

The Hypoglycemic Health Association

NEWSLETTER

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

Please note that our next meeting will be held on Saturday the 8th March (not on 1 March) 2003 starting 2.00 pm . This is to avoid conflict with the Mardi Gras.

The Association congratulates our first ever female **president Mrs Lyn Grady** of Nowra. Lyn has been a member of the Association since its foundation in 1984 and has been an active member of the Committee for almost a decade.

In order to keep this Association financial, it is important that members pay their fees in time. The expiry date of members is shown on the **top right hand corner of the envelope**. Membership fees are \$22.00 pa [Pensioners \$16.50 (incl GST)]. It is hoped that practitioners who receive this Newsletter free of charge may see their way clear in supporting this Association with a generous donation, remembering that all donations over \$2.00 are tax deductible.

We are witnessing a period when 'complementary medicine' is making rapid strides in discovering new non-drug remedies in combination with the more traditional medicine. People all around the world are demanding access to this new kind of medicine. This Association hopes to play its part in promoting more cost-effective natural healing, that will soon be the norm.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 8 March 2003
at **YWCA**

5-11Wentworth Ave, SYDNEY
and our guest speaker is

Dr George Samra

who will be speaking
on the subject of

**“Nutritional Management of
Disorders of the Nervous
System”**

DR GEORGE SAMRA is of course well-known to our members. He is the Secretary of our Association as well as a pioneer in Nutritional Medicine. It is mainly through the personal effort by Dr George Samra that the concept of hypoglycemia is recognised as a major cause of ill-health and an important factor in human behaviour. Naturally, since the foundation of the Association the concept has broadened to include the whole range of clinical nutrition and ecology, as well as traditional medicine. Dr George Samra is now well-known among probation officers, the judiciary and legal profession in assisting them to determine to what extent a program of rehabilitation can prevent criminal behaviour. Dr Samra's surgery is located at the Total Therapies Medical Centre in Kogarah, practising with like-minded practitioners.

Dr Samra's chosen topic should prove to be very interesting.

Previous Copies of the Hypoglycemic Newsletter

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

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

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

Books for sale at the meeting

Sue Litchfield: **SUE'S COOKBOOK**

Dr George Samra's book

The Hypoglycemic Connection

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

Jurriaan Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries (state and university). By buying this book at the meetings you are supporting

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

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

the Hypoglycemic Health Association.

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

Entrance donations at meetings

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

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 9553-0084 or Sue Litchfield at (litch.grip@bigpond.com).

At the meeting on the 7 December 2002, Graham Butt won the lucky firsts price for the standing fan. Jenny Eke won the second price for a picnic set. Olivera Erturk won the lucky door price.

Fund raising activities

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

Raffles

Conducting raffles is an important source of additional revenue for the Association. Raffle tickets are available at \$2 each or \$5 for three tickets at Dr George Samra's surgery. Items to be raffled should be on display at the surgery and will be raffled at the next public meeting of the Association.

The Kogarah support group meets every 3 months at 19 Princes Highway Kogarah (1st floor Dr. Samra's surgery) at 1.45 pm. The members of this support group meet every second Saturday of the months of February, May, August and November. The cost is \$2. Afternoon tea provided - family and friends welcome. For further information please telephone - Lorraine on 02-95209887 or Jeanette on 02-95259178

The Tasmanian Hypoglycemic support group. For members in Tasmania if you want to form a group or meet people with hypoglycemia phone Alison on 040 9966 385 A/hours or for more info (altenann@bigpond.com).

News from the Kogarah Support Group

The group meets at Dr Samra's rooms (upstairs) at Kogarah (19 Princes Highway) on the second Saturday in February, May, August and November.

An average of 12-14 people attend. Each person present has the opportunity to express their concerns and ask for advice regarding diet (variety, appropriate products, recipes etc.) and other common problems such as insomnia, which most of us experienced in the "early days". For any medical problems, we suggest that the doctor be consulted. Newer members usually come to us feeling overwhelmed about the considerable change in lifestyle required on the diet. The greatest help we can be is to discuss their concern in an understanding but matter-of-fact way. It

also helps to know that forgetfulness is part of the complaint!

Cost per meeting is \$2 and afternoon tea is provided, with sugar-free recipes used. From time to time Recipes Sheets are produced and our Newsletter comes out each three months. The \$2 fee helps defray printing and postage costs.

As a result of discussions at our meetings, we have compiled an Information Sheet entitled "Some Menu Suggestions". It includes Breakfasts, Lunches or Dinners, Snacks and Sandwich Fillings.

Last November we were invited to give a talk on Hypoglycemia at the Uniting Church at Miranda. Four of us attended and spoke about our individual experiences, and about the Association' and the Support Group. There were approximately 50 people in attendance. After wards we were presented

with a donation of \$60 which we subsequently handed over to the Association.

