

# The Hypoglycemic Health Association

# NEWSLETTER

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

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

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

Volume 21, Number 3

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

December, 2005

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

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

**Webmistress:** Amitee Robinson ([web@hypoglycemia.asn.au](mailto:web@hypoglycemia.asn.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.

Xmas has arrived again. Come to the meeting one hour earlier (1 pm) to join our Xmas party. Bring a present not exceeding \$5 for either 'female' or 'male', and enjoy a chat. **See page 2.** You will notice that we have extended the expiry date to 28 February, upon the advice received from our Auditor. The number of members is dwindling, no doubt due to the availability of information about hypoglycemia on the internet. Members are encouraged to get their friends to join the Association. Professional practitioners who receive a hard copy of this Newsletter are asked to forward an email to [jurplesman@hotmail.com](mailto:jurplesman@hotmail.com) to be placed on the email list. This will save considerable expenditure to the Association. Although the concept of hypoglycemia - affecting various illness, including mental health - is gaining recognition in the helping industry, we still have a long way to go to have this accepted by government and its instrumentalities

Our Next Public Meeting will be at 2.00 PM  
on Saturday, the 3 December 2005  
at **YWCA**

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

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

who will be speaking  
on the subject of

**"Weight Loss and  
Hypoglycemia"**

**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.**

## Christmas Party

Our next meeting at the YWCA, 5-11 Wentworth Ave, Sydney will start one hour earlier at 1 pm on 3 December 2005, to celebrate our Super Christmas Party.

Please bring along a plate of sugar-free foods. **Presents:** The Committee asks everyone to participate in the Lucky Dip. Bring a wrapped present worth about \$5.00 with you and mark it "male" or "female". These will be placed in special bags as presents to your fellow members. If you don't you will not be disappointed!!

There will be presents for kids, and they are welcome.º

### 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

**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.

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.

### Raffles won

At the meeting on the 6 August 2005, Noeline Warland won the lucky door prize. The raffle was won by Lotus Cavagnino.

### 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**

## NEWS FROM THE KOGARAH SUPPORT GROUP

Discussion Group meets three times a year, on the third Saturday in February, June and October. Everyone has the opportunity to bring up any problems they may be having with the diet. Ideas are often brought along, about products suitable for the diet (and where to buy them).

At our last meeting Beverley brought in a variety of pamphlets from Freedom Foods, about various health problems, as well as a list of their products. They have quite a variety of products, amongst

which are a range of biscuits with no added sugar, dairy-free, nut-free, yeast-free. However fruit and fruit juice are used to sweeten, so eat in moderation. **HANDY TO TAKE IF YOU ARE GOING VISITING.** They appear regularly on the refreshment table at our City Meetings.

**SUPPORT GROUP MEETING DATES FOR 2006** - Saturdays 18th FEBRUARY, 17th JUNE, 21st OCTOBER at 1.30pm in Dr Samra's rooms at Kogarah.

For further information **RING JEANETTE - 9525.9178 or LORRAINE - 9520.9887**

## Report by Treasurer Sue Litchfield

-The good news.

During the past few months there has been a few changes made. As you are aware we now have a new Accountant Michael Pendlebury He has suggested in order to make it easier for him that we change the renewal date for our subscription. This has been unanimously been agreed by the committee

**PLEASE NOTE THAT ALL SUBS ARE NOW DUE**

**1/03/2006 NOT 1/12/2005**

Everyone now has an extra few month's subscription for free. Please note that all expiry dates are now put forward from 31/12/2006

---->Page 11

# BLOOD SUGAR MANAGEMENT IN MENOPAUSE

by

Dr George Samra MB, BS(Sydney), FACNEM

Menopause is a point in time when periods stop. 90% typically stop at the age of 45 and 55.

Menopausal issues are very hard for women, because of the slow down of a lot of different hormones. The two main hormones that change in menopause are the cessation of oestrogen and progesterone to very low levels.

This manifests in different ways; some women get hot flushes, some get personality changes, they may feel less feminine, the skin loses some of its thickness. Deficiency makes the breast less full, the vagina dry and reduces sex drive.

Other hormones also diminish in the menopause. Growth hormone is lower. Growth hormone is involved in physical strength and stamina, as can be seen in athletes who inject with growth hormones to give them some advantage.

Other hormones that diminish in menopause include cortisol, which is a stress or coping hormone. It is harder to cope with stress if you don't have enough cortisol. When people do have stress this hormone rises. In fact synthetic cortisol is used for lots of different conditions; in asthma attacks you may get a shot of prednisone or other versions of synthetic cortisol.

People with a swollen knee may get a cortisone injection, which is synthetic cortisol. Therefore hav-

ing lower levels of these hormones does disadvantage people.

**DHEA** or dehydroepiandrosterone is involved with drive and motivation, and indirectly with energy. There is also a decrease in the production of the hormone aldosterone, which can be considered a fluid and salt balancer in the body. People can start to feel more wonky, blood pressure fluctuations are more likely to occur in meno-

pause with diminished hormones levels.

