

The Hypoglycemic Health Association

NEWSLETTER

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

Phone: (02) 553-0084, Fax: (02) 588-5290

PATRON: Dr George Samra

Volume 12 Number 1

March, 1996

PRESIDENT:

Steve McNaughton, BE (NSW)

Acting Secretary:

Dr George Samra

Treasurer:

Kerrie Cook

Editor:

Jur Plesman, BA (Sydney),
Post. Grad. Dip. Clin. Nutr.

Steering Committee

Ted Grant

Members:

Sue Litchfield

Joy Sharp

Patricka Sheiles

Catering Committee: Reg Grady, Sue Choc

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 next public meeting on the Saturday the 2nd March, 1996 will start half an hour earlier at 1.30 pm to allow for the Annual General Meeting. The Auditor's report is on page 12. One matter to be discussed will be THE NAME OF THE ASSOCIATION and readers' attention is drawn to the article on page 3 by Mr Steve McNaughton, President of the Association, setting out the reasons why members of the Committee now feel that the name "Hypoglycemic Health Association" should be retained. Members are also reminded that subscription fees are due from those members who have not as yet paid. Fees are \$15 per person or family and \$10 for pensioners and students due annually on the 1 January. As part of our policy medical practitioners and other health professionals (now numbering about 190) receive copies of the Newsletter free of charge. This is in line with our policy to encourage medical practitioners to use natural remedies, where appropriate, as an adjunct to their more traditional medical practice. This organisation recognises the fact that utilizing natural therapies occupies more of the family doctor's time at consultation than mere prescription writing and that Medicare fails to properly reward doctors for this better quality of service that they provide to patients.

Our Next Public Meeting will be at 2 PM
on Saturday, the 2 March, 1996
at the YWCA,
2 Wentworth Ave, Sydney and
our guest speaker is

Hugh Salisbury

who will be speaking

on the subject of

"Keeping an eye on your health"

Hugh Salisbury is a qualified medical scientist with over eight years experience in routine pathology and medical diagnostics. Recently appointed to Australian Biologics Testing Services, Hugh combines his experience in this area with four years of formal studies in Natural Therapies.

Hugh will be discussing the utilities of health maintenance services, specifically with relation to blood sugar control and will describe some novel approaches to health maintenance.

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

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

Books for sale at the meeting

Jur Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries

Sue Litchfield: **SUE'S COOKBOOK**

Dr George Samra's book

The Hypoglycemic Connection

(now out of print) is also available in public libraries.

Contributions of articles by members and 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 with the assistance of Bev Cook. They meet on the last Saturday of each month beginning 1.30 pm to 3.30 pm at the Hillsborough Primary School. Enter the school from the Waratah Avenue. For further information ring Mrs. Bev Cook at 049-59-4369.

Organise local meetings

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

Entrance fee at meetings

Because of increase in costs the Committee has decided to charge an entrance fee of \$2 per person or \$3 per family at our public meetings.

Donations for raffle

One way of increasing our income is by way of raffles. If any member has anything to donate towards the raffle, please contact Dr George Samra's surgery at 19 Princes Highway, Kogarah, Phone 588-5290.

Wendy Blunt & Brian McEan won the Lucky Door Prize and **Penny Treatt** won the Raffle Prize at our last public meeting on 2

December, 1995.

Committee members

The Association is in need of your support and ask members to help out with sending the Newsletter to our members. We also need committee members and if you are interested please contact Dr George Samra's surgery at **553-0084**.

Research into illnesses

Members who are interested to have an informative article written on a particular illness or disease, should contact the Editor, c/- PO Box 8, Sylvania Southgate NSW. The editor is willing to research literature on the illness and report in the newsletter with the known traditional and complementary treatment. Or he may refer any medical question to an expert in the field. However, it must be understood clearly that treatment remains the responsibility of your doctor or health practitioner and that such articles are only designed to provide some enlightenment to the patient or to complement his/her discussion of the illness with the professional practitioner. The Association does not take any responsibility for any self-diagnosis or self-treatment undertaken by the reader on the basis of anything published in this Newsletter.

Stress and the Immune System

By Dr Joan Dale

*From lecture given to
the Hypoglycemic Health Association
on 2 December 1995*

AT THE BEGINNING OF THIS CENTURY Australia was one of the healthiest nations on earth. Now we rank among the unhealthiest. Some of the reasons for this change are that our air, water and food are not what they used to be. We have polluted the air, we need additives to our water to make it drinkable, and our foods have lost its trace elements, which have been eliminated from our soil. In Australia over the century, the Australian soil has been totally deficient in selenium. This is a mineral which is necessary in our body.

By the year 2000 one in six people in Australia are expected to suffer from some form of disease. The most serious problem that will have to be addressed as a result of this will be that of health care. The obvious way of alleviating the situation would be to focus on preventative medicine and look for answers as to the cause of these problems, thus alleviating financial responsibility of government, ease the suffering of the sick, and the heavy bur-

dens that families carry. The essence of prevention is a greater understanding of workings of the immune system and the development of methods to detect tale-tell signs of an imbalance in the body, long before symptoms are apparent. For some years now there has been a growing number of doctors and physicians and health care professionals bridging the gulf between conventional and complementary modalities under a universal banner. Of all the problems that confront mankind disorders of the human system resulting in disease and cancer is without doubt causing the greatest concern. Scientists have taken up the challenge to try to solve the cause of the problem, rather than treat the results. As new ideas in genetics, biology and medicine emerge textbooks will be written, as they always have been, this time hopefully the emphasis shifting from cure to prevention.

Cancer researchers appear to direct their search for a cure for cancer, instead of looking for answers for causes and prevention.

Link between the brain and immune system

Scientists are now recognising links between the brain and the immune system. Psycho-immunology is a field of research uncovering ways in which the brain and the immune system interact to influence our susceptibility to disease. That psychological stress can cause illness and inhibit our resistance to disease is beginning to be accepted. Many studies have found that prolonged stress can elicit changes in the brain and can affect the workings of the immune system. This discovery implies that psychological and emotional factors can influence people to become ill. The subject still tends to be viewed with suspicion, perhaps because it is confused with psychosomatic medicine, which stems from the notion that certain diseases are caused solely by psychological factors, as opposed to psychological and organic factors.

PLEA TO RETAIN THE NAME OF **HYPOGLYCEMIC HEALTH ASSOCIATION**

The Committee members had a long discussion on the name of the Hypoglycemic Health Association and were of the unanimous opinion that the name should be retained as it stands now. Our Association has been in existence over 11 years and it was felt that we have built up a unique reputation among the natural health organisations in Australia. It is true that our approach to natural and preventive health embraces all aspects of health, but the *hypoglycemic syndrome* is seen as still being a central component, whether we are dealing with allergies, Chronic Fatigue Syndrome, hyperactivity, behavioural problems, mental illness, or other degenerative diseases.

More importantly, a change in the name of the Association may cause our 11 year old history of the Association to disappear into the archives of libraries. Any person wanting to study aspects of hypoglycemia and related health disorders from our point of view has only to look up the word "Hypoglycemic.." in the NSW State Library index. This will immediately give readers all over Australia access to all the articles published in our Newsletters in one continuous volume(s). Of course, we thank members who have contributed to the debate regarding the name.

At the next Annual General Meeting the Committee will put forward a motion that the name "Hypoglycemic Health Association" be retained so as to give members an opportunity to discuss this.

