

# 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)**

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**PRESIDENT:** Lynette Grady  
**Acting Secretary & Patron:** Dr George Samra  
**Treasurer:** Sue Litchfield  
**Assistant Treasurer:** Lorraine Smith  
**Committee Member:** Jeanette Bousfield

**Webmistress:** Amitee Robinson (amiteer@ozemail.com.au)

**Auditor:** Hugh D Macfarlane, Chartered Accountant

**Editor:** Jurriaan Plesman, B.A. (Psych),  
Post. Grad. Dip. Clin. Nutr.

**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.

**Because of financial circumstances the Association regrets to announce that any member who has not paid up their membership fees by 31 March 2004, will be taken off the membership list. Regrettably they won't receive any Newsletters thereafter. Please check your expiry date on envelope!!**

**Also The Committee has decided that public meetings and the publication of Newsletters will be reduced to three time a year. Meetings this year will be held on the first Saturday of August and December this year.**

**Members are encouraged to attend the AGM at 1.30 pm, 13 March 2004 to discuss these decisions. See also Sue Litchfield's letter on page 7**

Our Next Public Meeting will be at 2.00 PM  
on Saturday, the 13 March 2004  
at **YWCA**

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

**Dr George Samra**

who will be speaking  
on the subject of

**"Hormones that affect  
Hypoglycemics"**

**DR GEORGE SAMRA** is of course well-known to our members. He is the Patron and also temporary 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. He has written two books *The Hypoglycemic Connection II* and *The Allergy Connection*. 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 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](mailto:jurplesman@hotmail.com)

The Association also has a web site at: [www.hypoglycemia.asn.au](http://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](mailto:litch.grip@bigpond.com).

At the meeting on the 6 December 2003, **Sue Litchfield** won the lucky door prize. The raffle was won by **Jadzia Broska**.

### 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:** The Support Group schedule has been revised and meetings will be held in February, June and October (dates to be advised) in future. **HOWEVER, INFORMATION WILL BE AVAILABLE** from Jeanette 9525.9178 or Lorraine 9520.9887, at any time.

**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 ([altenan@bigpond.com](mailto:altenan@bigpond.com)).

## News from Kogarah Support Group

We look forward to Dr Samra's Talk at the March meeting in the city. A number of people from the Support Group attend these meetings regularly.

**MEMBERSHIPS** - You will see elsewhere in this Newsletter reminders about renewing Memberships. The Hypoglycemic Health Association urgently needs your support. If you are coming to the March meeting, Membership

Forms will be available there, **BUT COME EARLY**, as only financial members will be eligible to vote. Yes, it is the Annual General Meeting, starting at 1.30pm. If there aren't

enough people to VOTE, there won't be a committee elected. The Association cannot run without a working committee.

We understand that it is easy to forget renewing your membership. However, it was agreed at a recent Committee Meeting that lapsed memberships would not receive any more Newsletters after March. It costs \$500+ to print and post each edition of the Newsletter. Please help support the work of your Association and renew your membership asap.

The Support Group schedule has been revised and meetings will be held in February, June and October (dates to be advised) in future. **HOWEVER, INFORMATION WILL BE AVAILABLE** from Jeanette 9525.9178 or Lorraine 9520.9887, at any time.

The next Support Group Meet-

ing will be at Dr Samra's rooms at Kogarah on SATURDAY 19th JUNE at 1.30pm. Cost is \$2 and information and recipe sheets will be available. **BYO** afternoon tea will follow the meeting.

## Letter from our treasurer Sue Litchfield.

Well we have started another year and many thanks to those who have already paid their subscriptions. It makes life a lot easier to have them on time. I may also add that we are still getting to the odd member who are paying the old prices.

It is also disappointing that we are not getting as many new mem-

----> Page 7

# *Pain Management without Drugs*

As reviewed by Dr George Samra of a  
Lecture given by Dr Nimmi Chima  
6 December 2003

**A**t our last meeting of the Hypoglycemic Health Association of Australia in December we were honored to be addressed by Dr Nimmi Chima, a nutritional doctor with excellent and unique treatment skills.

The topic was Pain Management without Drugs. Dr Chima made the point that a body **in balance** has improved pain tolerance. For the body to be in balance it needs to be considered in the modalities of mind, body and spirit.

## *Mind*

The human mind is a powerful tool. Our emotions affects our health. If you are happy, calm and contented you are far more likely to have good health. Therapies that affect the mind include such techniques as Hypnosis, Relaxation Therapy, Ti Chi, Yoga, and even acupuncture.

Dr Chima discussed these modalities.

## *Body*

It is important for our pain relief to keep our body healthy. Dr Chima described the case of a doctor in Saudi Arabia, who experimented with water consumption by prisoners. He encouraged prison patients to increase their water consumption by those who had pain and headaches. This was a very simple method and he found that 70 percent of prisoners suffering these pains improved their tolerance to pain by drinking more

water. Dr Chima recommends the consumption of at least one and a half to two litres of water each day.