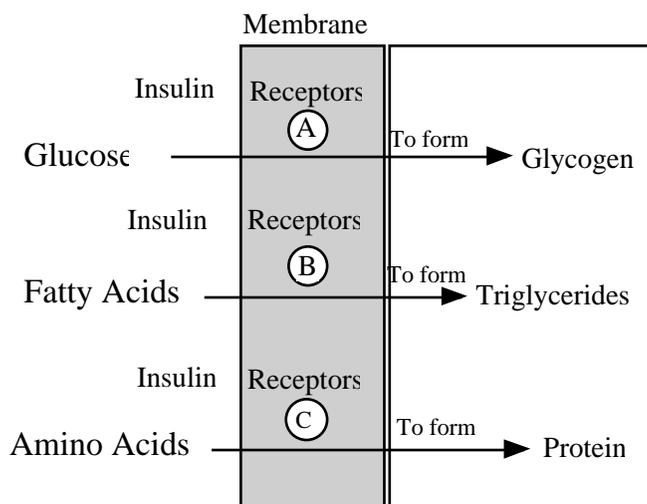
Most of these have been diminishing even from the age of 30. Oestrogen and progesterone diminish suddenly at menopause.

## Menopause and blood sugar levels

There is no difference in menopause with hypoglycemia inci-

**FIGURE 1**

### INSULIN FACILITATES TRANSPORT ACROSS MEMBRANES



**Note:** Insulin secretion is most responsive to rising levels of glucose

Insulin binds to a receptor on the cell membrane allowing the entry of glucose into the cells to form glycogen, fatty acids to form triglycerides, and amino acids to form protein.

Insulin is an anabolic hormone. At the same time it inhibits CATABOLIC processes.

dence. Those who are hypoglycemic when they are 25, are probably hypoglycemic when they are 45 and 50. If they are not eating sugar and have a sensible diet they will feel quite well.

The hypoglycemic patients who eat a lot of sugar are the future maturity onset diabetics. We are more interested in preventing diabetes. Once you have diabetes you are at a greater risk of going blind, including accelerated cataract formation, arterio-poliferation of the retina. People with diabetes have a greater risk of vascular problems, possibly losing their toes and feet. Thus we need to be more concerned about preventing diabetes.

There is such a thing as **Syndrome X**. My good friend Sandra Cabot wrote a book on this topic and this is really what prediabetes is all about. It is also known as hyperinsulinism. Prior to maturity onset diabetes insulin resistance occurs and people have high insulin levels in their blood.

The fasting insulin can be measured easily. There are definitions of what hyperinsulinism is. People below 10 µU/ml on fasting insulin are normal. There is a grey area between 10 -15, and people above 15 µU/ml have insulin resistance or hyperinsulinism. Thus they have too much insulin when they are fasting.

The question is how is it that you have high insulin when you are pre-diabetic, and yet diabetics are supposed to have low insulin. The point is that within body cells, insulin resistance has occurred. All body cells need nutrients and the main nutrient in the body is glucose. It can fuel every single cell in your body, but other nutrients are needed as well. Insulin facilitates the passage of glucose into cells. On the cell membranes itself there are receptors for insulin and they become resistant or blind to insu-

lin. They stop recognizing it. You need higher and higher levels of insulin to get the glucose into the cell. Thus this is a pre-diabetic situation. There are problems with high levels of insulin. This is because insulin is an anabolic or building hormone. Other nutrients such as free fatty acids and amino acids are also pushed into the body cells by insulin.

#### **Refer to Figure 1.**

If you have too much insulin it is pushing too much of these nutrients into the body cells. The free fatty acids are made into triglycerides and other fats, amino acids will be making proteins and you can even get muscle increases. However the fat side is the biggest negative.

There is a point at which you can arrest the diabetes progressing. This is thus the warning phase: the high insulin levels and you may have been hypoglycemic for many years before, whether you were aware of it or not. Some people can get to that stage without being hypoglycemic. They could be large sugar consumers or grossly overweight. And they too can potentially become diabetic.

If you have insulin resistance at the receptors sites of cells, you need to be able to undo this resistance. The single mineral that helps you most is to supplement your body with **chromium**. Unfortunately, commercial chromium is often derived from yeast and not suitable for most of my patients with a yeast issue. You also need to supplement with **zinc** 30 mg per day, **vitamin B6** and **B complex** at about 50 mg of each of the B vitamins and **selenium** about 100 mcg. You may need some **vitamin E** as well, approximately 500 IU per day.

There are some commercial products that have these nutrients in fairly good dosages. You need to

look at labels.

#### **Natural Treatments for Menopause**

*We find omega 3 and 6 fatty acids in fish oil, in Linseed oil and even in Evening Primrose Oil (EPO) are probably the first line attack for menopausal symptoms.* They are good for arthritis, but are also good for promoting prostaglandins 1 and 3. These are anti-inflammatory prostaglandins. The protective effects of oestrogen is missing in menopause.

Evening Primrose Oil (EPO) has been used in PMT and hot flushes. Plant hormones are particularly good for balancing menopause without using synthetic hormones.

