

The Hypoglycemic Health Association

NEWSLETTER

Correspondence: THE HYPOGLYCEMIC HEALTH ASSOCIATION, P.O. BOX 830, KOGARAH, N.S.W. 1485

Phone: (02) 9553-0084, Fax: (02) 9588-5290

**PATRONS: Dr George Samra &
Steve McNaughton, BE (NSW)**

Volume 19 Number 2

Registered Charity CFN 16689
ABN: 65-846-851-613

June, 2003

<http://www.hypoglycemia.asn.au>

PRESIDENT:	Lynette Grady	Web Master: Amitee Robinson
Acting Secretary & Patron:	Dr George Samra	Auditor: Hugh D Macfarlane , Chartered Accountant
Treasurer:	Sue Litchfield	Steering Committee Jeanette Bousfield
Editor:	Jurriaan Plesman, B.A. (Psych), Post. Grad. Dip. Clin. Nutr.	Members: Lorraine Smith
		Catering Manager: Reg Grady

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 debacle of the **Pan Vitamin** recall by the TGA has affected many of our members. Please see comments on **Page 12**. This Association is still considering ways of reducing our ever increasing costs. One way would be by sending Newsletters by email. Would members who are willing to receive their Newsletter by email (in pdf format), please let me know your email address and we will place you on a special list. It is emphasized though that you are entitled to receive a hard copy by ordinary mail if you so prefer. This request is also addressed to **practitioners** who receive copies of the Newsletter free of charge. And while we are at it, we would like to remind **professionals** that any **donation** above \$2.00 is **tax deductible!** *Please remember us when you are preparing your tax returns!!*

There are still a few members who have overlooked sending their membership fees to the Association. Your expiry date is printed at the top right hand corner of the address label on the envelope. Membership fees are \$22.00 pa (Pensioners \$16.50) including GST.

Gradually our efforts to familiarize the public and professionals of the **Hypoglycemia** is bearing fruit. If you look at "**Research Evidence for Hypoglycemia**" at our web site, you will find quite a few scientific studies in support of the connection between hypoglycemia and degenerative diseases, including mental disorders. Moreover, **Dr George Samra** has just published two books: "**The Hypoglycemic Connection II**" and "**The Allergy Connection**". These books can be bought at Dr Samra's surgery or ordered from One Stop Allergies, PO Box 394, KOGARAH NSW 2217 Fax: 612-9588-5290.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 7 June 2003
at **YWCA**

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

Vanessa Tomlinson, BA, Dip. Nutr.

who will be speaking
on the subject of

**"Weight Management & Blood
Sugar Regulation"**

Vanessa's interest in health began when she started her degree in Health Care Studies at Manchester Metropolitan University, England 10 years ago. There she explored the differences and difficulties between alternative therapies and a more orthodox approach, and how they could compliment each other. Since then, in her role as a Clinical Nutritionist, she has enthusiastically followed the evolution of the health industry and watched more and more alternative methods become an integral part of what is becoming a very rounded health system.

The idea of science (medicine) and nature (natural therapies) working together to create a well-balanced health care system is something she has always aspired to.

Her talk about **Weight Management** should be of great interests in a time when about 50% of people have a problem with obesity.

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

Jurriaan Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries (state and university). By buying

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.

this book at the meetings you are supporting 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 8 March 2003, Nada Lunney from The natural health Society won the lucky door price. The raffle was won by M Witton.

Fund raising activities

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

Raffles

Conducting raffles is an important source of additional revenue for the Association. Raffle tickets are available at \$1 each or three tickets for \$2 at Dr George Samra's surgery. Donations for raffles would be appreciated. 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 1.30 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 (altennan@bigpond.com).

NEWS FROM THE KOGARAH SUPPORT GROUP

New members continue to attend our meetings. Providing afternoon tea for such a variety of food allergy sufferers is certainly a challenge!

Dr Samra's two new books have been eagerly awaited. We all know how food allergies affects hypoglycemia. How enlightening to read on the effects on other illnesses.

The revised edition of **The Hypoglycemic Connection II** will be invaluable and we urge everyone to obtain copies from Dr Samra's surgery as soon as possible, if they have not already done so.

The next Support Group Meetings will be on **Saturday, 9th August** at Dr Samra's rooms (up-

stairs) at Kogarah. We are trying to make an earlier start and ask everyone to come at 1.30pm instead of 1.45pm. This is to allow more time for our discussion, so that everyone has the chance to express their concerns and problems.

For further information and enquiries ring **Jeanette 9525-9178** or **Lorraine at 9520-9887.**

Letter from the Treasurer, 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

---> Page 6

Nutritional Management of Disorders of the Nervous System

By Dr George Samra

Many illnesses are related to food. This is supported by research done by Universities and other centres. In a trial on arthritis it was found that 40% of people on a low allergy diet, experienced dramatic improvement in their arthritis. Hence at least 40% of arthritis suffering is related to food.

If severe migraine sufferers were to be placed on a low allergy diet, we might expect a 90% improvement in about 2 to 3 weeks. The point is that the trouble makers are common food items, such as tomatoes or bread, even gluten is a trigger for some people.