The next meeting of the Kogarah Support Group will be on Saturday 10th May 2003 at 1.45 pm.

New members are always welcome. For further information ring Jeanette (02) 9525 9178 or Lorraine (02) 9520 9887.

The Association is looking for a SUB-EDITOR

An opportunity exist for an enthusiastic student of clinical nutrition, medical journalist or medical researchers to join the Association to gain experience in doing research, writing and preparing papers for this Newsletter in the field of Natural Medicine.

The person should have computer skills and have access to the internet and have a keen interest in alternative or complementary medicine. A person with a nursing background or simply an interest in the healing profession or any other experience in the medical profession and who wants to branch out would be in an ideal position to take up this challenge.

A SIMPLE GUIDE TO SYNDROME X IN HYPOGLYCEMIA

Presented by
Dr Jeff Jankelson

Alternate names:

Metabolic Syndrome
Insulin Resistance Syndrome
Glucose Intolerance
Pre-diabetes

Diagnostic Criteria

Dysglycemia (Glucose Intolerance) – Hyper- (or Hypo-) glycaemia

Insulin Resistance– High Triglycerides, low HDL
Abdominal obesity

Carbohydrate – Made up of chains of glucose molecules and is the brain & body's preferred source of fuel

Refined carbohydrates – stored as glycogen – raises cholesterol, TG and lowers HDL – increases insulin levels – promotes Obesity – Hypertension – Heart disease

Symptoms:

Tired
‘Brain fog’
Poor memory & concentration
Irritability & depression
Ageing
Heart Disease
Diabetes
Alzheimer's

Causes:

Carbohydrate intake & metabolism – Diet is the major focus

Micronutrient deficiency – chromium, vanadium, Vit B, Zinc, Omega 3 fatty acids,

alpha lipoic acid

Adrenal Stress – allergies, stress, “toxic overload”

WHY WORRY?

“**Hypoglycaemia**” (Insulin Resistance) – is a major predictor of future Diabetes and Syndrome X, hence serious health and ageing symptoms

The Glycaemic Index & Glucose Metabolism

What does it all mean?

Carbohydrate – Made up of chains of glucose molecules and is the body's preferred source of fuel.

Glycaemic Index – A measure given to a carbohydrate to determine the speed at which it breaks down into glucose.

Blood Sugar levels – The amount of sugar in the blood following absorption of glucose.

Blood Sugar:

Carbohydrate – Broken down into glucose (sugar)

Insulin released – storage & transport hormone

Triggers glucose uptake by cells for energy

Excess glucose mobilised by Insulin into Glycogen for storage (in muscle or liver)

Glycogen converted to fat

Insulin Resistance:

Fat resistance – increased Insulin levels prevents fat me-

tabolism (storage), therefore unable to use stored fat for energy production

Increased hunger signals – desire for “quick fix”

Hunger Time – the length of time it takes to feel hungry is dependent on the quality of carbohydrates eaten

The Glycaemic Index (GI) explained

•GI was first developed in 1981 for the benefit of diabetics, to help determine which foods would best control their blood sugar.

•A carbohydrate is measured against pure glucose and is rated on a scale of 1–100 – The Glycaemic Index

•Glucose has a score of 100 and has the highest GI

•Low GI = 0-50

•Moderate GI = 50-70

•High GI = 70 +

Low GI Versus High GI carbohydrates

•There is a natural rise and fall of blood sugar as we eat and digest our carbohydrate

•The speed is determined by the quality of the carbohydrate we chose

•**High GI** means the carbohydrate is broken down **rapidly** and produces a sharp rise in blood sugar

•**Low GI** means the carbohydrate is **slowly** broken down and produces a slow rise in blood

sugar

How does this affect Blood sugar?

- A High GI food causes a correspondingly high Insulin response in order to lower blood sugar levels
- A consistently high GI diet will lead to consistently elevated Insulin levels

The relationship between Insulin and Weight, Diabetes and Heart health

- Insulin is a storage hormone
- Insulin will encourage the storage of fat and prevent the burning of stored fat
- Continued excessive production of Insulin can lead to Insulin Resistance, pancreatic exhaustion and eventually diabetes
- Insulin Resistance (also known as Metabolic Syndrome or Syndrome X) is believed to unite all the factors associated with heart disease:
 - High Blood pressure, High Triglycerides, Low HDL

GI chart

Factors affecting GI

- Carbohydrate type** -Starch Ratio - (Amylose V Amylopectin)
- Protein & fibre**
- Size of starch particle** - (Stone ground flour V Finely milled flours)
- Type if starch** – (Viscous soluble fibre V Insoluble fibre)
- Sugar** – (2 x Glucose (starch) V Glucose + Fructose (sugar))
- Acidity** – Acid in foods slow down gastric emptying
- Fat** – Fat slows down the rate of gastric emptying