**Promensil** is produced from Red Clover, and **Remifemin** is mostly a soya based product; and **Sage** and **Black Cohosh** can all be used to treat menopausal symptoms. You do not need to use all of them, but you can use anyone of them. None of them are dangerous.

**Hormone Replacement** is another aspect of the management of menopause. There are two classifications with nutritional doctors. We classify them into the natural hormones, which we prefer, as they are derived from plants and are bio-identical to human hormones. You can have patches made of them or capsules. You can also get them in the form of troches, which probably is the most popular form with natural doctors. You can prescribe any combination of hormones into these troches and these are sucked, not swallowed. The advantage of troches is that you can adjust them. If somebody still has flushing we can put more oestrogen in them. If you are cranky we can increase the progesterone. If there is no libido you can add some testosterone in the troche. Troches are gentle on liver.

Natural hormones is a big topic in modern current medicine. There are now many compounding chemists and the numbers are multiplying exponentially. There was one only five years ago, there are now about thirty of forty in Sydney.

### **Synthetic hormones**

Equine hormones are also used to treat menopause. Recently the equine hormones such as Premia, Ogen and Premarin have been associated with a slight increased risk of breast cancer in menopausal women. Certainly in the first three years of taking these hormones there is no significant increased risk. Another reason for taking these synthetic hormones is that they protect you from osteoporosis or accelerating the osteoporotic process.

### **Importance of Total Hormone Balance**

Hormones do interact with each other and this is related to your blood sugar levels. People with high level of cortisol will increase their blood sugar levels. This is the same with adrenaline that also increases blood sugar levels. If you can get your hormones in balance this could protect you against diabetes.

Diet is also important. The hypoglycemic diet works for the overall hormonal balance we have been talking about. This consists of six small meals a days, every two and half hour, avoiding sugar pretty strictly and having a protein breakfast. This will help the hypoglycemic and the diabetic to function better. See **Table 1**.

The person with syndrome X will stop being a diabetic risk. They will lose the hyperinsulinism if they take the natural supplements including chromium, zinc, selenium and the B vitamins that we mentioned, plus get on a proper hypoglycemic diet.

### **Table 1 Diet Rules**

In recent times there has been a dramatic increase in the consumption of sugar. This is believed to account for the increased incidence of diabetes as well as Hypoglycemic Disease. Treatment of Hypoglycemic Disease aims to prevent, in the short term, moodiness, depression and other hypoglycemic symptoms; and in the long term prevent diabetes and its complications.

*Diet rules are -*

1. No sugar or sweet foods
2. No alcohol
3. No white - bread
4. -Spaghetti
5. -Rice
6. Patient must eat a small meal at least every 2 1/2 hours
7. Eat a Protein Breakfast - must include fish, chicken, minced meat, eggs or tofu (minimum 60 grams)
8. Two pieces of fruit limit (eaten with or next to meal)

*A dietary record is kept by the patient and this is carefully scrutinised by the clinician at each visit. When night waking is present glycerine at bedtime usually gives excellent results.*

*Hypoglycemic patients should take the following supplements - Vitamin C, Vitamin B3 (in the amide form), Vitamin B6 and zinc. For patients with a history of alcohol abuse, Vitamin B1 is added; those with a history of drug addiction require more Vitamin C.*

It is also important that one needs to lose weight to protect oneself from diabetes. Much of the insulin resistance occurs at the fat cells in your body. You need a little will power to lose weight and to do some exercises. This is another aspect of managing the insulin resistance. You have to use your machine, it is your body, which needs to burn up fuel and needs daily regular usage.

Another aspect is that you need to lower your cholesterol hopefully by natural means. In the last Newsletter we had some negative articles on the use of statins. Lower cholesterol could be achieved by using natural products such as oat bran, vitamin B6 and vitamin C in high dosage. There are fibre products such as policosanol derived from the sugar cane bark that can

lower LDL cholesterol in some people. Bran fibre also works. The famous product that made Dr Kowalski who was an engineer and not a medical doctor publicized was the oat bran diet. You take three table spoons of oat bran every day. It has a neutral taste that can be put into cereals and soups and helps to drag out cholesterol.

Other things that have a role in the management of blood sugar in menopause include products such as **Manatech Ambrotose**. This has been promoted as a good remedy for people with chronic illnesses and chronic fatigue. It does not suite everybody, but helps most people. Unfortunately it is expensive. It seems to improve insulin resistance. It contains 8 essential monosaccharides or simple sugar units, mostly derived from **Aloe**

**Vera.** It includes such things as *fructose, xylose, mannose*. These glyconutrients seem to improve the messages that are on every cell membrane. Every cell has a protein and a lipid membrane. On that membrane cells can communicate and identify other cells. Your white cells need to use all of these markers or clues to know where they are going, to know what they are fighting, to know where to arrive to fight infection and disease.

*Manatech Ambrotose* is supposed to supply those essential 8

monosaccharides in sufficient dosage so that your cells communicate better, the white cells are better soldiers, your hormone production in your brain, ovaries and in adrenal glands will possibly be improved.