Multiple Sclerosis (MS)

There are several theories as to its causation. The most likely is one suggesting that a virus entered

the brain and/or the spinal cord and is either actively or passively damaging the Schwann cells, that line the nerve tracks. The process causes demyelination plaques, where the myelin (covering tissues of nerves) is being lost to the brain or spinal cord. This can be seen with an MRI (Magnetic Resonance Imaging) scan. The MRI picks the plaques very well and is diagnostic for MS.

Multiple Sclerosis is usually a progressive disease and it has different classifications and causes. From a nutritional point of view, in its early phases, we try to give a nutritional program that will slow the disease or arrest it. Sometimes we get a complete regression. Conventional medicine uses Interferon injections. Interferon is a substance that is produced by the infected cells and has the ability to inhibit

viral growth. The interferon treatment is very expensive, running into the \$1400 per month. This can be administered in various forms, oral, injection at various doses.

In the last 15 years the recognition that viruses and bacteria can cause chronic illnesses is being appreciated by the medical profession as for example the discovery of the Helicobacter germ, responsible for stomach ulcers. More than 90% of people having stomach ulcers are found to have that Helicobacter pylori germ in the stomach. This germ was discovered by the Australian doctors Marshall and Warren.

Other theories for the causation of MS is included in vitamin D and calcium deficiency at puberty, low levels of linoleic acid, heavy metal toxicity, to which we will return later.

TABLE 1

GLUTEN FREE DIET

AVOID

Wheat, rye, Oats, Barley and Malts as well as Normal bread and Pastry

Spaghetti & Pasta

Wheat Cereals

Biscuits

Flour

Crumpets & Muffins

EAT FOOD FROM THIS SIDE

Rice cakes, Rice, Wafers, Slice of rice

Buckwheat wafers

Gluten Free Bread

“

“

Lupin Loaf

Rice Spaghetti & Noodles & Pasta

Rice Flakes, Puffed Corn

Rice Millet Porridge

Sugar Free Cornflakes

Japanese Rice Cracker:

Rice, Corn, Buckwheat

Rice Bran

WHERE

Supermarkets
Health Food Stores
Delicatessens
Russels H.F.S.
Pav's Bakery (02-98297811)
Moore's (02-95696688)
Dallas Bread (02-99056021)

Asian Food Stores
Franklins
Health Food Stores
“

Russels H.F.S.
Supermarkets & H.F.S.

Health Food Stores
Health Food Stores

I usually get my patients to avoid certain food items and **legumes are on top of the list**. This may seem a little harsh. Legumes trigger antinerve antibodies and all of these diseases we are talking about will require an anti-legume diet for at least three months. But sometimes this may need to be for ever. Legumes include wonderful foods for vegetarians such as beans, peas, lentils, bean sprout, everything that can be called a bean, like buffalo beans, snakebeans, chickpeas, soya beans, soya sauce, miso, soya milk. See **Table 2**. These are the number one triggers.

We also include a gluten free trial for a month or two. I have included the various food avoidances in the two tables.

Table 1 & 2

When the disease is progressing the avoidance of the **Nightshade Family** and the **Citrus Family** becomes important.

We also advise people with MS to avoid the **Mammalian Family**, especially when we have done an auto-antibody screen, which reveal many interesting things. Because we ourselves are mammals, foods derived from mammals can trigger autoimmune reactions. The most obvious ones are cows milk and dairy products. All sources of beef should be avoided, and their products such as sausages, steak, meat pies etc..

I don't object to patients having these foods once a fortnight or once a month. But if they have the pathology tests showing the antibodies, they could be doing a lot of harm, if they consume them on a daily basis.

A low fat diet is an important part of MS management. In a study by Swan RL in 1970 ¹ 146 patients were placed on a low fat diet and followed up to an average of 17 years. The course of the

TABLE 2

Legumes: beans, peas, lentils, bean sprout, everything that can be called a bean, like buffalo beans, snakebeans, chickpeas, soya beans, soya sauce, miso, soya milk

Nightshade family

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

Mammalian family:

Avoid all animal milks, cheeses, yoghurt and butters
DO USE: soymilk, soycheese from Health Food Stores, Ricemilk, Coconut Milk and Coconut Cream)

Avoid RED MEAT: No beef, veal, lamb, rabbit, pigmeat or their byproducts(**Use:** chicken, poultry including chicken sausages, chicken and turkey slices, fish, seafood and vegetables)

CITRUS FAMILY:

Avoid oranges, lemons, limes, grapefruit, kiwifruit and passion fruit (**USE** other fruits, favouring apples, pears and bananas)

disease was less rapidly progressive than in untreated cases. If treated before significant disability developed, a high percentage of cases remained unchanged for up to 20 years. When treated later, the disease was slowly progressive. Patients consuming the least fat and the largest amount of fluid (mono- and polyunsaturated) oils deteriorated the least.

Prevention might be useful if there is MS in the family, one should make sure that children between the ages of 10 - 13 have plenty of calcium and vitamin D. This is particularly important in colder climates where calcium absorption is poor.

