# The Hypoglycemic Health Association

# NEWSLETTER



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

The Committee members of the Association have been very worried about the financial status of the Association, due to the dwindling of members. To date about half the members have not as yet paid their fees, and those members are asked to forward their fees to the Association soon as possible. Please copy the application form on page 12 and forward to the Association.

We are also having our **Annual General Meeting next 1 April at 1.30 pm at the YWCA** at which present Committee Members are up for re-election. We are looking forward to new members joining the Committee. As we communicate mainly by email with one another, it is essential that members have a computer. Thus you don't need to be a resident of Sydney. We would like to see members who have something to contribute in the area of either PR or increasing our funds through sponsorship. If you are unable to attend please contact us by email. We hope to meet you at our next meeting.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 1 April 2006
at ***YWCA***
5-11Wentworth Ave, SYDNEY
and our guest speaker is

## *Debbie Pannowitz*

***BSc, MSc(biotech), Grad Dip Hlth Sci (Nutr Med), MBA, MAKA, MATMS***

who will be speaking

on the subject of

## *"An Eastern Mind-Body Model of Wellness and Hypoglycemia"*

**Debbie Pannowitz** is a qualified Kinesiologist and Nutrition Medicine Specialist. She has a Master of Science, a Graduate Diploma Health Science (Nutrition Medicine), is an accredited member of both the Australian Kinesiology Association and Australian Traditional Medicine Society.

She is conscious of the need for us all to manage the stress of modern living and the impact of our emotional states on our health. She seeks to help her clients use their full creative capacity to lead healthier, more fulfilling and rewarding lives.

She lectures at several of the major natural therapy Colleges in Sydney, has a successful practice in Newtown.

Debbie Pannowitz has a clinic at:
**123 Australia St**
**Newtown - phone 9557-4557**

## Previous Copies of the Hypoglycemic Newsletter

Back issues of the Hypoglycemic Newsletters are available at the NSW State Library, Macquarie Street, Sydney. They are filed under NQ616.466006/1 in the General Reference Library.

Other libraries holding copies are: Stanton Library, North Sydney; Leichhardt Municipal Library; The Sydney University; The University of NSW and Newcastle University. The Association will provide free copies in PDF format to any library upon request to jurplesman@hotmail.com

The Association also has a web site at: <www.hypoglycemia.asn.au> where there are some Newsletters in PDF format, as well as articles on clinical nutrition and self-help psychotherapy.

***Books for sale at the meeting***

**The Hypoglycemic Connection II**

is available at Dr Samra's surgery or PO Box 394, Kogarah NSW 2217. Fax: 612-9588-5290

Jurriaan Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries (state and university). By buying this book at the meetings you are supporting the Hypoglycemic Health Association. The book is now also available on the internet free of charge at Google book search.

***The Newcastle branch of the Association*** are still meeting with the assistance of Bev Cook. They now meet at ALL PURPOSE CENTRE, Thorn Street, TORONTO. Turn right before lights at Police Station, the Centre is on the right next to Ambulance Station. For meeting dates and information ring Mrs. Bev Cook at 02-4950-5876.

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

**DISCLAIMER:** The articles in this newsletter are not intended to replace a one-to-one relationship with a qualified health professional and they are not intended as medical advice. They are intended as a sharing of knowledge and information from research and experience in the scientific literature. The Association encourages you to make your own health care decisions based upon research and in partnership with a qualified health care professional.

***Entrance donations at meetings***

Entry donation is tax deductible and for non-members will be $5, for members $3 and family $5. People requiring a receipt for taxation purposes will be issued when asked for it.

***Raffles won***

At the meeting on the 3 Decemeber 2005, Naomi Wilson won the lucky door prize. The raffle was won by Elsie McNaughton.

***Fund raising activities***

We need money, ideas, donations, bequests (remember us in your will), all donations over $2 are tax deductible.

***RAFFLES***

Conducting raffles is an important source of additional revenue for the Association.

Raffle tickets are available at $1 each or three tickets for $2 at our Meetings in the City. A raffle is drawn at each meeting. DONATIONS FOR RAFFLE PRIZES WOULD BE GREATLY APPRECIATED and can be left at Dr Samra's surgery (at Terrace 4 O'Keefes Lane, KOGARAH) or taken in to the city meetings and given to a Committee Member.

***The Kogarah Support Group***

The Support Group schedule has been revised and meetings will be held on the third Saturdays of February, June and October in future. HOWEVER, INFORMATION WILL BE AVAILABLE from Jeanette 02-9525-9178 or Lorraine 02-9520-9887, at any time.

**THE ALLERGY COOK BOOK**

by Sue Litchfield

this will be available at the next meeting. However is also available by mail order cost $16.00 including postage and handling Please send cheque or money order to

Sue Litchfield
PO Box 1127
Surfers Paradise 4217

**PLEASE MAKE SURE YOU ENCLOSE NAME and ADDRESS**

**Attention to Health Professionals**

**Every health professional who donates $30 or more to the Hypoglycemic Health Association of Australia will receive a complimentary copy of Dr George Samra's current book THE HYPOGLYCEMIC CONNECTION II**

**See form at page 12 of this Newsletter**

## *Report by the Treasurer, Sue Litchfield*

I am very sorry I was unable to come to the last meeting. I believe I missed out on a wonderful talk. The meeting was very well attended which is very satisfying and rewarding for the association especially for the committee who put in a lot of work organising the meetings.

The reason why I was unable to attend was my daughter in law was pregnant and was due 3 weeks late. Jo had twins, one of each born 23rd December. We now have one very proud grandmother.

**The survey** that was sent out had a fair response, It would have been great to see a few more take the effort to reply. It is still not too late for those who have either forgotten or were just too busy to do so. Please for the future of our association it is important for everybody to have a say what they want for the future in regards to meetings, speakers, newsletters and anything else one can think of that we all may benefit from. I will bring more forms to the next meeting and please do feel free to fill it in.