### **Noni Juice**

It is known as wonderful fixer of diabetes and chronic fatigue and hypoglycemia. It may help people to improve half a notch if they go on regular Noni Juice.

There is another proprietary product, *Juice Plus*, was a fa-

voured supplement with Dr Katrina Watkins. They are in the form of four capsules that you can consume in one day giving you the equivalence of about 4 kilograms of fruit and vegetables.

In **summary**, blood sugar management in menopause aims to control symptoms of hypoglycemia and syndrome X, which is a pre-diabetic condition and also at the same time prevent going to the next stage which is diabetes.

### **This is a letter sent by Elizabeth Love to:**

Mr Tim Phillips  
Director of Aged Care

Re: Care for Mrs Margaret  
Goninon

Dear Mr Phillips

Further to your discussion at Carramar Church of Christ on Sunday 19th June 2005 with my stepfather, Geoff Goninon I would like to draw to your attention the desperate plight facing both him and my mother, Margaret in the event that they have to go into a hospital or into care, as we are aware of absolutely no facility where she or anyone suffering with Absolute Hypoglycaemia can be cared for adequately, apart from at home with family and paid carers.

According to Dr George Samra and others "Hypoglycaemia is an ill understood but common condition affecting over 4% of the population..... literally billions of dollars can be saved for the community in health costs and in rehabilitation and law enforcement. The human cost in

suffering with depression, fatigue, anxiety and despair compounds the total picture."1

From what Geoff has been told by a doctor it appears that the AMA does not recognise Absolute Hypoglycaemia as a medical condition on its own and will not condone the use of special diets that have been demonstrated to work for many Hypoglycaemic sufferers. It is different to Diabetes in that the pancreas is not working optimally and it results in high and then abnormally low blood sugar levels.

The only qualified medical doctor who has successfully treated Margaret is Dr George Samra MB BS ACNEM, who has a practice in Kogarah, NSW. After Margaret had a stroke in 1998 and subsequent epileptic seizures, there were 17 months of unsuccessful treatment at two major Sydney hospitals, with over 30 doctors and 2 neurologists. This only resulted in totally unacceptable results – uncontrolled seizures, extreme dermatitis, confusion, depression, panic attacks, anxiety attacks and generally uncharacteristic behaviour. When Geoff was absolutely at his wit's end he happened to come upon Dr Samra's first book (he considers this an answer to

prayer) on a second hand book stall. He immediately recognised Margaret's symptoms and arranged an appointment that day. Within hours of changing to the diet recommended and particularly after eliminating all refined sugars to begin with, there was a marked and improved change in Margaret's mood and behaviour.

Over the last 5 years we as a family we have seen the dramatic results obtained for Margaret's health by following the dietary principle laid out by Dr Samra. Only when there is a deviation from the strict regime has there been a marked deterioration in her condition. This was borne out particularly strongly when earlier this year she had a seizure and was admitted to Fairfield Hospital. In spite of assuring Geoff that her diet would be maintained in hospital (ie no sugar or added sugars, no wheat products), he arrived the next morning to find her finishing off a bowl of Weetbix with white sugar and a juice. When confronted, the staff were more than rude, accusing him of asking them to do something illegal by asking them to follow the dietary guidelines laid down by Dr Samra for people suffering from Absolute Hypoglycaemia!

Backed up by the family, I wrote several letters to various members of parliament and to the hospital expressing our displeasure at his treatment and implying our wish that more could be done in the public system to assist people with his dilemma. The replies were more or less the standard politician's replies with a token apology from Fairfield Hospital, but reiterating that in their opinion, Margaret was being cared for adequately by regular mainstream hospital dietary protocol.

I am writing to you in desperation, as there is nowhere that Geoff and Margaret can go for respite, or for medical treatment, without Margaret's condition worsening. If we can convince just one Aged Care Facility that many elderly people could have a far better quality of life by trying a not particularly radical diet (in essence it is a modified Diabetic diet, no refined sugars, more protein in the form of fish, cheese, chicken and eggs, and more complex carbohydrates, taken at 2-2\_ hourly intervals) it would mean so much to us and to others. And if this could be done in a Christian facility, Margaret and Geoff would be absolutely over the moon with thankfulness.

So would you please consider giving your support to the implementation of dietary protocols following guidelines proposed by Dr George Samra (see reference in footnote), for anyone being admitted, where they know they have a form of Hypoglycaemia, so that they can enjoy an optimum quality of life when in care. I can assure you it will make for a happier and more harmonious staff and patient mix and save the community many thousands of dollars in the long run.

Yours truly,  
Elizabeth Love  
Date: 26 July 2005

1)Samra, George **The Hypoglycemic Connection II**, January 2003 ed, ISBN 0 9750404 "Introduction to the 2nd Edition"

## **Beating the Impending Attack on the Health Industry (IN UNITY THERE IS STRENGTH)**

*Written by Tony Pitt from United Australia*

Editor's Note: The views expressed in this article are not necessarily the views of the Association

Source:  
<http://www.ahf-au.org/ahfa.news.31.08.05.htm>

We know, from Europe, how the CODEX agenda works and how the attack will be carried out.