I encourage patients to have **vitamin B12** injections weekly. In some circumstances I teach patients to inject themselves. I use **follic acid** on all MS patients at a dose of 5 mg twice a day. Most doctors are aware that folate and B12 are involved in the healing of

damaged nerves. We give **linseed oil** one teaspoon twice daily as a recommended dosage.

Studies have shown that linoleic acid, a polyunsaturate which the main essential fatty acid in the diet - thus the body cannot produce it - tends to be low in the blood of MS patients and also tends to fall during further relapses. ²

Supplements with linoleic acid may be beneficial as shown in a study over a 2 1/2 year trial using 87 patients and 85 controls. There was improvement of most of the patients or less deterioration. Treatment reduces the severity and duration of relapses at all levels of disability. ³

MS patients will also benefit from choline or choline bitartrate. All of these provide building material for the Schwann cells, which is the actual tissue being damaged in multiple sclerosis.

I use multi minerals in treating MS and often I recommend an

amino acid phenylalanine 500 mg twice a day. In one study 12 men and 38 women were treated with phenylalanine. Improvement included better bladder control, greater mobility and less depression.⁴

Amino acids should be taken away from foods, usually 40 minutes before a meal or on an empty stomach in order to be most useful. If taken with other food it will be processed with other protein in the diet.

Neuralgia & Bells Palsy

Neuralgia is a nerve pain and Bells Palsy is a paralysis of facial nerve causing weakness of the muscle on the side of the face, and sometimes inability to close the eyes. In patients with neuralgia and Bells Palsy must avoid legumes.

When tested the antinerve antibodies are present in these patients. Again it is very difficult to patients to abstain from legumes and the question is for how long? This would depend on the antinerve antibodies, and if these are reduced - from a measurement of 160 to 20 - say in about sixteen months the patient could commence legumes again in moderation. A reading below 20 would indicate that the patient is no longer reacting to legumes.

This is the advantage of antinerve antibody testing by Dr Preslav Trenchev at Kemps Creek one can follow up the progress of a treatment in an objective way.

In cases of Neuralgia and Bells palsy B12 injections should be given at least once a week, even initially daily if possible. This should be accompanied with folic acid 5 mg twice a day (totalling 10 mg per day). Vitamin B3 injections are useful too. Linseed oil at least two teaspoons daily. Also B-complex is useful.

In a case report 5 patients (2 men and 3 women), 2 of whom had

acute combined degeneration of the spinal cord, had low folate levels compared to controls. They had substantial improvement with oral folic acid 5-15 mg daily.⁵

In trigeminal neuralgia pain is coming from the trigeminal nerve of the face. It has three distribution, but usually one distribution area is affected. People have excruciating pain, that could make them suicidal. Given strong pain killers like morphine wears off in a few hours.

In an experimental study of 8 patients with trigeminal neuralgia - a very painful disease - were treated with nicotinic acid (vitamin B3) 250 mg intravenously daily. Four were completely cured, 3 partial cures and 1 was a treatment failure. In successful cases, a few injections were followed by complete pain relief lasting for months, and when an injection was given during an actual paroxysm, the relief was immediate.⁶

Thus daily injection of nicotinic acid is a relatively safe treatment for such an awful disease as trigeminal neuralgia.

Parkinson Disease (PD)

The most common feature of Parkinson's disease is the tremor, and patients tend to become body rigid. The medical treatment of PD has improved markedly over the few decades with L-Dopa and Carbidopa. But supplements with vitamins and minerals still have a role.

A low protein diet is certainly part of the nutritional treatment of Parkinson Disease. I get patients with PD on a diet with less than 120 gram of protein a day. There are trials to show that this makes a difference.⁷ The equivalent to two boiled eggs a day. This is perhaps harsh and in the beginning treatment may be with a protein portion double the size of that. Protein is a wonderful food source and diffi-

cult to replace. But it could be replaced with an increase in complex carbohydrates, such as pumpkins, sweet potato, potato, marrow and zucchini and also grain products, whole grain wheat if you are not allergic to it.

Parkinson's patients have to cut out legumes because they show high levels of antinerve antibodies, and they have to avoid the citrus family and nightshades. (See **Table 2**). They also should cutting down, but not necessarily cutting out mammalia, such as red meat and animal dairy products, such as cow's milk, yoghurt, cheeses and so on.

Supplements for Parkinson's Disease include linseed oil one teaspoon twice a day, and one B12 injection monthly. Folic acid, which is a B vitamin 10 mg daily.

B complex should be given in high dosages. Vitamin B6 is somewhat controversial.

A study by Heller B et al. found that supplementation with the amino acid phenylalanine (1-250 mg twice daily) over a period of 4 weeks was shown to significantly improve rigidity, walking disabilities, speech difficulties and psychic depression, although no improvement in tremor.⁸

The supplementation with amino acids should be juggled for about two months or so, experimenting with methionine and tryptophan. Remember that these amino acids should be given away from meals. A study with 156 patients who had maximal improvement from standard medications received L-methionine starting with 1 gm/day and increasing gradually to 5 gm/day while medications were continued. After 2 months, 10/15 patients improved. Symptoms responding included activity level, ease of movement, rigidity and dyskinesia, mood, sleep, attention span, muscular strength, concentration and voice. Tremor and drooling failed

to improve in all cases. 2 patients developed nausea and 1 developed diarrhea.⁹

Tryptophan is an antidepressant amino acid as it is converted to serotonin. Supplementation may be beneficial for patients receiving levodopa, as competition between tryptophan and levodopa may result in tryptophan malabsorption, leading to depression and other side effects of levodopa treatment.¹⁰

I sometimes use a laboratory in Melbourne for vitamin screens. I usually dispense with this as I advise patient to take certain vitamins in any case. One test for B vitamins may cost \$200. When patients are tested for vitamins, they have to be taken off any vitamins before the test for about three weeks.