Factors affecting GI

- Carbohydrate type** –
Starch Ratio - (Amylose V Amylopectin)
High Amylopectin = fast

breakdown

High Amylose = slow release
e.g. most rice is high in Amylopectin, therefore high GI food; but Basmati & Doongara rice high in Amylose, therefore slow releasing
e.g. wheat & corn = amylopectin;
barley & rye = amylose

Factors affecting GI

- Protein & fibre** -
- Slows the breakdown of carbo's
- Whole food better than refined
e.g. wholegrain bread vs refined white
whole fruit vs. fruit juice
beans & pulses = high fibre & high protein
ALWAYS combine protein with carbohydrate at each meal

Factors affecting GI

- Size of starch particle**
•(Stone ground flour V Finely milled flours)

Factors affecting GI

Type if starch
(Viscous soluble fibre V Insoluble fibre)

Factors affecting GI

- Sugar**
•2 x Glucose (starch) V Glucose + Fructose (sugar)
e.g. apples = high fructose: glucose ratio
grapes = high glucose:fructose
- Choose temperate climate fruits vs. tropical
e.g. stone fruits, apples, cherries, grapefruit
vs. mango, pineapple, watermelon
- Beware “sugar-free” foods – may be sweetened with grape juice

Factors affecting GI

- Acidity** –

•Acid in foods slow down gastric emptying
e.g. sourdough bread, grapefruit, oranges

Factors affecting GI

- Fats** –
- fats in foods slow down gastric emptying
- Choose fats from fish & vegetables
- ALWAYS have fat (& protein & fibre) with the carbohydrates at each meal/snack
- Fish & vegetable fats increase the omega-3 fatty acids to counteract the high levels of omega-6 FFA's leading to Syndrome X
- “**Avoid fats from things with legs**”

Factors affecting GI

- Vegetables**–
- Most veggies have a low GI
- Except:** below ground vegetables which are sweet and sticky when cooked
e.g. parsnips, carrots, potato

Tips to the GI Method

- Familiarise yourself** with the GI factor of a few key ingredients and foods that form a regular part of your diet. & **eat frequently (six meals per day)**
•Chose carbohydrates with values of **0 - 50 most frequently** and **50 – 70 least often.**

Combine High GI with Low GI

- Avoid anything processed** and look for grain products that are high in coarse fibre, for example, cracked wheat has a lower GI than wholemeal flour.
- Foods with an acidic value** or taste tend to have a lower GI, for example, sourdough bread, and acidic fruits and vegetables.

Tips Continued

Below ground vegetables will often have a **high GI**. For example carrots, parsnips and potatoes have a high GI compared to broccoli or other greens.

Always include 1/3 protein to 2/3 low GI carbohydrate. The protein content will delay the break down of the carbohydrate into glucose and therefore reduce the GI of the meal.

Allow some fat with each meal, preferably from vegetable and fish sources.

If a meal has an unavoidably high GI, **add a side salad with a red wine vinaigrette dressing.**

Overall Treatment Of Syndrome X

Free Radicals

•Glucose is a major source of Free Radicals (American Diabetes Assoc)

•Molecules with free electron in outer orbit react with normal molecules causing oxidation (e.g. rusting from oxygen, or butter turning rancid from heat & oxygen)

•Free Radicals oxidise Cholesterol causing damage to coronary vessels

•Swinging Glucose can crosslink to proteins = glycosylation = "tying the body's proteins & genes in knots"

INSULIN & Free Radicals
High INSULIN is a major source of Free Radicals (American Diabetes Assoc)

•Known as Oxidative Stress

•High Insulin increases demand for Vit. E which controls free radicals

•High Insulin converts calories into Triglycerides & cholesterol and oxidises them

TREATMENT

•Diet

•GI diet

•Avoid animal with "legs"
•Exercise
•Aerobic (fat burning)
•Resistance/weight training (muscle building) to prevent breakdown of muscle protein into glycogen & fat

TREATMENT

•Supplements (micronutrients help insulin move glucose efficiently into the cell – biological "spark plugs" to ignite the glucose fuel)

•Antioxidants & Minerals

•Chromium picolinate

200mcg per day

•Vanadium

•Vit. E 400iu per day

(Oxidative stress)

•Omega-3 fatty acids (Fish Oil & Flaxseed)

•(Alpha lipoic acid) recycles Vit. E, C & antioxidants

INVESTIGATIONS

•History

•Symptoms of Dysglycaemia

•Examination

•Blood Pressure

•Waist:Hip ratio

•Cardiovascular

INVESTIGATIONS

•Blood Tests

•Fasting Blood Sugar

•Fasting Insulin

•Thyroid Function

•Red Cell magnesium

•Lipids

•Homocysteine, CRP, Lipoproteins

•(2 hour Glucose Tolerance Test)