Part of improving our body is to have good nutrition. She describes how the American Medical Association claims to achieve the right amount of minerals and vitamins from their diet, we really need 13 to 15 servings of vegetables each day. This is hard to achieve and good supplements from good reliable and reputable vitamin manufacturing companies would help in nutrition. She also suggested the need for a balance with essential fatty acids and encouraged the use of flaxseed oil as a good supplement.

The body element is immediately responsive to physical therapies including Acupuncture, Sonopuncture and Acupressure. Dr Chima practises all these treatment modalities. The use of vitamin B12 and local anaesthetic injections was also described. She reported how these can be used on acupuncture points.

Dr Chima showed great enthusiasm with the use of Bowen Therapy, which is a non-invasive physical treatment for the body, using trigger point therapy.

Dr Chima explained that Tom Bowen was an Australian. Bowen started the therapy after he had been to China for about thirty years. He used to be an osteopath and a chiropractor. He went to China where he developed his own therapy. He did not write any books or manuals, however his students

followed him everywhere and documented his work. He even treated animals including horses. His therapy is now practised around the world including the United States, Canada, Europe, South Africa and New Zealand. It is taught in many reputable schools that comply with standards of the Bowen Association.

Other physical modalities of treatment for the body include chiropractic and osteopathic treatments.

## *Spirit*

Dr Chima described that there are many ways one can achieve a balance in spirit and explains that the spirit sense is not just that of religion. However the human spirit has a sense of living and emits bioenergy and bio-waves. Different exercises and different treatments can affect our spirit or bioenergy. Dr Chima lists Yoga, Ti Jong, Ti-Gong, T'ai Chi as therapies that do this.

The human spirit according to Dr Chima is a complex thing. She referred to a Dr Larry Dosey an MD in America who reported on a trial in a cardiac unit in California. In an experiment using 400 patients, 200 were being prayed for, and the control of 200 patients were not being prayed for. The doctors did not know which group of patients was being prayed for, and this was in fact a double blind study. Some of the people doing the praying were up to 6,000 miles away.

Analyzing the recovery results in the cardiac unit they found significant positive differences in the group that was being prayed for, compared to the group that was not. It is hard to explain such phenomenon, but the human spirit is a complex phenomena but quite real

nonetheless.

Dr Chima explains that each person has to find the right tools for their own therapy. I quote: “Don’t forget that drugs disrupt your biological processes and interfere with your physiology, whereas natural supplements and

good nutrition enhance your natural processes, biology and physiology”.

The audience was obviously appreciative and enlightened by this informative lecture.

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## Questions and Answers on Mental Illness

by  
Jurriaan Plesman

Here are some questions and answers concerning nutritional treatment, received from people who or whose family members suffer from depression, panic and anxiety attacks, phobias, or personality disorders. Such disorders are known to respond to nutritional therapy in addition to or complementary to conventional treatment.

I would like to share these with readers, as the information could benefit many other people so afflicted. I have altered the questions and also protected the anonymity of the questioners. I am willing to give answers to the best of my ability to any reader who may have similar questions relating to mental health.

### Question by HJ

*I'm more into the holistic type of healing, so I'd like to try some kind of natural herb to help with my depression. I have been on drugs and have seen therapists without much help. I have heard of SAM-e helping depression. There is a lot of hype surrounding it or is it just a lot of bunk? Also, are there any other herbs or natural remedies that you'd recommend I try?*

### Answer

To start with, if you are on medication you should always discuss with your doctor any change in treatment for your depression. Never discontinue your medication without telling your doctor.

As a nutritional counsellor I am interested in helping clients overcome their depression without recourse to drugs if at all possible.

There are some good studies to show that **St John's Wort** help with depression. The hypericin, the active ingredient, acts in a similar way as SSRIs by blocking the re-absorption of serotonin. However, people with sun sensitivities should avoid staying in the sun for long periods whilst taking St John's Wort.

There are no serious effects apart from minor constipation, upset stomach, fatigue, dry mouth and dizziness. This herb may also be helpful for other conditions associated with depression, such as anxiety, stress, premenstrual syndrome (PMS), fibromyalgia or chronic pain.

Another natural remedy for depression is **SAM-e**.

S-Adenosyl-Methionine - SAM-e is a natural substance found in every cell of your body. It can be synthesized from the combination

of the amino acid L-Methionine, folic acid, vitamin B12, & trimethylglycine provided all the ingredients are present & performing.

**SAM-e** contains a compound that all living cells produce. The compound — an important player in a molecular process called methylation — helps neighbouring organs and tissues by transferring one molecule, which contains a package of four atoms, to an adjacent molecule. This transfer changes the shape of both molecules and affects several physical processes, including the regulation of some hormones and the neurotransmitters serotonin, melatonin, dopamine and adrenaline (important regulators of mood). SAM-e is widely used to treat depression.