As we go to press I am waiting for our accountant to check **our books** for us and should have the reports ready to hand out to every one at the meeting

**PLEASE remember it is our Annual General meeting** and all committee members are up for re-election. Also we would like to see a few new faces standing for election.

I have been able to keep the membership **fees** down again for this year. However, unless we get more new members and/or more donations fees unfortunately may have to be raised. We have not had a price rise now since 2001

The committee members have all agreed that due to the cost of maintaining our web page to have our web page a sponsored site. If any member would like to be a proud sponsor of our web page

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# *The Right Diet**

*by*
*Arwen O'Connor, ND, D Nutr, DRM mATS*

There's a lot of information flying around about food and diets lately – most of it conflicting. Soy is good for us – we should all eat more of it, but then again soy is bad for us, and we should never touch it. Carbohydrates – are they an absolutely necessary part of the diet, or the source of all weight gain? And what about meat?

The problem is, of course, that almost all dietary advice has exceptions. What suits one person perfectly will sit badly with the next person, whether that is clothing choices, music tastes, medicines, or food. This isn't a bad thing – diversity is one of the things that makes us successful as a species, but it does make choosing the best diet a little more involved than it might otherwise be. Just as we all look different to each other, so too we all function slightly differently. Our biochemistry reflects this – we all have different reactions and sensitivities, and our different health issues will also shape what is good for us and what is less so.

The examples I listed in the first paragraph show this well. Soy products ARE good for you – they are a good source of protein without the saturated fats of meat, and have valuable phytoestrogens, as well as calcium, potassium, silicon, lecithin and vitamins B1, B2 & B3. Soy products are only a problem if you're allergic to them (which is more common than you may realise), or you have problems with your thyroid function. Carbohydrates are necessary parts of your diet, even if you're on a high-protein diet for weight loss, diabetes or insulin resistance (all of which your friendly naturopath can help with!), but it's important to choose the type of carbs wisely (which will be the subject of a future article, so keep reading). And meat... well, that's a contentious issue for a lot of reasons. A lot of people have moral, ethical and environmental objections to meat, apart from any health factors, so it's important to take these into account. Many health conditions as well have been shown to respond well to a meatless diet – asthma, and arthritis are two examples that have been studied. However, meat is still the most convenient source of protein for many Western people, as well as iron, zinc, and vitamin B12.

*The problem is, of course, that almost all dietary advice has exceptions...*

So is it all hopeless? Is there no way of knowing what you should & shouldn't eat without calling your nutritionist before each meal? Not quite. There are some basic rules to follow, and some tips for adapting those rules to best suit you and your lifestyle. They are:

**1. Drink plenty of water.** You see this everywhere - it's an ingrained idea these days that we need our eight glasses of water, and yet I still talk to lots of people who don't do it. Not everyone needs eight glasses, though. Some people will do fine on 4 (1 litre of water), others find they need 2.5 or even 3 litres of water per day. One litre of water per day is the bare minimum, though. Less than that and you're putting serious strain on your body, and making it much more difficult for it to work well. I usually talk to at least two people per week who are chronically dehydrated to a greater or lesser extent – symptoms can range from kidney problems and high blood pressure to nose bleeds, acne, constipation and many more.

Is there no way of knowing what you should and shouldn't eat, without calling your nutritionist before each meal?

**2. Eat plenty of fruit and vegetables.** Again, this idea comes up whenever diet is mentioned; yet we all (or most of us, anyway) could still do with more in our diet.

Fruit and veg are natural sources of water, fibre, antioxidants, and most of the vitamins and minerals we need to keep functioning each day. They are (mostly) low in calo-

* Due to a technical problem we have been unable to transcribe the original lecture. Awren O'Connor has supplied this article

ries, and lots of them actually help with weight loss! Tips and tricks for easily getting your greens will be the topic of an article in one of the next few issues of this newsletter, so if you're one of those who could use some help, be sure to keep reading, or, if you can't wait that long, come in and chat.

**3. Have plenty of fibre.** If you're eating lots of fruit and veg, you're already well on your way to doing this, and if you have whole grains such as brown rice, whole grain bread (not just wholemeal), barley etc you're probably there. A high fibre diets helps lower your risk of bowel cancer, keep cholesterol levels down, regulate your blood sugar levels and provides more vitamins such as the B group vitamins (most of which are found mainly in the husks of the grains) and minerals like magnesium. The only people who need to be careful about the type of fibre they eat are those of us with diverticulitis, and some cases of irritable bowel syndrome – these people will feel much better with soluble fibre (found in apples, pectin and slippery elm) rather than insoluble fibre, which may be too rough on any inflammation present.

**4. Eat a balanced mix of protein, carbohydrates and fats.** The exact balance will vary from person to person, and you will probably find that your particular ideal will vary depending on what you want from your diet. Again, there'll be an article on working out the best mix for you in a future issue (probably the next one, since I'm currently inspired, but we'll see how much room there is!). Briefly, though, most nutritionists suggest we should eat 50-60% carbohydrates, 30-40% protein, and 10-15% good fats. In real terms, this means eating plenty of fruit and vegetables, whole grains, and legumes such as beans, chickpeas, kidney beans and soy products (legumes are very good sources of fibre, complex carbs, and proteins), a reasonable amount of lean meat (normally about 200gms per serve 2-4 times per week), and smaller amounts of the good fats – vegetable oils, especially olive, flax and sesame oils, and the fats found within lean meat and butter.

People with **Polycystic Ovarian Syndrome (PCOS)**, blood sugar problems and those of us trying to lose weight will often find they do better with slightly higher amounts of protein, but it's probably a good idea to speak to your nutritionist/naturopath for a better idea of what will suit you best.