INVESTIGATIONS

•**Cellular Health Analysis**

•Measures Total Body Fat, Lean Muscle Mass, Extracellular & Intracellular water, Cell wall health, cellular health, "toxic load/oxidative stress", Cellular age

•Zinc Taste test

•Essential in the breakdown of Glucose

•Common deficiency

CONCLUSION

Statistically – 1-in-3 chance of developing Insulin Resistance

Massively increased health risk if you consume large quantities of high GI foods and omega-6 FA's ("legs" 7 "fries") = Syndrome X

•Insulin Resistance & Syndrome X take years to become severe –

START CONTROL NOW!

The Hypoglycemic Connection II

By Dr George Samra

Book review

Dr George Samra has written a definitive book on Hypoglycemia, which should put to rest the idea that Hypoglycemia is a disorder existing only in the mind of some "alternative" medical practitioners.

It is a disorder of *insulin resistance* that if ignored may ultimately lead to *Maturity Onset Diabetes*.

Because it affects the supply of glucose to the brain, unstable blood sugar levels have a profound influence over how people feel, their moods, anxiety and energy levels.

Dr Samra stresses that insulin moves glucose into neurocellular and somatocellular distribution ignoring their actual requirements and resulting in a maldistribution of glucose to the brain in particular the hypothalamus.

Dr Samra has refined the special four hour Glucose Tolerance Test (GTT) for Hypoglycemia, enabling a doctor to obtain an accurate diagnosis of the six types of hypoglycemic curves, each generating its unique set of symptoms. Treatment is fully discussed, including the effects of allergies and food sensitivities. The book has 10 new topics and 9 new chapters and is thoroughly indexed and also contains a Glossary of terms.

Omega 3 Oils: The Essential Nutrients

by Hans R. Larsen, MSc ChE

From Dr Joseph Mercola's web site at:
http://www.mercola.com/beef/omega3_oil.htm

There are good fats and there are bad fats. Artificially produced trans-fatty acids are bad in any amount and saturated fats from animal products should be kept to a minimum.

The best fats or oils rather, since they are liquid at room temperature, are those that contain the essential fatty acids so named because without them we die. Essential fatty acids are polyunsaturated and grouped into two families, the omega-6 EFAs and the omega-3 EFAs.

Seemingly minor differences in their molecular structure make the two EFA families act very differently in the body. While the metabolic products of omega-6 acids promote inflammation, blood clotting, and tumor growth, the omega-3 acids act entirely opposite.

Although we do need both omega-3s and omega-6s it is becoming increasingly clear that an excess of omega-6 fatty acids can have dire consequences.

Many scientists believe that a major reason for the high incidence of heart disease, hypertension, diabetes, obesity, premature aging, and some forms of cancer is the profound imbalance between our intake of omega-6 and omega-3 fatty acids.

Our ancestors evolved on a diet with a ratio of omega-6 to omega-3 of about 1:1. A massive change in dietary habits over the last few centuries has changed this ratio to something closer to 20:1 and this

spells trouble. [1-3]

Sources and requirements

The main sources of omega-6 fats are vegetable oils such as corn oil and soy oil that contain a high proportion of linoleic acid. Omega-3 fats are found in flaxseed oil, walnut oil, and marine plankton and fatty fish.

The main component of flaxseed and walnut oils is alpha-linolenic acid while the predominant fatty acids found in fatty fish and fish oils are eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA).

Grassfed Beef is higher in Omega 3 than fish

Normally a good ratio for omega 6:3 in fish is 2 or 3 to 1. The lower the better. Grassfed beef from Grassfed Organics is much higher in Omega 3 than fish, with a 6:3 ratio of 0.16 to 1. This information is from a study done at Iowa State University in August 2001.

The most beneficial and active of these fatty acids are EPA and DHA.

Alpha-linolenic acid can be converted to EPA and DHA in the body, but the conversion is quite inefficient especially in older people. [1, 2]

Scientists were first alerted to the many benefits of EPA and DHA in the early 1970s when Danish physicians observed that Greenland Eskimos had an exceptionally low incidence of heart disease

and arthritis despite the fact that they consumed a high-fat diet.

Intensive research soon discovered that two of the fats (oils) they consumed in large quantities, EPA and DHA, were actually highly beneficial. More recent research has established that fish oils (EPA and DHA) play a crucial role in the prevention of atherosclerosis, heart attack, depression, and cancer.

