



Hypoglycemic Health Association of Australia

working to prevent diabetes

HYPONEWS

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*The Newsletter of the Hypoglycemic Health Association of Australia is distributed to members of the association and to health professionals with an interest in **nutritional medicine and clinical ecology**. Past newsletters are also available on the website.*

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Our next Public Meeting and AGM will be at

2pm on Saturday 4 August 2012

at **YWCA** (Check Noticeboard in the lobby near the lift on arrival)

5 – 11 Wentworth Ave, Sydney

Our guest speaker will be **Graham Reilly:**

“Managing Dietary Needs During Training and Competition”

*Can you please **RSVP to Kerrie or Linda on 9553 0084** to assist with the organisation of the catering. If anybody could assist with afternoon tea in any way, please advise at the time of your RSVP as Sue Litchfield is unable to assist on the day.*

PATRONS

- Dr George Samra
- Steve McNaughton BE (NSW)

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- Dr George Samra

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- John P Natoli

TREASURER

- Sue Litchfield

AUDITOR

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INTERNET

- Amitee Goulton

PUBLICITY

- Andrew Reynolds

NEWSLETTER EDITOR

- Susan Ridge

Don't forget to put the next meeting of the year in your diary: Saturday, 1 December 2012 – speaker and topic to be announced in the next newsletter.

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

Graham Reilly

Graham Reilly (58) is a Civil Engineer running his own construction business in Canberra. He was diagnosed with Hypoglycemia in the early 90's after a bout of chronic fatigue. Over the last 20 years he has been a keen rock climber and triathlete competing at national and international events. His most recent adventure was the 240km Larapinta Trail in the Northern Territory. Next year he is hoping to represent Australia in the Age Group World Championship Triathlon to be held in London. Graham will talk about his experiences with managing training and competition requirements in conjunction with dietary needs all while running a large business. He can be contacted on (0418) 978 110 or at graham@huon.net.au

Treasurers Report

By Sue Litchfield

I'm sorry I have not been as proactive as I would like to have been during the past few months. However, it has been a very quiet time for all, what with all the problems that are happening in Europe. Our association is bubbling along quite nicely. I would like to welcome the new members and wish them all the very best, and remember we are here to help and support you all.

The pile of pamphlets we had printed is diminishing and they seem to be well received by the public. Also, there has been a lot of publicity in the media during the past few weeks about the effects of sugar. Please everyone put in your two bob's worth and make comments on their face book pages etc. Eventually, we will get the message across about how harmful sugar is in everyday life.

Our finances are very healthy at the moment with \$714.00 in our cheque account. Looking forward to seeing you all at the next meeting.

Please come and listen to what our speaker Graham Reilly has to say about fitness it could save your life.

Appointment of New Publicity Officer

At the committee meeting held on 19 June at Dr Samra's surgery, it was voted unanimously that Andrew Reynolds be appointed as our new Publicity Officer. It is with great pleasure I welcome him to the committee and am looking forward to a happy and long work association. We will give him all the support he requires to promote our wonderful Association. Good luck Andrew and welcome!

Andrew is a relatively new member to the Assoc and knows what it is like to have Hypoglycemia, and all it side affects. We, the committee, all feel he is well qualified to take on such a responsible role.

Andrew in the past has worked in various capacities. The last ten years he worked as a procurement professional (writing & negotiating contracts, tenders etc.) for Qantas & MBF (now named Bupa after merger). Previous to that, Andrew was a Purchasing manager, design draftsman, electrical fitter/mechanic, even (briefly) motorcycle courier. He was the founding President of the Qantas Motorcycle club in 2002.

Life Member

At the committee meeting held on 19th June it was unanimously decided to make Amitee Goulton a life member of the Association. Amitee has given up so much of her time for us and has been responsible for the original, and also the new web page. From the bottom of our hearts, thank you for a job well done!

Information Compiled by Dr George Samra on Major Health Issues that we Face Today

Health Issue 1 – Sick Soils

The Nutrition Security Institute (www.nutritionsecurity.org) is a non-profit organisation that is dedicated to **restore depleted agricultural soils**, regenerate topsoils, assures us that the nutritional quality of harvested food will sustain human health.