I often order hair mineral analyses, most of these are sent to America. You have to be careful from where to take a sample of hair, because some girls may have a dye in their hair. It can be done on pubic hair. Patients are usually instructed how to collect hair for hair analysis. Results may find low levels of minerals such as zinc, chromium, cobalt, molybdenum, or high levels of toxic metals such as aluminium, mercury, arsenic, lead in particular. Lead and mercury are the top toxins found in people and involved in neuritis. Most of these toxins are related to their employment.

There are other tests, such food allergy testing. The Cytotoxic test are about 80% accurate. They may cost \$100-150 each and again cannot be recovered from Medicare.

Antibody tests by Dr Preslav Trenchev are very useful in the diagnoses of nerve disorders. Useful tests include Parietal Cells Antibodies (Abs), Meninges Abs, Skeletal Muscles Abs, Synovial Membranes Abs, Cartilage Abs,

Anti Nerve Abs, Anti Myelin Abs, Conjunctival Abs and Mitochondrial Abs.

Myelin is the sheet covering the nerve cells and which is damaged in MS. Mitochondrial antibodies affect the energy engines within the cells, and any disorder with mitochondria will affect energy levels.

If one is mercury toxic on Hair Analysis one may have to go to a good dentist to remove all their amalgam filling from their teeth. One would have to watch fish consumption, because bigger fish, being high on the food chain, tend to accumulate mercury, such as salmon and tuna. It would be better to eat small fish as they are lower in the food chain. Thus sardines are little fish, which eat mainly plankton are less likely to accumulate mercury.

Toxic levels of aluminium may be found on Hair Testing.

Sources of aluminum toxins are frying pans and aluminum foils, and in soft drink cans, as well as underarm deodorants. These need to be avoided.

Footnotes

- ¹ Swank RI Multiple Sclerosis: Twenty years on low fat diet, Arch Neurol 23: 460-74, 1970
- ² Mertin H, Meade CJ Relevance of fatty acids in MS, Brit Med Bull 33: 67-71, 1977
- ³ Dworkin RH, Linoleic acid and multiple sclerosis, Lancet 1: 1153-4, 1981
- ⁴ Winter A New Treatment for multiple sclerosis, Neurol & Orthoped J of Med & Surg 5: 1 April 1984
- ⁵ Botez MI et al. Polyneuropathy and folate deficiency, Arch Neurol 35: 581-84, 1978
- ⁶ Furtado D, Chicorro V, Rev Clin Espan, Madrid 5: 416, 1942
- ⁷ Pincus JH Barry K Arch Neurol March 1987
- ⁸ Heller B et al, Therapeutic action of D-phenylalanine in Parkinson's disease, Arzneim-

Forsch 26: 577-79, 1976

⁹ Smythies JR Halsy JH, Treatment of Parkinson's disease with L-methionine, South Med J 77: 1577, 1984

¹⁰ Levodopa and depression, Lancet 1: 140, 1971

<---Page 2

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 Jeanette 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. This has even increased since the new web page of "**Research Evidence for Hypoglycemia**". 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 husband's 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.

---> Page 12

Altered Immunity & The Leaky Gut Syndrome

by Dr Zoltan P Rona MD, MSc

From: <http://www.health-n-energy.com/leakygutart.htm>

The leaky gut syndrome is a name given to a very common health disorder in which the basic organic defect (lesion) is an intestinal lining which is more permeable (porous) than normal. The abnormally large spaces present between the cells of the gut wall allow the entry of toxic material into the blood stream that would, in healthier circumstances, be repelled and eliminated.

The gut becomes leaky in the sense that bacteria, fungi, parasites and their toxins, undigested protein, fat and waste normally not absorbed into the bloodstream in the healthy state, pass through a damaged, hyperpermeable, porous or "leaky" gut.. This can be verified by special gut permeability urine tests, microscopic examination of the lining of the intestinal wall as well as the bloodstream with phase contrast or darkfield microscopy of living whole blood.

Why is leaky gut syndrome important? The leaky gut syndrome is almost always associated with autoimmune disease and reversing autoimmune disease depends on healing the lining of the gastrointestinal tract. Any other treatment is just symptom suppression. An autoimmune disease is defined as one in which the immune system makes antibodies against its own tissues. Diseases

in this category include lupus, alopecia, rheumatoid arthritis, polymyalgia rheumatica, multiple sclerosis, fibromyalgia, chronic fatigue syndrome, Sjogren's syndrome, vitiligo, thyroiditis, vasculitis, Crohn's disease, ulcerative colitis, urticaria (hives), diabetes and Raynaud's disease.