Clinical trials have shown that fish oil supplementation is effective in the treatment of many disorders including rheumatoid arthritis, diabetes, ulcerative colitis, and Raynaud's disease. [1-5]

Recognizing the unique benefits of EPA and DHA and the serious consequences of a deficiency the US National Institutes of Health recently published Recommended Daily Intakes of fatty acids. They recommend a total daily intake of 650 mg of EPA and DHA, 2.22 g/day of alpha-linolenic acid and 4.44 g/day of linoleic acid. Saturated fat intake should not exceed 8 per cent of total calorie intake or about 18 g/day.

Good for the brain and children too

The human brain is one of the largest "consumers" of DHA. A normal adult human brain contains more than 20 grams of DHA. Low DHA levels have been linked to low brain serotonin levels which again are connected to an increased tendency to depression, suicide, and violence.

A high intake of fish has been

linked to a significant decrease in age-related memory loss and cognitive function impairment and a lower risk of developing Alzheimer's disease. A recent study found that Alzheimer's patients given an omega-3-rich supplement experienced a significant improvement in their quality of life. [6-9]

Several studies have established a clear association between low levels of omega-3 fatty acids and depression. Other studies have shown that countries with a high level of fish consumption have fewer cases of depression.

Researchers at Harvard Medical School have successfully used fish oil supplementation to treat bipolar disorder (manic-depressive illness) and British researchers report encouraging results in the treatment of schizophrenia. [10-15]

An adequate intake of DHA and EPA is particularly important during pregnancy and lactation. During this time the mother must supply all the baby's needs for DHA and EPA because it is unable to synthesize these essential fatty acids itself. DHA makes up 15 to 20% of the cerebral cortex and 30 to 60% of the retina so it is absolutely necessary for normal development of the fetus and baby.

There is some evidence that an insufficient intake of omega-3 fatty acids may increase the risk of premature birth and an abnormally low birth weight. There is also emerging evidence that low levels of omega-3 acids are associated with hyperactivity in children. [1, 3, 16- 22]

The constant drain on a mother's DHA reserves can easily lead to a deficiency and some researchers believe that preeclampsia (pregnancy-related high blood pressure) and postpartum depression could be linked to a DHA deficiency. Experts recommend that women get at least 500-600

mg of DHA every day during pregnancy and lactation. The easiest way to ensure this intake is to take a good fish oil supplement daily. [17-19]

Researchers at the University of Sydney have found that children who regularly eat fresh, oily fish have a four times lower risk of developing asthma than do children who rarely eat such fish. They speculate that EPA present in the fish may prevent the development of asthma or reduce its severity by reducing airway inflammation and responsiveness.

Researchers at the University of Wyoming have found that supplementation with 3.3 grams/day of fish oil markedly reduces breathing difficulties and other symptoms in asthma patients. Other research has found fish oil to be beneficial in the treatment of other lung diseases such as cystic fibrosis and emphysema. [23- 29]

The heart's best friend

An enormous amount of medical literature testifies to the fact that fish oils prevent and may help to ameliorate or reverse atherosclerosis, angina, heart attack, congestive heart failure, arrhythmias, stroke, and peripheral vascular disease. Fish oils help maintain the elasticity of artery walls, prevent blood clotting, reduce blood pressure and stabilize heart rhythm. [1-4, 30-33]

Danish researchers have concluded that fish oil supplementation may help prevent arrhythmias and sudden cardiac death in healthy men. An Italian study of 11,000 heart attack survivors found that patients supplementing with fish oils markedly reduced their risk of another heart attack, a stroke or death.

A group of German researchers found that fish oil supplementation for 2 years caused regression of atherosclerotic deposits and American medical researchers report that

men who consume fish once or more every week have a 50% lower risk of dying from a sudden cardiac event than do men who eat fish less than once a month. [34-40]

Greek researchers report that fish oil supplementation (10 grams/day) reduces the number of attacks by 41% in men suffering from angina. Norwegian medical doctors have found that fish oil supplementation reduces the severity of a heart attack and Indian researchers report that supplementation started immediately after a heart attack reduces future complications.

Bypass surgery and angioplasty patients reportedly also benefit from fish oils and clinical trials have shown that fish oils are safe for heart disease patients. The evidence is indeed overwhelming. An adequate daily intake (about 1 gram) of EPA and DHA is essential to maintain a healthy heart. Fish oils are especially important for diabetics who have an increased risk of heart disease. [41- 49]

Researchers at the University of Cincinnati have found that supplementing with as little as 2 grams/day of fish oil (410 mg of EPA plus 285 mg of DHA) can lower diastolic pressure by 4.4 mm Hg and systolic pressure by 6.5 mm Hg in people with elevated blood pressure. Enough to avoid taking drugs in cases of borderline hypertension. Several other clinical trials have confirmed that fish oils are indeed effective in lowering high blood pressure and that they may work even better if combined with a program of salt restriction. [50-55]

Reduces pain and helps prevent cancer

Fish oils are particularly effective in reducing inflammation and can be of great benefit to people suffering from rheumatoid arthritis or ulcerative colitis. Daily sup-

plementation with as little as 2.7 grams of EPA and 1.8 grams of DHA can markedly reduce the number of tender joints and increase the time before fatigue sets in. Some studies have also noted a decrease in morning stiffness and at least two clinical trials concluded that arthritis patients who took fish oils could eliminate or sharply reduce their use of NSAIDs and other arthritis drugs. [56-61]

Patients with ulcerative colitis have abnormally low blood levels of EPA.