A study from the University of California at Irvine followed 17

severely depressed patients and found the response rate to SAM-e was 62 percent compared to 50 percent for the antidepressant desipramine (Norpramin). SAM-e can also be used in depression of Bipolar patients, but it may switch them to a manic phase.

### 5-HTP

This supplement is available in many countries to treat depression. 5-HTP, short for 5-hydroxy-tryptophan is a derivative of tryptophan found in such high-protein foods as beef, chicken, fish and dairy products. It is the immediate forerunner of serotonin, the main 'feel-good' neurochemical in the brain and helps in controlling mood swings and appetite. Vitamin B6 is required for its conversion. Unlike tryptophan, which should be taken away from main meals, 5-HTP can be taken any time, as its molecule is small enough to pass the blood brain barrier.

These natural supplements are preferable to xenobiotic drugs that doctors usually prescribe and in my opinion should be tried out first before any drug are used to treat depression.

The use of alternative remedies in mental illness is very controversial and it is sometimes hard to tease out what is a scientific debate or a mere economic/political brawl.

The use of drugs and natural remedies have one thing in common and that is that they target biochemical abnormalities underlying depression. Thus the standard Selective Serotonin Reuptake Inhibitors (SSRI), of which there is a pharmaceutical brand for every letter of the alphabet, aims by increasing serotonin by inhibiting its reabsorption. The same mechanism explains the effects of **St John's Wort**, but perhaps in a milder man-

ner.

Although antidepressant medication is widely regarded as effective, a recent meta-analysis of published clinical trials indicates that 75 percent of the response to antidepressants is duplicated by placebo. One should not be surprised to find similar limitation with 'natural' remedies.

The reason may not be too difficult to understand because these remedies aim at biochemical END PRODUCTS, that are thought to cause depression. In fact they - both - drugs and natural remedies - are '**hit or miss**' products, because they are many different factors that can cause depression and they could miss the real biochemical target.

For example, it is well known that a **vitamin B3** (niacin) deficiency can cause depression, because in this case tryptophan will be used to be converted to niacin at the rate of 60 to 1. This would leave very little tryptophan for conversion to serotonin.

This may have other biochemical consequences, because the absorption of **zinc** - an important coenzyme in about 200 enzymes - depends on the availability of tryptophan. Tryptophan is converted to **picolinic acid** in the pancreas (B6 required), which then binds with elemental zinc (difficult to absorb) for transport across the intestinal lining into the blood stream. This may explain also why most alcoholics are found to be zinc deficient despite normal sources found in their food.

Furthermore, depression can be caused by a deficiency of vitamin B6, which is required for the conversion of tryptophan to serotonin and also melatonin (the sleeping chemical). A person on drugs - any

kind of drugs - is likely to be deficient of vitamin B6 as this is preferentially used in the body's detoxification processes. **Vitamin B6 deficiency** may be characterized by lack of dream recall.

**Magnesium deficiency** may also cause depression because it is also involved in serotonin production.

Thus taking single bullet remedies, such as special drugs or supplements for depression may not solve the niacin deficiency or the vitamin B6 deficiency or the many other nutritional deficiencies or abnormalities such as vitamin B12, folic acid, zinc, chromium or vitamin C and so on. It is well documented that people with insulin resistance dump excess magnesium, in their urine upsetting the calcium/magnesium balance.

Thus single bullet treatments such as St John's Wort, SAM-e, 5-HTP, niacin, vitamin B6, magnesium, chromium and a lot of herbs (see Research Evidence for Hypoglycemia) usually miss their targets - **hit or miss** - in treating the overall underlying physical conditions that may responsible for depression, just like individual drugs do.

The answer is that instead of supplying the body with END PRODUCTS, that inter alia are also very expensive and can be toxic in the case of drugs, we should be supplying the body with **HELPER nutrients** to produce these end products.

The high energy diet, laden with sugar, and typical in Western diet puts a tremendous strain on our pancreas by overproducing insulin. Insulin is supposed to push glucose across cell membranes including brain cells, but high insulin levels only cause receptors for

insulin to break down, with the result that the high energy diet is **NOT REACHING OUR BRAIN**. And the brain is completely dependent on glucose as its only source of energy!! In fact the brain is defending itself against high sugar levels, that may cause oxidation of brain cells.

The **Hypoglycemic Diet** is the ideal diet to feed the brain with the required helper nutrients. It is designed to do the job.

Many people tend to overlook the fact that the various forms of 'mental illnesses' share a metabolic disorder called **insulin resistance (or Hypoglycemia)**. See "Research Evidence for Hypoglycemia" at our web site.

This can be easily tested with the **special Glucose Tolerance Test designed by Dr George Samra**. The test is described in his book "*The Hypoglycemic Connection II*" and also at our web site.