Physicians are increasingly recognizing the importance of the gastrointestinal tract in the development of allergic or autoimmune disease. Understanding the leaky gut phenomenon not only helps us with safe and effective therapies to bring the body back into balance. Due to larger than normal spaces between the cells of the gut wall, larger than usual protein molecules are absorbed before they have a chance to be completely broken down as occurs when the intestinal lining is intact. The immune system starts making antibodies against these larger molecules because it recognizes them as foreign, invading substances. The immune system starts treating them as if they had to be destroyed. Antibodies are made against these proteins derived from previously harmless foods. Human tissues have antigenic sites very similar to those on foods, bacteria, parasites, candida or fungi.

The antibodies created by the leaky gut phenomenon against these antigens can get into various

tissues and trigger an inflammatory reaction when the corresponding food is consumed or the microbe is encountered. Autoantibodies are thus created and inflammation becomes chronic. If this inflammation occurs at a joint, autoimmune arthritis (rheumatoid arthritis) develops. If it occurs in the brain, myalgic encephalomyelitis (a.k.a. chronic fatigue syndrome) may be the result. If it occurs in the blood vessels, vasculitis (inflammation of the blood vessels) is the resulting autoimmune problem. If the antibodies start attacking the lining of the gut itself, the result may be colitis or Crohn's disease. If it occurs in the lungs, asthma is triggered on a delayed basis every time the individual consumes the food which triggered the production of the antibodies in the first place. It is easy to see that practically any organ of the body tissue can become affected by food allergies created by the leaky gut. Symptoms, especially those seen in conditions such as chronic fatigue syndrome, can be multiple and severely debilitating.

The inflammation that causes the leaky gut syndrome also damages the protective coating of the IgA family normally present in a healthy gut. Since IgA helps us ward off infections, with leaky gut problems we become less resistant to viruses, bacteria, parasites and

candida. These microbes are then able to invade the bloodstream and colonize almost any body tissue or organ. When this occurs in the gums, periodontal disease results. If it happens in the jaw, tooth extraction or root canals might be necessary to cure infection.

In addition to the creation of food allergies by the leaky gut, the bloodstream is invaded by bacteria, fungi and parasites that, in the healthy state, would not penetrate the protective barrier of the gut. These microbes and their toxins, if present in large enough amounts, can overwhelm the liver's ability to detoxify. This results in syndromes such as confusion, memory loss, brain fog, or facial swelling when the individual is exposed to a perfume or to cigarette smoke that he or she has had no adverse reactions to prior to the development of leaky gut syndrome.

Leaky gut syndrome also creates a long list of mineral deficiencies because the various carrier proteins present in the gastrointestinal tract that are need to transport minerals to the blood are damaged by the inflammation process. For example, magnesium deficiency (low red blood cell magnesium) is quite a common finding in conditions like fibromyalgia despite a high magnesium intake through the diet and supplementation. If the carrier protein for magnesium is damaged, magnesium deficiency develops as the result of malabsorption. Muscle pain and spasms can occur as a result. Similarly, zinc deficiency due to malabsorption can result in hair loss or baldness as occurs in alopecia areata. Copper deficiency can occur in an identical way leading to high blood cholesterol levels and osteoarthritis. Further, bone problems develop as a result of the malabsorption of calcium, boron, silicon and manganese.

The Causes

The leaky gut syndrome is basically caused by the inflammation of the gut lining. This inflammation is usually brought about by the following:

Antibiotics because they lead to the overgrowth of abnormal flora in the gastrointestinal tract (bacteria, parasites, candida, fungi; alcohol and caffeine (strong gut irritants):

foods and beverages contaminated by parasites like giardia lamblia, cryptosporidium, blastocystis hominis and other food and beverage contaminated by bacteria like helicobacter pylori, klebsiella, citrobacter, pseudomonas and other chemicals in fermented and processed food (dyes, preservatives, peroxidized fats);

enzyme deficiencies (e.g. celiac disease, lactase deficiency causing lactose intolerance) NSAIDS (non-steroidal anti-inflammatory drugs) like ASA, ibuprofen, indomethacin, etc);

prescription corticosteroids (e.g. prednisone);

high refined carbohydrate diet - (e.g. candy bars, cookies, cake, soft drinks, white bread);

prescription hormones like birth control pills;

mold and fungal mytoxins in stored grains, fruit and refined carbohydrates.

The leaky gut syndrome can cause the malabsorption of many important micronutrients. The inflammatory process causes swelling (edema) and the presence of many noxious chemicals all of which can block the absorption of vitamins and essential amino acids. A leaky gut does not absorb the nutrients properly. Bloating, gas and cramps occur as do a long list of vitamin and mineral deficiencies. Eventually, systemic complaints like fatigue, headaches, memory loss, poor concentration

or irritability develop.

