

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

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

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

Auditor: Michael Pendlebury, 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 the ever increasing costs of printing and posting it would be appreciated if practitioners would send an email to jurplesman@hotmail.com advising that their Newsletters can be sent to them by email. We are also interested to hear from any practitioner, who is willing to give a talk at our meetings or perhaps write an article for publication this Newsletter. The Committee has also decided that every health professional who donates \$30 (tax deductible) or more to the Hypoglycemic Health Association of Australia will receive a complimentary copy of Dr George Samra's current book THE HYPOGLYCEMIC CONNECTION II. Please read notice on page 2 and the form on page 12.

Members are reminded that the local Kogaraha support group are there to help people discuss their problems from a very practical point of view. Find out more about this excellent group by ringing Jeanette on 02-9525-9178 or Lorraine on 02-9520-9887. If you want to start your own local support group in your area, you can get some tips from Jeanette and Lorraine. We will advertise your meetings in this Newsletter and at our web site.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 6 August 2005
at **YWCA**

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

**Arwen O'Connor, ND, DNutrition,
DRM, mATMS**

who will be speaking
on the subject of

**"Blood Sugar Management in
Menopause"**

Arwen O'Connor is a Naturopath, Nutritionist & Medical Herbalist. She holds an Advanced Diploma of Naturopathy, a Diploma of Nutrition, and a Diploma of Remedial Massage, and is a full member of the Australian Traditional Medicine Society. As well, she is an insulin-dependant diabetic, and therefore has a particular interest in natural blood sugar management. In her private practice, she treats many patients with a wide variety of blood sugar management disturbances, from hypoglycaemia to diabetes and polycystic ovarian syndrome. She has acted as a consultant to vitamin companies and natural product suppliers, and is currently working with a natural hormone company to assist women going through Menopause. Arwen sees patients at her private practice in North Sydney and Canberra.

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

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

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 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.

Sue Litchfield's Report

Over the past few months we have unsuccessfully tried to contact our accountant Hugh Macfarland and failed to do so. As a result the committee and myself have appointed Michael Pendlebury:

Pathway Accountancy Pty Ltd
PO Box 7080
Baulkham Hills 2153
Phone 02 99991667

We are very sorry to see Hugh go as he has done a marvelous job auditing our books every year. Which

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.

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.

Raffles won

At the meeting on the 2 April 2005, Odetti Idelson won the lucky door prize. The raffle was won by Pat Parr. Pat's prize was the Pelican Scene tapestry. We do thank the kind member who donated this lovely prize.

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 our Meetings in the City. A raffle is drawn at each meeting. DONATIONS FOR RAFFLE PRIZES WOULD BE GREATLY APPRECIATED and can be left

at Dr Samra's surgery (at Terrace 4 O'Keefes Lane, KOGARAH) or taken in to the city meetings and given to a Committee Member.

The Kogarah Support Group

The Support Group schedule has been revised and meetings will be held on the third Saturdays of February, June and October in future. HOWEVER, INFORMATION WILL BE AVAILABLE from Jeanette 02-9525-9178 or Lorraine 02-9520-9887, at any time.

NEW COOKBOOK

by Sue Litchfield

this will be available at the next meeting at a special introductory price \$12.00 normal rec. retail \$16.00

However is also available by mail order cost \$16.00 including postage and handling. Please send cheque or money order to

Sue Litchfield

PO Box 1127

Surfers Paradise 4217

PLEASE MAKE SURE YOU ENCLOSE NAME and ADDRESS

Attention to Health Professionals

Every health professional who donates \$30 or more to the Hypoglycemic Health Association of Australia will receive a complimentary copy of Dr George Samra's current book THE HYPOGLYCEMIC CONNECTION II

See form at page 12 of this Newsletter

I might add have been on a voluntary basis. It is time to move on so we welcome Michael on board.

The past few months have been busy we have had 14 new members the most we have had for year's. We welcome you all and look forward to seeing you all at our meetings.

The last meetings have been very well attended in fact almost a full house again the most for years. So all in all that is very promising and encouraging for our Association. Thanks to Jack and Geoff who have worked very hard promoting us keep up the good work and I am sure they would love to hear from anyone who has an idea and or contact for the promotion of our great little associa-

tion.

At the last meeting it was decided to make a small video/DVD to the duration of maximum 3 minutes to promote the association. The idea being we show them in shopping centres, health food shops and various conventions. I am hoping to have the first one shown at the Organic Convention to be held at Darling Harbour and the next one at the ABC gardening Convention later on in the year. In the meantime if anyone has any brilliant suggestions please send in your idea.

We are still getting in very late renewals please try and get them in early as it makes my job a lot easier.

Continued on page 12

YOU ARE WHAT YOU EAT ARTHRITIS AND OSTEOPOROSIS

by Dr George Samra, MB, BS, (Sydney) FACNEM

What you *ingest* is more than just food. It includes food but also the quality of water you drink, air you breath and nutrients such as vitamins and minerals in food and the soil.

Anything we take into our body can be good for you, it can be neutral and it can be bad for you. Most Western doctors have a mind-block, like blinkers on. They can think of food as either being good or neutral.

The Chinese have a concept that food is medicine and this applies more than ever as a notion when you try to understand how different foods affect our health. Thus by avoiding certain foods we may possibly fix certain illnesses.