A high fibre diets helps lower your risk of bowel cancer, keep cholesterol levels down, regulate your blood sugar levels and provides more vitamins

**5. Eat organically as much as possible.** Several studies have shown that organically grown fruit & veg is significantly higher in vitamins and minerals to conventionally grown. There's still argument on whether or not you can taste the difference between organic and conventional food, but few people would disagree that the organic option is better for your overall health, and the environment. It doesn't have to be an all or nothing thing though – making the change to completely organic food can be expensive and awkward, and not everyone has the time, resources, or energy to shop purely organically. However, changing over a few of your normal foods for organic options can be almost as good. Most supermarkets these days (especially Coles) have organic items mixed in with the conventional ones. I make a point of buying organic tinned goods, especially tomatoes and beans. The other organic option I personally feel strongly about is sugar. Toxic runoff from conventional sugar cane farming is currently causing major degradation of the Great Barrier Reef, as well as having a negative impact on your health (see http://www.wwf.org.au for more information on this issue, as well as an online petition to sign).

**6. Avoid deep fried foods.** Just about everyone craves a serving of greasy hot chips or wedges, or some other tasty fatty yumminess, however, heating vegetable fats above a certain temperature causes the chemical bonds to twist, and they have profoundly negative effects on our bodies, causing problems with our cell walls, cholesterol levels, and even have a mutagenic effect on our cells (meaning they may increase your cancer risks). Deep fried foods are very difficult to cut out completely unless you're a dietary saint, but do try hard to keep them to an absolute minimum – they are one of the very few foods with almost no redeeming features (except taste).

Deep fried foods are... one of the very few foods with almost no redeeming features.

In conclusion, then, while treading the good diet maze can seem confusing and overwhelming, keeping the basic ideas of dietary common sense in mind can make it easier for you to choose your path. And your nutritionist or naturopath is always around with a fair idea of the overall layout!

## NEWS FROM THE KOGARAH SUPPORT GROUP

Following the diagnosis of Hypoglycemia and a period of adjustment to the sugar-free diet, it is amazing how often we recognize the symptoms in friends and family. There are a vast number of undiagnosed sufferers of both Hypoglycemia and Diabetes Type 2 in the general public. Having made the transition to a healthier lifestyle, it is not so surprising that we want to help other sufferers.

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# *Depression : A Disease of Energy Production*

by
*Jurriaan Plesman, BA (Psych), Post Grad Dip Clin Nutr*

Also at: http://www.hypoglycemia.asn.au/articles/Depression_energy.html

The incidence of depression in Australia has often be under rated. According to a report by the Australian Bureau of Statistics of 21 April 2004, over 18% - that is one in five adults - of all Australian adults had experienced a mental disorder during the preceding year.

The prevalence of mental disorder was similar for men and women, but there were differences in the types of disorder suffered: 12% of women and 7% of men had anxiety disorders, while 7% of women and 4% of men had affective disorders (which include depression). Some 11% of men and 4% of women had substance use disorders (such as drug or alcohol dependence).

Standard treatment for depression is usually by either antidepressant medications such as Selective Serotonin Reuptake Inhibitors (SSRIs) and/or psychotherapy.

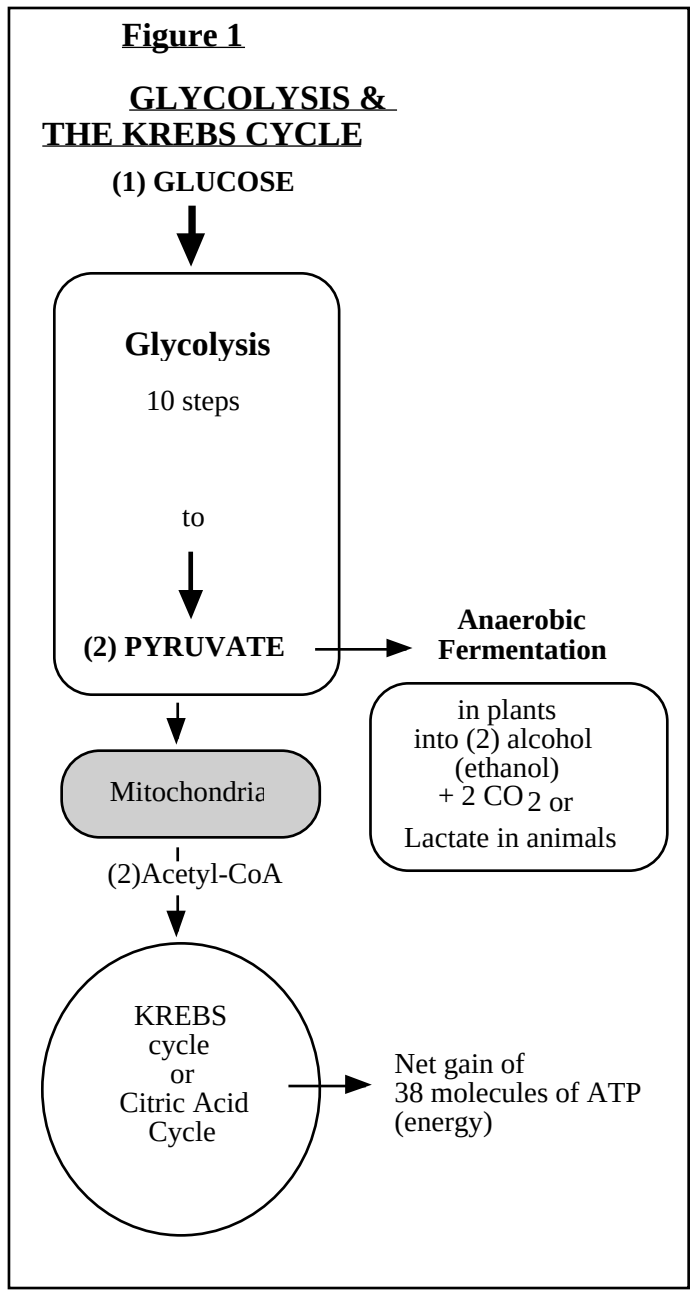
A study in January 2006 by TR Insell[1] showed that only about 40% of patients could benefit from AD medication as per quote here:

"For each of these interventions, one can say with some confidence that at least 40% of a cohort with depression will show statistically significant reductions in unbiased ratings of depression. This information, while entirely commendable in the world of research, is far from satisfactory in the world of practice where an individual clinician needs to make treatment decisions to help an individual patient."

