chronic Fatigue Syndrome sponsored by Macquarie Pathology Services and chaired by Professor John Dwyer, Andrew Lloyd, Denis Wakefield, Clem Broughton and the inimitable immunologist Loblay. (Our group, by the way, consists of Drs Mark Donohoe, Joachim Fluhrer and Barry Ryan, allergist John Marshall, osteopath-chiropractor-homeopath Alex Taylor, and myself.)

At the end of the seminar Dr Donohoe and I took the microphone and proposed that toxic chemicals may play a significant role in the Chronic Fatigue Syndrome and, by implication, in Candida and allergies. Professor Dwyer was quite receptive but said this was not his main area of research and that if we suspected chemicals had anything to do with the problem we should conduct our own studies. We did, and we are still doing it.

We took to the USA blood samples from over 100 of our patients and had them analysed for toxic chemicals. We had to do this because no Australian labs as yet use the Gas Chromatography technique required for these measurements. While there we took the opportunity to visit and study at Dr Bill Rea's world famous Environmental Health Center in Dallas (Texas) where we learned the latest diagnostic, treatment and detoxification procedures.

We then attended the conference at Lake Tahoe (Nevada), where probably the one person who crystallised the whole problem of environmental pollution and human health was Dr Stephen Levine PH.D. It is from his master piece book ANTIOXIDANT ADAPTATION - BIOCURRENTS (San Leandro, Ca. 1986) that I have taken many of the concepts and explanations I give here.

Oxidants which produce free radicals are not always chemicals. Some of them are perfectly natural substances we encounter every day. Among the most common 'natural' oxidants are poly-unsaturated fatty acids (PUFAs), organic fatty acids hydroperoxides - hydrogen peroxide. That is why many scientists have always maintained that one should not use lots of vegetable oils to replace saturated fats. One should reduce the intake of ALL fats, and take additional anti-oxidants when using polyunsaturates. After all, what is the point of reducing the risk of heart disease if one ends up with increased risk of cancer?

Back to the xenobiotics (pollutants). In the air we breathe you may find: ozone, nitrogen dioxide, petrochemical hydrocarbons, chlorinated hydrocarbons, carbon monoxide, sulphur dioxide and such aldehydes as formaldehyde, acetaldehyde and acetone. (Now you know why I am against women with painted nails.) If the air is smoggy, you may add formic acid and acrolein and this is only a short list!

Of course, you may also be exposed to halides from chemical bleaching or isocyanates from pesticides and typing correction fluids or phosgene if you are a welder. Praquat may assault you if you work in agriculture, or anyone in the tyre, rubber or plastic manufacturing industries can be exposed to polymerising chemicals, amine accelerators, polymers, etc.

I know we all have to breathe. Trouble is, we also have to drink at least some water. Ground water supplies may contain aliphatics such as acetonitrile, formaldehyde and dimethylformamide or aromatics such as anthracenes, benzene, chlordane, chlorobenzene, dieldrin, heptachlor, tolune and trichophenols.

You thought fluoride was bad for you!

All these are well established as chemical inducers of a variety of symptoms common to most sufferers of ecological illnesses such as allergies.

Chronic infection, such as CANDIDA ALBICANS or glandular fever, tend to exacerbate free radical-induced problems by cell-mediated immune mechanisms. This is one of the reasons why chemically overloaded or hypersensitive people are so susceptible to Candida and viral illnesses. It is probably also the reason why reducing the chemical load and supplementing with specific anti-oxidants may improve matters when other methods have failed. I often prescribe selenium for some of my CFS and Candida patients, and usually it helps considerably.

'Yet', you may cry out, 'what about stress? And what about mental attitudes? In other words, what about PNI? (Psychoneuroimmunology).'

It may surprise you to learn that stress precipitated by emotional factors, as well as that caused by physical or chemical factors, can cause an increase in endogenous free radical formation. Adrenaline and noradrenaline, for example, tend to be changed to the toxic adrenochrome and become oxidised to form free radicals. Stress, of course, depletes the body of the important anti-oxidants vitamin C and zinc, so it has a double effect.

During many years of clinical practice, my main function has been that of diagnostician and I have often asked myself why it is that ecologically ill patients are such easy prey to infections like Candida, influenza, glandular fever and suffer so often with chronic fatigue?

It is becoming more and more evident that Dr Levine is right when he says that oxidative stress, whether chemical, physical, infectious, viral or emotional in origin, can deplete our anti-oxidant defences to the point where we suffer an increase in inflammatory, infectious and degenerative illnesses.