For instance in mild arthritis the foods to avoid are: tomato, potato and oranges, beef veal and oranges.

Certain drugs are used for arthritis such as Voltaren and Naprosyn but these can cause stomach erosion, ulcers and bleeding. Some of the other drugs are even worse when steroids are used for arthritis, such as Prednisone. This can change your body shape, and causes a fat redistribution with central obesity and skinny limbs. It can cause osteoporosis if one is on Prednisone for more than five years.

If you treat your arthritis with a food change, there should be less inflammation and less pain. The natural progression of arthritis is that it will get worse as time goes on and if you stop eating tomatoes, it is likely you won't be suffering

and the disease possibly won't get worse.

Beef Avoidance

These are the kinds of food to avoid if you want to avoid arthritis; beef, no veal, no minced meat, no rissoles, no sausage, no bolognaise, no meat loaf, no steak, corn beef and devon, meat pies and sausage rolls.

We are mammals, as are animals that we are related to. Animals with hair and fur are mammals. Thus lamb is a cousin of the cow. If someone has *severe* arthritis we take them off the whole mammal family. They come off lamb and pork and all their byproducts, ham, bacon, salami, mutton dishes, rabbit, and all the animal dairy products such as cows milk, cheese, sheep's yogurt, sheep cheese and replace them with soya products.

One proof of the food and disease relationship is fasting. Many health practitioners, naturopaths, sometimes doctors put people on a fast for a couple of weeks. It is amazing how many people have felt better at the end of that time. Their joints stopped hurting, or their migraines had stopped. So if you fast and feel better, then it is obvious that something in that food that you have been eating regularly has caused you to feel ill. I don't recommend fasting especially for those who are hypoglycemic.

Osteoarthritis is regarded more as a degenerative disease, and characteristically affects the older pa-

tients. Dr Richard MacKarness in his book "*Chemical Victims*" discusses the results of a questionnaire of patients who had completed a fast before food challenges were begun. When asked whether the conditions improved whilst fasting in hospital, of the osteoarthritis patients, 98% said yes and of the rheumatoid arthritis patients, 91% of them also said yes." (Dr MacKarness had an environmental unit where he brought patients into hospital). This is to highlight that there is a food pattern going on and that this pattern is generally predictable.

Most significantly Childers NF in 1982 performed a landmark study over seven years with over 5,000 arthritis patients who agreed to follow a particular diet. These sufferers agreed to avoid the Nightshade food family, which includes potatoes, tomatoes, eggplant capscicum, chilli, pepper and tobacco. This large number of patients was followed over the seven years and in that time over 70% reported gradual improvement with relief from aches and pains and some of the disfigurement that they had suffered.

The types of multiple joint arthritis or systemic arthritis includes osteoarthritis, rheumatoid arthritis and auto immune arthritis. Osteoarthritis (OA) is the common arthritis we get when we are aging with multiple joint disease, which gets worse as we get older. It is a wear and tear process. The joint space becomes narrowed, and then people developed osteophytes, like

spurs in the heel. This can be painful and cause deformities and loss of function.

Rheumatoid arthritis is a more generalized joint disease with soft tissue disease at the same time. It occurs more among women with a ratio of 4 to 1 compared to men. There is a very specific blood test for a rheumatoid factor, which may not be positive initially, but will be eventually. Rheumatoid arthritis mostly affects the hands and the feet and is marked by deformity, accompanied with pain and disability as the disease progresses.

Multiple joint arthritis includes the auto immune arthritis such as in **Lupus** or **Sjorgens Syndrome**. In Lupus you get the typical discoid skin lesions often tissue swellings and multiple joint disease. In the Sjorgens syndrome you have the three factors; kidney inflammation, oral inflammation and joint inflammation. With autoimmune arthritis the "auto" means the self, meaning you are allergic to your own tissue. The food in lupus we need to avoid is the food that is similar to us, the "auto" foods from our cousins the mammals. Therefore avoid beef, veal, lamb, rabbits and pig meat and avoid also dairy products. You may have soya milk, soya cheese, coconut cream, coconut milk as alternative foods. You may eat chicken and fish instead of beef.

With arthritis in general one avoids tomato, potato, beef, veal and oranges, but in the more severe case we may add wheat and the gluten family (such as wheat, rye, oats, barley, malt). Wheat may include bread, pasta, pastries. One can use rice dishes as a substitute, such as rice cakes, rice pastries, corn bread, and rice noodles.

In severe cases of arthritis one should avoid citrus, all the cousins of oranges, such as lemon, lime, grapefruit, citrus, even passion fruits.

Osteoporosis

Osteoporosis means a decrease in bone mass, particularly the calcium in the bone. It can be diagnosed with a DEXA (dual-energy X-ray absorptiometry) scan. The measurements are in terms of standard deviation (SD) from the norm based on healthy, average twenty year old women. The number is expressed as a T-score. If one is below 2.5 SD then this would be defined as osteoporosis. The risk with osteoporosis is bone fractures and this may have severe repercussions especially if you break the hip bone. You lose your mobility. You can break your hip and you lose your independence! Fractures are extremely painful, requiring strong pain killers. But when they wear off you are in pain again.

The result is that you may become socially isolated and may fear more fractures. Thus it is common for people with bone osteoporotic fracture to suffer from depression.