Prescription broad spectrum antibiotics, especially when taken for extended periods of time, wipe out all the gut friendly bacteria that provide protection against fungi and amoebic (parasitic) infections, help the body break down complex foods and synthesize vitamins like B12 and biotin. Since the friendly bowel flora is killed off, the body now has no local defense against parasites or fungi that are normally held in check. This then quickly develop and these may trigger the signs and symptoms of arthritis, eczema, migraines, asthma or other forms of immune dysfunction. Other common symptoms of this bowel flora imbalance and leaky gut syndrome are bloating and gas after meals and alternating constipation and diarrhea. This set of symptoms is usually labeled as IBS (irritable bowel syndrome) or spastic bowel disease and treated symptomatically by general practitioners and gastroenterologists with antispasmodic drugs, tranquilizers or different types of soluble (psyllium) and insoluble (bran) fiber.

The Leaky Gut and IBS

The mainstream thinking on IBS is that it is caused by stress. Irritable Bowel Syndrome is the number one reason for general practitioner referrals to specialists. In well over 80% of the cases, tests like intestinal permeability test (a special urine test involving the determination of the absorption rates of two sugars called lactulose and mannitol), CDSA or livecell darkfield microscopy reveal the presence of an overgrowth of fungi, parasites or pathogenic bacteria. The one celled parasite, blastocystis hominis and different species of candida are the most common microbes seen in IBS. The only stress associated with IBS is that which

is generated by leaky gut syndrome. If allowed to persist without correct treatment, IBS can progress into more serious disorders like the candidiasis syndrome, multiple chemical sensitivities, chronic fatigue syndrome, many autoimmune diseases and even cancer. If treated medically, IBS is rarely cured. To treat it correctly, natural treatments work best and must include the removal of the cause, improvement of gastrointestinal function and healing the lining of the gut.

How to reverse Leaky Gut syndrome

Band-aid treatment with corticosteroids, prescription antibiotics and immunosuppressive drugs may be temporarily life saving for acute episode of pain, bleeding or severe inflammation as occurs in lupus or colitis. In the long run, however, none of these treatments do anything to heal the leaky gut problem. To reverse the leaky gut syndrome the diet must be completely changed to one which is as hypoallergenic as possible. Sugar, white flour products, all gluten containing grains (especially wheat, barley, oats and rye), milk and dairy products, high fat foods, caffeine products, alcohol and hidden food allergies determined by testing must all be eliminated for long periods of time (several years in the more severe cases).

Treatment might also include the use of natural antibiotics: (echinacea, colloidal silver, garlic), antiparasitics: (cloves, wormwood, black walnut) and antifungal (taheebo, caplytic acid, grapefruit seed extract) depending on the type of infection which shows up on objective tests. It is rare that victims require prescription drugs for these infections and they should be discouraged. The drugs are usually expensive, have unpleasant side effects and are best reserved

for life threatening conditions. Leaky gut syndrome patients can help themselves by chewing their food more thoroughly, following the basic rules of food combining, eating frequent small meals rather than three large ones and taking more time with their meals. Gastrointestinal function can be improved with a juice fast or a hypoallergenic diet and supplements like lactobacillus acidophilus and bifidus as well as FOS (fructooligosaccharides) derived from Jerusalem artichoke, chicory, the dahlia plant or burdock root.

Beneficial supplements for leaky gut syndrome.

Natural digestive enzymes - from plant (e.g. bromelain, papain) or pancreatic animal tissues (porcine, bovine, lamb) and aloe vera juice with high MPS concentration (good brands are International Aloe, Earthnet and Royal);

stomach enhancing supplements- betain and pepsin, glutamic acid, stomach bitters, apple cider vinegar; amino acids - L-glutamine, N-acetyl-glucosamine (NAG)

essential fatty acids - milled flax, flax seed oil, evening primrose oil, borage oil, olive oil, fish oil, black current seed oil; soluble fiber - psyllium seed husks and powder, apple and citrus pectin, the rice derived gamma oryzanol;

antioxidants- carotenoids, B complex, vitamin C, E, zinc, selenium, germanium, coenzyme Q10, bioflavinoids, especially quercetin, catechin, hesperidin, rutin and proanthocyanidins (pycnogonals, grape seed extract, pine bark extract, bilberry; herbs

and plant extracts - kudzu, various high chlorophyll containing green drinks like spirulina, chlorella and blue-green algae, burdock, slippery elm, Turkish rhubarb, sheep sorrel, licorice root, ginger root, goldenseal, bismuth

and bentonite.

Combination Green Foods - two excellent products are Green Life (bioquest) and **Greens+** (Supplement Plus).

Due to the increasing recognition of chronic fatigue syndrome, the leaky gut syndrome and multiple chemical sensitivity, a number of supplement companies have been marketing powdered hypoallergenic formulations containing most of the nutrients mentioned above in one convenient package. Some brand names include UltrabalanceB, UltraClear, SustainB, UltraClear PlusB, Pro-Cleanse, Pro-Support, and AntiClear. The products are only available through natural health practitioners like chiropractors, nutritional doctors and naturopaths.

If you suspect you may be suffering from leaky gut syndrome, the most important thing to do is get yourself tested by a natural health care practitioner. A personalized natural program of diet and supplements can then be instituted to help you reverse this debilitating condition.