The government has already agreed to CODEX - even if they say they haven't.

The latest Australian Quarantine Investigation Service bulletin refers viewers to their CODEX implementation website. That is proof that CODEX is to be in force.

We can assume, from the Europe experience, what is involved. The government will agree to a World Health Organisation initiated "regulation" of health products to "protect" us.

Any herb, vitamin, mineral, enzyme or supplement above the Minimum Recommended Daily Dose will be declared a DANGEROUS DRUG. As such it can only be supplied on prescription by an "authorised" medical practitioner, from an "accredited" pharmacy, and made by an "approved" manufacturer.

All health products, declared illegal/dangerous, will be seized, creating an artificial "shortage" that can only be alleviated by the "Multinational" (foreign owned) manufacturer, at their

price, in their good time. They will hold off until the sick (getting sicker) will pay any price.

We know the Therapeutic Goods Administration (TGA) will target and raid the big and the small.

We know the government, with their lap-dog media, will do the old "publicity stunt" to manufacture "public opinion" to justify prosecuting practitioners for "endangering" public health.

A "stooge" will seek some innocent supplement like Vitamin C and suddenly "feign" numerous symptoms. The Vitamin C made him giddy, faint and disorientated, gave him diarrhoea, brought him out in a rash, triggered headaches and initiated a burning sensation in his hip pocket nerve for "compensation". This in turn caused a fire in the hip-pocket of the Multi-national owned law firm of Sleazy Solicitors Limited.

The Minister for Health, responsible for topping up the coffers of World Drug Lords will proudly claim a great victory for public health.

The TGA goons will destroy tens of millions of dollars worth of perfectly good and safe health products WITHOUT any compensation.

People, genuinely concerned at the injustice, the exploitation by monopoly, and the 600% to 1,000% price (and much bigger profit) rises will still make backyard health products. These will be targeted by the TGA goons. The health industry will become a sporting field as the goons will spy, confiscate and prosecute to justify their existence.

The Multinationals will compel tame government to use the RULE OF LAW to persecute the people so the International Drug Pirates can have the whole health field to themselves.

THAT IS THE BAD NEWS -

The good news is that we have some laws to protect us IF WE HAVE THE COURAGE TO USE THEM and the brains to disseminate the information needed to empower potential victims of the HEALTH SCAM to get together to fight the Greedy Giants.

We need to educate health practitioners as to what laws are there for their protection. We need a loose MUTUAL PROTECTION ALLIANCE that cannot be taken over from within to misdirect us.

The internet and email provides us with rapid communication to mobilize forces but we need a battle plan:

We need teamwork and networking to get information out. Every practitioner has his/her own list of suppliers and customers, all of whom are potential victims. It costs nothing to email 100 customers and 50 suppliers with information and a request that they do likewise.

We need to get advice on the laws we know will protect us and we need to call on others who have more extensive knowledge, experience and research facilities. We need these to disseminate their information so it can be made available Australia wide and even World Wide (NZ is in for CODEX too).

### **WHAT LAWS?**

Common Law gives us the right to do anything we wish provided it does not interfere with the rights of others. Common Law takes precedence over Entrenched Law (which is superior to The Monarch and Constitutional Law (which are superior to Commonwealth Law), which is superior to State Law (but only in matters specifically mentioned in Para. 51 of the Australian Constitution). Health is a Commonwealth responsibility by Para. 51.

Entrenched Laws are those put in place to govern the behaviour and limit the power of government, public service and the judiciary. These cannot be amended or re-

pealed by the Parliament or the Monarch. They are OUR safeguards. They may have fallen into misuse but they are still Enactments in Force in all states and federally. We must recall and use them. For any who doubt their existences ask for a copy of "Australia has FOUR Bills of Rights today".

### **ASPECTS OF LAW**

The government, police and public service cannot seize any private property without a court order unless it is stolen or tainted. That is what the courts are for – to administer DUE PROCESS.

The government, police and public service can't enter (trespass) UNLESS YOU FALL FOR THE TRAP of inviting them in. REFUSE any such "request". They cannot conduct any search without a Search Warrant. You can use "reasonable force" to evict ANY trespasser (even police). Any doubters – Ask for a copy of Dillon v Plenty HC 91.

You do not have to answer ANY QUESTIONS other than to provide your name and address. You don't have to go to a police station to be interviewed. If you have committed a crime – to get you there legally they MUST ARREST YOU. Wrongful arrest is a CRIME so they tread warily when harassing the innocent.

There are few tribunals, commissions, etc that are legally constituted courts. Most do not have the power to conduct trials or impose penalties because they do not fulfill the requirements of a court where RULES OF EVIDENCE apply. Be aware that you do not blindly accept any forum other than a properly constituted Federal court.