The last 50 years has resulted in the destruction of over 50% of our supply of topsoil needed for food production. Extensive topsoil has been lost through the overuse of inorganic fertilizers, erosion and farming practices that deplete soil nutrients.

The nutrient values of harvested food are linked to the biological activity of soil microbes, soil organic matter, the mineral composition of the soil, fertilisation practices and the genetics of the plant. Exhausted soils depleted of needed minerals and organic material cannot grow healthy, nutrient rich food. There has been an 80-year decline in the mineral content of one apple. The microbial life within the thin top layer is greater than the combined weight of all other organisms on the planet.

If we look at the amounts of Vitamin C in 100g of Spinach over time we see a real decline as follows:

- 1950 = 150 mg
- 1963 = 100 mg
- 1982 = 063 mg
- 1994 = 013 mg

Using potatoes as another example, in a study to find out what nutrients the potato has lost over the last 50 years. This is what was concluded:

- 100% of Vitamin A
- 57% of Vitamin C and iron
- 28% of Calcium
- 50% of Riboflavin
- 18% of Thiamine

Out of all the nutrients analysed only niacin levels actually did increase. The conclusion was very similar for 25 fruits and vegetables under the same test conditions. Broccoli had a huge reduction in which all nutrients had significantly declined, surprisingly including niacin.

1992 Earth Summit Statistics

Percentage of Mineral **Depletion from Soil During The Past 100 Years**, By Continent:

- North America **85%**
- South America **76%**
- Asia **76%**
- Africa **74%**
- Europe **72%**

How can plants grow without vitamins and minerals?

Most plants require only three nutrients to grow, namely nitrogen, phosphorus and water. In the presence of these nutrients, virtually all plants will grow into what appear to be healthy, nutritious adult specimens. However, if the minerals found in their natural habitat are not present, such plants and their relevant fruits and vegetables will be nutritionally "empty".

How do we address the problems of depleted soils?

"Repair" the soils our fruits and vegetables are grown on by **remineralising them and using organic waste products to put back those nutrients necessary**. US farmers in particular are

relying on **genetically modified (GM)** versions of plants to overcome increasing growth and yield problems due to depleted soils.

To those working with soil, the solutions are clear. **The soil must have a biology; a viable ecosystem.** Current farming practices have ensured a sterile ecosystem in which micro-organisms, nutrients, even natural life itself, are absent. The use of chemical fertilisers rids the soil of the good bacteria needed to sustain life.

Dr Linus Pauling is famous for saying that **every disease, sickness and ailment is related to mineral deficiency.** The reason is that minerals are required for every cell in our body to function. If minerals are lacking in our food, vitamins are of no use because vitamins (and enzymes) need minerals for them to work in our bodies. This means that vitamin supplements would be of no use unless we also have adequate minerals.

To quote Lynn Berry: "We cannot rely on governments to protect our health. We can take action. We can **buy organic food grown in nutrient-rich soils.** We can refuse to buy canned fruits and vegetables, and we can refuse to buy fresh fruits and vegetables from supermarkets known to stock poor quality ones."

Health Issue 2 – Immune Weakness And Vaccinations

Weak immune systems can be caused by multi-dimensional factors such as genetic make-up, deficient diet, immune suppression from an infectious agent, exposure agent, exposure to some drugs such as steroids, and so on. Yes, if the immune system is weak then the risk of infection, cancer, and chronic illness is greater for the average person. Some of the most common ways that the immune system can be weakened include:

- **Poor diet – Nutrition** is an important aspect of immunity, and if you don't get the correct amount of **immune system vitamins**, your body's defences will begin to suffer.
- **Overuse and abuse of antibiotics** – While antibiotics are effective in treating many infections, they can also kill "good" bacteria that are necessary for maintaining a healthy immune system.
- **Stress** – Stress can cause a weak immune system by causing lack of sleep, poor eating habits, and the production of abnormal cells.
- **Lack of sleep** – The body heals from damage incurred throughout the day while we sleep, and without enough rest we cannot maintain optimum health.
- **Treatment of other illnesses** – While this may often be out of your control, some treatments for illness can cause a weak immune system. If you already suffering from a compromised immune system, it is important to know whether treatments are going to further weaken your immunity and to compensate accordingly.