Of course, it should be realized that drugs - even though they benefit some patients - do not address the the biological causes of depression which may leave them taking drugs on a long term basis..

This would leave about 60% of depressed with 'treatment resistant' depression. Conventional treatment would suggest that depression is 'really' a **mental problem** on the assumption that the *'mind is at all time in control of the body'*. If indeed

**Figure 1**



depression is mainly due to an underlying biological disorder, meaning it is endogenous [2] , then one could not expect that talk therapy will cure what is after all a biochemical disorder. The problem appears to be that so far medicine has not come up with a treatment program that would not involve the use of drugs.

Mainstream medicine and psychology seem to overlook and ignore the nutritional aspects of depression. One wonders why, because it is well known that the precursors of neurotransmitters in the brain, their enzymes and coenzymes (vitamins and minerals) all derive from the food we eat.

### *The Nutritional Approach*

The alternative is to look and investigate an alternative model that relies less on the drug/psychotherapy model. The **psycho-nutritional** model aims to look at the causes of depression from both a nutritional and biochemical point of view.

We could start off with the idea that all biochemical machinery in our body - including in brain cells - is driven along by energy. The molecule of energy is called **adenosine triphosphate**[3] that could be compared to a biological battery. An active cell in the body may use up as much as 2 million molecules of ATP per second[4] , and hence biological energy is very important to us. When it gives up its energy it becomes adenosine diphosphate (ADP). The only way to recharge that battery is through nutrition.

### *Glucose source of energy*

The source of all energy is ultimately glucose found in food sources, that is then converted along a biochemical pathway - called glycolysis[5] - by 10 biochemical reactions to form first pyruvate and then ATP. At each step proteins, enzymes, coenzymes, all derived form food, are necessary to complete the biochemical conversion to the next step. Thus there may be many biochemical reasons why the body has problems manufacturing its energy sources, to produce for instance serotonin - our happy hormone. And without energy we become depressed!

For example, if we have an **imbalance between zinc and copper,** zinc deficiency can cause a blockage in the glycolytic pathway, although blood sugar levels may appear to be normal.

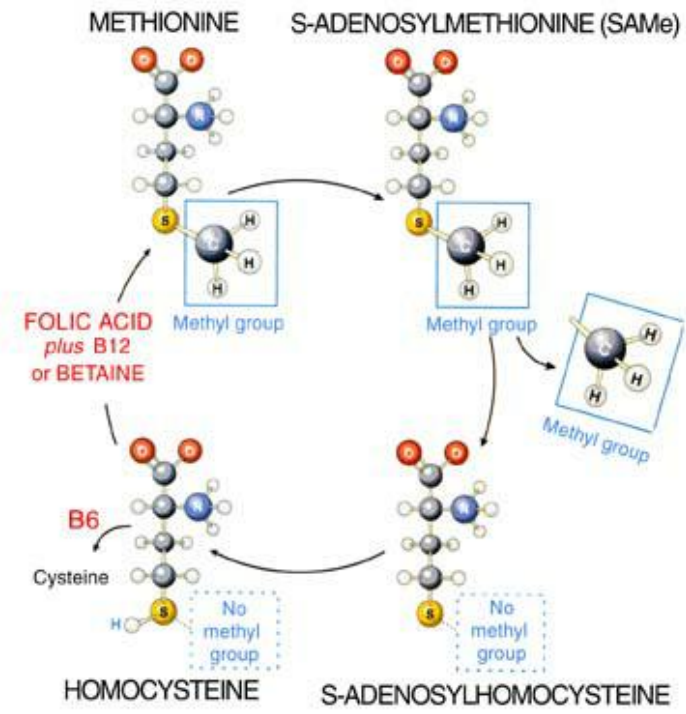
**Figure 1** shows a simplified version of how one molecule of glucose is converted to two molecules of pyruvate, then converted to two molecules of Acetyl-CoA, which then enters the Krebs cycle (Citric Acid Cycle) to produce 38 molecules of ATP.

Thus one molecule of glucose can produce a net total of 36 molecules of ATP via glycolysis and the Krebs Cycle. This all takes place in the mitochondria[6] of cells. It takes place in the twinkling of an eye.

Please note that **alcohol** (ethanol) can be anaerobically fermented from pyruvate from plant sources. People addicted to alcohol may have an obstruction in glycolysis and resort to alcohol as a source of energy. See: our web site for article ***"Alcoholism is a Treatable Disease."***

Biological energy is required to produce the feel good neurotransmitters[7] , such as serotonin[8] and others. This is clearly demonstrated

**Figure 2**




Source:
http://www.lef.org/magazine/mag98/aug98-report2.html

when we study how **SAM-e** (S-Adenosylmethionine) can act as a an antidepressant nutrient. It provides an insight as to how nutritional therapy can be useful. SAM-e is found in every cell of the body.

The body makes SAM-e from the combination of a molecule of methionine and ATP.