Insulin resistance causes hyperinsulinism (excess insulin secretion), which in turn causes sudden crashes in blood sugar levels, which in turn trigger the release of stress hormones (adrenaline and cortisol) which are thought to be responsible for the various symptoms of mental illness. Mental illness is of course the wrong term, it is a **PHYSICAL DISEASE** that cause depression, alcoholism or any of the many forms of 'mental' illness.

### **THE BODY RUNS THE BRAIN!!**

The hypoglycemic diet is more than just good nutrition. It specifically targets insulin resistance, by stabilizing blood sugar, adrenaline and cortisol levels. It will supply the brain with a steady and constant amount of glucose as its only source of energy. Being a high

protein diet taken in small snack and supplemented with specific nutritional supplements such as vitamin C, zinc, chromium, B-complex vitamins, Essential Fatty Acids. These **HELPER nutrients** will aid the body in producing its various **END PRODUCTS** for mental health. The Helper nutrients include most of the nutritional precursors to enzymes and neurotransmitters found in food sources such as phenylalanine, tryptophan, phosphatidyl choline and the various vitamins and minerals.

Thus instead of taking SAM-e, we should supply the body with the necessary nutrients such as methionine, B6, B12, folic acid, all found in the hypoglycemic diet to synthesize its own SAM-e. The nutrient-rich diet would help the body sort out its nutritional requirements to produce its own serotonin, melatonin, dopamine, norepinephrine and acetylcholine.

### **UB ask the following question**

*I suffer from Bipolar Disorder and I am very anxious about my three children inheriting this disorder from me, as I apparently have from my mother and maternal grandmother. I have three children (1 boy, 2 girls) in their thirties. I have seen what I believe to be periods of depression in the boy (man) and one of the girls (women).*

*They are really just beginning to understand the symptoms. Mom was just moody before...but now they know why.*

*Is there anything I can do?*

### **Answer:**

There is no doubt that genetics plays a role in the development of mental illness, and there is little we can do to alter the DNA within us. A faulty gene can be passed on

from either parents, but having that gene does not mean that it will automatically express itself in the next generation. Recent studies have shown that in order for the gene to become active, the person must have been stressed - psychologically or physically - for a considerable time, prior to becoming depressed. And even then the probability of becoming depressed is still limited. There is little we can do to rectify the mutated gene, but I believe that we can prevent development of mental illness in our children by nutritional means.

Yes...I said nutritional means. When a mutated gene has been activated it can cause a cascade of hormonal and neurochemical abnormalities, which may be responsible for the symptoms of mental illness and depression. For example, most mental illness, including Bipolar Disorder, share a sugar handling problem called **insulin resistance**. Whenever you see the first sign of mental illness in children, please go on a hypoglycemic diet plus vitamins and minerals. In fact the whole family should be on a hypoglycemic diet as this is a natural diet, that we are meant to eat anyway as humans. Bipolar people do well on an hypoglycemic diet, it will reduce the symptoms although it may not cure it.

If you want you can have yourself medically tested for hypoglycemia, by a **special Glucose Tolerance Test designed by Dr George Samra, and explained in his book "The Hypoglycemic Connection II"**. The test is also described at our web site: [www.hypoglycemia.asn.au](http://www.hypoglycemia.asn.au)

Alternatively, you can test yourself with the **Nutrition-Behavior Inventory test (NBI)** at the web site.

I also believe that you can breed

out a defective gene over several generations through both a natural diet such as the Hypoglycemic Diet, that is toxin free diet and combined with a good philosophy of life. This healthy belief system should prevent a stressful life, known to trigger depression in sensitive people with the gene.

I know of some alcoholic families afflicted by the gene where this is occurring naturally. Children of alcoholics tend to abhor any alcohol consumption or drug taking because of their personal experiences with addiction in the family and mental illness when they were children. They tend to choose partners with similar philosophies and so the gene can be wiped out over several generations.

It would be very important to introduce the hypoglycemic diet to children in the first ten years of life, as I believe that the 'hypoglycemic syndrome' starts in early life.

As mentioned before, a gene requires other factors to be triggered into action. I have known a nutritional counsellor and a close friend of mine who had two sons who consumed alcohol and marijuana - a very potent mixture - and this may have triggered a schizophrenic gene into action. At least they were diagnosed schizophrenic by a doctor and put on medication. Yet on the hypoglycemic diet and 10 years later and no drugs of any kind, clients are absolutely normal, and doing a university degree course.

The father told me, that he does not believe that their sons were schizophrenic after all, but that it may have been the combination of alcohol AND marijuana that may have triggered their bizarre behaviour. This is of course all anecdotal.

Thus you can do a lot with nutri-

tional therapy, and I am a bit more hopeful about non-drug treatment. There is of course a lot of opposition to nutritional therapy for obvious reasons. **Please, discuss with your doctor.**

#### <---Sue Litchfield p2

bers joining up that one would expect with all the hits we are getting on the web page. So far we have had over 60,000 which is a fantastic result we must thank Amittee Robinson for the presentation of the site. For those who have not visited please do, as it looks fantastic

Now down to the serious side of things. The **Committee has decided that we are now to have 3 meetings a year instead of the 4.** This is mainly due to decreasing numbers at our meetings. It cost us \$100.00 for the hire of the hall. Plus the cost of the tea and coffee milk etc. Many thanks to Reg Lynnette, Jeanette and Lorraine who have so kindly made and donated the food

The Newsletters now are costing over \$500.00 to print and post out. Does anyone know a cheap printer? As we can surely use one.