*Wikipedia - A **vaccination** is a treatment which makes the body resist a particular infection.*

By giving someone a vaccine, that substance makes their immune system react. The immune system is the way a body fights infection. The immune system's reaction makes someone less likely to get that infection. If 95% of people in a place are immune to a disease, the other 5% are safer.

Health Issue 3 – Mobile Phone Radiation

As of June 2009, there were more than **4.3 billion subscriptions** worldwide. Mobile phones use electromagnetic radiation in the microwave range. WHO has classified mobile phone radiation on the IARC scale into **Group 2B – possibly carcinogenic**.

Part of the radio waves emitted by a mobile telephone handset are absorbed by the human head. One well understood effect of microwave radiation is dielectric heating, causing temperature to increase by a fraction of a degree. In 2006, a large Danish study about the connection between mobile phone use and cancer incidence was published. It followed over 420,000 Danish citizens for 20 years and showed no increased risk of cancer.

Swedish researchers from Lund University found a leakage of albumin into the brain via a permeated blood-brain barrier. However, observations at the highest level of cumulative call time and the **changing patterns of mobile phone use** since the period studied by Interphone, particularly in young people, mean that further investigation of mobile phone use and brain cancer risk is merited.

The Australian Radiation Protection and Nuclear Safety Agency **recommends** that, due to the lack of any data relating to children and long term use of mobile phones, parents encourage their **children to limit their exposure by reducing call time, by making calls where reception is good, by using hands-free devices or speaker options**, or by texting.

Interview Ali Moore: ABC Television Interviewing Dr Debra Davis

Dr Debra Davis is an epidemiologist and founding director of the toxicology and environmental studies board at the United States National Academy of Sciences. She's written a new book called Disconnect.

Debra Davis: *Cell phone is a two-way microwave radio and should not be held next to the brain.*

Ali Moore: *Danish study of 2006. That study actually started out with 700,000 cell phone users. 200,000 people were excluded because they were business users of mobile phones. So they excluded the people that might have been the biggest users.*

Debra Davis: *I think phones today are like cars and guns and alcohol, they're things that we become quite accustomed to, they have valuable roles in our society but **we've got to be smart about how we use them.***

Debra Davis: *We can be sensible about this. Let's take these precautions now, we're going to be better off and my children and grandchildren will be better off as well. I recognise we don't have definitive proof in terms of human harm but for where I sit as someone who evaluated evidence for governments around the world on tobacco and asbestos we have plenty of good solid reasons for concern and there are simple things we can do to protect ourselves so let's just do it.*

Health Issue 4 - Sugar Overload

Dr William Crook and many other doctors think the growing incidence of attention deficit hyperactivity disorder is related to sugar consumption. But even kids who are not especially sensitive to sugar can demonstrate something that the MENDOSA Association calls the "Halloween Hangover". Murphy said: *"If your child's behaviour changes a lot after Halloween, it could very well be the overabundance of candy that he or she is eating".*

"The sugar industry says that sugar doesn't cause any problems but all you have to do is to talk to any teacher after Halloween and Valentine's Day and Christmas, and ask them, "How are the children?". The day after Halloween, they can't teach because everybody is so wound up."

Diabetes, a parallel epidemic

Like sugar consumption and obesity, diabetes in America is growing at an alarming rate. Still, there is no proof that sugar consumption is the direct cause here either. Indeed, the story is much more complex. Health experts agree on dental caries, or tooth decay - the main proven effect of sugar is on increasing dental caries.

Health Issue 5 - Exposure To Environmental Chemicals

The National Report on Human Exposure to Environmental Chemicals

The National Report on Human Exposure to Environmental Chemicals is a series of ongoing assessments of the US population's exposure to environmental chemicals by measuring chemicals in a person's blood or urine – a process called biomonitoring. The Environmental Health Laboratory within the National Centre for Environmental Health (NCEH) at the Centres for Disease Control and Prevention (CDC) has produced four of these reports since 2001.