Clinical trials have shown that supplementation with fish oil (2.7 grams of EPA and 1.8 grams of DHA daily) can reduce the severity of the condition by more than 50% and enable many patients to discontinue anti-inflammatory medication and steroids. [62-64]

There is now also considerable evidence that fish oil consumption can delay or reduce tumor development in breast cancer. Studies have also shown that a high blood level of omega-3 fatty acids combined with a low level of omega-6 acids reduces the risk of developing breast cancer.

Daily supplementation with as little as 2.5 grams of fish oils has been found effective in preventing the progression from benign polyps to colon cancer and Korean researchers recently reported that prostate cancer patients have low blood levels of omega-3 fatty acids. Greek researchers report that fish oil supplementation improves survival and quality of life in terminally ill cancer patients. [65-73]

Safe and easily available

It is estimated that 85% or more of people in the Western world are deficient in omega-3 fatty acids and most get far too much of the omega-6 fatty acids. Vegetarian diets, for example, tend to be very high in omega-6.

The recommended daily intake of EPA plus DHA is about 650 mg rising to 1000 mg/day during pregnancy and lactation. Clinical trials have used anywhere from 1 g/day to 10 g/day, but little additional benefit has been observed at levels above 5 g/day of EPA and DHA combined.

The benefits of therapeutic supplementation may become evident in a few weeks when blood parameters (triglycerides, fibrinogen) are involved, but may take 3 months or longer to materialize in degenerative diseases like atherosclerosis and rheumatoid arthritis. [74, 75]

The processing and packaging of the fish oil are crucial in determining its quality. Low quality oils may be quite unstable and contain significant amounts of mercury, pesticides, and undesirable oxidation products.

High quality oils are stabilized with adequate amounts of vitamin E and are packaged in individual foil pouches or other packaging impervious to light and oxygen. Some very recent research carried out at the University of Minnesota found that emulsified fish oils are much better absorbed than the straight oils in gelatin capsules. [76]

Cod liver oils and fish oils are not the same. Cod liver oil is extracted from cod liver and is an excellent source of vitamins A and D. Fish oils are extracted from the tissues (flesh) of fatty fish like salmon and herring and are good sources of EPA and DHA.

Fish oils contain very little vitamin A and D, but cod liver oil does contain EPA and DHA. However, you would probably exceed the recommended daily intake of vitamins A and D if you were to try to obtain therapeutic amounts of EPA and DHA from cod liver oil.

Supplementing with fish oils has

been found to be entirely safe even for periods as long as 7 years and no significant adverse effects have been reported in hundreds of clinical trials using as much as 18 grams/day of fish oils. Fish oil supplementation does, however, lower blood concentrations of vitamin E so it is a good idea to take extra vitamin E when adding fish oils to your diet.

A clinical trial carried out by the US Department of Agriculture found that taking 200 mg/day of synthetic vitamin E (equivalent to about 100 IU of natural alpha-tocopherol) is sufficient to completely counteract this effect of fish oil supplementation. [74, 75, 77, 78]

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Members of the Association want to thank

Lyn Grady

for her wonderful donation of a shawl that has been purchased for \$60 by Kevin Lander, the proceeds of which was donated by Lyn to the Hypoglycemic Health Association.

GLUCOSAMINE, GINGER REDUCE PAIN IN OSTEOARTHRITIS

Clinical management of osteoarthritis is primarily aimed at symptom relief. While exercise and physical therapy may help to slow the condition, most patients must use analgesics and/or anti-inflammatory drugs to manage their symptoms. As the non-steroidal anti-inflammatory drugs often cause gastrointestinal side effects, many patients look to herbal or 'alternative' therapies to manage their condition. This study reviews ginger and willow bark and compares them with glucosamine and chondroitin to conclude that they have a place in the management of pain.