Luckily for us the speakers have not been charging their time for speaking. As some speakers do charge an arm and a leg.

So, all in all for the sake of the future of our great little society I PLEASE urge all members to come to the AGM. By coming you will be able to hear what we say and also VOICE your opinions as to where we go from here. Is it a good idea to have a questionnaire sent out to every one? If so what questions do you feel should be asked?

E.G .1A Do we continue to hold the meetings at The Y on the Park  
Yes No

1B If "no" please suggest another venue.

## Some Recipes by Sue Litchfield

I have had a few requests for bread so this time I thought I would give you a couple. The Coeliac Society of whom I keep in touch with have very kindly sent me the following recipes.

Also **Basco** do a gluten free bread mix as do **Orgran** these do have sugar in them but have been assured that the amount should not cause any problem as it is less than 5% These are both available from **Coles** I am not too sure about **Woolworths**.

### PAN FRIED BREAD

3/4 cup brown or white rice flour  
1/2 cup soya flour  
1 teas bicarb soda  
1/2 teas cream of tartar  
1/4 -1/2 salt depending on taste  
1 egg  
1 cup milk of choice

Grease a 20 cm non-stick fry pan that has a fitted lid and preheat on the lowest setting

In a medium mixing bowl sift together rice flour, soya flour, bicarb soda, cream of tartar and salt

Beat together egg and milk Add to flour mixture and stir until well combined

Pour mixture into pre heated greased pan and spread evenly over the base of the pan

Cover with the tight fitting lid and cook until the top of the bread is dry to the touch On the lowest heat possible this will take about 20 mins

Using 2 spatulas turn the bread over and continue to cook for 5-6 mins. Cool on a wire rack

This will make 8 wedges

### SEEDED HIGH FIBRE BREAD

1 cup pure cornflour  
1 cup white rice flour  
1 cup soya flour

**Continued on page 12 --->**

# *Easing the Fear of Cancer: Part II*

By  
Roger French, Dip Nutr.

*Continued from article published  
in the previous newsletter of Decem-  
ber 2003, pages 3-11*

## **JUST TWO MAIN MEALS DAILY**

Restricting main meals to just two adjacent meals per day, and thus leaving a long period without eating, has been found by researchers at Sydney University's Department of Infectious Diseases to slash the incidence of cancer.<sup>(46)</sup> The indications were that skin cancer would reduce by over 10 times and there would be major reductions in breast cancer, lung cancer and leukaemia.

The cancer reduction benefits would be achieved if main meals were consumed either for breakfast and lunch or for lunch and dinner, with the third meal being fruit only. As explained in Chapter 7, 'Why a Fruit Breakfast?', the Natural Health preference is for a fruit breakfast and main meals at lunch and dinner. However, the individual can find what suits them best.

## **PLENTY OF PHYTO- OESTROGENS**

Nations where the largest amounts of phyto-oestrogens are consumed have the lowest rates of breast cancer. Evidence is accruing that they also offer protection against prostate, bowel and other cancers, as well as cardiovascular disease, osteoporosis and menopausal symptoms. The cancer protection may be dependent upon consuming them from an early age.

Phyto-oestrogens simply means 'plant oestrogens'. There are three principal kinds – isoflavones, coumestans and lignans.<sup>(47)</sup> Soya

beans are unique among the legumes because they are a concentrated source of isoflavones, particularly daidzein and genistein. There are also good levels in alfalfa, clover and parsley. Coumestans are abundant in red clover, alfalfa sprouts and soya sprouts. Lignans are present in cereals, fruits and vegetables, with the richest sources being flaxseed (linseed) and other oil seeds. Finnish and Swedish people who eat a lot of whole-grain rye bread and berries have the highest intake of lignans.

Plant oestrogens function through either oestrogenic or anti-oestrogenic effects, which means, among other things, that they tend to normalise a woman's oestrogen levels.

Because legumes are low in fat and are excellent sources of protein, fibre, micronutrients and phyto-chemicals, a researcher has suggested that nutritionists should recommend that more beans are consumed in general and more soy foods in particular.

## **VITAMIN AND MINERAL SUPPLEMENTS**

Because modern farming methods tend to replenish very few soil nutrients through fertilisers, it is to be expected that commercially grown foods will contain fewer minerals and vitamins than their organically grown counterparts, and some analyses strongly back this view. This raises the question of supplementation.