Levels of Chemicals in the US Population

For the *Fourth Report*, CDC scientists used information collected from the National Health and Nutrition Examination Survey (NHANES), a representative sampling of the civilian, non-institutionalised U.S. population. CDC asks people who take part in NHANES about their diet, exercise and other health habits. Participants also are asked about their medical histories, and they take medical tests and give blood and urine samples. CDC scientists at the Environmental Health Laboratory measured levels of different chemicals in these blood and urine samples, such as lead and pesticides like DDT.

Use of the Fourth Report

The biomonitoring results **help CDC scientists find out what chemicals enter a person's body and at what concentration**. The results also help scientists learn about the general population's exposure to certain chemicals. Sharing information about the results is useful to health professionals and researchers, and benefits the public. For example, public health officials can use the *Fourth Report* to compare an individual's test results with biomonitoring results of the general population. **Researchers can use the information to study the effects of exposure levels and health outcomes**. The survey results also tell us whether public health efforts have succeeded in reducing the population's exposure to certain chemicals, such as lead or the chemicals in second-hand cigarette smoke.

- **Lead:** Data in the *Fourth Report* show that public health efforts in the USA to reduce the number of children with elevated blood lead levels in the general population continue to be successful.
- **Mercury** is a metal that is found in air, water and soil. Most people are exposed to one type of mercury, organic mercury, after eating seafood containing this metal. This is the first time that exposure to mercury has been measured for the USA population aged 1 year and older. CDC scientists found mercury in most of the study participants. **Both blood and urine mercury levels tend to increase with age.**

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and

children's proper growth and development. So, women and young children in particular should include fish or shellfish in their diets due to the many nutritional benefits.

However, nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating fish and shellfish is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. Therefore, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish and eat fish and shellfish that are lower in mercury.

By following these **3 recommendations** for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

1. **Do not eat Shark, Swordfish, King Mackerel, or Tilefish** because they contain high levels of mercury.
2. Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.
 - Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, Pollock and catfish.
 - Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
3. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

Children's Environmental Chemical Exposure Research Study

This study was designed to examine how children may be exposed to pesticides and other chemicals used in US households, such as phthalates, brominated flame retardants, and perfluorinated compounds (PFOS, PFOA, PFNA and others). The two-year study began in the summer of 2004 but was halted that November. Dr Johnson who ran the study was criticised for his record of supporting the use of human test subjects in pesticide experiments. The study was also criticised for using disproportionately black, lower-income families as subjects.

Tips to Reduce Intake of Saturated Fat

Australian Dietary Guidelines

- Choose predominantly unsaturated vegetable oils—such as sunflower, canola, corn, soya, olive and flaxseed—rather than animal fats, palm or coconut oil, or hydrogenated vegetable oils (often of unspecified origin).
- As a spread for bread and for baking, choose (reduced-salt) unsaturated margarines rich in n-6 and n-3, made from canola, sunflower, safflower or olive oil, rather than butter or hard margarine.

- Try to include in your diet fish high n-3 polyunsaturated fats—for example, sardines, tuna, salmon and herring. They can be eaten as such (grilled), in mixed dishes such as pasta, or in sandwiches.
- Use low- or reduced-fat milks (1 or 2 per cent fat) instead of full-cream milk (4 per cent fat).
- Choose low-fat yoghurts instead of full-cream yoghurt. Fortified soy milks and yoghurts contain little saturated fat.
- Limit your consumption of hard (full-fat) cheeses: they contain about 75 per cent energy as fat, mostly saturated fat. Look for reduced-fat hard cheeses and especially cottage cheeses.
- Use cream only as an occasional luxury. Choose reduced-fat forms.
- Buy lean cuts of meat and trim away the obvious fat before eating. Discard the skin of cooked chicken.
- Limit consumption of sausages, fatty mince, processed meats and 'luncheon meats' (that is, higher fat meat products).
- Discard fat drippings from cooked meat. Another way of reducing saturated fat is to replace some of the meat with plant-based protein-rich foods such as legumes and nuts.
- Limit consumption of fried savoury snack foods such as potato crisps. Choose those fried in canola or cottonseed oil.
- Limit consumption of biscuits, which are high in saturated fat.
- Limit consumption of bought pastry products. When making pastry at home, use (poly)unsaturated margarine.
- Limit consumption of cakes. When making cakes at home, use (poly)unsaturated margarine.
- Eat only sparing amounts of chocolate and chocolate-containing confectioneries.
- Limit consumption of foods with creamy sauces and gravies. When preparing sauces at home, use (poly)unsaturated margarine.
- Choose (poly)unsaturated salad creams and dressings.
- Use a little canola, sunflower oil or olive oil for frying, not butter, dripping, lard or palm oil.
- Use non-stick pans and minimise frying fats.
- Moderate consumption of eggs; eat, at most, an average (whole or in dishes) of one a day.
- Read the nutrition information labels on packaged foods and avoid products high in saturated fat.