Thus;
**Methionine + ATP = SAM-e**

This is illustrated in **Figure 2**

It shows that SAM-e contains a methyl group ($CH_3$). When it donates this methyl group to another molecule, it will change its shape, size and function and this is how SAM-e helps to form and reform molecules and is instrumental in the formation of serotonin and many other neurotransmitters. The process is called **methylation**[9] .

After methylation, SAM-e becomes S-Adenosylhomocysteine, which is then converted to **homocysteine**, which is a toxic waste products. It is said to be responsible for cardiovascular and other degenerative diseases. However homocysteine can be converted to cysteine under the influence of vitamin B6 (Pyridoxine). Cysteine is an important chemical forming part of **glutathione peroxidase** which helps to detoxify the body.

Homocysteine can also be converted back into methionine with the help of folic acid and vitamin B12 or Betaine (trimethylglycine)[10] .

Because SAM-e formation depends on biological energy, ***people with insulin resistance (hypoglycemia) are likely to be inadequate in in SAM-e concentrations***, and this could be responsible for depression and other forms of mental illness.

Of course it should be realized that SAM-e **alone** cannot produce the feel good brain chemicals. If the body is deficient in tryptophan from which serotonin is made, it cannot methylate the feel good neurotransmitter. Nor can SAM-e do so, if the body lacks vitamin B6, B3 ( niacin), magnesium, zinc, chromium and a host of other nutrients that are necessary in the production of serotonin. **We need total nutritional support, that can be supplied with the Hypoglycemic Diet.**

This has been further discussed in the article ***Hit or Miss Supplements for Depression*** at the web site.[11]

**Glucose ingestion**

The universal source of biological energy is derived form the sugars we eat in our food. These sugars are converted to glucose, which enters the glycolytic pathway to form pyruvate. Pyruvate enters the Krebs Cycle to create energy in the form of ATP. Many other nutrients, such as amino acids and fatty acids can be converted to pyruvate thus contributing to the generation of biological energy.

If we have an abnormality in the absorption and metabolism of glucose - such as insulin resistance[12] and hypoglycemia - then we cannot produce SAM-e and other chemicals involved in methylation.

**Figure 3** shows how insulin resistance causes unstable blood sugar levels and thereby interfering with energy production.

Please note that when receptors for insulin fail to respond to insulin, blood sugar levels initially tend to rise above the normal, called hyperglycemia. This triggers the release of more insulin, hyperinsulinism, which is usually followed by a sudden crash in glucose concentrations, called **hypoglycemia**. The brain senses these hypoglycemic dips as a threat to its glucose supply on which it entirely depends as its only source of energy. Although only two per cent of the body by weight, the brain requires about 60-70 per cent of all available glucose in the body to energize the brain biochemistry, whether asleep or awake!

When the brain is threatened with energy starvation it will send a hormonal message to the adrenal glands to increase adrenaline production. Adrenaline is a hormone that coverts sugar stores called **glycogen**[13] - strings of glucose molecules stored in the body - back into glucose, so as to feed the brain again. Again this happens as quick as a flash.

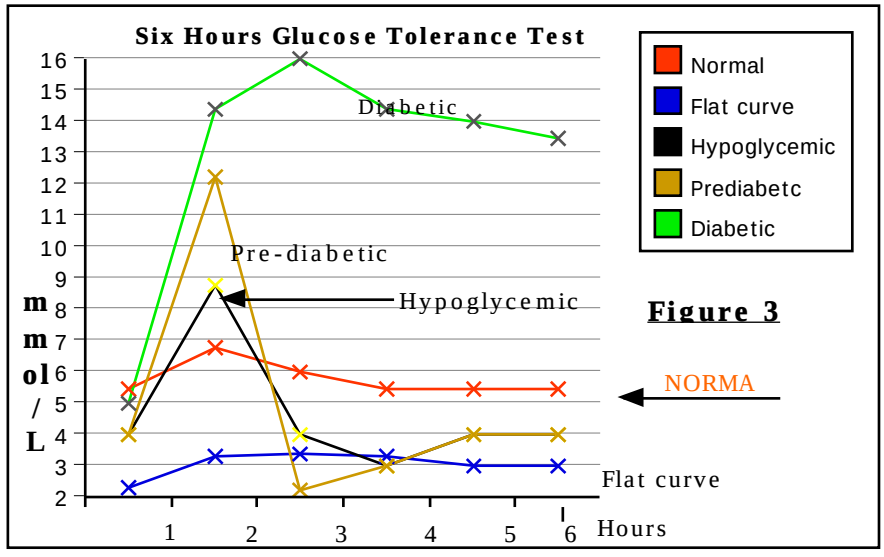



**Figure 3**

These adrenergic reactions are considered the cause of most symptoms of 'mental' illnesses, from anxiety attacks, depression, insomnia, addiction (alcohol, drugs), compulsive behaviours and thoughts.

The hypoglycemic syndrome can develop into full-blown diabetes if no steps are taken to prevent it. We owe it to **Dr George Samra,** of Kogarah, Australia, that doctors have a diagnostic test for hypoglycemia and prediabetes. Doctors are thus able to assess the risk of a person developing diabetes, well **before** it is too late for proper treatment.

The **Test for Hypoglycemia** has been described at our web site[14] .

The good news is that depression and many other forms of 'mental' illness can be treated without recourse to drugs by the adoption of the Hypoglycemic Diet[15] , Thus **the Hypoglycemic Diet is an antidepressant diet!!!**.

This model also makes it clear that the idea that depression is caused by some malfunctioning in the brain itself is a misconception. The molecules of emotions - adrenaline, ATP, serotonin, dopamine, acetylcholine and so on are produced throughout the body, starting from the digestive system, and controlled by the liver, adrenal glands, pancreas, pituitary and hypothalamus.