One review noted that, of the

large amount of research into nutrition in relation to cancer, only a little looks at supplements.<sup>(48)</sup>

Trials have found that a number of nutrients have protective effects with various cancers. These include vitamin A, beta-carotene, vitamin C, vitamin E, zinc and selenium, all prominent antioxidant nutrients. Although beta-carotene has been tested in isolation, there is evidence that it is best consumed only as part of the full carotenoid complex (available commercially as a food concentrate.)

The review concludes that "there is modest evidence for protective effects of nutrients from supplements against several cancers."

## **SOME GARLIC**

A Pennsylvania University review of the research into garlic concludes that it inhibits cancer.<sup>(49)</sup> What's more, the benefits apply for garlic in various forms and for a wide range of cancers. Fortunately, the strong garlic odour is not a prerequisite for protection; odourless garlic extracts are still effective.

There is experimental evidence that compounds in garlic reduce both the risk of cancer developing and the spread of existing tumours.

## **BREASTFEEDING**

Mothers' milk contains an extensive array of substances that stimulate early development of the infant immune system and appear to make children better able to withstand future carcinogenic in-

fluences.<sup>(50)</sup> The benefits of mothers' milk to the immune system are long term. Artificially fed infants do not have the same protection and do not do as well as breastfed infants in resisting infection.

Swedish research has identified a protein in mothers' milk, *alpha-lactalbumin*, which stimulates cancer cells to self-destruct and leaves normal cells unharmed. Breastfed infants are better protected against cancer.

The mother herself is also protected. Among the numerous benefits of breastfeeding, that include better bonding and higher self-esteem, she also has a lower risk of premenopausal breast cancer and ovarian cancer.<sup>(51)</sup>

### **NUTRITIONAL CANCER THERAPIES**

A 1998 review of alternative nutritional therapies for cancer concluded that there is "no clear scientific evidence" that diet is successful as a primary therapy for established cancer.<sup>(52)</sup> The reviewer acknowledged that therapies such as the macrobiotic diet, the Gerson diet, the Livingstone diet and mineral and vitamin therapy are generally nutritionally adequate and at least improve quality of life for cancer patients.

However, "*no clear scientific evidence*" may mean nothing more than that the particular therapy has never been tested in a 'scientific' manner. In view of the fact that nutritional therapies cannot be patented, there is certainly no incentive for private industry to fund such research. Whether or not there is 'scientific' evidence, there is certainly convincing empirical evidence that diet can achieve positive results.

A German oncologist, Professor Friedrich Douwes, of the German Klinik St Georg, has been working in oncology for more than 30 years and says he has had "tre-

mendous success" using a combination of conventional and wholistic treatments.<sup>(53)</sup>

An Austrian healer, Rudolf Breuss, deduced that if a person adopted a particular juice diet for 42 days, the cancer would starve. The basis was that raw juices contain antioxidants, other minerals and vitamins and living enzymes, and that they make the patient's system alkaline. Breuss's juice mixture, made from organically grown vegetables, consisted of beetroot 300 gm, carrots 100 gm, celeriac (celery root) 100 gm, potato 70 gm and Chinese radish 30 gm. Teas that accompanied the juices include sage, horsetail, stinging nettle, knotgrass and St John's Wort.

In his eighties, Breuss was taken to court by the Austrian medical fraternity, who didn't like his methods. He was acquitted when his defence lawyer, a cancer sufferer whom he had 'cured', presented an entourage of recovered patients who all attested to the success of the Breuss Total Cancer Treatment. Even the Austrian president intervened on Breuss' behalf.

Breuss' story and method are described in a book entitled, **The Breuss Cancer Cure.**<sup>(54)</sup>

A remarkably similar experience was had by a New Zealand medical practitioner, Dr Eva Hill.

After more than 30 years of treating other people's illnesses, including cancer, Dr Hill found herself confronted by her own basal cell carcinoma on her right cheek. After removal by surgery, the lump promptly grew back again. Dr Hill was then 58 years of age.

Having read of an American clinic that used herbs and diet to treat cancer, Dr Hill made her way to the Hoxsey Clinic in Dallas,

Texas. There she witnessed cancer sufferers streaming in from all over North America. "Many were absolutely hopeless when they arrived," she wrote, "and they had been so disfigured by mutilating surgery or severe radiation, in spite of which their cancer had continued to spread."

Dr Hill's skin cancer took two months to shrink and finally heal. She eventually returned to New Zealand determined to help cancer victims with the same treatment, which she did with astonishing success. This and the treatment she received at the hands of the law led to a book being written about her story.<sup>(55)</sup>

For her efforts, Dr Hill was rewarded with a summons to court and conviction by a magistrate for breaching Health Department rules and using unrecognised methods for treating cancer.

Incensed by this injustice, her patients and their acquaintances in Christchurch raised funds for an appeal. The appeals judge threw out the conviction and acknowledged Dr Hill's wonderful work with a glowing testimonial. She was then able to continue helping people with cancer for many more years until her death in her eighties.