Holiday Fiasco

By Sue Litchfield

As you all maybe aware Grahame and myself headed off on a cruise of a lifetime. It was for 68 days leaving Fort Lauderdale in the States, cruising through the Panama Canal –which by the way was even better the 2nd time round. Then the boat headed off down the west coast of South America calling into various Ports along the way. We visited Machu Picchu without suffering from altitude sickness thanks to drinking a lot of Coco Tea.

Also we survived the Atacama Desert where in some areas it had not rained for 400 years. There was not a blade of grass to be seen, and because it was so dry, if an animal died it did not rot away, it became petrified. Amazing stuff!

We had 4 days cruising around the Antarctic which was a great experience. The weather was atrocious! At one stage the boat was completely covered in at least 10 cm of snow, and the decks were out of bounds due to the rough weather. Stanley, in the Falkland Islands, was very interesting it was crawling with press reporters - the Argentinians were trying to claim back the island from the British. Grahame and myself were actually interviewed by a TV crew from Brazil!

In the meantime, along with a vast majority of the passengers, I had been suffering from severe headache. These were put down to the very rough sailing conditions we had been experiencing. However, the night we left Stanley, I had a severe headache with the cold sweat, but this only lasted a few minutes, so I did not take any notice of it.

We had a day at sea and I was fine. Then the next day, due to congestion in the Plate River, the ship was delayed by 7 hour's. In the meantime, the headaches returned and I sought medication. However, after $\frac{3}{4}$ hour, they became worse. I had the feeling of being strangled around the neck and pain was going down the left arm. I went down to the ship's hospital and insisted on my blood pressure being taken. By this stage it had reached 232/140 – well, all hell broke loose! There were 2 doctors on board and boy did they fly into action!

I was stabilised and when the ship was docked in Buenos Aires a special gang plank was lowered. An ambulance was waiting to take me to the Hospital Britanica where the cardiology unit was world class and I was the lucky one to get the head doctor!

No time was wasted - straight into ICU and wired up so I must have looked like the original Bionic woman. The worst part of the whole thing was after Grahame left I was completely on my own. NO- ONE spoke English except I found one girl whose English was a bit better than my Spanish. They were giving me all this medication and I had no idea as to what they were giving it to me for – it could have been poison for all I know.

It was the worse night of my life - I was not even allowed to move, not even lift an arm because of the heart, so had not sleep (and what's more no food). The only thing I could do was read a book. I had my Kindle with me so thought I would do some reading to while away the time. Guess what -the battery was flat!.

By mid-morning the blood pressure has stabilised and they were able to start doing tests. There was a doctor who could speak a little English and he advised me that I was waiting to have a procedure, and that it could be done in the afternoon. In the meantime, the machine broke down, so it had to be put off till Saturday afternoon due to an emergency. In the meantime, I went all day without food and I had had nothing to eat since early Friday morning. The procedure was to check on the damage done to the artery and if it wasn't too bad, they will put in a stent. Hard to know what exactly was being done because of the language difficulty.

The hospital staff, bless their hearts, were all trying their best, and I feel I owe my life to them and to the medical staff on the ship.