From a dietary point of view milk consumption provide adequate amounts of calcium, but if one is allergic to milk products one can have goat's milk. One also needs vitamin D3 for the calcium to be better absorbed into the body. You can get the vitamin from sunlight. Sunlight is an issue for osteoporosis in some countries, because there may not be sufficient sunlight.

Exercise is important at any age. "If you don't use it you lose it." Weight bearing exercises are important to maintain bone density. One really needs to exercise 4 to 6 times a week.

Calcium supplements are essential for osteoporotic women, together with vitamin D. Sex hormones and **bisphosphonate** drugs may also be useful.

The difference between osteoporosis and osteopenia is that the latter is a milder degree of osteo-

porosis.

Supplements for Arthritis.

The most universally prescribed natural supplement is **Glucosamine**.

Glucosamine is an amino acid analog, it is the core material to make renewable bone known as cartilage lining the joint. The best time one should take it is at night, because the body carries out 90% of joint healing when one is sleeping.

Fishoil is also good for arthritis, and **cod liver oil** works. It gives anti-inflammatory relief in approximately 40 per cent of people. It works by promoting the prostaglandin Series 1 and 3, tissue anti-inflammatory local hormones.

Other natural products help about one in five people or 20 per cent. Things like ginger, celery oil, magnesium, the New Zealand mussel, penny wort, copper oxide, etc. They are worth trying.

We also need nutrients that promote healing, like the mineral selenium, that is becoming depleted in our soil. We need to take vitamin C to promote the rate of healing. One may need to be on multivitamins and multiminerals.

Case histories

Paul is a plumber who presented with swellings in his finger joints, three fingers on the right and two on the left hand. The fingers had been swollen and painful for only about a month and he had not seen any doctor at this point in time. Although he worked with his hands he could not recall any injury that could possibly be to be blamed for these joint swellings. I discussed the possibility with Paul that his arthritis may be in fact triggered by food, because of the multiple joints involved.

I took him off what I consider rare the top four common arthritis triggers since his condition was fairly recent and comparatively mild. He was taking pain killers

but was still able to continue his work as a plumber. **The top four arthritis commons are tomato, potato, beef and veal and oranges.** I explained to him what these avoidances involved and what substitute foods he could use.

I reviewed Paul three weeks later and he was delighted, the food change reversed all of his finger swellings. He said to me: "You know I had to change all of my favourite foods, I usually drink orange juice all day and most nights have steak, potatoes and tomato sauce". Paul did very well, very quickly and has seen me on several occasions since. He explains that whenever there is a flare-up he can always blame some cheating that he may have done in the previous day or two.

The next case history is **Natalie, aged 8.**

Natalie presented with her parents. She was diagnosed as juve-

nile rheumatoid arthritis (Still Disease).

When I saw her she was relatively well yet walked with a very stiff gait into the treatment room before she sat down. She was currently taking Prednisone 5mg tablets as well as a regular dose of aspirin.

She showed features of chronic steroid usage, which included a round face, rosy, shiny cheeks and truncal obesity. Natalie was taken off all the commons for arthritis, which include tomato, potato, and the rest of the Nightshade family, beef, veal and pork, wheat, oranges and all other citrus.

On her second visit three weeks later, Natalie had improved dramatically and her parents had taken her off the Prednisone that she has been taking. She walked in with a much more relaxed gait and was happy with her progress. Over the next 12 months we systematically did various food experimentation, trialling each of the commons, one

at a time with large doses of exposure as well as each of the foods that had shown positive on her food allergy testing.

It became apparent that Natalie had no tolerance whatsoever to the Nightshade family i.e., tomatoes, potatoes, eggplant, capsicum, chilli as well as tobacco - Natalie would get joint pain if she spent any time in the same room with someone who was smoking. Surprisingly, none of the other commons seem to have any adverse effect on her and she now eats all of those other foods with no limitations.

Thus here we have a very specific reaction to the Nightshade family.

Thus "you are what you eat" is really a topic about choices and you can choose what you put into your mouth. You have to be guided with foods and natural supplements, in particular on what has worked for other people.

Cholesterol is NOT the Cause of Heart Disease

By Ron Rosedale, MD

Source: http://www.mercola.com/2005/may/28/cholesterol_heart.htm

Cholesterol is not the major culprit in heart disease or any disease. If it becomes oxidized it can irritate/inflame tissues in which it is lodged in, such as the endothelium (lining of the arteries). This would be one of numerous causes of chronic inflammation that can injure the lining of arteries. However, many good fats are easily oxidized such as omega-3 fatty acids, but it does not mean that you should avoid it at all costs.

Common sense would indicate that we should avoid the oxidation (rancidity) of cholesterol and fatty acids and not get rid

of important life-giving molecules. Using the same conventional medical thinking that is being used for cholesterol would lead one to believe that doctors should reduce the risk of Alzheimer's disease by taking out everybody's brain.

In fact, cholesterol is being transported to tissues as part of an inflammatory response that is there to repair damage.

The fixation on cholesterol as a major cause of heart disease defies the last 15 years of science and deflects from real causes such as the damage (via glycation) that sugars such as glucose and fructose

inflict on tissues, including the lining of arteries, causing chronic inflammation and resultant plaque.