The first trial was a multicentre, double blind study of 261 patients with osteoarthritis of the knee and moderate to severe pain. The patients were randomized to receive either 255mg of ginger rhizome extract with greater galangal of the ginger family or placebo twice a day with meals for six weeks. The ginger extract was extracted from 2,500-4,000 mg dried ginger rhizome and 500-1,500mg dried greater galangal rhizome. The results demonstrated that a greater percentage of patients taking the ginger extract experienced a reduction in overall pain, knee pain

on standing and after walking, but there were no differences between the groups in their quality of life measures. Gastrointestinal adverse events reported by the ginger group were belching, dyspepsia and nausea, but were not considered to be serious by Altman and Marcussen, the researchers. Brown comments that the use of concentrated ginger may prove problematic for some patients due to heartburn and other gastrointestinal complaints.

A second trial of 86 patients by Schmid and coworkers of willow bark (using tablets from an extract providing 17.6% or 60mg salicin) in osteoarthritis, showed that willow bark may provide statistically significant improvement in the WOMAC index pain score, translating in this instance to a 14% reduction in pain scores. However, physical function and stiffness measures showed no difference. Interestingly, fewer patients on willow bark suffered adverse reactions and those that did were very small in number; the adverse events were all limited to skin complaints such as rashes.

Brown goes on to compare ginger and willow bark with glucosamine sulphate and chondroitin sulphate. These both pro-

vide pain reduction, but unlike the two herbs are also chondroprotective. Brown quotes from a meta-analysis of glucosamine and chondroitin published in JAMA in 2000, where the authors concluded that overall "it seems probable that these compounds do have some efficacy in treating osteoarthritis symptoms and they are safe." He goes on to quote from the Lancet review of the findings of a 3-year randomized, placebo-controlled trial using 1,500mg/day of glucosamine sulphate where improvements in both pain scores and physical function scores were clearly demonstrated. He also notes that this trial showed that on glucosamine sulphate there was significant mean and minimum loss of joint space. Brown concludes "these results suggest that long term use of glucosamine sulphate not only effectively reduces symptoms of OA, but may also slow the degeneration of the affected joint".

Finally, it appears that both ginger and willow bark give moderate relief from pain and glucosamine sulphate seems to be the most efficacious alternative therapy for the long term treatment of OA.

Brown DJ. Are ginger and willow bark extracts viable alternatives to treat osteoarthritis? **Herbalgram 55**, 20-3 (2002)

Treasure's Report by Sue Litchfield

Happy New Year to you all

This past year has been a very tough year what with the move, my mother passing away, building a house and generally fitting into a whole new life style. Anyway life and business continues as per normal.

I would like to thank all those who have paid their subscriptions on time. How ever I must STATE that there are some who are a little on the slow side and also there are a number who have not taken note of the new price and have not paid the correct amount. I realise this may be by accident. By not paying the full amount it does make it very hard for the association financially. Our bank account is looking healthy at the moment. But we are faced with the usual accounts for the Newsletter, hire of the hall etc. However we do appreciate all those who have given donations during the year as those donations do KEEP us afloat.

The last meeting from all accounts was excellent I know the

takings were up and even the raffle sales were up on previous raffles. I would really appreciate it there is anyone out there that could sell a few tickets for us as the more money we can raise through the sale of raffle tickets the less chance we have of raising our annual subscriptions

A special thanks to Lorraine and Jeannette for all the help and support they have given both the Society and myself. Also not to mention the amount of time Jur has put into the association and the Newsletter. Keep up the good work

I believe that Jur has requested the services of anyone who is email friendly to help with the advertising at the various local organisations of all our activities. The more publicity we can get the better. There are a large number of the population who have Hypoglycemia and are unaware of us and the support we give to members of the community. Both Jur and myself know by the number of phone calls and emails we receive. So please if someone could just spare a couple of hours every 3 months do come forward.

I may also mention our famous

web page has been receiving up to 90 hits a day which is very encouraging news. All we need now is a few more members and we are looking great

I hope to get down to at least one meeting this year. It all depends on my husbands work. Also we are in the middle of the worse drought on record so as I have a new garden and we are now not allowed to use hoses at all. It makes life very difficult.

Please those who have not paid their subs please do so in the not too distant future as I can not guarantee any Newsletters in the future

Also it has been bought to my attention that we are sending out nearly 100 free newsletters to various Practitioners. As this is a very costly exercise every 3 months it would be very much appreciated if those concerned were to send a donation. PLEASE REMEMBER that all donations over \$2.00 are a tax deduction. If we do not receive enough donations I am sorry to say that in future we may have to charge for them especially as the cost of postage has just risen.