Steve McNaughton, BE (NSW)
President of the
Hypoglycemic Health
Association

Continued from page 2

How the immune system works

Cells of the immune system carry receptors on their surface that recognise various hormones and neurotransmitters. When the right substance binds to a receptor it initiates a chain of events that alters the activity of lymphocytes. In principle, psychological factors could influence the immune system via any or all of these chemical messengers. If the immune system influences the brain, could immunological abnormalities contribute to mental disorders? Schizophrenia may be linked to disorders of the immune system, abnormal

production of antibodies or the presence of antibodies that attack brain cells. It is also possible that the brain can directly influence the immune system by sending messages down the nerve cells, which connect several important components of the immune system, including the thymus gland, spleen, lymph nodes and bone marrow. These neural connections may regulate or modify the activity of the immune system.

Scientists have recently begun to look at the influences of every day social stresses on the immune system. Researchers have found statistically significant correlations between life events and illnesses. Life events are changes in circumstances that cause an individual to alter established patterns of behaviour; for instance, loss of employment, marriage break-up, and tension and other problems to name a few.

Janice Kiecolt-Glaser, medical researcher at the Ohio State University, USA, studied 75 medical students. Glaser found that students secreted fewer antibodies in their saliva at times of intense study and peer pressure. Stanislav Kasl and his colleagues at Yale University, studied 1400 military cadets at the US army academy at West Point. They wanted to investigate whether stress under duress could cause illness. Kasl found that cadets that became ill suffered the most from academic pressure.

Dual model of disease

There are many ways in which disease may be treated. World-wide, there are over 70 major systems of therapy. A practical way of looking at illness is to realize that there are two sorts of illnesses, mental including the physical structure of the body and its energy fields. Neither of these is found without the other being present and it arises from the other. This is a modern version of a 5000 year old Hindu definition of disease. Everyone is a unique individual. We may not have had control over the events of our early life, nor of the accidents and deviations from the laws of nature that may have formed our personalities. But we are the only people that can change our own lives by assuming responsibility for ourselves, and learning to find the right way to handle our difficulties.

Still, educating the public to accept the concept that negative thinking can affect their bodies is not always a simple exercise, particularly if a patient has a debilitating disease accompanied by pain. Nevertheless, the patient can be treated at both levels. Physically, by the patients availing themselves of all that medical science has to offer, and emotionally, by avoidance of stress, tension and stress related problems. In other words taking charge of your own body and a positive mental attitude. Surgery, medication etc. can be enhanced by controlling the various stress levels. Every thought can manifest itself somewhere in the body and all our actions are thought motivated.

Some of the patients that come to see me and insist on telling me that they don't suffer from stress, whilst they would at the same time be tapping their fingers on the table or would swing their legs nervously up and down. This demonstrates that most people are not conscious of what effect stress has on our body.

Doctors' arsenal of drugs

Surgery and associated treatments of various illnesses have advanced considerably in the last four or five decades. We can now have organ transplants, heart by-passes and there appears to be unlimited possibilities for surgery of the future, plus meditation and medication for associated problems. *There are over 4000 drugs for doctors to choose from.* Every month the list gets longer as drug companies find new drugs and new variations on existing drugs. Most doctors, fortunately, will limit themselves to a list of drugs that they trust. There are hundreds of different kinds of infections that can invade the body and over two hundreds brand of products for doctors to prescribe. A great number of these drugs are antibiotics and antibacterials and are necessary to combat disease. Also it is of no use putting people on a three months programme of diet and vitamin tablets, if they have three weeks to live. This is not to suggest that we don't avail ourselves of all that medical science has to offer in, for instance, advanced lung cancer, where it is gone to the brain or to the bones. All cancers will finish up in the liver.

There are only three procedures available to doctors and they are surgery, chemotherapy and radiotherapy. It is my opinion that they only work in a palliative way. If the patient does survive for a long period then you can say that there is something else that the patient has done to cause a remission.

Free radical theory in cancer

A theory that is causing some excitement is the 'free radical' theory. Free radicals are highly reactive molecular species formed in our bodies as a result of enzyme catalysed reactions. Some free radical reactions are essential to life. But if they occur in excess resulting from the metabolism of foreign chemicals they can wreck havoc by oxidizing cell membranes and reducing the levels of natural antioxidants. Bacterial infections are fought in our blood stream by white blood cells. But a continuously high white cell blood count resulting from chronic infection has been associated with an increased risk of heart disease and cancer. The question arises would the body succumb to these infections, if the immune system was functioning in the way nature intended it to.

Antioxidants against cancer

Our basic defence against free radicals is a group of substances, called antioxidants. In our body some of the most important antioxi-

dants are vitamin E, ascorbic acid (vitamin C), the sulphur compounds, beta carotene, lactic acid, uric acid, selenium, zinc and manganese. Many scientists are sufficiently impressed by the experimental and epidemiological evidence for the value of antioxidants. The addition of vitamin E, selenium and other antioxidants to the diet can result in significant decrease in the incidence of cancer and other diseases. These antioxidants, taken as supplements, or as yellow and green vegetables, wholegrains, nuts, fish, liver, cabbage, cauliflower will all help to alleviate the problems. Brussels sprout and broccoli have recently been identified as a protection against cancer. Up until the last two years most researchers knew that there was some kind of chemical in these two vegetables that did help in cancer cases and other diseases. This chemical was identified as sulforaphane, a recent discovery in the fight against cancer.

Role of white blood cells

Without the necessary vitamins our immune system is at risk, mentally and physically. The immune system has evolved to combat pathogens such as bacteria, fungi, worms and viruses. The front line of defence is mounted by a class of white blood cells, called leucocytes, which recognise that invading organisms are made of foreign molecules, called antigens and then destroy them. There are two types of lymphocytes B & T. B-lymphocytes manufacture and secrete antibodies. These are molecules which bind to the foreign antigens and mark them for destruction by scavenging cells called macrophages. T lymphocytes have antibody-like molecules on their cell surface but cannot release them. They recognise foreign molecules, such as viruses on the surface of infected cells and kill those directly or release mediators to help these cells make B-antibodies. An almost unlimited variety of foreign molecules can be recognised and distinguished from those native to the body itself. These cells develop in large numbers in the bone marrow from stem cells, which also generate the other blood cells. Each B-cell and its clonal progeny make an antibody with a single recognition capability. Initially, this antibody is displayed on the surface of the young B-cell, which migrate out of the bone marrow into the spleen, lymph nodes and blood. When the cell encounters a foreign molecule to which its antibody combines, that particular B-lymphocyte is stimulated to proliferate and mature into many identical cells, dedicated to copious secretion of specific antibodies. Thus the antibody has selected which B-cell will multiply and which kind of antibody will be made. As these B-cells persist for years the body becomes immune to the foreign antigen and is poised to give an even more vigorous response to its second encounter.

How does an antibody recognise an antigen?

The first clues were provided by sequencing individual antibody molecules. If a family of bacteria wish to survive while invading the body, two strategies are essential. Firstly, the bacterium must be able to avoid being destroyed by the immune system for long enough to survive and multiply. Secondly, it must develop a mechanism that has the capability to wrap each cell in an indigestible coat. You may think that all the cells that make up the whole of your body, your eyes, hairs, your cheeks, your skin, the fluid in your body is solid. Nothing could be further from the truth. Every cell that makes up you is not soluble, but is slightly liquidy. Every cell has to get a membrane before it can enter the body. This is not unlike a boiled egg, which has a thin membrane underneath the shell. Bacteria and other pathogens don't have a membrane and in order to invade the body they have to beat the immune system.