Insulin & Leptin Resistance

Hundreds of excellent scientific articles have linked insulin resistance and more recently leptin resistance to cardiovascular disease much more strongly than cholesterol, and they are in fact at least partially responsible for cholesterol abnormalities. For instance, insulin and leptin resistance result in "small dense" LDL particles and a greater number of particles.

Continued page 10

NEWS FROM THE KOGARAH SUPPORT GROUP

It was so pleasing to see such a good attendance at our last city meeting, to hear Dr Samra's excellent talk.

We felt that the following information, originally contained in one of our Information Sheets, would be helpful to all members of the Association. This was one of the first things we compiled when setting up the Support Group and members have found it helpful. Let us know what you think!!

SOME MENU SUGGESTIONS -

A total of **SIX SMALL MEALS** should be taken daily - **SUPPER IS VERY IMPORTANT** (if you want to sleep through the night). Space meals 2 to 2 and-a-half hrs apart (eat sooner if you have been exercising). Discuss this with Dr Samra.

Portion of Protein = 60g, for breakfast, lunch or dinner.

CHEESE IS NOT GOOD ENOUGH PROTEIN FOR BREAKFAST, alright for snacks or sandwich fillings (alternative to Cows milk cheese is **KASSERRI** (sheeps cheese) from Delis at Westfield Shopping Centres, Continental or other selected Delis).

SUGGESTIONS FOR BREAKFASTS

-Boiled egg, omelet or scrambled egg with toast (can have 2 whites)

-Previous evening's left-over protein (60g chop, fish or chicken) with vegs, gravy if desired

(GRAVOX LITE)

-White fish & white sauce with parsley (make up several days at a time)

-Toasted sandwich with any of above

-Porridge, then protein

-Roast lamb leftover from baked dinner, with gravy & on toast (pretend it's a meat pie)

-Noodle dish (see Snacks)

WITH PROTEIN

SUGGESTIONS FOR LUNCHESES or DINNERS

-Sandwich (salad & protein)

-Grilled cheese on toast or toasted sandwich

-Home-made chicken rissoles & salad or veg

-Salmon & salad

-Cold roast lamb & salad or veg

-Home-made veg soup with barley (if no allergy) - Cook barley 30 mins before adding vegs. **NO STOCK CUBE** (contains sugar & yeast), add salt to taste

-Protein (lamb, fish or chicken) with hot vegs or salad

SUGGESTIONS FOR SNACKS (between each main meal **including supper)

-Cooked rice noodles, tossed with lightly cooked carrot & broccoli

-Diet recipe cake, scone or biscuits

-Half to one piece fruit with Soygurt Yoghurt (vanilla), sprinkled with slivered almonds OR Sunflower (tastes like nuts) - gives you something to CHEW

-Grilled (whichever allowed) cheese on toast OR rice or corn thins

-Rice crackers (PLAIN Farm-

land or San Esu) with cheese, veg sticks eg carrot, celery

-Rice or Corn Thins with a smear of 100% fruit jam (no added sugar)

-Half a sandwich (see below)

SUGGESTIONS FOR SAND- WICH FILLINGS

-Salmon or cold roast meat, with some salad

-Chicken, avocado & cucumber

-Cashew nut spread OR ABC nut spread (**MELROSE NATURALS** in Diet Dept, Coles & other stores) - sprinkle sunflower kernels in with

-Cheese & cucumber OR toasted cheese sandwich

-Half a banana (if allowed) with slivered almonds OR sunflower kernels.....or try it with sliced fresh apple!

EMERGENCY RATION

Small pkt Smiths or other **CHIPS** or **CORN CHIPS** (check label for sugar AND "traces" of other ingredients eg wheat, soy, milk)

We hope this information will be helpful to you. These are only a few ideas we have talked over at Support Group Meetings.

THE NEXT SUPPORT GROUP MEETING WILL BE ON SATURDAY 15th OCTOBER at 1.30pm in Dr Samra's rooms at Kogarah.

This will be the last meeting for 2005. You are very welcome to join us. Cost is \$2 and tea and coffee is provided. Bring your own snack along.

For further information ring **JEANETTE 9525.9178** or **LORRAINE 9520.9887**

MEDICATION: Memory Loss Link?

By
Ron Buckridge

My loving wife of over four decades has Alzheimer's. As her carer I was intrigued by a programme on "Today Tonight" on 15th November, 2004 which raised some possible new concepts on memory loss. The story related how a NASA scientist and family doctor, Duane Graveline suddenly lost his memory for six weeks when prescribed a cholesterol lowering agent, "Lipitor".

Dr Graveline recalled: *"It was a terrible thing. I did not know my wife, I did not know my home."*

With elevated cholesterol levels at his next annual NASA medical he was again prescribed "Lipitor" with the same result – he was a 13 year old, his entire adult life had been eradicated. After giving up "Lipitor" for good, he researched and published a book, "Lipitor Thief of Memory".

As I correspond regularly with ministers and senior bureaucrats on the disgusting "rules" etc applicable to the provision of subsidised Alzheimer medication I wrote to Tony Abbott, who is my current federal member as well as the minister for health and ageing asking whether his department or any of the independent advisory bodies were, or intended to, investigate the claims in Dr. Graveline's book. After sending this letter I spoke to a number of doctors, none of whom had read the book but all doubted that the statins, including "Lipitor", would cause memory problems. After receiving what I regarded as a general and unsatis-

factory reply from the Drug Safety and Evaluation Branch I sent the following on 20th January, 2005:-

'Thank you for your letter of 20th inst. in reply to my representations to the Federal Minister for Health and Ageing, Hon. Tony Abbott and State Member for Manly, Mr. David Barr.