Thank you

Health Sciences Institute members battle prostate cancer with herbal complex from the Amazon

Contributing Editor: Health Sciences Institute, 2/1/2002 Members Alert
Extract reprinted here from: http://www.hsibaltimore.com/misc/hsi_0202_c.shtml

It's been called a miracle tree. Indigenous peoples from the Amazon jungle have used the bark, leaves, roots, flowers, fruit, and seed from the *graviola tree* (*Annona muricata*) for centuries to treat heart disease, asthma, liver problems, and arthritis. Scientists from North America learned of the legendary healing tree and, through dozens of in vitro tests, discovered its ability to kill malignant cells of 12 different types of cancer, including colon, breast, prostate, lung, and pancreatic cancer. Laboratory research showed

it to be 10,000 times stronger in killing colon cancer cells than Adriamycin, a commonly used chemotherapy drug. And **graviola**, unlike chemotherapy, can kill cancer cells without harming healthy cells.

Pharmaceutical companies - who couldn't turn a profit on a natural substance that couldn't be patented - shelved their research on graviola. But one company developed the botanical into a supplement called N-Tense. In January 2001, Health Sciences Institute broke the story of this rare and potent cancer-killer, and numerous members have benefited from it over the past

year.

W.R. from Knoxville, Tennessee, had a lot of pain when he urinated and thought he might be passing a kidney stone. He was examined by his doctor and found out he had a PSA of 38. Prostate Specific Antigen (PSA) is a marker for prostate cancer. A level of 0 to 4 is normal. W.R. immediately underwent mainstream treatments and reduced his PSA to 9.8, but it wouldn't drop any further. After one month of using N-Tense, his PSA dropped to 4.5. And after a second month of supplementation, it dropped it to 2.2!

T. U. in Douglas, Ontario, told us about his 76-year-old brother in England who had advanced prostate cancer. Mainstream medical treatments seemed useless, and his doctors

Laboratory research showed it to be 10,000 times stronger in killing colon cancer cells than Adriamycin, a commonly used chemotherapy drug.

gave him a year to live. After reading about N-Tense in the Members Alert, T.U. sent his brother some. After only four days of taking a full dose, his brother's pain vanished. In less than a month, he was in remission-and even his oncologists couldn't explain why. Today he still takes N-Tense to make sure his cancer cells continue to shrink.

It is important to note, however, that not everyone has had a successful experience with N-Tense. J.G. from Cherokee Village, Arkansas, had a PSA of 9 and took N-Tense for a month to try to reduce that level. Instead of dropping, his levels jumped to 29. His doctor gave him two hormone shots, which reduced his PSA to 2.4. He tried N-Tense one more time. His PSA went back up to 9, and J.G. switched to PC-Spes.

And a few people had unexpected experiences with N-Tense. A.C. from Palm Springs, California decided to give the supplement to her Irish wolfhound, who had osteosarcoma (a type of bone cancer). The veterinarian suggested amputation or chemotherapy (at \$1,000 per treatment), both of which were unacceptable options. After treating her dog with flaxseed oil and six capsules of N-Tense per day, the bone cancer disappeared.

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http://www.rain-tree.com/form_prostate.htm

(Editor's note: There are about 35 references to "Annona muricata" in Medline. Another good source is

NTense formula consists of the following herbs: *Mullaca, Sumarouba, Vassourina, Anamu, Brazilian pepper Tree, Cat's Claw* the contents of which and documented research can be found at:

<http://www.raintree-health.co.uk/clinical/ntense2plants.html>

Publicity Officer

The Association is looking for a person with a computer and internet access who is willing to become our Publicity Officer (PO). The aim is to advertise our meetings in local Newspapers. It is not an arduous task as the PO should contact the editors of these local newspaper and ask them to put our ads in their "Community Events". This can be done by just sending emails to the editors on the PO's data base, advising them of our meetings.

The PO is free to think of other means to publicize the activities of our Association. He/she will be working in close cooperation with the Editor, Jur Plesman.

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

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

Option 1: I devise the sum of \$..... to the Hypoglycemic Health Association of Australia for the general purposes OR for the specific purpose of such purpose being consistent with the aims and objectives of the Hypoglycemic Health Association of Australia.

Option 2: (for a proportional bequest) I give the Hypoglycemic Health Association of Australia for its general purposes or the specific purpose of

.....per cent of my estate .

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

THE HYPOGLYCEMIC HEALTH ASSOCIATION

P.O. BOX 830, KOGARAH NSW 1485

MEMBERSHIP APPLICATION

PLEASE PRINT

Surname: _____

First Name: _____

Address: _____

Town/City: _____ **Postcode:** _____

Phone: _____ **Age:** _____

Membership		<i>Please Tick</i> ✓	
\$22.00 pa			Occupation _____
Pensioners \$16.50	RENEWAL	<input type="checkbox"/>	
(incl GST)	NEW	<input type="checkbox"/>	
Life Membership	MEMBER	<input type="checkbox"/>	
\$200			

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

My Email Address:

**2003 MEETING DATES ON FIRST SATURDAYS
OF MARCH - JUNE - SEPTEMBER - DECEMBER**