It is also becoming clear that anti-oxidants stimulate the immune system and can act as an anti-inflammatory and anti-cancer substances.

How to tell if you are suffering from Chemical Toxicity
(compiled with the assistance of Dr Mark Donohoe)

1) Suspect chemical problems if you have seen several doctors and still do not have a conclusive diagnosis.
2) Consider chemical overload when the diagnosis that has been made proves to be wrong after a closer exami-nation.
3) The same applies if you know you are quite normal but you're told it's all in your head.
4) Note that chemical toxicity can elicit symptoms which can mimic almost any disease.
5) Consider chemicals when you have been told that your problem is an overloaded liver, a congested digestive system or poor elimination due to bad eating habits, without having been told exactly what caused the overloading, congestion or poor elimination.
6) Always keep in mind that what are 'good' habits for someone else could turn out to be very bad for you. Every week, I see at least one unfortunate person who is allergic to grains (gluten) and has become very ill only after switching to a diet very high in complex carbohydrates like bran.
7) Suspect something if you live or have lived near a power station, in heavily polluted areas or places known to have been heavily contaminated, such as some of our beaches, the Ourimbah/Mangrove Mountain and Coffs Harbour regions, or if you work in an industry that uses lots of chemicals, e.g. farming, plastics, rubber manufacturers.
8) Be alert if, in spite of a good diet and supplements, you suffer with chronic or recurring infections, Candida, allergies or such immune diseases as arthritis, lupus, diabetes, multiple-sclerosis, cancer, thyroid problems, etc.
9) Remember that even if you are found to be chemically sensitive or overloaded with toxins, it is still possible you suffer other, concurrent health problems with different causes which may need different treatment.
10) Make sure you see a diagnostician/therapist who knows how to interpret the special tests needed.

If you are found to suffer from chemical toxicity, overload or sensitivity make sure your therapist explains to you the concepts of Total Load and Unloading. In addition:

1) Exercise some form of environmental control.
2) Avoid all known allergens (foods, chemicals, inhalants to which you are sensitive).
3) Arrange to have your allergies desensitised or neutralised if possible.
4) Take anti-oxidants supplements make sure the type, form and composition are tailored to your individual needs.
5) Start some steps towards detoxification but beware of fasting or exercise without supervision because these could cause a crisis or worsen your condition.
6) Make sure the correct tests are used to diagnose your problems, whether chemical or otherwise.

Some practical advice on how to minimise Chemical Toxicity

* Do not use fossil fuels in your home for cooking or heating (kero, wood, oil) and preferably no natural gas. If you do have gas cooking, have it checked for leaks and shut off the main when finished.

Carpets, some glues, particleboard, plywood, some perfumes, dishwashing detergents, copying paper and tobacco, just to name a few, are often impregnated with formaldehyde. This chemical is suspected of causing havoc with our immune systems. Avoid carpets in the house, especially the bedroom. If you must have carpets, have the plainest you can get and have the formaldehyde steam-cleaned out of it. This may require more than one treatment.

* Use only water-based paints; avoid veneers, oil paints or wallpaper.
* Do not use chipboard, particleboard or plywood. Especially not for shelves in you bedroom or for a bed-head.
* Do no drink tap water unless you use a filter with both carbon and reverse osmosis. Otherwise use distilled water.
* Avoid long, hot showers (baths are okay). When anyone else has a hot shower, shut the door and open the window. Don't allow the chlorine-loaded steam to enter the rest of the house. Log, hot showers, especially after swimming for hours in a chlorinated pool, will increase your chlorine load, perhaps beyond tolerable levels. Use salt-water pools or swim in unpolluted areas. Then have only short showers with lukewarm water, or find a shower-head filter that will remove chlorine.
* Styrene plastic cups filled with hot tea and lemon may poison you.
* Wrapping foods in plastic will contaminate them.
* Don't use deoderants with aluminium or use bleached nappies for babies.
* Phtalic acid esters (phthalates) are commonly used to make plastic softer, so one can wrap it around foods. They can make up as much as 50 per cent of the mass of a PVC container. Phtalates are fat-soluble and can be absorbed through the skin and can leach from containers. They damage the liver, are classed as teratogenic (may harm a foetus) and mutagenic. In mammals, they may induce liver or testicular cancer. They 'use up' a considerable amount of anti-oxidants.
* Do not wear freshly dry-cleaned clothes. Air them for a few hours and do not hang them in your bedroom wardrobe until they are well aired.
* Avoid self-service petrol stations and NEVER eat or drink anything sold in close proximity to one.
* Do not leave your car in the hot sun. If unavoidable, air the car well before driving away. Remember that toxic outgassing from plastic increases with temperature.
* Do not use chlorinated cleaners to wash floors or remove

mould from bathrooms.