Dr Hill is reported as saying that if a body has normal metabolism, cancer cannot develop. The essence of her treatment was to prescribe only raw and unadulterated food (organically grown), for at least two years.

In yet more 'unscientific' evidence, Beata Bishop's recently updated 1985 UK book, **A Time to Heal**, gives a stunning and moving account of her personal triumph over one of the most virulent cancers of all, malignant, metastasised melanoma, through adopting the Dr Max Gerson regime of detoxification and natural restoration.

Similarly, a South Australian businessman, John Cirocco, went to the Gerson Clinic in Mexico to deal with testicular cancer, an experience he describes in his book, **Living Proof**, published by ArcAngels Pty Ltd in 1998. The tumour promptly disappeared and has not recurred.

Possibly the most celebrated case of recovery from cancer in Australia is that of the veterinary surgeon, Dr Ian Gawler, who in 1976 was given just two weeks to live with bone cancer. After learning to meditate under Professor Ainslie Meares and making dietary changes, he recovered and is alive and well a quarter of a century later. His popular books, **You Can Conquer Cancer and Peace of Mind**, have been of enormous help to many Australians. Ian Gawler and his wife conduct the Yarra Valley Living Centre near Melbourne to assist people with serious illnesses.

Books by John Cirocco and Ian Gawler are available from the Natural Health Society.

### **PHYSICAL ACTIVITY DOES WONDERS TOO**

Early research<sup>(56)</sup> found that women who had been active at sport in their college years developed significantly less breast and reproductive cancers later in their lives than their inactive peers. In comparison, their breast cancer risk was half and their risk of cancers of the uterus, ovaries, cervix and vagina was 40%.

A recent review<sup>(57)</sup> has confirmed that physical activity is associated with decreased risk and mortality for cancers of the colon, breast, ovary, endometrium (lining of uterus) and lungs.

The beneficial effect of exercise may be due to decreased lifetime exposure to oestrogen or other hormones, reduced body fat (de-

creased obesity seems to be a major factor), enhanced intestinal tone (refer to Chapter 10 for the role of exercise), improved antioxidant defences and stimulation of the cancer-fighting capacity of the immune system.

The review concludes that moderate (regular) exercise appears to be a safe and effective means of helping to prevent cancer and should be adopted by the public in addition to other practices such as proper diet.

### **HANDLING STRESS MORE SAFELY AND USING THE MIND TO HEAL**

The late Professor Ainslie Meares pioneered the use of meditation to treat cancer patients.<sup>(38)</sup> He hypothesised that meditation, a 'total' switch-off of the brain, would stimulate the immune system, and this has since been demonstrated to be correct.

There are more ways of switching off the brain. They include yoga, prayer and other spiritual practices, massage therapy and even music therapy, dancing and artistic pursuits like painting. Imagery can also be helpful with existing cancer. The person imagines, for instance, that when they walk through a doorway they leave the cancer behind, or that their white blood cells are gobbling up the cancer. If having chemotherapy, rather than thinking, "This is going to kill me," the sufferer can think, "This is killing the cancer."

Healing affirmations repeated many times daily can help program the mind to set a new course and instruct the body to heal.

In bringing about recovery from cancer, a fighting spirit has been found to be a vital factor. As one article headline said, **'Angry patients give cancer the best fight.'**

Psychologist and researcher,

Sarah Edelman (whose wisdom and guidance were included in Chapter 9), reports that men and women whose attitudes were either 'fighting spirit' or 'denial' were much more likely to be alive and recurrence-free after a period compared to those whose attitudes were 'stoic' or 'helpless/hopeless'.<sup>(37)</sup>

A Finnish study of 2,400 middle-aged men found that those whose attitudes were not of hopelessness were only half as likely to have died of cancer over a six-year period compared to those whose attitudes were high on hopelessness. Similarly, women who were high on hopelessness were significantly more likely to develop cancer, particularly cervical cancer.

As we saw in Chapter 9, a major factor keeping us humans alive and well is plenty of contact with other people. This is even more important in coping with cancer. People with little social support have been found to have poorer immunity and a higher rate of premature death from cancer than those with plenty of family, friends and workmates. Among people with existing cancer, those who are married or have good social support have slightly better outcomes.

For individuals who don't have many people in their lives, a readily available solution can be to join a club or group such as Rotary, Lions, Soroptimists, Toastmasters, a bushwalking club, library group, tennis club, volunteer organisation, etc.

A well-known study that investigated the benefits of social support in the form of group therapy is described by Sarah Edelman.<sup>(37)</sup> Conducted by Dr David Spiegel of Stanford University in the US, the study divided a group of women with secondary breast cancer into either a support group or a control group without support. Both groups received routine oncology treat-

ment. The patients in the support group attended weekly group sessions of 90 minutes which encouraged the expression of emotions and the development of supportive relationships within the group. At the 10-year follow up, those in the support group were found to have survived on average for twice as long as those in the control group.