With reference to **FIGURE 1** below the T-cell informs the B-cell, that there is a cell under attack. That cell may be attacked by a viral infection. The T-cell instructs the B-cell to produce antibodies which then combine with antigens of the infected cell. The infected cell is now marked and this enables the macrophage to recognise it and destroy that infected cell. If you suffer from depression, aggravation and stress, the immune system is inhibited, meaning the T-cells are slow in getting the message to the B-cells. The B cells are then slow in producing the antibodies. Consequently, the macrophages are slow in destroying the antigens or infected cells. Thus the way we think may affect the function of the immune system, as well as what we eat and what we breathe.

Almost of 80 per cent peripheral lymphocytes in the blood are T-cells. They are involved in viral, fungal and fluke infections as well as cancer. They control the cellular defence of the body.

Two sub-groups can be identified: 1) helper cells and 2) suppressor cells. About 35 per cent of T-cells are

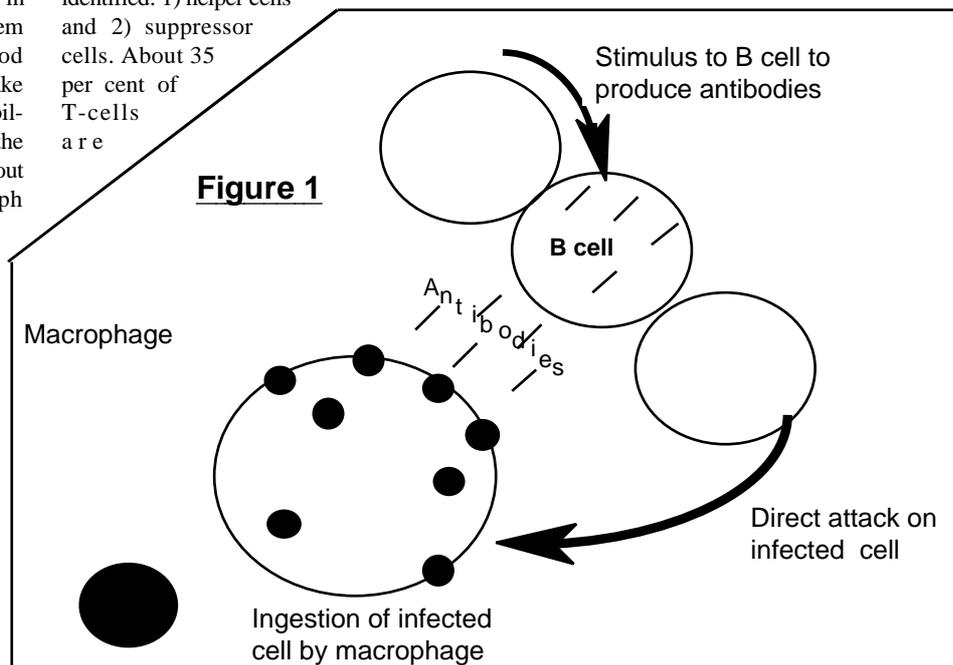
helper cells, and they stimulate the production of antibodies, while approximately 25 per cent are suppressor cells. Some suppressor cells are also destroyer cells infected by viruses and infections. Lymphocytes are plasma cells and have the ability to produce antibodies after stimulation from the T-cells. They protect us against bacterial, and viral infections. A healthy person has approximately 20 per cent B-cells. The macrophages present antigens to the T-cells for sensitization.

Two rivers of life

We also have in our body what I would like to term two rivers of life; 1) blood stream, which is the main river of life, and 2) the lymphatic system, which is the body's transport system. The latter is responsible for removing waste, created by the blood cleansing process from cells and of toxic substances and that can not be excreted by the liver.

The liver is the most multi-functional organ in the body. It creates and gets rid of fats, it disposes of urea and urine and ammonia and it collects toxins to be excreted. There are many ways the body deals with toxins: through perspiration via the skin, respiration via the lungs and elimination via the bowel and bladder. The rest has to be dealt with by the poor old liver. Not all toxins that are left in the liver, can always be dealt with, and the body becomes toxic. If we were to live in a pristine world on top of a mountain we would not have all those toxins. The reality is that we live in a highly polluted environment. The food we eat is a big problem. A pregnant woman can absorb about 8 kilos of chemicals, dyes and preservatives in her nine months of pregnancy.

The lymphatic system is made up of a number of vessels that carry lymph which is a water fluid throughout the body and which I call the second river of life. Dirty blood appears in the arteries - that is blood full of toxins



- and this can slow down the circulation and the body must work harder to rid itself of these impurities. The waste is filtered out through the lymph nodes, located in the neck, underarms, the chest, groins and down the legs. Waste matter are excreted through the lymph nodes. So these can be vulnerable to cancer. Unlike blood which relies on the heart for its circulation, the lymphatic system relies on movements of muscles and hence exercise becomes important.

Not all our problems are psycho-somatic. Chemical imbalances in the body can result in mental disturbances, mood swings, irrational behaviour, acute depression. Most likely the average person is not aware they have a problem. An astute doctor will suggest tests to identify the problem. A complaint of this kind can be genetic or be caused by an underproduction of antibodies. When the mother is smoking during her pregnancy the production of antibodies that protect the unborn child is inhibited. The results can be a 'naughty child', a child that is bad-tempered or suffers from behaviour patterns, or may be the opposite, a child that is withdrawn in itself. Often the parent is unaware that the immune system is inhibited by the antigens.

Leukaemic babies

The most likely explanation why babies are born with leukaemia may well be that the mother has been unable to produce sufficient antibodies to protect the unborn child. The child is not stressed out, it is what happens to

the mother's body during pregnancy that determines the health of the baby.

The air we breathe is highly polluted from petro-chemicals and other waste matters. The water we drink contain chemicals which according to eminent scientists are harmful to our health. These chemicals are added to the drinking-water by government authorities to remove bacteria. A household should use a good water-purifier which removes most of the harmful chemicals. Chemicals are in the production of most of the items used in the household and the work place, such as furniture, carpets, motor-cars, clothings, spray and toiletry. Any of these chemicals can cause health- and behavioural problems; hayfever, asthma, skin rash, watery eyes, sore throats, swollen glands, aggression, mood swings, lethargy and so on.

Environment and behaviour

Louise Samways, clinical psychologist with ten years experience with chemical sensitivities research, says: "I am convinced one reason why society has become more violent is that people's tolerance levels are lowered by chemicals". Again she said that mood is one of the most consistent indicators. People are usually extremely irritable or dreadfully timid and tired. Irritability makes it very hard to work with. Chronic fatigue is also a very common problem today. These are all related to chemical pollution. I also am convinced that schizo-

phrenia, mental problems, mood swings, depression are caused by what we eat and what we breathe which affects how we think.

Sugar and the supermarket

If we buy processed foods in the supermarkets, it is virtually impossible to avoid the universal presence of sugar. Sugar is one of the biggest problems we have today. Every single item in the super market has sugar in it. Some packaging says "no added sugar", but this does not mean that it does not contain sugar. It often means that there is no sugar added over and above the required amount in order to produce that particular product. Sugars come under many different names, such as sucrose and dextrose and so on. It is sometimes helpful to have a code book when shopping in a supermarket. Most ingredients have a code number which can be looked up in the code book. However, this may become so unwieldy that we finish up not buying anything.