References:

- Gittleman, A L - *Guess what came to Dinner - parasites and your health*. Garden City Park, NY Avery 1993.
- Gottchall, Elaine. *Breaking the vicious Cycle. Intestinal Health through diet*. Kirkton, Ont, Kirkton Press 1994
- Martin, Jeanne Marie and Rona, Zoltan P. *The complete Candida Yeast Guidebook*. Rocklin, California. Prima Books 1996
- Robert L et al. *The effects of procyanolic oligomers on vascular permeability. A study using quantitative morphology*. Pathol Biol. 38.608-616: 1990
- Rogers, Sherry A. *Finally Healing the immune System*. Macrobiotics Today. Sept/Oct 1995 pp 16-20

Autism: A Review

These three studies examine the role of allergies, sulphur metabolism and the hormone secretin in autism. The increasing incidence of autism in the past thirty years has coincided with the increase in the development of allergic conditions. The onset of autism, according to various conference speakers in London, relates to a number of factors including food allergy and intolerance, immunodeficiency, infections, antibiotics and vaccinations. It is possible that an underlying metabolic problem triggers all the above factors. Of the several hundred autistic children studied, most had allergies and came from atopic families.

Autism generally manifests around 24 months when affected children lose their ability to speak and interact with their carers. They often manifest obsessive, repetitive behaviour patterns and hyperactivity or self-injury.

Dr Tettenborn's success in treating autistic children with a minimum of 6 weeks' low-sugar, low-yeast diet together with the anti-fungal drug, Nystatin, was supported by other doctors in clinical practice who attended the conference. If the children did not respond to an anti-fungal diet and drug, then the alternative proposed was a gluten and casein-free diet. More than half of the children treated in this way improved and many returned to mainstream schooling.

Multi-systemic disorders can result from fetal and infant sensitization to allergens, reported Professor Stroebel, and the result-

ing changes in the gut mucosa can lead to changes in all systems of the body and to autism as well. This lecture was supported by Professor Challacombe, who spoke on the disruption of the gut flora and proliferation of gut fungi. He was critical of many medications including Ritalin and other mood-altering drugs. Coffee, chocolate, coca cola and other drinks and foods that alter mood, would adversely affect autistic children, he warned. Professor Gibson, too, spoke on gut dysbiosis and recommended not only probiotics, but prebiotics such as the fructooligosaccharides and inulin.

Possible links between viral encephalitis, rubella and the MMR vaccination were discussed by Dr Wakefield, who also showed endoscopic slides of autistic children with chronic inflammatory changes in the colon. The main focus of his research has been on the link between gut and brain function. He also focused on the multifactorial causes of autism. A child with a genetic predisposition to asthma, eczema, or hayfever, with food allergy or intolerance, chemical sensitivity, digestive problems, deficiencies of minerals or vitamins, a fragile immune system would be at risk of autism.

The relationship between gut disturbances and brain function is supported by the work of Dr Rosemary Waring and colleagues, whose interest in sulphate levels in autism began in the 90s with the discovery that plasma sulphate levels were greatly reduced in 92% of the autistic children investigated. A number of foods, particularly

bread, beer and dried fruits, are sulphate-rich. Furthermore, in the process of protein catabolism the oxidation of cysteine and methionine produces sulphates and sulphites. This study of the urinary excretion of the sulphate anion, sulphite, thiosulphate and thiocyanate in 232 autistic children found the children had increased levels of the first three but reduced levels of thiocyanate. Parents and carers also reported an improvement in clinical symptoms when the children had a reduction in urinary sulphite levels.

Dr Waring and colleagues conclude that some children with autism may require extra molybdenum as a co-factor for sulphite oxidase to function. Reduced sulphur oxidation and sulphation have been found in previous research to be linked with autoimmune dysfunction, common in the family backgrounds of autistic children.

The stereotyped behaviour, mood swings and hyperactivity of some autistic children has been linked to an imbalance in neurotransmitter amines such as catecholamine, which is inactivated by the formation of sulphated conjugates. Previously it has been found that individuals with reduced sulphotransferase enzyme activity are susceptible to the CNS effects induced by amines present in bananas, chocolate and cheese, for example. Reduced sulphation capacity affects the gastrointestinal tract and has been associated with inflammation and gut dysfunction. Autistic children have been found in some cases to be adversely affected by the peptides with "opioid" activity created by incomplete hydrolysis of casein and gluten. They may be responsible for the social withdrawal, insensitivity to pain and altered responses of autism.

Proteins are hydrolysed to amino acids normally (rather than pep-

tide fragments) and while it is unclear why this may not occur in autism, Dr Waring suggests low zinc levels may be responsible as peptidases are zinc-requiring enzymes. Another possibility is that the low sulphate levels and achlorhydria of many autistic children blocks the digestive cascade.. “the indirect consequence may be that there are reduced levels of secretin and reduced hydrolysis of dietary proteins”. She suggests that “addition of bromelain or digestive enzyme capsules to the diet can also have beneficial effects and may avoid the adverse reactions which can occur with secretin infusions”.