* Avoid nail polish and especially polish removers.
* Do not jog or exercise strenuously anywhere near vehicletraffic, factories or any other source of pollution.
* Remember that chemical sensitivity can occur after one single massive exposure to one chemical as well as by chronic exposure to small amounts of a number of chemicals.
* Remember the principles of BIOCHEMICAL INDIVIDUALITY: Duration and intensity of exposure as well as one's genetic, inherited resistance, nutrition, biochemical functions, general health and emotional state will determine who is affected by what and for how long, as well as how badly.

OVERVIEW OF THE MANLY WATERS PRIVATE HOSPITAL SPECIAL ENVIRONMENT ALLERGY CLINIC (SEAC)

The SEAC is an eleven bed Unit in Manly Waters Private Hospital. The Unit has been modified extensively to act as a special purpose facility for the diagnosis and management of allergies, food intolerances, chemical sensitivity and chemical toxicity where clients have been unable to be managed successfully outside hospital.

The principles of diagnosis are simple and well accepted. Firstly, the person must be withdrawn from any possible offending agents, then must be challenged with these substances (preferably without the client knowing what they are being tested for) to determine which ones cause adverse reactions, or bring on symptoms. As each substance is tested, it is rated as either "safe" or "unsafe", and the client moves on to the next test. At the end of 2 or 3 weeks stay, the client and the appropriate staff summarize the reactions on a single sheet, and this sheet is used, with dietary and lifestyle modifications, to allow the client to avoid or minimize major problems, and improve their health.

To achieve this end, the unit is a closed unit with its own filtered air supply which removes volatile chemicals and allergens before entering the unit. Reverse Osmosis (RO) water is used throughout the stay, and only organic (or minimum chemical residue) foods are consumed over the first 2 weeks.

After being seen by one of the Admitting Medical Officers (Donohoe, Dobie, Fluhrer or Marshall), the client may be recommended for admission to the Unit. In such cases, fasting is commenced on the day prior to entry, and the client is commenced on a special non-allergenic nutritional replacement formula for the first 3 days of entry, under the management of the Unit's nutritionist. A bowel cleansing program is commenced, and during this time some weight loss is common, as are certain "withdrawal" symptoms, such as fatigue and headache. These usually settle within 3 days, whereupon challenges begin with various waters (clients should bring a sample of their own home drinking water in a glass container!), capsules, and (on day 4) foods.

Clients are responsible for their own activities during their stay, participating in exercise, washing of clothes & dishes, serving their own food, and managing their own rooms. This allows the maintenance of independence, and frees the nursing staff to participate in education and support.

Clients are seen regularly by doctors (a doctor is on-call 24 hours), dietitian, educational officer, psychologist and others, and information gained from testing is passed back to the client to help develop a strategy for improved life quality on discharge.

Formal allergy testing is done within the Unit, with skin sensitivity testing, and challenge with foods, waters, food chemicals, and inhaled chemicals. Until the volatile solvents are challenged on day 10, the client remains within the unit. After day 10, the client leaves the ward to walk outside more & more frequently (& for longer duration) to allow for an easier transition between the Unit and the home environment.

In parallel with this "avoidance/challenge" protocol, the Unit runs a second program which aims to non-specifically detoxify clients of lipid soluble chemicals (such as organochlorine pesticides, solvents, petrochemicals, etc). While some controversy remains as to whether low doses of such chemicals affect human health, it is our experience that they add significantly to the load on an already weakened body, and that they have no possible benefit for our health. The risk in lowering the body load using IV ascorbate, controlled weight (Fat) loss, massage, sauna and exercise is exceptionally low, and the potential benefits are high.

On discharge, an individual dietary and medical program are put together, and the client goes home on safe foods for two weeks, during which time a food & symptom diary is maintained. Symptoms are often worse for the first few days after discharge, but this
usually settles with time. At the end of this time, if there are any problems, the client is readmitted for a final week in the Unit, during which time further detox &/or challenges are undertaken, and staff revise their ideas for long term management.