It is important to realise that our mind and our thinking not only influence our body, but could well be the other way around. The chemical imbalances in our body are causing much distress in our mind. If we could go to the cause of the problems we will understand a lot better how our mind and body works.

Taking all these issues into consideration one can't be blamed for thinking it is a miracle we manage to live as long as we do in this 20th century. The body is a miracle machine; treat it right and you will not only feel good but you will look good. Following a regime of sensible diet and living a happy and natural life, should strengthen you against any form of disease.

Cancer Experts Mix It at 2nd World Congress on Cancer

by Sharon Millyard, B.Sc.

THIS year's World Congress on Cancer ran from September 15 to 18, with a four-day meeting of minds at the AJC Convention Centre in Randwick, Sydney. The congress was the second of its kind, the brainchild of Jennie Burke, director and chief medical technologist at Australian Biologics in Sydney.

Jennie Burke is a well-known figure in the complementary medical arena in Sydney, with ten years of providing a blood testing service to people with allergies, asthma, hypoglycemia, auto-immune diseases, cancer, AIDS, and other degenerative diseases. In her years of working with seriously and chronically ill people, she "became painfully aware of the need for dialogue between practitioners of orthodox and complementary medicine."

Several years ago, she set up Independent Medical Research to do just that.

She gathered cancer experts from Europe, Asia, the Americas, and Australia to share and review the latest and greatest on cancer treatments and research, and featured a selection of approaches at the 1st World Congress on Cancer (April '94), from western orthodox to more traditional and esoteric systems of medicine.

At this year's congress, several themes were recurrent through the speakers' presentations. Together they explored the 'Big 3' of cancer treatment—surgery, radiotherapy, and chemotherapy—as well as some innovative treatments not yet available in Australia. Together they stressed the need for cancer pa-

tients to strengthen their bodies to overcome their illness. And together they expressed frustration at the slowness of the medical profession in broadening the treatments available to people with cancer.

The Big 3

In Australia, the Big 3 are the only cancer therapies taken seriously by our cancer councils and by the majority of oncologists. But the overall effectiveness of these therapies is under considerable doubt—and not just by fringe health professionals.

The heads of the Oncology Societies of Germany and Austria, Professors Josef Beuth and Wolfgang Köstler, state that: "The sole use of tumour-destructive therapies like surgery, chemotherapy, and radiation has not

shown anticipated results. There is statistical evidence that it is not possible to lower the cancer death rate significantly in most forms of cancer by using these methods. This shows the necessity for a broader approach to diagnosis and treatment."

Köstler and Beuth contend that the cancer patient must follow a life-long health maintenance programme. They use the term "life-long" assuredly—British medical journal *The Lancet* reports that 56% of cancer patients will get recurrences, whereas the national figure for Germany is only 28%. So how are the German figures so much better than the international average? Because the figures cited in *The Lancet* are the recurrence rates in patients who have been given the mainstream regime of surgery, radiotherapy, and chemotherapy, whereas in modern-day Germany, these treatments are enhanced with immune-boosting therapies—immunomodulation (eg. with mistletoe lectins), nutritional therapy (with antioxidants and other supplements), herbs, and detoxifying therapies.

Handling the Side-Effects of Treatment

According to Köstler, "Cancer is a product of a permanently overstressed situation. Stress from different sources is creating free radicals and oxygenates."

The effect of these free radicals is perfectly visible.

Professor Oswald of the Netherlands uses the HLBO blood test to monitor the accumulation of free radicals in the blood. Prof. Oswald is an international expert in metabolic chemistry, and consults all over the world in hospital cases of medicine poisoning. He states that: "In 60% of cases you do not die because you have a tumour, but you die because you cannot get rid of all the toxic material the tumour produces... Chemotherapy and radiation are producing free radicals, oxidation, and waste material, and your body has no answer anymore against these invaders." (This test is available at Australian Biologics in Sydney.)

Dr. William Barnes of Fremantle in WA finds that people who have had chemotherapy and radiotherapy are deficient in potassium, with detrimental effects on cell metabolism. He treats cancer with diet, herbs, nutritional therapy, counselling, meditation, and intravenous therapies (ozone, vitamin C, minerals, and chelation), integrating this approach with the Revisi method of guided chemotherapy.

Dr. Emanuel Revisi developed non-toxic forms of chemotherapy a generation before the current cytotoxic drugs for cancer came into vogue. At 99, Revisi is no longer very active, but his work continues through practitioners like William Barnes and Dr. Todd Mangum, a protege and colleague of Revisi's in New York City. Mangum says that the Revisi approach to cancer "can result in destruction of tumours, but essentially it is a method of controlling or regulating neoplasms (cancers)." Perhaps this explains why Revisi's methods have not caught on more widely.

Naturally enough, patients want to hear about cures, and to simply control the cancer can seem tame. Practitioners—also naturally enough—try to meet this need, and will often prescribe a radical treatment where a more long-term, gentle regime might be of more benefit. Control and regulation no longer seem tame when extended over years, and even decades.

Hyperthermia

The Big 3 are not the only therapies available for removing or reducing tumours. Cancer cells have a lower tolerance of heat than normal cells—a property that can be used against them through a technique called hyperthermia. Dr. Friedrich Douwes, head of the Klinik St. Georg in Bad Aibling, Germany, uses hyperthermia to treat his prostate cancer patients. (The most common treatment is surgery, but it has distressing side effects such as incontinence and impotence.) He combines hyperthermia with complete hormone blockade, and reports a 90% success rate. Dr. Douwes also uses hyperthermia to treat stomach and colon cancers, in combination with low-dose chemotherapy and immunobiological treatments—he only resorts to surgery in 2% of cases.

Dr. Burkhard Aschhoff, the director of a private cancer clinic in Germany, also uses hyperthermia in combination with other therapies. He finds that hyperthermia works well with both chemotherapy and radiotherapy—so well that he can reduce the dosages and, therefore, the side effects.

Nutrition and Cancer

The effect of diet in both causing and preventing cancer was an issue raised by many speakers. That cancer patients have special dietary needs is nothing new (even though this is not a view widely expressed throughout our hospital systems). Dr. Ian Brighthope, a Melbourne specialist in nutritional and environmental medicine, gave a presentation on the use of anti-cancer factors in foods and herbs; on how antioxidants (vitamins A, C, and E, the mineral selenium, and free radical scavengers such as superoxide dismutase and glutathione peroxidase) counter the effect of oxygen free radicals and therefore protect against cancer.

Professor Kedar Prasad, Director of the Center for Vitamins and Cancer Research at the University of Colorado, backed up this view with studies on how antioxidant vitamins actually work, by inhibiting the growth of tumour cells and causing them to re-differentiate back into normal cells.

Dr. Udo Erasmus of Canada has become an internationally-recognised authority on fats, oils, cholesterol, and human health. In *Fats that Heal Fats that Kill* (also the title of his latest book), Erasmus presented data on the healing potential of flax, hemp, olive, fish, evening primrose, borage, black currant, and even snake oil, and how essential fatty acids must be present in our diet for optimum health.

Several speakers discussed the use of herbs in controlling and preventing cancer, particu-

larly when used to support the more heavy-duty cancer treatments. Professor Chen Chang of China uses an integrated approach, combining traditional Chinese medicine with western medicine to strengthen the immune system and to diminish the toxic effects of other therapies.