In conclusion, “the most useful advice that can be given to parents of autistic children is to try a gluten-free, casein-free diet for at least 6 months, also removing chocolate, bananas and citrus fruit . . many children also respond to sulphate supplements, either given as trace amounts of magnesium sulphate spread throughout the day or even by dermal absorption via magnesium sulphate (Epsom salts) in bath water. Supplements of molybdenum, zinc and vitamin B6 may be helpful.. and serotonin precursors such as tryptophan can sometimes lead to decreases in hand flapping and an improvement in mood”.

Brostoff J (chairman). Autism: is it an allergic disease? Conference of the Allergy Research Foundation, London, 18 November 1999. J Nutr & Environ Med 10(4), 321-324 (2000)
Waring RH, Klovrsz LV. Sulphur metabolism in autism, J Nutr 81 Environ Med 10(1), 2.532 (2000)
Lamson DW. Transdermal secretin for autism - a case report. Altern Med Rev 6(3), 311-3 (2001)

Recipes and tips

by

Sue Litchfield

How many times have I heard there the Hypoglycemic diet is very bland well there is really no need to have bland diet as there are so many fresh herbs one can buy at the Supermarket. I grow quite a few in pots especially at the moment while I am living in a unit. The herbs I really love to have is Rosemary, Basil Thyme Lemon grass (great for making tea) parsley, mint chives and oregano.

There usage is up to ones imagination making up marinades, herb vinegar. Chopped over pasta..added to casseroles and so the list goes on.

My Herbed Chicken

1/2 cup rosemary leaves
 2 cloves garlic
 1/3 cup olive oil
 1 long red chilli seeded and chopped (optional)

juice of 1 orange about 1/2 cup Any juice will do apple is also quite nice as is lemon juice
 6 chicken thighs

Finely chop rosemary and garlic in a bowl combine oil chilli if using juice and chopped rosemary/garlic and mix well. Add chicken to marinade cover and leave for at least 1 hour barbecue for about 15 minutes basting frequently .This can also be baked in a hot oven When cooked pour over the dressing and serve with a salad and potato.

Dressing ;

1 tab Dijon mustard (I use Masterfoods)
 juice of 1/2 orange or lemon
 100 ml oil of choice
 2 tabs fresh chopped mint
 Mix all the ingredients together and whisk until well combined

Grilled fish

4 fillets fish e.g. ling or gem fish
 1 stalk lemon grass
 6 Kaffir lime leaves
 2 tabs Soya sauce
 1 tab rice syrup
 2 cloves crushed garlic
 2 tabs finely chopped ginger
 1 long chilli finely chopped (optional)
 grated rind and juice of 1 lemon
 2 tabs fresh chopped coriander 2 tabs oil

Place fish in a baking dish. Combine

the remaining cover and marinate for about 1 hour heat and grease with the oil a grill barbecue or pan fry and cook for about 6 mins on each side or until cooked and tender

Rack of Lamb

2 racks of lamb enough to serve 2 people

1/2 cup parsley 1/2 cup coriander
 2 cloves crushed garlic
 2 tabs mint leaves
 1/2 teas ground cumin
 1/2 teas ground coriander
 1 tab lemon juice 2 tabs oil

Place all the herbs in a processor and process to a paste

Make a couple of incisions in the racks of lamb and rub all over and in the incisions allow to stand for about 1/2 -1 hour. Bake in a hot oven for about 30 mins on until the lamb is cooked as desired

NOTE ; this is also great cooked in a webber

Coconut Ice Cream with Oranges - Bananas

1 jar Cream
 2 egg whites
 tip of spoon Stevia
 OR

1 dess of fructose
 1/3 cup coconut

whisk egg whites till very stiff. Beat cream and Stevia/fructose till thick. Fold in coconut and egg whites .Place in a freezer proof container and freeze till frozen

To Serve

Peel and slice 3 oranges and arrange in a serving dish Place some ice cream on top and sprinkle over a little roasted coconut.°

NOTE

To make a plain ice-cream omit the coconut and add 1/2 teas vanilla

GOATS MILK ICE-CREAM

The recipe on the tin of Healtheries powdered goats milk makes a very good ice cream However I use pear concentrate instead of the juice they use.

“Chocolate Sauce”

100 gr Sugar free Carob Bar
 (Sweet William brand is milk free and will do)

1/2 cup thickened cream

Place the cream in a saucepan add the carob bar that has been broken into pieces and over a low heat melt until dissolved about 5 mins

Pour over ice-cream

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, *Sue Litchfield*

**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.

**PAN VITAMIN
SCARE**

About 1400 vitamin and nutritional products have been taken off the shelves and recalled by the TGA. These include many good formulations that many of our members currently use. This organisation tends to agree with **Dr Ian Brighthope** of ACNEM who feels the majority of these products are safe and that consumers need not panic - even that they should finish off current supplies.

All Blackmore's and Vita Glow products are unaffected by the Pan vitamin scare. **Doctor Samra** recommends finding suitable Blackmore's products and for hypoglycemics to use Vita Glow Zinc Plus C once or twice daily.

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.

Email Contacts:

Lynette Grady -President
lgrady@fastrac.net.au

Sue Litchfield- Treasurer
litch.grip@bigpond.com

Jurriaan Plesman - Hon Editor
jurplesman@hotmail.com

Jeanette Bousfield - Meetings
rjbous@bigpond.com

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**