'I am delighted too renew what were most pleasant exchanges of correspondence in 2002 and trust your new title is a promotion since our last communication? As you know, my contacts with our elected parliamentarians were made after media comments based on a book titled "Lipitor Thief of Memory". I found the conclusions by its author, Dr. Duane Graveline, thought provoking and prima facie his evidence and references were logical and credible. All of which seemed to make his book a valuable addition to our knowledge on these subjects. In my humble opinion it should be compulsory reading for anyone evaluating the relevant medications for PBS listing and of course any other decision makers in all of these vital health areas for our citizens? Unfortunately there is no local agent for the book. It was available on Alzheimer Aust NSW bookshop website before stocks were completely exhausted just prior to Xmas. I am not aware of its current status there. However friends have advised there is a very quick service from Amazon and I understand some public libraries now have copies.

'My highlights from the book, plus some personal observations, are summarised under:-

'1. CHOLESTEROL: Dr. Graveline starts Chapter V (page 51) with what I believe are most important implications regarding cholesterol?

"There is no doubt that the present notoriety of cholesterol has obscured its physiological importance and necessity in our bodies. Cholesterol is not only the most common organic molecule in our brain, it is also distributed intimately throughout our entire body. It is an essential constituent of the membrane surrounding every cell."

He adds that *"cholesterol is the precursor for a whole class of hormones that are absolutely critical for life as we know it. These hormones determine our sexuality, control the reproductive process, and regulate blood sugar levels and mineral metabolism."* And he also talks about how

"Researchers marvel at the remarkable similarity in chemical structure these sex hormones have with each other and the original cholesterol parent from which they are derived." In addition he notes other vital off spring like aldosterone, cortisol and calcitrol. On page 53 Dr. Graveline highlights the November 2001 discovery of the

"elusive synaptogenic factor responsible for the development of synapses, the highly specialised contact sites between adjacent neurons in the brain, deserves to be cited again in the context of cholesterol's vast importance to our

bodies.”

At the bottom of page 53 and the start of page 54 his background research seems to become even more interesting when he reviews the importance of the cholesterol produced by the so-called glial cells and its

‘basis of neurotransmission connecting the brain with the rest of the body. The brain cannot tap the cholesterol supply in the blood because the lipoproteins that carry cholesterol – both LDL and HDL are too large to pass the blood-brain barrier. The brain must depend on its own cholesterol synthesis which the glial cells provide.’

My reaction as a layman (and thus subject to correction) is: If cholesterol, so vital to the brain, is knocked out by statin medication and cannot be replenished from outside (blood brain barrier) what is the impact on the efficiency/effectiveness of this main organ? These considerations seem crucial and basic to how we approach/treat our major contributors to premature death: heart attack and stroke?

From chapter V11 Page 71, he covers diet/basic nutrition including sugars? Further extensions would be what are ‘healthy’ and desirable inclusions in our staple food.

After reading this book can we really say cholesterol is so ‘bad’?

‘Thank you for providing, and I have noted, the reported figures for trans global amnesia. (Another TGA?) Dr. Graveline offers suggestions as to why the incidence may be massively under-reported? On page 3 he relates when he was a medical student TGA was very rare, almost a medical curiosity. There were similar results over decades while operating a busy

family practice. During this time he saw dozens of patients each day.

“Now, in the past several years, this condition has reached seemingly epidemic proportions in emergency rooms throughout North America and Europe.”

In the Conclusion (page 97) Dr. Graveline alludes to the many different manifestations of memory problems etc. which again may support his contention of “under-reporting” of adverse reactions, some of which may just be attributed to “old age”?

On page 62 is further mounting ‘evidence’ which seems to reinforce the cholesterol ‘bogey’?

“Back in the early sixties when the results of autopsies done on Korean and Vietnam casualties were released, many doctors were astonished to learn that autopsies of these 18 to 22-year old young men were laced with lipid streaks, foam cells and atheromatous plaques. Some even had as much as 40 percent occlusion of major heart arteries. Again, our quite natural reaction was that cholesterol was the proven enemy of mankind, beginning at this young age. All this was sobering information and the message was easily implanted in our professional minds”.

Another of the many absorbing aspects is that not only does the book debunk many of the old ‘bogies’ about cholesterol (as per some examples above?) but it provides a credible story for the original “errors”/mistakes/-whatever in the initial and ongoing research which created this possible “false premise”?

But most important the author does provide a viable alternative (ELEVATED HOMO-CYSTEINE) to the creation of atheromatous plaques: the basis of so many of our current health woes

including premature death. All of which results in massive capital and revenue outlays of our scarce health dollars? Our public hospitals and a burgeoning PBS, to highlight just two areas, could provide better outcomes for these funds if Graveline’s claims are substantiated and accepted? (Reference check?)