Thus anywhere along the glycolytic pathway, digestive illnesses can interfere with the production of biological energy and cause depression.

And if this sounds all very complicated we can reduce it to a simple formula which says:

**Hypoglycemic Diet + Psychotherapy = Recovery from Mental Illness**

A good book with a similar theme is

Pert, Candace B (1988), **MOLECULES OF EMOTIONS:** Why you feel the way you feel, London: Simon & Schuster

The body runs the brain!!

## References


1) Insel, TR (2006),Beyond Efficacy: The STAR*D Trial, **Am J Psychiatry 163:5-7, January 2006**

2 )Depression that is not caused by any external factor. Usually used to describe a depression that is purely the result of biological factors, such as a brain disorder or neurological dysfunction affecting Serotonin, Dopamine or other neurotransmitter. It is increasingly believed that environmental toxins may be a hidden cause of endogenous depression. Check out this article on SixWise.com about common environmental toxins that may cause serious depressive symptoms.

3 ) ATP is a molecule which serves as the universal energy source for all plants and animals. In your body, ATP breaks down into adenosine diphosphate plus a separate phosphate group. This releases energy, which is used to power your body's cells. During periods of inactivity, the reverse reaction takes place, and the phosphate group is reattached to the molecule using energy obtained from food. In this way, the ATP molecule is continuously being recycled by your body. .

4) Hale WG et als.(1995) Dictionary of biology, HarperCollins Pub

5 )A process in which glucose (sugar) is partially broken down by cells in enzyme reactions that do not need oxygen. Glycolysis is one method that cells use to produce energy. When glycolysis is linked with other enzyme reactions that use oxygen, more complete breakdown of glucose is possible and more energy is produced.

6) Specialized subcellular structures located within body cells that contain oxidative enzymes needed by the cell to metabolize foodstuffs into energy sources.

7) A chemical that is released from a nerve cell, which transmits an impulse from that nerve cell to another nerve cell, or to another organ (a muscle, for example). Neurotransmitters are chemical messengers that transmit neurological information from one cell to another.

8) A hormone found in the brain, platelets, digestive tract, and pineal gland. It acts both as a neurotransmitter (a substance that nerves use to send messages to one another) and a vasoconstrictor (a substance that causes blood vessels to narrow). A lack of serotonin in the brain is thought to be a cause of depression. Also called 5-hydroxytryptamine.

9)The transfer of a methyl group to another molecule. It makes adrenaline from norepinephrine, and melatonin from serotonin. It is critical for the transcription of DNA

10) Trimethylglycine (Betaine) functions very closely with choline, folic acid, vitamin B12, and a form of the amino acid methionine known as S-adenosylmethionine (SAMe). All of these compounds function as "methyl donors." They carry and donate methyl molecules to facilitate necessary chemical processes. The donation of methyl groups is very important to proper liver function, cellular replication, and detoxification reactions.

11) http://www.hypoglycemia.asn.au/articles/hit_miss_supplements.html

12) A condition in which the cells no longer respond well to insulin. As a result, the body secretes more insulin into the bloodstream in an effort to reduce blood glucose levels. It's often linked to obesity, hypertension and high levels of fat in the blood.

13)Glycogen is a substance made up of sugars. It is stored in the liver & muscles and releases glucose (sugar) into the blood when needed by cells. Glycogen is the chief source of stored fuel in the body.

14) The four hour medical Test for Hypoglycemia at:
http://www.hypoglycemia.asn.au/articles/testing_hypoglycemia.html

15 )"The Hypoglycemic Diet" at:
http://www.hypoglycemia.asn.au/articles/hypoglycemic_diet.html

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The Support Group has been invited to speak at meetings of Community Groups from time to time. We have designed a simple leaflet to hand out to all people in these groups. If anyone relates to this preliminary information, we speak to them personally after the meetings. We have a range of more specific information sheets to hand to these people according to their needs.

Briefly, our general information leaflet is worded as follows:

**DO YOU SUFFER FROM THE FOLLOWING?**

Depression & moodiness, lethargy & tiredness, chronic fatigue, forgetfulness, poor concentration, insomnia, mental confusion, migraines, anxiety, irritability, food or other allergies OR IN CHILDREN limited attention span, learning disability, hyperactivity, bedwetting.

Do you frequently need a cuppa and a snack (preferably something sweet) to "pep you up"?

Perhaps you also have a relative who has diabetes

**YOU COULD HAVE HYPOGLYCEMIA** which is a metabolic disorder limited to insulin-supply malfunction.

In discussing Hypoglycemia with friends and family, also bear in mind the quote from Dr George Samra's book:

**"RECOGNISING THE HYPOGLYCEMIC SYNDROME:** - In the first instance, at least 3 of the following 4 symptoms should be looked at:

DEPRESSION AND MOODINESS

LETHARGY AND TIREDNESS

MEMORY IMPAIRMENT or POOR CONCENTRATION

A HISTORY OF PREFERENCE FOR SWEET FOODS

As we all know Hypoglycemia is usually one of a number of problems for most of us. Other associated problems may include a deficiency in nutrient (eg zinc, magnesium) and various food allergies. All these things must be taken into account, together with the sugar-free diet.

This is in no way to be considered a guide to a "do-it-yourself" diagnosis, but simply as a tool leading to the seeking of a proper medical diagnosis.

Whether diagnosed or not **anyone** can attend our Support Group Meetings and join in our discussions. **Friends are welcome.** Cost is $2, tea and coffee are provided. Bring along your own snack, according to what you are able to eat.