Genetic Repair

Dr. Thomas Tallberg from Helsinki University in Finland has found that specific amino acids are involved in the conversion of normal cells to cancer cells, and that the same principle can be used to reconvert cancer cells back to normal. The implications of this genetic repair work are enormous, a view shared by Dr. Hans Nieper (the German doctor who successfully cured Ronald Reagan of cancer several years ago).

Psychoneuroimmunology

The effect of the mind on the immune system is beginning to be recognised, through the field of psychoneuroimmunology and its role in healing. Dr. Richard Osborne of RMIT in Melbourne found some interesting patterns in women with breast cancer, in particular, that women who were distressed and angry at having cancer had elevated immune system activity and therefore more chance of surviving cancer than women who accepted their fate.

Dr. Sara Miller of the Bristol Cancer Help Centre in the UK has worked with cancer patients for the last 15 years, helping people to take control of their bodies and their cancers. Through residential programmes and other group activities, she teaches empowerment to cancer patients and their carers to improve their quality of life (and to sometimes even spark a remission of the cancer).

One clear message has emerged at this year's World Congress on Cancer: that to limit cancer treatments to the Big 3—surgery, chemotherapy, and radiotherapy—we are not only ignoring the substantial efforts of people highly qualified in the field, but we are denying cancer patients the right to choose from a wider range of options.

Professor Ian Maddocks, Professor of Palliative Care at Flinders University in Adelaide and head of the Daw House Hospice, states that: "There is a tendency for professionals to feel a sense of 'ownership' which leads them to resist sharing care with colleagues. That is commendable when it leads to continued responsibility for and attention to the patient's well-being; less so if it fosters hostility or prejudice directed at colleagues who become seen as competitors."

The Association wishes to thank the following members for their donations to the Hypoglycemic Health Association:

Harry Rogers	Belmore
Helen Wiggitt	Cremorne
Barbara Wright	Miller
Suzanne Zwaan	Drummoyne

Polymyositis and Dermatomyositis

By Jur Plesman, BA,
Post Grad Dip Clin Nutr

Polymyositis - Dermatomyositis

A systemic connective tissue disease characterised by inflammatory and degenerative changes in the muscles (*polymyositis*) and frequently also in the skin (*dermatomyositis*), leading to symmetric weakness and some degree of muscle atrophy (wasting away), principally of the limb girdles, and often to a skin rash. The disease share certain clinical features with Rheumatoid Arthritis, Polymyalgia Rheumatica, and Progressive Systemic Sclerosis (PSS); less frequently with Systemic Lupus Erythematosus. (See also article on **Lupus** still to be published).

Symptoms and signs

Fever, extreme exhaustion [prostration], central muscle weakness, painful muscles, diminished strength, weight loss, joint pain [arthralgia]. **Muscle weakness** may appear suddenly or develop over weeks to months. Difficulty in raising arms above shoulder, climbing steps, getting up, raising head from pillow. Patients tend to fall. They may become wheelchair- or bed-ridden. The muscles around the neck and throat may become affected, causing difficulties in swallowing [dysphagia], speaking [dysphonia] and lead to respiratory failure. The muscles of feet, hands and face escape involvement.

In **dermatomyositis** the reddening of the skin may have a SLE-like butterfly distribution on the face. This is similar to Systemic Lupus Erythematosus (SLE). The reddish skin lesions may be slightly elevated and be smooth or scaly. This may appear on the forehead, V of neck and shoulders, chest and at finger joints. The side and base of nails may look inflamed. The skin lesions often subside as the disease becomes more systemic [throughout the body], but may be followed by brownish pigmentation, atrophy, scarring and vitiligo [defective skin pigmentation]. Muscular pain tends to be associated with the rash.

Raynaud's phenomenon [Paroxysmal spasms of the digital arteries] may be present in a third of cases. **The Sjogren's syndrome** [not being able to produce tears] is present in a few patients.

In some cases, gastrointestinal ulceration may cause the patient to vomit blood [haematemesis].

In 20% of adults there is an associated

malignancy, usually a carcinoma and any part of the body could be affected.

Aetiology and incidence

The cause is unknown, but since deposits of IgM and IgG¹ and the third component of complement² have been found in the blood vessel walls of skeletal muscle, it is thought to be caused by hypersensitivity or an autoimmune reaction. Viruses may play some role, since picornavirus-like structure³ have been found in muscle cells. Some people may be genetically predisposed to the disease.

There may be an association between polymyositis and a tumour and it is suggested that a common antigen of the tumour and muscle tissue may incite an autoimmune reaction.

The disease is not rare and is similar in incidence to muscular dystrophy, but is less common than SLE (Systemic Lupus Erythematosus) or PSS (Progressive Systemic Sclerosis). The female:male ratio is 2:1. The disease may appear at any time from infancy through age 80, most commonly between 30 to 60, or in children between ages 5 to 15.

Pathology

Microscopic examination of the skin reveals wasting of skin tissue [epidermal atrophy], basal cell degeneration, vascular dilation, lymphocytic infiltration of the skin. Basal cells are located in and form the deepest layer of the epidermis (outer skin). Muscle cell fibres show degeneration and small spaces in the protoplasm of cells are seen [vacuolation].

1) Basophilia means an increase in basophils white blood cells, with central positioning of nuclei. **Basophils** are less than 1% of white blood cells. They release the anticoagulant **heparin**. The relative number of basophils increases in myeloproliferative diseases [relating to proliferation of blood forming elements]. This is characterized by the abnormal proliferation of one or more bone marrow cells; a disorder in which bone marrow tissue develop in abnormal sites [myelofibrosis]. There is an increase in circulating red blood cells [polycythemia vera] and increase in the number of platelets in the blood [idiopathic thrombocytosis]. The number of basophils decreases in severe allergic reactions

2) Death of muscle fibres [Necrosis]

Laboratory findings

The Erythrocyte Sedimentation Rate (ESR) is elevated indicating that red blood cells have changed in response to an inflammatory condition. The serum alpha₂ and beta-globulins, plasma proteins produced in the liver and which function to transport lipids and fat soluble vitamins, are increased. Antinuclear antibodies (ANA) [antibodies destructive to the cell nucleus] are found in a few patients. The muscle enzymes, especially transaminases, creatine phosphokinase, and aldolase usually show elevated levels, indicating injury to tissues. These levels decrease with effective treatment.

Transaminases are enzymes that catalyses the transfer of amino-groups present in body tissues and blood serum.

Creatine phosphokinase (CPK) (also called creatine kinase) is an enzyme that promotes the formation of energy (ATP) essential to muscle contraction. **Aldolase** is a muscle enzyme, high levels of which indicate muscle damage. *Aldolase* is an enzyme involved in the production of biological energy (ATP) [the aerobic breakdown of glucose into glyceraldehyde -> pyruvate and lactic acid, releasing energy in the form of adenosine triphosphate (ATP or energy)].

Electromyography (an electrodiagnostic test that measures electrical activity within a muscle) may show characteristic changes which can be helpful in distinguishing polymyositis from peripheral neuropathy.

Traditional treatment

Corticosteroids are given initially in high doses (Prednisolone), together with antacids and potassium supplements. Prednisolone suppresses the body's defences which is responsible for the "inflammation" in autoimmune diseases, where the defence cells attack the body's own tissues. Prednisone is inactive until it is converted in the liver to prednisolone, the biological active form. It is a synthetic form of the body hormone *cortisol* secreted by the adrenal glands. If the drug is taken for more than a few months, the body's own production of cortisol hormone is suppressed by prednisolone and therefore the patient *can become dependent* on the drug.