‘2. STATINS: The last paragraph on the previous page of this letter (without of course my final comments) is followed in the book by:

“This should be sobering news for those in the pharmaceutical industry developing drugs which interfere with cholesterol synthesis, and that is exactly the mechanism of action of the newer statins. One wonders how anyone knowing the mechanism of brain cholesterol synthesis can seriously challenge the reality of cognitive side effects from statin drug use. The only surprise is that there are not more reported cases of memory impairment, amnesia, confusion and disorientation. ... When and if the industry finally vindicates cholesterol, it will be not unlike posthumously elevating Al Capone to knighthood.”

Dr. Graveline thoroughly investigates the statins? My only other observation is, after reading the book, that if cholesterol was the basic problem/reason for treatment, which Graveline confounds, then none of the current statins appear to work at the optimal stage anyway? (My paraphrasing/interpretation of what the author has said?)

‘3. DIETS: The premise that cholesterol is “bad” for us has, for decades, had a major impact in the composition of recommended diets? With very negative, or at least no beneficial health outcomes? In chapter V111, page 85 Graveline quotes Dr. Kilmer McCully, where

“In regard to the FDA’s diet guidelines, he unequivocally states:

“The Food Pyramid is wrong on two counts: First, it is based on the false premise that cholesterol and saturated fats are the underlying cause of coronary heart disease. Second, it erroneously implies all carbohydrate – whether refined or from whole food – are preferable to fats. ... There are now many readable and informative books dealing with the subject of how our past decades of diet and nutrition standards have failed us.”

Dr. Graveline follows this with comments on the final wide acceptance of the Atkins diet and others. Earlier, on page 81, he states: *“After fifty years of low cholesterol/low fat diet we are a nation of fattened sheep conditioned to the erroneous belief that cholesterol is our enemy and almost any food with low or no fat is our friend.” Amen to that?*

“The above examples/quotations are just a few from many highlights throughout the book?

‘SUMMARY: My wife and I will celebrate our 43rd wedding anniversary next month. You will appreciate it would be a much more joyous occasion without the ravages of Alzheimer’s. This will explain why I have taken such an avid interest in recent years of any developments even remotely connected with the disease? And why I have been such a constant critic of the criteria/“rules” to which these patients, their carers/families are subjected in order to obtain their medication?

I still cannot understand why this very disadvantaged group, which I feel should be helped more and not hindered, is subjected to harsher “rules” than for any other group to obtain their tablets? Particularly when the outcomes are

much more costly and needlessly take up space in a very scarce resource – nursing home beds?

My final comment is that being a carer for a loved one with dementia is the most soul destroying ‘job’ a person could undertake? But it is one performed willingly for as long as possible? And having to watch the patient slide down the slope to mental disintegration is shattering!

Could I please add the following general and specific points: We seem to be doing marvellous things in surgery? But perhaps not doing so well on the medical side? Could this be because we are still following the cholesterol “fallacy”? (If Graveline’s details re the vital, basic necessity re cholesterol are correct? And some easily checked?) This is then reflected in our diets, food additives (natural and synthetic sugars?) and the massively increased consumption in comparatively recent years of fast/junk food? Plus the impact of transferable drug resistance e.g. feeding antibiotics to chickens? All of which impact in what we eat, and for better or worse, on our essential metabolism?

And could we be supplementing these basic problems by the extensive use of statins? As a carer for my loving wife for a number of years, I have felt for some time that the comparatively recent exponential increase in the incidence of dementia has been caused by something more than just an ageing population? Whether this is due to, or exacerbated by, the extensive use of statins, I don’t pretend to know. But could it perhaps be one, of the possible number of causes for the increase?

However can I suggest, with the greatest respect, that Dr. Graveline makes a compelling case for at least changing our attitude to cholesterol. And as stated earlier I believe this book should be man-

datory reading for any decision makers in the health area. We owe it to our senior citizens, our increasingly ageing population, to investigate his claims which have credible references? There are numerous implications for the health outcomes of every citizen via such things as diet recommendations, food additives (the total consumption of natural and synthetic sugars), animal feed supplements, improved food labeling (Better and more open listing of ingredients? Eliminate double talk etc?)

What is a life worth when a person cannot remember any details of it? I believe we owe it to our senior citizens to reduce this risk as much as possible? Particularly if corrective measures are within our grasp? And we do have billion dollar surpluses? Could I suggest again, with the greatest respect, that improving infrastructure for basic services on a national scale including health, public hospitals and spending more dollars on preventative/-assistance programmes for Alzheimer’s and those with genetic diseases, the disadvantaged and the elderly is likely to have much better outcomes than proposed billion dollar tax cuts?

There is no doubt the “taxation system” needs reform? And that reform is an excellent initiative which is long overdue? However implementation of the above would produce healthier, more productive citizens? And reduce/eliminate huge final costs in health dollars which could be used advantageously elsewhere? And finally a far better avenue for surpluses than tax cuts?

Courtesy copies of the above were forwarded to the Prime Minister, Minister for Health and Ageing and State member, David Barr. More correspondence has been exchanged without any decision or positive outcome to date.

<---From page 5
"Cholesterol not the cause
of Heart Disease"

This is much more important than the total cholesterol number. Because of particle size shift to small and dense, the total LDL cholesterol could still be low even though the number of particles and the density of the particles is greater. Small, dense LDL particles can squeeze between the cells lining the inside of the arteries, the "gap junction" of the endothelium, where they can get struck and potentially oxidize, turn rancid, and cause inflammation of the lining of the arteries and plaque formation.