Summary Of Program

1/ Fast 1 day before entry
2/ Begin Tolerex & water (under dietitian) for 3 days
3/ Water challenges day 3
4/ Food & Food Chemical Capsule Challenges - day 3 on
IV Ascorbate 45g twice a week
Massage - average 30 min/person a day
Exercise - graduated (begin slowly & build up)
Gentle weight loss (under dietitian guidance)
Sauna - 70 C & Dry - start short times & work up
8/ Summary of reactions before discharge, &

setting of appropriate diet, home/work modifications, supplements & follow-up.

9/ Review at two weeks, with entry to SEAC preferable (5 - 7 days) for final diagnostics, review & summary.

Admission Procedures

Persons who feel they may benefit from admission to the clinic should make an appointment to see one of the clinic's doctors.

The doctors' phone number are as follows:

Dr Peter Dobie	(02) 816 3000
Dr Mark Donohoe	(02) 976 2085
Dr Joachim Fluhrer	(02) 977 7888

Carob Flour for Sweet Tooth

(Extract from an article in Rodale's (1961), THE COMPLETE BOOK OF FOOD AND NUTRITION)

".....there arose a mighty famine in that country; and he began to be in want. And he went and joined himself to one of the citizens of that country and he sent him into the fields to feed the swine."

The prodigal son in this parable from the New Testament was longing to eat the pods of the carob tree which he was' feeding to the swine. What kind of tree is this and what has become of it in our modern world? Who ever heard of pods from a tree making good food for human beings? And yet, why not, when most fruits and nuts are not only edible but very nourishing?

The "husk" from the cab tree is, we are told, the bread that John the Baptist ate in the wilderness. This is the reason why it is also called the "St John's-bread." Mohammed's army on the march sometimes lived on "Kharub". The ancient Romans, The Spaniards, The British all knew the carob tree and lived on its pods when other foods were scarce.

We became interested in the carob tree when we ran across references to it in medical and health books and when we began to see advertisements for carob flour in medical magazines. The ads indicated that carob flour is a most effective medicine for use in "non-specific" diarrhoeas - that is, diarrhoeas that are not caused by some definite bacteria or disease. Further research told us that carob flour has a pleasant taste not unlike chocolate. A` sweet taste.

Nutritive value of Carob

Here is the analysis of carob;

Contents	Percentage
Moisture	6.3
Crude Protein	7.75
Crude Fat	1.9
Nitrogen free extract	
(Carbohydrate)	72.85
Ash (mineral matter)	2.45
pH value of ash	10.6
Total sugars (Invert)	46.25
Reducing Sugars	9.15
Sucrose	37.90
Starch	6.30
Calcium	.22
Magnesium	.95
Potassium	.28
Phosphates	.10
Sodium	.10
Silicon	.05
Iron	.05
Aluminium	.05
Strontium	.05
Manganese	.01
Barium	.01
Boron	.005
Chromium	.005
Copper	.001
Nickel	.001
Carotene (mg per 100g)	
Equivalent to vitamin A (IU per pound)	227
Thiamine mg per pound	.16
Riboflavin, mg per pound	.25
Niacin, mg per pound	12.00
Calories per pound	1595

Carob contains vitamins and minerals and what is most important....it does not contain oxalic acid, present in chocolate. This binds with calcium which is then not available to the body. The minerals, of course, appear in "trace" amounts, as they do in all foods - that is, extremely small amounts. But we notice there is calcium and phosphorous (for healthy teeth and bones) iron and copper (for good red blood) and magnesium - all minerals extremely necessary for good nutrition.

So we have a picture of a very good, well-balanced food that will contribute considerably to good nutrition. Carob is not as valuable a staple food as liver, or fresh greens or a number of vegetables. It is not a food that we would insist you include on your menu every day or every week. But it very definitely seems to be a food worth eating.

Carob for diarrhoea

Some foods can check the flow of frequent watery stools. Raw apples, bananas, vegetable broth and pectin in different forms have been used. A Connecticut physician gave carrot soup for checking diarrhoea. Foods containing pectin have a tendency to solidify the stool because of the actual composition of the food. Such a food is carob - the fruit of the carob tree, sometimes called also the honey locust tree. The carob has a long history of use both as food and as medicine. The ancient Romans, the Arabs, the Spaniards, the early Britons all knew the carob tree.

The curative powers of the carob bean is credited to Professor Ramos, a Spanish physician. During the Spanish Civil War (1936-39) he observed that children of the poorer classes who ate large quantities of carob bean were less subject to disturbances of the digestive tract . Later research found that the carob had indeed marked effects on the health of the digestive organs.

1990 MEETING DATES

3rd MARCH - 2nd JUNE - 1st SEPTEMBER - 1st DECEMBER