Finally, it must be said that when a doctor gives a patient a certain time to live, this need not necessarily be true. We have already seen that meditation, attitudes, social support, etc (as well as diet and so on) can make a lot of difference. An enlightened doctor might advise a patient that such predictions are best ignored or not requested and that it is often better for the patient to develop a heretical frame of mind regarding orthodox medical 'wisdom'. A belief in recovery and strong determination to beat the cancer will increase the chances of achieving just that.

### ***A Summary of Cancer Protection***

If genetic damage is minimal, the available evidence suggests that there will be no cancer. Practical recommendations to minimise genetic damage have been given by a CSIRO researcher<sup>(31)</sup> as follows:

- \* Adopt a varied and balanced diet of unprocessed foods.
- \* Avoid deep-fried food and minimise consumption of overcooked and browned food.
- \* Eat no more than is required.
- \* Avoid toxic synthetic chemicals as far as possible.

Regarding eating, the Natural Health standpoint would be to adopt the wisdom of Hippocrates – ***“Let food be your medicine and medicine be your food.”***

A balanced diet of natural,

unprocessed foods – in accordance with Natural Health Dietary Guidelines (Chapter 7) – is along the following lines:

- \* Low-fat, with the source of fat being plant foods. Avoid animal fats and hydrogenated oils including margarine. Include **fresh** flaxseed oil (or fish oil) for omega-3 fats.
- \* Eat an abundance of fresh fruits and vegetables (green, yellow and red) at the level of approximately three-quarters of total food intake by weight. Regularly include cruciferous vegetables, carrots, tomatoes and other particularly protective vegetables, and also garlic.
- \* Eat adequate protein and no more. Have the protein all or mostly from plant foods.
- \* Ensure adequate fibre. Sources are vegetables, fruits, whole grains, nuts, legumes, seeds and 'fibre' foods such as psyllium husks, oat bran and rice bran.
- \* Increase natural mineral and vitamin intake with the juices of green, yellow and red vegetables.
- \* Consider topping up antioxidant vitamins and minerals with naturally derived supplements, particularly carotenoids, vitamin C, vitamin E, zinc and selenium. Also consider extra B vitamins, especially folic acid (B<sub>9</sub>).
- \* Obtain organically grown foods where possible.
- \* Keep calorie/kilojoule intake low overall – as is built into the guidelines given in Chapter 7.
- \* Consume only two main meals daily, **adjacent** to each other, the third meal being fruit only – if this is suitable for the individual.
- \* Avoid or minimise intake of caffeine, alcohol, white sugar, white flour, table salt (use

unrefined sea salt instead), cured meats and smoked foods.

### ***And regarding other aspects of lifestyle:***

- \* Minimise exposure to synthetic chemicals, particularly pesticides, other very toxic chemicals and the chlorine in town water supplies. Also keep well clear of radiation. (For guidance, see Chapters 11 and 12.)
- \* Have regular moderate physical activity in order to keep fit and trim. Brisk walking for half an hour daily, which need not all be in one go, can make the necessary difference to an otherwise sedentary lifestyle. (See Chapter 10.)
- \* Develop ways of coping with stress more safely, such as meditation, visualisation, affirmations and, most importantly, social support. (See Chapter 9.)

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**Recipes continued from page 7**

- 3 teas baking powder
- 1/2 cornmeal or polenta
- 1/2 cup mixed seeds(pine nuts,sesame and sunflower are great) lightly roasted and crushed
- 1/2 cup cooked and mashed Pumpkin
- 1/2 oil
- 2 eggs

Soda water is best but ordinary water will do

To roast the seed place ia an ungreased fry pan over a medium heat and stir regularly until just changing colour.Cool then either crush in a pestle and mortar or very lightly on a grinder

Sift together corflour, rice flour,,baking powder and a pinch of salt if using in a large mixing bowl.

Add cornmeal mixed seeds pumpkin oil and eggs Mix well

Gradually add small amounts of the soda water until the mixture resembles a thick batter

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

This make 1 large lof that can be sliced ad frozen The soda water helps to make the bread lighter ad works well also in pancakes

**Food for Thought**

Where she went, Saki does not say, but we do know cooking can be a dangerous occupation, as G.S.Albee testifies:

*"Zee always went naked in the house, except for the brassiere she wore when it was her turn to get dinner. Once, cooking French-fried potatoes in a kettle of boiling fat, she came within an inch of crisping her most striking features."*

**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
- Amitee Robinson - Webmistress  
amiteer@ozemail.com.au
- Jeanette Bousfield - Meetings  
rjbous@bigpond.com

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

**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**

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**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Membership \$22.00 pa Pensioners \$16.50 (incl GST) Life Membership \$200

*Please Tick*  **RENEWAL**  **NEW MEMBER**

Occupation \_\_\_\_\_

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

**My Email Address:** .....

**2004 MEETING DATES ON FIRST SATURDAYS OF MARCH - AUGUST - DECEMBER**