Only they can hear court cases and BE FULLY AWARE that IN ALL CASES OF CRIMES AGAINST THE COMMONWEALTH the trial MUST BE BY

JURY because the Constitution states:

"Para 80. The trial on indictment of any offence against any law of the Commonwealth shall be by jury, and every such trial shall be held in the State where the offence was committed, and if the offence was not committed within any State the trial shall be held at such place or places as the Parliament prescribes."

The seizure of all PAN products was illegal. The power to seize property is limited by Para. 51 of the Constitution which states:

"Para 51 (xxxi.) The acquisition of property on just terms from any State or person for any purpose in respect of which the Parliament has power to make laws."

The PAN matter may be past but it remains unfinished. All who conducted unwarranted search, trespass or seized property, are personally liable.

### **THE REAL GAME**

The Multinationals want the whole cake. Any who compete against their monopoly MUST BE DESTROYED. The Hegelian tricks they use are getting monotonous because they are too regular. They are: Introduce a threat to the public. Recall all goods in every state. Take them off the shelves. Bankrupt the company. Trash the shares. Buy up the company.

Remember the old Chinese saying – "You rob me once. Shame on you. You rob me twice. Shame on me."

### **LEARN FROM THE PAST**

If every health practitioner and supplier waits until the TGA attacks us INDIVIDUALLY they will prevail because they pick us off ONE-BY-ONE.

The best form of defence is ATTACK. The best form of attack is

SURPRISE. Surprise requires that we pick the time, place and method. To win we must choose an issue that will catch them with their pants down, vulnerable and looking stupid. There are plenty of STOOPIES by TGA. BUT we must choose one that will fire EVERY sane Australian with ZEAL to get the TGA STOOPIES. We can create an issue that is so grotesque that even the gutless, brainless ministers of the ALP/Dem/Lib/Nat/Greens will want to distance themselves from the stink of TGA UNDER ATTACK.

### **TGA/HEALTH OFFICERS ARE GUILTY OF MAN SLAUGHTER**

In their zeal to help the Multinationals profit from total control of the sale of health products they have attacked and hounded men like Dr Holt (driven from Victoria to WA). They have forced the Rife machine over to New Zealand BUT- worst-of-all they have not allowed Cansema to be used to cure Melanomas. That is their Achilles heel.

### **HERE IT IS**

One application of ointment - Wash it off after 24 hours - and BLOOIE - the Melanomas is dead and gone. The Cansema is not a total irritant in that it did not attack or destroy healthy tissue. It only hit the Melanoma (got it tentacles and all). Where the ointment is put on a non-melanoma there is slight reddening of the skin. This is not USA flim-flam. As I write Des Morrisson, (Nanango, Qld) is living through his first weeks of Cansema treatment. One application and the three melanomas he tried it on were dead and fell out. In his words, "It looks like I got hit with a Two Inch Mortar shell."

What sane Australian would back a bunch of bastards who suppressed this?

If we show how the TGA/

HEALTH industry MISUSES their powers, we will have credibility when we say they are conspiring to use CODEX to suppress natural cures UNTIL the Multinationals have a monopoly on supply of the cures.

You, having the facts, and being sickened at the sheer stupidity of the health bureaucrats, won't help - if you do not tell ALL OF AUSTRALIA.

As an ATTENTION GETTER - I am asking you to send this to everyone on your address list - ASKING them in turn to send it to everyone on their address lists.

A single wave attack might win the battle but only wave upon wave - while the enemy is in complete disarray - will win the war against bureaucracy gone mad and drug lords in a cash feeding frenzy. We need FOLLOW-UP attacks.

This is where the officers who seized property illegally are vulnerable. Obeying orders is NO EXCUSE (Nuremberg Trials - World Court - 1947). They wear the blame.

We cannot hope to get them all BUT if you hang one dead crow on a fence the others will stay away. We only need to destroy one strutting TGA goon COMPLETELY. If they dare to come back we destroy another.

### **PRACTICAL IMPLEMENTATION**

We identify every office of the TGA Australia wide. We send a writ to every C.E.O. (and board of management) requiring specific actions WITHIN 90 days. Every state has and Administrative Act which makes it mandatory for bureaucrats to reply within (in most cases) 28 days. Failure to reply is an offence. IN LAW failure to refute an allegation or accusation, AND failure to deny a liability or debt is also an admission of debt, guilt and/or liability.

### **SPECIFIC ACTIONS REQUIRED ARE:**

Make restitution for all PAN Pharmaceutical goods seized where there was no court order, no trial, no proof of guilt, and no genuine danger to public health.

Cease all trespass.

Cease all unwarranted search.

Cease all seizure of property without having JUSTIFICATION proved in a court of law.

Hand over all responsibility for initiating such actions to the police. It's their job.

Deliver to the Governor General a request for a Royal Commission into planned INDUSTRIAL SABOTAGE by Multinationals.

### **IT'S UP TO YOU**

"All that is needed for evil to triumph is that good men do nothing" said Edmund Burke. Will you send this out to warn others please?