**THE NEXT SUPPORT GROUP MEETING WILL BE on** Saturday 17th June at 1.30pm.

For further information ring **JEANETTE - 9525-9178** or **LORRAINE - 9520-9887**

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## *MEDICATION. MEMORY LOSS LINK? UPDATE*

By: Ron Buckridge

Readers may recall my story in an earlier issue of the journal (August 2005, page 7) re a possible link between some medications (statins) and memory loss. At the time that account was writen neither the minister nor Therapeutical Goods Admin (TGA) had decided whether to investigate the matters raised in Dr. Graveline's book which were the basis for the article. Since then I have received a negative answer and sent the following reply.

'Thank you for your letter of 13th inst. The standard fare information contained in your correspondence has been noted. In the last sentence of paragraph three you state: "The fact that amnesia has rarely been reported in patients taking Lipitor is included in the prescribing information provided to doctors ..." Would you please advise in which year this detail was first covered in MIMS Annual and/or other communications to doctors?

'While it is something of a relief to receive an answer to my main question after three attempts (but not to you) - and first raised on 11th December, 2004 - the result was most disappointing.

'I wonder how many of those, seemingly so quick to dismiss Graveline's theories/-views/whatever, have actually read his book? After all it is only about 156 pages including index and TGA "will, however, continue to monitor trials and adverse events reports" etc. etc? Plus, again, his references and other details could easily have been checked? And to my simple mind seemed credible or at least worth a second look? I mean he wasn't quoting such authorities as say the head witch doctor at the Northern Pygmy Medical Association?

'

Finally, if we are going to "hang our hat" on the statins, does TGA or anyone else have any theories/ ideas/whatever after what must be something like 15 years of use of this group of drugs, and their ongoing costs on our PBS, as to why Heart Disease and Stroke are still the biggest killers of our citizens? Has the extensive use of statins made any material difference in the relevant "stats"?'

## *Recipes for April Newsletter by Sue Litchfield*

If a recipes uses Rolled Oats and you are allergic to them try substituting them with Quinoa

How often do I get asked for an icing suitable for a cake well I have finally think I have come up with one

**Icing**

1x300g firm silken tofu
2 tabs coconut powder
1 tab Rice Syrup
1/2 teas vanilla
1 teas coconut essence (optional)

Place all ingredients in a food processor ad process till smooth and creamy. Add a little soya milk if the mixture is too thick Spread onto cake and decorate with either flaked coconut or slivered almonds, chopped pecans/walnuts even grated sugar free chocolate.

**"Cream"**

1 cup soya milk
350 g silken tofu
2 tabs rice syrup or pear concentrate or VERY small amount of Stevia

Place all ingredients in a blender and blend until smooth.

This maybe used in a number of ways depending on sweetener used.

If using Stevia or pear concentrate great over stewed fruit and desserts.

If using rice syrup great in salads such as coleslaw and potato salad.

**Pumpkin Muffins**

2 cups Brown Rice flour
1/2 cup millet flour (soya flour will do)
2 cups cooked mashed pumpkin
1 cup ground almonds or ground nuts of choice
1/2 teas bicarb soda
2 teas cream of tartar
1/3 cup rice syrup
1-2 tabs "Milk" of choice

In a large bowl combine flours soda and cream of tartar

In another bowl mix together pumpkin, rice syrup and milk and add to flour mixture

Add ground almonds and mix to just combined

Place into grease small muffins pans and bake in a moderate oven for about 30 mins or until cooked

**Seeded Bread**

This recipe came from the Coeliac Society who I turn received it from Kathy Pakay

1 cup Corn flour
11 cup white rice flour
1 cup soya flour
3 teas baking powder
_ teas salt
_ cup cornmeal or polenta
_ cup mixed seeds (pine nuts, sesame and sunflower seeds) lightly roasted ad crushed
_ cup cooked ad mashed pumpkin
_ cup canola oil
2 eggs
soda water or plain water

To roast the seeds place in an ungreased frying pan over medium heat ad stir regularly until just starting to turn colour.Cool the either crush in a mortar and pestle or lightly grind in a blender

Sift together cornflower, rice flour, Soya flour, baking powder and salt in a large bowl.

Add the cornmeal mixed seeds, mashed pumpkin, oil, and eggs. Mix well. Gradually add small amounts soda water until the mixture resembles a thick batter

Pour into a large greased loaf tin and bake in 170C for approx 45-50 mins

Makes 1 large loaf

**ROLLED OAT SLICE**

2 ripe mashed bananas
2 egg whites slightly beaten
2 cups rolled oats
1/3 cup chopped dried fruit of choice

Mix all the ingredients well together

and allow settling 15-20 mins

Line a lamington with a layer of foil and

a layer of baking paper. Spread evenly

into tin. Bake in 180 C.oven for approx. 30

mins

.

**Easy Quiche**

This quiche recipe is great. I took it from one of our newsletters in 1995

4 eggs

2 cups of milk of your choice (dairy, Soya etc.)

half a cup of sifted whole meal plain flour

one third of a cup of melted butter or margarine

salt and pepper to taste

lightly beat eggs, add milk, sifted flour and melted butter, salt and

pepper. Mix until smooth. (If you have a food processor just throw the lot

in and blend until combined). Pour into a greased 10 inch pie plate.

Place filling on top and bake at 180 degrees C for approximately 45 minutes.

Suggested fillings - Tomato slices, chopped shallots, parsley, spinach

(cooked and finely chopped), grated parmesan and tasty cheese. Chopped

bacon or ham.

The following recipe have been sent in by Jeannette Bousefield Many Thanks it is delicious

**Healthy Fruit Cake**

l cup mashed pumpkin
l teaspoon rice syrup
1 teaspoon mixed spice

1 cup apricot nectar
500 gm mixed fruit
1 teaspoon carb soda
1 and a half cups S.R. Flour

In a saucepan put fruit, rice syrup and nectar. Simmer for 3 to 5 minutes.

Allow to cool. Add pumpkin, flour, spice and carb soda. Mix well and

place in a greased loaf tin.