Importantly, many solid scientific studies have shown a mechanistic, causal effect of elevated insulin and leptin on heart and vascular disease, whereas almost all studies with cholesterol misleadingly only show an association. Association does not imply cause. For instance, something else may be causing lipid abnormalities such as elevated cholesterol and triglycerides, and also causing heart disease.

This "something else" is improper insulin and leptin signaling. Similarly, sugar does not cause diabetes; sugar is just listening to orders. Improper insulin and leptin signaling is the cause of diabetes. Likewise, cholesterol does not cause heart disease, but improper metabolic signals including improper signals to cholesterol (causing it to oxidize) and perhaps to the liver that manufactures the cholesterol, will cause heart and vascular disease and hypertension.

Removing cholesterol will do nothing to improve the underlying problems, the real roots of chronic disease, which will always have to do with improper communication, and the generals of metabolic communication are insulin and leptin. They are really what must be treated to reverse heart disease, diabetes, osteoporosis, obesity, and to some extent aging itself.

Cholesterol; Wrongly Accused?

Before we can begin to talk about the real cause and effective treatment for heart and blood vessel disease, we must first look at what is known, or I should say what we think we know. The first thing that comes to mind when one hears about heart disease is almost always cholesterol. Cholesterol and heart disease has been almost synonymous for the last half-century. Cholesterol has been portrayed as the Darth Vader to our arteries and our

heart.

The latest recommendation given by a so-called panel of "experts" recommends that a person's cholesterol be as low as possible, in fact to a level so low they say it cannot be achieved by diet, exercise, or any known lifestyle modification. Therefore, they say cholesterol-lowering drugs; particularly the so-called "statins" need to be given to anyone at high risk of heart disease. Since heart disease is the number one killer in this country that would include most adults and even many children. The fact that this might add to the \$26 billion in sales of statin drugs last year I'm sure played no role in their recommendations.

Or did it?

Expert Conflict of Interests

Major consumer groups think so. They found out that eight of the nine "experts" that made the recommendations were on the payroll of pharmaceutical companies that manufacture those drugs. Major scientific organizations have chastised medical journals for allowing the pharmaceutical industry to publish misleading results and half-truths. There is a major push under way to force the pharmaceutical industry (and others) to publish results of all of their studies, and not just the ones that appear positive. The studies that showed negative results would be forced to be published also.

It could be that lowering cholesterol might not be as healthy as we are being told. More and more studies are coming out showing just how unhealthy lowering cholesterol might be, particularly by the use of statin drugs. In particular, statin drugs have been shown to be harmful to muscles causing considerable damage. A common symptom of this damage is muscular aches and pains that many patients experience on cholesterol-lowering drugs, however most do not realize that these drugs are to blame.

Hmm...isn't the heart a muscle?

Statin Drugs Actually Increase Heart Disease

Indeed, low cholesterol levels have been shown to worsen patients with congestive heart failure, a life-threatening condition where the heart becomes too weak to effectively pump blood. Statin drugs have been shown to also cause nerve damage and to greatly impair memory. One reason that statin drugs have these various serious side effects is that they work by inhibiting a vital en-

zyme that manufactures cholesterol in the liver. However, the same enzyme is used to manufacture coenzyme Q10, which is a biochemical needed to transfer energy from food to our cells to be used for the work of staying alive and healthy.

Statin drugs are known to inhibit our very important production of coenzyme Q10. Importantly, while many cardiologists insist that lowering cholesterol is correlated with a reduction in the risk of heart attacks; few can say that there is a reduction in the risk of mortality (death). That has been much harder to show. In other words it has never been conclusively shown that lowering cholesterol saves lives. In fact, several large studies have shown that lowering cholesterol into the range currently recommended is correlated with an increased risk of dying, especially of cancer.

No Such Thing as Good and Bad Cholesterol

Because the correlation of total cholesterol with heart disease is so weak, many years ago a stronger correlation was sought. It was found that there is so-called "good cholesterol" called HDL, and that the so-called "bad cholesterol" was LDL. HDL stands for high-density lipoprotein, and LDL stands for low-density lipoprotein. Notice please that LDL and HDL are lipoproteins — fats combined with proteins. There is only one cholesterol. There is no such thing as a good or a bad cholesterol. Cholesterol is just cholesterol. It combines with other fats and proteins to be carried through the bloodstream, since fat and our watery blood do not mix very well.

Fatty substances therefore must be shuttled to and from our tissues and cells using proteins. LDL and HDL are forms of proteins and are far from being just cholesterol. In fact we now know there are many types of these fat and protein particles. LDL particles come in many sizes and large LDL particles are not a problem. Only the so-called small dense LDL particles can potentially be a problem, because they can squeeze through the lining of the arteries and if they oxidize, otherwise known as turning rancid, they can cause damage and inflammation. Thus, you might say that there is "good LDL" and "bad LDL." Also, some HDL particles are better than others. Knowing just your total cholesterol tells you very little. Even knowing your LDL and HDL levels do not tell you very much.

A mistake that is rarely made in the hard-core sciences such as physics seems to be frequently made in medicine. This is confusing correlation with cause. There may be a weak correlation of elevated cholesterol with heart attacks, however this does not mean it is the cholesterol that caused the heart attack. Certainly gray hair is correlated with getting older; however one could hardly say that the gray hair caused one to get old. Using hair dye to reduce the gray hair would not really make you any younger. Neither it appears would just lowering your cholesterol.