Side effects of prolonged use of the drug

are indigestion, bloating, increased appetite, headache, dizziness, insomnia, blunted taste, smell or sound and mood elevation, irregular menstruation, and a mild allergic rash. The face may become round, bloated and flushed (moon face) and a pad of fat may appear on the nape of the neck. More seriously, it may weaken resistance to infection the symptoms of which may be masked or obscured by the anti-inflammatory action of prednisolone. Psychologically, the patient may experience wild mood swings, behavioural changes, euphoria, anxiety or depression.

When taking prednisolone - especially when taken over a long period - regular medical tests for blood pressure, blood sugar levels, symptoms of stomach irritations (ulcers), glaucoma and weakening of the bone [osteoporosis] should be undertaken. Nevertheless, cortisone treatment carefully monitored by a doctor and for a short period of time would assist a patient in the acute phase of the disease.

Nutritional approach

Understandably, doctors are reluctant to adopt treatment with corticosteroids as their main long-term strategy.

From a nutritional and theoretical point of view, polymyositis and/or dermatomyositis is seen as an auto-immune disorder, having much in common with many other disorders such as arthritis, rheumatism, chronic fatigue syndrome, Lupus or SLE. This means that the body's defences are mobilised to attack "foreign particles", which result in the setting up of an inflammatory reaction.

It is hypothesized or assumed that certain nutrients or environmental substances by-pass the body's natural defences and are then recognised as 'foreign'.

For example, some proteins are not properly broken down into their building-blocks - called amino-acids - and are half digested to form *peptides*, which are then absorbed into the blood stream. They are carried to various organs (in the case of polymyositis to muscles), where they are recognised as foreign. The incomplete breakdown of proteins may be due to the absence or deficiency of certain necessary enzymes. *Hydrochloric acid* is secreted in the stomach and is a major component of gastric juice. Its production is stimulated by *acetylcholine*, *gastrin* and *histamine*. Low levels of hydrochloric acid in the stomach (**achlorhydria**) may fail to prepare protein particle in readiness for further digestion in the duodenum. Sometimes supplementary hydrochloric acid in tablet form may assist the patient. Or again the pH of gastric juice may not go below 6.0.

The duodenum is normally protected against gastric acid by the buffering action of bicarbonate in alkaline pancreatic juice and also the secretion by Brunner's glands in the lining of the duodenum. Any disorder of the pancreas, which include inter alia the hypoglycemic syndrome, may fail to provide an

alkaline environment for the next stage of digestion of proteins. Hence, as a first step in nutritional treatment the hypoglycemic diet should be adopted, that is 1) avoidance of sucrose commonly known as sugar, and 2) eating three hourly high protein snacks.

Other mechanisms interfering with proper absorption of nutrients may be *lactose intolerance*, where the person lacks the enzyme *lactase* to metabolise milk sugar.

Coeliac disease or gluten-induced enteropathy may cause a serious food allergy reactions. Gluten is an insoluble protein found in grains and flours and some people have an inborn error of metabolism characterised by the inability to hydrolyse (split) peptides (chains of amino-acids) contained in gluten. Signs are pale, foul-smelling stool that floats on water because of its high fat content and children usually have a bloated stomach. It is usually associated with lactose intolerance. The disease has been linked to schizophrenia and other psychotic disorders.

Dr Chris Reading, a well-known psychiatrist in Sydney, claims that coeliac disease can cause arthritis or schizophrenia, but that the two conditions are not found together in the same person, although sharing the same aetiology⁴.

Human digestion is a complex mechanism for converting food into absorbable substances in the gastrointestinal tract, which involve many glands located both inside and outside the gut. It is obvious that treatment of polymyositis and other disorders of the immune system should look at clinical nutrition as major medium for dealing with the disease.

Comments on supplements

Attached **Table A** on page 10 sets out the nutritional supplements for arthritis and rheumatic patients on the basis that these are caused by food sensitivities stimulating an inappropriate inflammatory reaction. This Table is based on Dr George Samra's diet for arthritis/rheumatism with minor alterations.

It is most likely that polymyositis and/or dermatomyositis share the same underlying metabolic aetiology. A few comments follow below.

The hypoglycemic diet

Firstly, patients must adopt a sugar-free diet. People with "a sweet tooth" should use alternative sweeteners. Fructose⁵ is particularly beneficial as it satisfies sugar cravings and it tends to stabilize blood sugar levels⁶. Sugar (sucrose) consumption causes unstable blood sugar levels in many patients. When the blood glucose concentration rises and then suddenly drops - as a result of excess insulin output - from a high to a low, the body compensates the subsequent glucose starvation of the brain by producing adrenaline from the adrenal glands. Adrenaline converts glycogen - a form of stored sugar in the liver and muscle tissues - to glucose. However, high levels of adrenaline not only cause many of the 'psy-

chological' disturbances, but more importantly interferes with *growth hormones* secreted by the anterior pituitary gland. This is because high levels of insulin produced during a hypoglycemic episode suppresses growth hormone release. Growth hormones play a crucial role in synthesizing proteins - thus enzymes and hormones - as well as accelerating the transport of specific amino acids into cells, stimulating the synthesis of messenger RNA and ribosomal RNA, increasing storage of phosphorus and potassium, and promoting the retention of sodium. More than half the total daily growth hormones are released during early sleep. Thus grandmother was right when she said that many illnesses are overcome with sleep and rest. The mind/body connection in the treatment of many immune disorders - including cancer - is supported by the physiological relation between mental stress and adrenaline/insulin output. The growth hormone releasing factor (GHRF) is secreted from the hypothalamus - which is said to be the centre of our emotions - in response to one's mental attitude as well as to biological factors.

Evening Primrose Oil

Evening Primrose oil (EPO) contains an anti-inflammatory chemical, Dihomo Gamma Linolenic Acid (DGLA). This can also be found in borage and blackcurrants. It is usually not present in the diet, yet is present in human milk. It is converted from Cis-linoleic acid (LA) in plants, found in many vegetable oils. The enzyme cyclo-oxygenase acts upon DLGA to form prostaglandin E1 (PGE1). This hormone-like substance is extremely active with a whole range of properties⁷ such as:

- prevents platelets stickiness
- is vasodilator, improves blood circulation
- inhibits inflammatory reactions
- lowers blood pressure
- inhibit excessive cholesterol production
- helps in stored fat-burning
- improves the effects of insulin
- activates T-lymphocytes in the immune system
- inhibits abnormal cell proliferation
- appears to have neurotransmitter effects

Allergic individuals, diabetics, depressives, alcoholics and people with atherosclerosis (hardening of arteries) are found to have low levels of PGE1.

Vitamins and minerals

It is important that people with an immune disorder have maximal levels of vitamins and minerals. Without adequate amounts of vitamins, enzymes cannot function properly. We live in a world where our food and water are contaminated with chemical toxins. The soil

is depleted of minerals due to long-term agricultural practices that do not replace vital minerals to the earth. Vitamins and minerals are co-enzymes, essential for normal physiological and metabolic functioning of the body. Two minerals deserve special mention: these are zinc and selenium.

Zinc is required in more than 200 enzymes and is an important protector of the immune system and major disease fighter. The Australian soil, from where it is supposed to come, is deficient in zinc.