Bake in moderate oven (160 degrees C) for about an hour

This quiche recipe is great. I took it from one of our 1995 newsletters

## A Letter from a visitor of the web site:

*Dear Health Association personnel,*

*I think the dear lord led me to this web site, and you are one of my many answers to my prayers!*

*I am thrilled with finding your web site, as I believe it may have the answers (at least in large part)to my health problems that I've been searching for. I am pregnant, and taking care of my toddler as well. I have been not well for several years and had many tests to find no problems. But the last few years have gotten worse, especially during time on birth control pills, during pregnancy, and post partum. I have many health problems-diarrhea, stiffness, sore muscles, weakness, numbness, fatigue, cloudy head, hard time concentrating, forgetfulness, racing heart and the sweats sometimes, depression, and worst of all bad anxiety (which worsens with stress, but overall there there seems to be no reason for it), also I sometimes have anxiety attacks, and get really thirsty.*

*I have been tested for many things, but not for hypoglycemia (though I have suspected it) or allergies. My doctor said that there wasn't really a test for it. Now I can take the medical test information that was on your web site and give it to my doctor so I can get tested. I did your written test and my score wise! I found a lot of your info. very helpful and it makes sense. I appreciate that vast amount of information and detail you put into it.*

*I am also going to see a naturopath doctor for the first time, so they maybe be able to give me more information.*

*My doctor wants to put me on antidepressants but I am leery of them and fearful of them in pregnancy. Also, I am determined to find the cause of the problem and not just put a band aide on it.*

*Thank God for you! Thank you for all of this wonderful free information and I look forward to seeing what can be done and what additional info. I can find.*

*Thank you again, truly,*

*Mrs. (Name withheld)*

## Diet and Delinquency

**by Sue Lithfield**

Whether you like it or not it is a known fact that whatever one eats and drinks plus any pills they pop has a marked influence on criminal tendencies.

**A book was published in 1981 Diet, Crime and Delinquency by Alexander Schauss.** An American Criminologist.

Schaus worked with the rehabilitation of criminals and delinquents and proved 24 years ago with extensive experiments that diet and behaviour patterns were very closely related. There have been huge changes in the interim with the advent of more and more chemicals GE foods and radiation.

He proved that ordinary everyday chemical laden foods do affect our brains.

The brain is very chemically sensitive and requires the correct nutrition to keep it on an even keel.

Vitamin and mineral deficiencies, all sugars, food allergies plus additives and preservatives can very easily upset the brain and convert it into an out of balanced mind.

The experiments with the delinquents showed very clearly a remarkable record of rehabilitation when given a diet free of particular soft drinks, cola, all sugars, white flour. Coffee, cured meats doughnuts etc. Instead the diet was replaced with a Hypoglycemic diet that was free of all sugars, plenty of fresh and where possible raw foods. The results were startling. Within two weeks they were no longer hyper or irritable. They spoke more slowly, slept better required less attention and were less aggressive to their fellow inmates. However many did suffer from withdrawal symptoms which included headaches and vomiting.

It is also obvious that the above applies to children of all ages. Tests have shown remarkable increase in intelligence when fed a hypoglycemic diet. It's funny when Childs first words are Mummy and Daddy when they should be saying "Why do you keep feeding me junk"

Personally all children under that age of 1 year should be on a gluten free/sugar free diet. Maybe a lot of the problems of above would not exist today.

**Please Photocopy**

**HEALTH PROFESSIONAL'S DONATION FORM**

(Please print neatly)

Name: .....

Profession:.....

Contact Number: .....

I wish to donate a cheque for $ ..... payable to the "Hypoglycemic Health Association of Australia."

Donations are tax deductible. Please forward my complimentary copy of Dr George Samra's current book: **"THE HYPOGLYCEMIC CONNECTION II"** to

Address:.....

Postal Code: .....

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Feel free to contact any of the above members for suggestions.

**From Page 2**

please contact me and I will be only too happy to organise it.

Wishing you all a healthy and happy new year and looking forward to seeing you all at the meeting

One last word **Subscriptions are NOW DUE**

**BEQUEST TO THE HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA**

If you would like to include a bequest to the Hypoglycemic Health Association of Australia in your will, the following options will guide you in its wording.

**Option 1:** I devise the sum of $..... to the Hypoglycemic Health Association of Australia for the general purposes OR for the specific purpose of

.....

such purpose being consistent with the aims and objectives of the Hypoglycemic Health Association of Australia.

**Option 2:**

(for a proportional bequest) I give the Hypoglycemic Health Association of Australia for its general purposes or the specific purpose of .....

.....

.....per cent of my estate .

**The gift you make to the Hypoglycemic Health Association of Australia will be an enduring record of you.**

**Old people should not eat health foods. They need all the preservatives they can get.**

**Please Photocopy**

**THE HYPOGLYCEMIC HEALTH ASSOCIATION**

**P.O. BOX 830, KOGARAH NSW 1485**

**MEMBERSHIP APPLICATION**

**PLEASE PRINT**

**Surname:** _____

**First Name:** _____

**Address:** _____

**Town/City:** _____ **Post code:**

**Phone:** _____ **Age:** _____

| | | *Please Tick √* | |
|---|---|---|---|
| **Membership $22.00 p.a.** | | | |
| **Pensioner $16.50** | **RENEWAL** | ☐ | **Occupation** _____ |
| **Life Membership $200** | **New member** | ☐ | _____ |
| | | | _____ |

**Do you have hypoglycemia? YES/NO Does a family member has hypoglycemia? YES/NO**

**To receive Newsletters via email, please send an email to jurplesman@hotmail. com or to litch.grip@bigpond.com**

## *2006 MEETING DATES ON FIRST SATURDAYS*

## OF APRIL - AUGUST - DECEMBER