I finally had the procedure late Saturday afternoon and it all went according to plan. First, the doctors had to check to see if a stent could be inserted in the artery - it was 99% blocked. The doctors had a heart team on standby in case open heart surgery was needed, however the team was not needed and the stent was inserted. I then had a very sleepless night, as the right leg had to be kept straight and completely still. Also, because of the angle I was sleeping on, my back started to give in and I could not be given any painkillers in case I had another problem with the heart. At 4am I got the message across so was given a sleeping tablet only to be woken 2 hours later.

Saturday night at 9pm I had my first decent meal since before I left the boat. I had to eat lying flat on my back, so dinner was steamed carrots and stewed apple that were spoon fed. I was looking forward to breakfast as by this stage as I was starving, and what did I get - a bread roll and a cup of tea!

Sunday, Grahame bought me my laptop and what a difference that made! I think every nurse in the hospital came in to "talk" and have a look at photos of Australia as some had never heard of Australia. Up goes the tourist numbers!

We had to spend 2 weeks in Buenos Aires before I could fly home. Since being home I have had the second stent inserted. We rented a flat, and although I was a little restricted with my movement, we still managed to see most of the city with its wonderful old buildings. For those that are interested, I have included it in my blog at:

<http://suelitchfieldtravels.wordpress.com/>

I was told in Buenos Aires that it would take 2-4 months for the heart to recover. Well, mine recovered in a month - I am now walking an hour a day and life is almost back to normal to the point that I am going to have a game of tennis next week! All I can say is lucky for me the boat was running behind schedule. If not, we would have been on the plane going to the Iguazu Falls and I would hate to say what the consequences would have been.

My speedy recovery has been as a result of my Hypoglycemic diet that I have been on for the past 30 years, and I am also slightly underweight and physically very fit. A lesson to be learnt by all is to get a stress test done regardless of age, and stick to the healthy diet. For more information on heart attacks, I urge you to visit the following website:

<http://www.heartattackfacts.org.au/>

Recipes with a difference by Susan Ridge....

Gluten Free Bread Recipe

You don't need a fancy bread making machine to make great gluten free bread. The following recipe takes no more than 5 minutes preparation time and up to 30 minutes baking. I have people who eat normal bread lining up for a slice of this bread!

Ingredients:

- 1 x 500gm sachet Laucke Easy Bakers Special White Instant Oven Bread Mix (there are 2 x 500gm sachets inside each packet for around \$5.50)
- 380ml water (I add 400ml because I also add chia and flax seeds to the mix)
- Anything you fancy (I put in 1 - 2 lge tablespoons of chia and flax seeds to add some omega 3, I also add some sunflower seeds as well. Just a small sprinkle.)

Method:

- Pour water into mixing bowl
- Add sachet of bread mix
- Add whatever stuff you wish to add eg flax/chia seeds/sunflower seeds
- Beat for a couple of minutes.
- Line your desired pan (eg, loaf, large oven dish for foccaccia style) with baking paper
- Add the mix

- You can let it sit in a warm place for 20 minutes and then bake it, or just put it straight into the oven and bake for around 20 – 30 minutes depending on your chosen pan (eg, if you choose a wide baking tray then 20 – 25 minutes is all you need, and if you choose a deeper dish, such as a bread tin, it may take 30 minutes).
- Check to see if a metal skewer comes out cleanly from the middle if you are unsure.
- Remove from baking paper and cool on a wire rack.

Note: You will find this bread mix in the Nattura section of Woolworths or the Health Food section of Coles for around \$5.50.

Multi-Purpose Salsa (Raw)

Ingredients:

- 1 medium beetroot
- 1 – 2 broccoli stalks
- 1 medium carrot
- Handful of green beans
- 1 stick of celery
- 1 small zucchini
- 1 small pieces of pumpkin or sweet potato
- Small amount of rocket, baby spinach, coriander, chives, parsley etc
- Juice of 1 lemon

Method:

- Throw ingredients into a kitchen wizz and blend until it is in small chunks.
- This mix can be used as a vegetable for a meal, as a salad base for a hearty lunch (eg adding tuna/chicken/beef strips, tomato, avocado etc) or put in a lettuce leaf and eaten on its own or with some meat or avocado.
- It is very filling and tasty and lasts in the fridge for about 4 days.
- Experiment with different vegetables and spices. Adding nuts would also be delicious.