Zinc is claimed to

- boost immunity
- prevent cancer
- play a crucial role in eye disorders
- be involved with our sense of taste and smell
- accelerate wound healing
- prevent prostate problems
- be useful in the treatment of acne
- be beneficial to diabetics
- be anti-inflammatory and useful in treatment of rheumatism

Some of the signs of zinc deficiency are: white spots on nails, stretch marks on skin and hair problems.

An important enzyme concerned with the detoxification and protection against free radicals and known to cause cancer, is called *superoxide dismutase* (SOD). This enzyme reacts with superoxide radicals reducing them to substances less dangerous to the body, but requires zinc as well as copper and manganese as coenzymes.

Selenium is another element that appears to be totally deficient in Australian soil. Normally, wheat germ, bran, tuna fish, tomatoes, broccoli, garlic, onions and Brewer's Yeast should provide ample selenium in the diet. Vitamin E and selenium are synergistic, meaning that together they are stronger than the sum of the equal parts. Selenium is an essential micro-mineral and an essential component in the enzyme *glutathione peroxidase*. This enzyme helps to destroy peroxides (free radicals) and must contain selenium in the form of selenocysteine for it to be active. Selenium supplementation is freely available in the USA, but because it can be toxic it is only obtained on prescription in Australia. People suffering from autoimmune disorders should ask their doctors to prescribe Selemite-B.

Table A on page 10 lists foods that should be avoided for mild and severe arthritis. Patients have to experiment to suit their own conditions.

The avoidance of *mammalia meats* needs an explanation. The reasons for avoiding mammalian food sources, such as beef, cheeses and yoghurt, are that whenever we eat proteins from animals that are similar to ourselves - that is mammal - our body seems to trigger an autoimmune reaction^{8,9}. Thus meats from mammalian animals may have to be avoided to obtain a positive result in the treatment of polymyositis.

Another source of an autoimmune reaction is a missed diagnosis for *coeliac disease*, as explained before. Thus when the other avoidances mentioned in Table A do not seem

levels could crash the glucose levels and cause one to crave for further cow's milk. This addiction is not unlike the addiction to nicotine. It should be noted that tobacco belongs to the *NIGHTSHADE FAMILY* and polymyositis patients are strongly advised to stay away from tobacco smoke.

By keeping a *dietary diary* one is able in a matter of weeks to pinpoint suspect food sensitivities. By avoiding these for four days and then re-introducing them after that period of abstinence one should experience an adverse reaction, if that food was indeed an allergen.

Other medical tests

Your General Practitioner or Health Practitioner should be able to refer you to a plethora of medical tests that should be able to isolate

allergies and food sensitivities. **Australian Biologics**¹⁰ use the ALCAT Test to detect foods, food additives and moulds to which one could be allergic. The *Bryan's Cytotoxic* test isolates white cells and measure their reaction to specific allergens. There is also a *IgE mediated reactions by scratch test* which should detect reactions to pollens, grasses, inhalants (including dust mites). Allergens that produce a histamine (IgE) response can be easily identified by skin reactions. The *Hair Analysis* is a reliable test for the determination of the levels of heavy met-

Dietary Diary		
Day of the week		
Time	Food	How you feel before eating

to improve the condition, one could try a gluten free diet as shown in the table.

Search for food sensitivities

One popular home test for allergy is by means of a *Dietary Diary*, as illustrated above. One can use the pages of a writing book to represent each day.

The hypoglycemic diet consists of three hourly high protein snacks, so the first column gives an indication of the space of time between meals. A long time between snacks may induce a hypoglycemic reaction.

The second column lists all the foods consumed for later identification of allergies.

The third column shows how one feels before eating the snack. The consumption of an allergen very often resembles an addiction and gives the person a good feeling after consumption. For example, sensitivity to cow's milk often causes an immediate reaction that could increase an adrenaline upsurge. This would increase the blood glucose level, feeding the brain with energy. This could make one feel 'good', but soon excessive insulin

and minerals in the body, which may affect the immune system. Heavy metals such as mercury and lead can inactivate many enzymes. Either head or pubic hair can be used and collection kits can be supplied to practitioners to enable samples to be sent to the laboratory.

References

- 1) Immunoglobulins are distinct antibodies in the serum and external secretions of the body. Immunoglobins are formed in the bone marrow, spleen and all lymphoid tissues except the thymus. They are named IgA, IgD etc.
- 2) A complement refers to a protein in plasma that assists in the fight against a 'foreign' body in the immune system. The combining of antibodies and antigens does not by itself produce destruction of the antigen ('foreign particle'). The antibody-coated bacterium will initiate *complement activity*. The complement system in immunology consists of specialised proteins (11 proteins in all and called C1 to C9) each with a specific function.

Continued on page 11

SUPPLEMENTS FOR ARTHRITIS-RHEUMATISM PATIENTS

By Dr George Samra

As a first step the diet should be sugar (sucrose) free

Supplements

Tabel A

- Cod Liver Oil Capsules or Evening Primrose Oil - 3 per day.
- Blackmores Multi Vitamins plus Mineral tabs - 1 daily
- Vita Glow Zinc Plus C - 1 daily
- HiVita Stress Formula - 1 daily
- Selenium - Sodium Selenite Solution - 2 mls daily or
- Selenite - B - 1 daily (requires prescription)

AVOIDANCE for Mild Arthritis

3 WEEK TRIAL

Avoid strictly for 3 weeks

- *Tomato
- *Beef, Veal
- *Potatoes
- *Oranges

AVOIDANCES for Sever Arthritis

NIGHTSHADE FAMILY

Avoid tomato, potato, tobacco, eggplant, capsicum, chilli, pepper, (DO USE sweet potato, cauliflower, pumpkin, marrow, choko, lettuce, celery, cucumber and all other vegetables).

MAMMALIA FAMILY

Avoid all animal milks, cheeses, yoghurts and butter (USE Soymilk, Soycheese from Health Food Stores, Ricemilk, Coconut Milk and Coconut Cream).

Avoid RED MEAT. No beef, veal, lamb, rabbit, pigmeat or their by-products. (USE chicken, poultry including chicken sausages, chicken and turkey slices, fish, seafood and vegetables.)

CITRUS FAMILY

Avoid oranges, lemons, limes, grapefruit, kiwifruit and passionfruit. (USE other fruits, favouring apples, pears, bananas.)

GLUTEN FREE DIET

AVOID

Wheat, Rye, Oats, Barley
and Malt as well as.....
Normal Bread & Pastry

EAT FOOD FROM THIS SIDE ONLY

Rice Cakes, Rice, Wafers
Slice of RiceHealth
Buckwheat Wafers
Gluten Free Bread
Ditto
Ditto
Lupin Loaf
Rice Spaghetti & Noodles
& Pastas
Rice Flakes, Puffed Corn,
Rice Millet Porridge
Japanese Rice Crackers
Rice, Potato Flour
Rice Bran

Supermarkets
Food Stores
Delicatessens
Russels H.F.S.
Pav's Bakery (02-655-23585)
Moores Bakery (02-569-6688)
Dallas Bread (02-9056021)
Asian Food Stores &
Franklins
Health Food Stores