From:

A.R.(Tony) Pitt, 79 Ferry Street, Maryborough Qld 4650 - 07 4122 1412

<http://www.users.bigpond.com/tonypitt/>

United Australia

### **Editor:**

I have just received some news from the Netherlands. An elderly Jewish person had been suffering from Post Traumatic Stress Disorder (PTSD) since the end of the last World War. He was a survivor of Auschwitz, where he lost the rest of his family.

A friend of his told him of The Hypoglycemic web site and suggested that he show the article about "Post Traumatic Stress Disorder and Hypoglycemia" to his psy-

**Continued ---> P 12**

# *Is Anger Management a Matter of Changing one's Attitudes?*

by  
Jurriaan Plesman BA (Psych) Post Grad Clin Nutr

Not so, when you realize that people with uncontrollable anger are producing too much adrenaline, when it is not needed.

If we mix an inherent tendency of overproducing adrenaline AND a negative self-image we have the full picture of a person that often has no control over their anger outburst. We often read news stories about people losing their cool and committing horrendous crimes for no apparent reason.

A person who recognizes: "Heh, there is something wrong with me, it is not me to act like that, I don't like what I am doing!!" is in a much better position to do something about his anger than those who have no insight into their anger at all.

## ***Why would a person overproduce adrenaline?***

Adrenaline is a hormone secreted by the adrenal glands upon the command from centers in the brain (hypothalamus). Its function is to convert glycogen stores in the body to glucose in readiness for quick action in case of danger or when a lot of biological energy is required for strenuous action.

Thus adrenaline is a pretty useful hormone. It makes sure that the brain and the muscles in the body get plenty of glucose when needed for action.

## ***Brain Energy Starvation***

The original signal comes from the pituitary, a master gland in the brain. Whenever the hypo-

thalamus senses that the brain is not supplied with appropriate amounts of glucose it will send an hormonal signal to the adrenals to pour adrenaline into the system.

This action is so fast that blood adrenaline levels can increase thousandfold in seconds. This is because the brain cannot tolerate any low blood sugar levels. It would die without glucose in minutes just as it would without oxygen. In fact the brain although only 2% of the body by weight requires about 80% of constant supply of available glucose as its only source of energy. This is regardless of whether we are asleep or awake!

The reason is that glucose is the universal source of biological energy. For the brain to produce serotonin - the happy hormone - from tryptophan, it has to change one set of molecules into another. This requires an inordinate amount of biological energy. Thus the brain is hungry for energy.

Now if a person has a problem supplying sufficient amount of glucose to the brain, it will start to rely on adrenaline to do so. Normally a slow acting hormone - glucagon from the pancreas - does this job. Thus a person with subnormal supply of biological energy to the brain is all too ready to use adrenaline to do the job.

## ***But why should a person have problems getting sufficient glucose to the brain?***

When we eat too much sugar in our life-time, receptors for insulin start to break down. Too much sugar (glucose) in our system tend

to cause unnecessary oxidation of tissues. The body reacts by shutting down the receptors for insulin. This is called ***Insulin Resistance***. The receptors fail to push glucose across cell membranes resulting in higher than normal blood sugar levels, but low energy reaching the inside of cell (mitochondria - the power house of cell). With rising blood sugar levels, the pancreas is triggered into secreting more insulin into the blood stream. This can result in a sudden descent or crash of blood sugar level and consequently brain energy starvation.

Hence, now we have a condition of **wildly fluctuating blood sugar levels**, going up and down like a yo yo. This is the forerunner of full blown diabetes (Type II). This causes the overproduction of stress hormones - mainly adrenaline and cortisol - playing havoc with our mental health. Most of the symptoms of mental illness are believed to be caused by excess stress hormones reacting to unstable blood sugar levels.

We will never control our anger outburst if we do not treat this abnormal metabolic condition giving rise to excess anger. Drugs won't treat the underlying causes and talk therapy may prove to be useless. This situation can be described as "the body controlling the mind". If we want our mind to control the body we need to treat the abnormal physical condition first.

The best treatment is going on a **Hypoglycemic Diet**, that will normalize insulin, blood sugar levels AND stress hormones.

Only after the physical treatment of our hormonal imbalance we can have a look how our negative self-image contributes to our uncontrollable moods and actions. The person may benefit from a course in psychotherapy with a view of changing a possible negative self-image.

## **Recipes by Sue Litchfield**

I am always getting requests for bread that is yeast, gluten and sugar free . Well I have finally come up with one. I use the **ORGRAN Easy Bake Gluten Free Bread mix** and what's more it is available at the major supermarkets in the health food section.

However I also do a few variations

NO 1 add when mixing

1/2 cup pepita seeds

1/2 cup sunflower seeds

After greasing and lining the pan sprinkle over a few sesame seeds

NO 2 add when mixing 1/4 teas Stevia

During last minutes of mixing add 1 cup sultanas

NO 2 add when mixing 1/4 teas Stevia if you like a sweet bread

During the last minute of beating add 1 cup Raisins

NO 3 For a spicy loaf add during mixing 1 teas cinnamon and 1/4 teas Stevia if you like a sweet bread

During last minute of mixing

add 1 cup chopped dates and 1/2 cup chopped pecans

NO 4 add during last minute of mixing add 1 cup chopped walnuts

I cannot see why almonds or any other nut could not be added

NO 5 add during mixing for a savoury loaf 1 teas dried rosemary and 1 clove crushed garlic I usually add 2 cloves as I love garlic and any herb of choice maybe used instead of the rosemary

### **Coconut IceCream with Oranges -Bananas**

1 jar Cream

2 egg whites

tip of spoon Stevia

OR

1 dess of fructose

1/3 cup coconut

whisk egg whites till very stiff.