Claytons Ice Cream Mousse (its not really ice cream or mousse!)

Ingredients:

- 1 - 2 punnets frozen strawberries
- 2 – 3 egg whites

Method:

- Using the kitchen wizz, blend the frozen strawberries until they are in tiny chunks.
- Beat eggs with a beater until stiff peaks form.
- Add the egg whites to the strawberry mix and wizz until they are completely mixed and smooth and creamy.
- Eat immediately if not sooner....
- This is a very filling “dessert” on its own and only contains the sugar from the fruit, and a lot of protein from the egg whites.
- Try other frozen fruits such as mixed berries, banana, mango etc and fruit “mixtures” go really well. (One of my kids cannot eat bananas but a bit of frozen banana in any mix is great!)

Almond Milk

Ingredients:

- ½ cup of almonds soaked in water overnight
- 1 – 2 dates
- Vanilla to taste
- 1 – 2 cups of water

Method:

- Wash almonds, discard the dirty water and throw the almonds into a blender
- Add 1 – 2 cups water, depending on how thick you want the milk to be
- Add date(s) and vanilla
- Blend until all ingredients are smooth
- This mix will last for up to 2 days in the fridge so don't make too much at a time.
- If you are not able to drink normal milk, this can be a good alternative for a protein shake. You could also use LSA mix, lecithin, chia and other seeds, an egg, some rice protein and some fruit to blend up to make a high protein snack. When my daughter has to spend a long day at uni, she makes this the night before and drinks it during the day when she doesn't have time to stop for a proper meal.

Sue Litchfield's Recipes and Suggestions

I thought I would concentrate mainly on Quinoa this time as, apart from being the flavour of the month, it is actually very good not only for us sufferers of Hypoglycemia, but the population in general. Source: <http://thoughtfulfoods.org.au/ingredientoftheweek/quinoa>

Quinoa (pronounced 'keen-wa' or 'kin-wah') is native to the upper Andes of Bolivia, Peru, and Ecuador. The botanical name is *Chenopodium quinoa* and it is commonly known as Goosefoot. Like other members of the *Amaranthaceae* (Amaranth) family, the seeds are harvested as a pseudocereal- true cereals being grasses. It grows on free-draining soil in high altitudes of up to 4,000 metres. Quinoa has been cultivated for at least 6000 years in the Andes where it was sacred to the Incas. Other members of the family have been cultivated commercially in North America and Europe and can be cultivated in Australia (although some are considered weeds).

The most surprising feature of quinoa is its high protein content of 12-18% which is higher than meat. The proteins that quinoa produces are a well-balanced mix that is superior to any other grain. It's also a good source of calcium, phosphorus, magnesium and iron. It has a low glycemic index (GI), is gluten free and high in dietary fibre. With all of these great features it is not surprising that the Incas called it the 'mother of all grain' and that NASA is considering it as a potential crop for manned space flights in the future.

My first taste of it was on the recent cruise I did around South America. Quinoa was served in one form or another every day in all sorts of different dishes. Since being home, I have had a great time experimenting with it. I use it as I would rice - in fact it has replaced rice in our household. Both Grahame and myself love the taste of it - it has a slightly nutty chewy taste.

Some of the ways I have used it are as follows:

To cook Quinoa Place ¾ cup in 1½ cups of cold water, bring to the boil, lower heat and boil gently for 10 minutes. Allow it to stand for 5 minutes, fluff up with a fork, and you are ready to go.

BREAKFAST QUINOA

I place the required amount in a bowl, adding some LSA mix also some grated apple, moisten with milk of choice. Eat either cold or heat in micro wave.