Perhaps something else is causing both the gray hair and aging. Even if elevated cholesterol were significant and heart disease (which I question) perhaps something else is causing the elevated cholesterol and also causing the heart disease.

Let's look little more at cholesterol or, as Paul Harvey was fond of saying, "the rest of the story." First and foremost, cholesterol is a vital component of every cell membrane on Earth. In other words, there is no life on Earth they can live without cholesterol. That will automatically tell you that, in of itself, it cannot be evil. In fact it is one of our best friends. We would not be here without it. No wonder lowering cholesterol too much increases one's risk of dying. Cholesterol also is a precursor to all of the steroid hormones. You cannot make estrogen, testosterone, cortisone, and a host of other vital hormones without cholesterol.

Cholesterol Is The Hero, Not The Villain.

It was determined many years ago that the majority of cholesterol in your bloodstream comes from what your liver is manufacturing and distributing. The amount of cholesterol that one eats plays little role in determining your cholesterol levels. It is also known that HDL shuttles cholesterol away from tissues, and away from your arteries, back to your liver. That is why HDL is called the "good cholesterol;" because it is supposedly taking cholesterol away from your arteries. But let's think about that.

* Why does your liver make sure that you have plenty of cholesterol?

* Why is HDL taking cholesterol back to your liver?

* Why not take it right to your kidneys, or your intestines to get rid of it?

It is taking it back to your liver so that your liver can recycle it; put it back into other particles to be taken to tissues and

cells that need it. Your body is trying to make and conserve the cholesterol for the precise reason that it is so important, indeed vital, for health.

One function of cholesterol is to keep your cell membranes from falling apart. As such, you might consider cholesterol your cells "superglue." It is a necessary ingredient in any sort of cellular repair. The coronary disease associated with heart attacks is now known to be caused from damage to the lining of those arteries. That damage causes inflammation. The coronary disease that causes heart attacks is now considered to be caused mostly from chronic inflammation.

What Is Inflammation?

Think of what happens if you were to cut your hand. Within a fraction of a second, chemicals are released by the damaged tissue to initiate the process known as inflammation. Inflammation will allow that little cut to heal, and indeed to keep you from dying. The cut blood vessels constrict to keep you from bleeding too much. Blood becomes "thicker" so that it can clot. Cells and chemicals from the immune system are alerted to come to the area to keep intruders such as viruses and bacteria from invading the cut. Other cells are told to multiply to repair the damage so that you can heal. When the repair is completed, you have lived to be careless another day, though you may have a small scar to show for your troubles.

We now know that similar events take place within the lining of our arteries. When damage occurs to the lining of our arteries (or even elsewhere) chemicals are released to initiate the process of inflammation. Arteries constrict, blood becomes more prone to clot, white blood cells are called to the area to gobble up damaged debris, and cells adjacent to those damaged are told to multiply. Ultimately, scars form, however inside our arteries we call it plaque. And the constriction of our arteries and the "thickening" of our blood further predisposes us to high blood pressure and heart attacks.

So Where Might Cholesterol Fit Into All Of This?

When damage is occurring and inflammation is being initiated, chemicals are being released so that that damage can be repaired. One could speculate that to replace damaged, old and worn-out cells the liver needs to be notified to either recycle or manufacture cholesterol since no cell, human or otherwise, can be made

without it. In this case, cholesterol is being manufactured and distributed in your bloodstream to help you repair damaged tissue and in fact to keep you alive.

If excessive damage is occurring such that it is necessary to distribute extra cholesterol through the bloodstream, it would not seem very wise to merely lower the cholesterol and forget about why it is there in the first place. It would seem much smarter to reduce the extra need for the cholesterol — the excessive damage that is occurring, the reason for the chronic inflammation.

So Why Take Cholesterol-Lowering Drugs?

The pharmaceutical companies thought that you might think that. They went back to the drawing board. They did more "research" and found (coincidentally) that statin drugs had anti-inflammatory effects. Therefore we're currently being told to stay on our cholesterol-lowering drugs because now they work by reducing inflammation and perhaps not even by reducing cholesterol, and in fact perhaps in spite of it. Aspirin reduces inflammation for a lot less money. So does vitamin E, and fish oil, and dietary changes without the dangers of drugs and having many other benefits instead.

What About Triglycerides?

Triglycerides are just medical terminology for fat. A person with high triglycerides has a lot of fat in the bloodstream. Triglycerides are generally measured when a person has fasted overnight. High fasting triglycerides are either from manufacturing too much, or using (burning) too little. In other words, what high triglycerides are telling you is that you are making too much fat and you are unable to burn it. This indeed is a major problem. The inability to burn fat underlies virtually all of the chronic diseases of aging, and in fact may contribute to the rate of aging itself.

As such, one might think that the control all fat burning and storage might be very important in heart disease, and the other diseases of aging such as diabetes, obesity, osteoporosis, and even cancer. Indeed, this appears to very much be the case. The two hormones that to a major extent control our ability to burn and store fat, insulin and leptin, appear to play a major role in all of the chronic diseases of aging. I would call them the most important hormones, indeed chemicals in the entire body. But that is a story for next time.

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Continued from page 2

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