Beat cream and Stevia/fructose till thick. Fold in coconut and egg whites. Freeze till frozen

To Serve

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

Bananas are also nice

### **Oat and Nut Slice From Lorraine Smith**

Preheat oven to 180 C.(160C, fan forced)

Sift together the following

115 g wholemeal S R flour

85 g rolled oats

15 g sunflower kernels

55 g chopped walnuts

1/2 teas baking powder

1/4 teas salt

1 tab carob powder(optional)

1/3 teas stevia

25 g soy flour

In a small bowl mix

80r melted margarine of choice

3 tabs rice syrup

1 beaten egg

add to the dry ingredients and mix to combine

Press mixture into greased foil lined slice tray mixture is sparse so spread evenly.

Bake in preheated oven for 10-15 mins or until lightly browned

Cut while still warm into about 16 fingers whilst still in tray

These freeze very well and maybe eaten still frozen

---

### **Sue Litchfield from page 2**

to 1/03/2007.

The past few months have been very hectic to say the least and also a big learning curve. I was at the Organic Expo held at Darling Harbour. A crowd of 4000 was expected. By 11.30 am that crowd had already passed through the gates. I sold a number of my new cook book. But the interesting thing was the number of people who stopped and read our Newsletter. Also I had a few pamphlets of "What is Hypoglycemia" and they disappeared like hot cakes. Then a month later I was at the ABC Gardening Show and handed out a very large number of the pamphlets. I must thank Lotus Cavagnino for her fantastic effort on handing out and speaking to

general members of the public. This is a wonderful way of getting our message across to the public of which we should be doing more of.

Up here at Miami high School an Organic fruit and vegetable market is held every Sunday I am going down there on a regular basis and will be again handing out pamphlets etc. Last weekend I met up with Jenny Moon who makes the Sunset Ridge Organics range of products. They are fantastic!!! All sugar (uses Stevia as the sweetener) preservative free and Organic. Included in her range is jams, tomato sauce, chutneys and fruit toppings, great with yoghurt and on top of ice cream

If anyone would like any more information about these products and their availability Jenny maybe

contacted on 1300556264 (toll free) or her mobile 0419388646

During September our very own Dr Samra was interviewed by Sky News he spoke about his book "The Allergy Connection" and during October I believe he will again be interviewed this time the topic will be about "The Hypoglycemia Connection II" Both these will and have been taped and I am organising for a showing at the start of the next meeting.

I am unable to attend the next meeting due to family reasons of which I must apologise.

So I wish you all very Merry Christmas and a Happy New year and am looking forward to catching up with every one at the AGM which will be held on 1st April 2006.

**Please Photocopy**

**HEALTH PROFESSIONAL'S DONATION FORM**  
(Please print neatly)

Name: .....

Profession: .....

Contact Number: .....

I wish to donate a cheque for \$ .....  
payable to the "Hypoglycemic Health Association of  
Australia."

Donations are tax deductible. Please forward my complimentary  
copy of Dr George Samra's current book:  
"THE HYPOGLYCEMIC CONNECTION II" to

Address: .....

Postal Code: .....

**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

**Geoff Goninon**

geoffgoninon@optusnet.com.au

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

**<---From page 9**

chiatrist. The psychiatrist put him  
on a hypoglycemic diet, plus the  
various supplements including  
fish oil, and the patient is doing  
very well. His insomnia and anxi-  
ety attacks are now a thing of the  
past.

**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 Associa-  
tion of Australia for its general  
purposes or the specific purpose of  
.....

.....per cent  
of my estate .

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

It isn't so much what's on the table  
that matters, as what's on the chairs.  
*WS Gilbert*

**Please Photocopy**

**THE HYPOGLYCEMIC HEALTH ASSOCIATION**

**P.O. BOX 830, KOGARAH NSW 1485**

**MEMBERSHIP APPLICATION**

**PLEASE PRINT**

**Surname:** \_\_\_\_\_

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

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

**Town/City:** \_\_\_\_\_ **Post code:** \_\_\_\_\_

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

**Membership**

**\$22.00 p.a.**

**Pensioner \$16.50**

**Life Membership**

**\$200**

**RENEWAL**

**New**

**member**

*Please  
Tick ✓*

**Occupation** \_\_\_\_\_

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

To receive Newsletters via email, please send an email to  
jurplesman@hotmail.com or to litch.grip@bigpond.com

**2006 MEETING DATES ON FIRST SATURDAYS  
OF APRIL - AUGUST - DECEMBER**