QUINOA, CHORIZO AND AVOCADO SALAD

(The recipe is from www.allrecipes.com.au)

Ingredients:

- 1 cup (180 g) quinoa
- 2 cups (500 ml) tomato juice
- 1/2 teaspoon salt
- 1 medium firm avocado
- 2 tablespoons lemon juice
- 1 medium red capsicum, halved and finely diced
- 1 medium red onion, finely diced
- 1 1/3 cups (250g) drained and rinsed canned kidney beans
- 150g chorizo, in one piece

Vinaigrette:

- 3 tablespoons olive oil
- 2 tablespoons red wine vinegar
- 1 to 2 tablespoons lime juice
- 1/2 teaspoon ground cumin
- 1 clove garlic, crushed
- salt and freshly ground black pepper

Preparation method:

- Place quinoa, tomato juice and salt in a saucepan. Bring to a boil, uncovered. Cover pan and cook 10 to 15 minutes over low heat. Turn off heat, let stand, covered, 5 minutes. Remove from heat, uncover pan and let cool, occasionally loosening grains with a fork
- Dice avocado, place in a bowl and sprinkle with lemon juice to prevent discolouration. Place on a large serving plate with capsicum, onion and kidney beans.
- To make vinaigrette, whisk oil, vinegar, 1 tablespoon lime juice, ground cumin and garlic in a bowl. Add salt, pepper and remaining 1 tablespoon lime juice to taste.
- Pour vinaigrette over salad and stir in. Chill salad, covered, 1 hour.
- Peel chorizo and slice thinly. Heat a non-stick pan over medium heat and fry sausage on both sides until light golden. Drain and add to salad. Serve at once.

Editor's Note: Quinoa is a wonderful salad base and combines well with tomato, cucumber, mixed lettuces, capsicum, mushrooms, the vegetable salsa (above) and all meats. It makes it much more filling. For a quick lunch, I buy the "Rainbow Salad from Woolworths or Coles (carrot, beetroot and broccoli), add a bit of Quinoa, a tin of tuna or chicken (or other meat fresh) and some avocado and salad dressing of your choice.

Quinoa also makes a tasty pudding – make it up as you would a milky pudding with either normal milk or coconut milk.

If you can find somewhere that sells Amaranth seed, this is also a high protein seed but it takes about 20 minutes of boiling to cook. It is a very sticky mix and is also great as a sticky kind of porridge or as a milky pudding for dessert.

FRIED "RICE" my lazy way

- Boil up the amount of Quinoa required and let stand for a few hours.
- Place a generous amount of vegetable oil (I use Rice Bran Oil) in a frypan and add whatever vegetables that take your fancy - I use onion, garlic, finely chopped carrot and capsicum When cooked add to the Quinoa, also add a rinsed and well drained small tin of Corn Kernels and Soy sauce to the mixture. Simply mix well and heat in the micro wave.
- This is also a great way to use any left-over foods - I have added Chicken, ham and boiled egg.

OAT BRAN MUFFINS

Ingredients:

- 2 cups Oat bran
- 1 cup SR Gluten free flour
- 2 rounded tabs Baking Powder
- 1 grated apple or pear
- 1 cup craisins or raisins
- 1 cup chopped walnuts, any chopped nuts will do
- ½ teas stevia
- 1 teas guar gum
- 2 beaten eggs
- 2 tabs glycerine
- ½ teas Vanilla
- Soy milk to moisten

Method:

- Mix all ingredients and place in paper-lined large muffin tins.
- Bake in moderate oven about 15 minutes

Note: I vary this recipe around - sometimes I add a teaspoon of cinnamon, replace the apple with grated carrot, and I use dates or sultanas for the fruit.

Breakfast Time Saver

My husband eats quinoa for breakfast just about every morning. I usually cook a batch which lasts for about 4 days at a time. He likes to add a mix of stuff, which used to take ages to do. I now put all of these extra ingredients into a large Tupperware container and put in a "scoop" so he can get a large amount of mix out at once. The mix is: sunflower seeds, pumpkin seeds, coconut (moist flakes or shredded), rice bran, psyllium husk, chia seeds, lecithin, dried goji berries, dried cranberries, cinnamon, amaranth puffs (Orgran), dried blueberries etc. We prefer to drink the Vitasoy Rice Milk which is protein enriched with chick peas. Bon appétit!

Please Note: If you would like to contribute any articles for any future newsletters, please email the articles or websites to: suebromwich@hotmail.com.

HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

PO Box 830 Kogarah NSW 1485

ABN 65846851613

Registered Charity CFN 16689

www.hypoglycemia.asn.au

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