Supermarkets & H.F.S.
Health Food Stores
Health Food Stores

Spaghetti & Pasta

Wheat Cereals

Biscuits
Flour

Crumpets & Muffins

Continued from page 9

- For example, one such complement activates a mast cell to release histamine, which causes dilation of capillary.
- 3) Picornavirus is a member of a group of RNA (ribonucleic) viruses such as *Enterovirus* and *Rhinovirus* which may cause poliomyelitis, herpangina, aseptic-meningitis, encephalomyocarditis and foot-and-mouth disease.
 - 4) Reading C.M & J Sulima, (1995) "The rheumatoid arthritis/schizophrenia connection" **The Hypoglycemic Health Newsletter**, Dec 1995, p 5.
 - 5) Fructose is available from Steve Lucas, Soul Pattison Pharmacy, 211 Oxford Street BONDI JUNCTION (Phone: 389-3227), Wholesale: Oppenheimer P/L, 3/31 Hill Rd, LIDCOMBE, Ph: 748-3111, Fax: 648-3447
 - 6) Plesman, J (1995) "Fructose: a natural sweetener", **The Hypoglycemic Health Newsletter**, Sept 1995
 - 7) Davies, S & Stewart A (1987), **Nutritional Medicine**, Pan Books, Page 113
 - 8) Samra, Dr George (1995), "What is new in fatigue therapy and dietary management of arthritis", **The Hypoglycemic Health Newsletter**, March 1995, page 4
 - 9) The incidence of autoimmune disorders may be expected to increase, following the introduction of genetic engineering. Pig meat may be altered by addition of a human gene to the pig, making that food source more like humans in some respects.
 - 10) Australian Biologics, Suite 401, 4th Floor BMA House, 135 Macquaries St SYDNEY, 2000, Tel: 247-5322, Fax: 247-5453

**LUCAS PHARMACY
BONDI JUNCTION**
211 Oxford Street
(between Grace Bros &
Bronte Rd)
Bondi Junction
Phone: 389-3227

Stephen Lucas, Pharmacist and Clinical Nutritionist has offered 10% discount to members of this Association on any products purchased, such as vitamins, minerals, herbal prescriptions and Fructose (at special price).

SOMA is organizing a petition to the Australian Parliament for people to have a right of access under MEDICARE to **complementary nutritional medicine and pathology**. Copies of the petition will be available at the next meeting at the door and members are encouraged to sign the petition.

BLACK COHOSH (Lydia Pinkham Revisited)

Extract from Sheldon Saul Hendler
MD

"The doctor's Vitamin & Mineral Encyclopedia"

BLACK COHOSH, black snakeroot, bugbane and squawroot are the common names for the plant *Cimicifuga racemosa*. The plant is native to North America and was a favourite herbal remedy of the Native Americans. Those of you who remember Lydia Pinkham's Vegetable Compound may be interested to know that black cohosh was one of its main components.

Native Americans have used the herb for the treatment of chronic fatigue, malaria, rheumatism, kidney problems, female disorders and sore throat. It has also been used as a folk remedy for bronchitis, fever, itching, high blood pressure, anxiety, menstrual cramps and the symptoms of menopause. Substances extracted from black cohosh have been found to have anti-inflammatory, sedative and blood-pressure-lowering activity in animals. Human data are lacking.

A few claim that consumption of black cohosh root produces a mild relaxant effect. Ingestion of large amounts could produce nausea, vomiting, perspiration and dizziness. Large doses during pregnancy have been suspected of causing premature birth.

ANGELICA/DONG QUAI (Blood Tonic)

Angelica has recently become very popular in the Western Health food marketplace. There are several different species of angelica, but the one most sought after these days comes from China and is commonly known as Dong quai and botanically as *Angelica sinensis*. This species is used in China as a herbal medicine. Other species of angelica which come from Europe are used for flavouring wines, perfumes and liqueurs. These are also used in folk medicine.

Dong quai has been used in traditional Chinese medicine for thousands of years, mainly for female disorders. It is used to treat menstrual disturbances, such as infrequent menstruation and abnormal menstrual bleeding. It is thought to work as a blood tonic, that is, to 'build up' the blood and 'invigorate' the circulation. Other benefits attributed to Dong quai are a laxative action for chronic constipation of the aged and debilitated and usefulness in the treatment of headaches, abdominal pains and arthritis.

Many pharmacologically active substances have been isolated from Dong quai. These include some of the anti-inflammatory, analgesic, antiseptic, bactericidal, fungicidal, anti-allergic, antispasmodic, vasodilative and immune enhancing. The herb is, in fact, a great

Jurriaan Plesman [B.A. (Psych), Post Grad Dip Clin Nutr.], Counsellor and Clinical Nutritionist, is conducting a self-development course, at the *Total Therapies Medical Centre*, 19 Princes Highway, KOGARAH. This course runs every Tuesday afternoon from 2-4 pm.

The course covers the following topics;

- Nutritional aspects of disease and emotional problems
- Self-esteem and how to overcome a negative self-image
- Assertiveness training; how to be assertive without being aggressive in one's relationships
- Communication at an emotional and deeper level, counselling
- Values clarification: what are our aims, what do we value in relationships and what is important to us?

Fees are \$25 per session per person (Pensioners \$15 and negotiable)

Please contact the receptionist for bookings or Phone: 553-0084 or 019-363-990

treasure trove of pharmacologic chemicals. But there is a great variability in the quantity and potency of these substances among different samples of the herb. Thus it is unpredictable as to what benefits, if any, can be derived from taking Dong quai. Some claim that it helps bring up mucus from the respiratory tract, others that it causes them to sweat. It is a relatively safe herb.

CATNIP (Humans like it too)

Catnip (*Nepeta cataria*) is a herb belonging to the mint family. Although most people think catnip as a herb that is irresistible to cats (and that includes lions and tigers), catnip has been used for years in folk medicine and as a tea. In fact, catnip tea was used in England before the introduction of modern Chinese tea.

Catnip is reputed to be good for a wide range of human disorders. Some find that hot catnip tea, taken at bedtime, helps them sleep better. Catnip contains nepetalactone, which is somewhat similar in chemical structure to the valepotriates thought to be the sedative components of valerian. Some report that catnip is useful for settling mild stomach upsets. It is a relatively safe herb.

THE HYPOGLYCEMIC ASSOCIATION

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31ST DECEMBER, 1995

INCOME

Membership Fees	2,715.00
Donations	182.10
Books	119.00
Meeting Fees	257.60
Interest	<u>51.99</u>
	3,325.69

EXPENDITURE

Books for resale	24.00
Hall Hire	472.00
Printing	971.00
Postage	967.84
Stationery	107.08
Editor's Expenses - Newsletter	600.00
P.O. Box Rental	40.00
Bank Fees	22.93
Guest Speaker Presentation	57.45
Meeting Costs	88.72
Advertising	175.50
President's Expenses	77.44
Telephone	<u>23.86</u>
	<u>3,627.82</u>

EXCESS OF EXPENDITURE OVER INCOME

		302.13
OPENING BALANCE	- BANK	2,889.68
	- PETTY CASH	<u>39.59</u>
		<u>2,929.27</u>
		<u>2,627.14</u>

REPRESENTED BY

	- BANK	2,568.89
	- PETTY CASH	<u>58.25</u>
		<u>\$2,627.14</u>

HONORARY AUDITOR'S REPORT

I hereby certify that I have examined the books and accounting records of the Hypoglycemic Association for the year ended 31st December 1995 and report that the above Statement of Income and Expenditure represents a true and fair view of the Income and Expenditure of the Association for the said year.

21 Memorial Avenue
LIVERPOOL NSW 2170
TEL: 821.2399



HUGH D. MACFARLANE
CHARTERED ACCOUNTANT

1996 MEETING DATES

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