

The Hypoglycemic Health Association

NEWSLETTER

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

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Committee member:	Judith Ramm Geoff Goninon	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.

We want to thank Jeanette Bousfield and Lorraine Smith who have resigned from the Committee for personal family reasons. They have made valuable contributions to the Association and will continue to do so by leading the **Kogarah Support Group** that has been so helpful to many members. Please see information about the Support Group on page 2. We have now a new Secretary by the name of **John Natoli**, who has offered to print our Newsletters. If any member is willing to help out with the posting of Newsletters, please contact John Natoli at 02-8752-8500. The Managing Committee would still welcome new members, who feel they have something to offer to the Association.

Please note that due to financial difficulties we have altered the fee structure. First year membership has been increased, but the renewals have been decreased at a reduced rate by paying the fees for the next three years. Please see last page for details.

Members whose expiry dates show 28 February 2006 as shown on the envelopes should renew their membership fees as soon as possible.

It would be appreciated if professionals would let us know their email addresses, so that Newsletters can be sent out per email, thus saving us unnecessary expenses. They are also encouraged to make donations to the Association which are tax deductible!!

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 5 August 2006
at **YWCA**
5-11Wentworth Ave, SYDNEY
and our guest speaker is

Dr Chris Reading

who will be speaking
on the subject of

**"Mentally ill or metabolically
disadvantaged"**

Dr Chris Reading trained in geology, soil science, medicine and psychiatry. As a fellow of the Australasian College of Nutritional and Environmental Medicine he lectures to medical practitioners and allied professionals.

Before retiring from medical practice in September 2004, his speciality was 'micropsychiatry' or Orthomolecular Psychiatry or corrective psychiatry i.e. correction of missed medical conditions causing mental illness so that the person is no longer metabolically disadvantaged.

The latest update of his book "Trace Your Genes to Health" encourages detailed Health Family Trees and special diets to help reverse autoimmune disease that is seen with multiple sclerosis, motor neurone disease, neurofibromatosis, cancer, schizophrenia, autism, MDP, ADHD, OCD, arthritic conditions and even systemic lupus erythematosus and other so called 'mental illnesses'. You will be given the opportunity to ask question.

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 book is now also available on the internet free of charge at Google book search.

The Newcastle branch of the Association are still meeting with the assistance of Bev Cook. They now meet at ALL PUR-

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.

POSE CENTRE, Thorn Street, TORONTO. Turn right before lights at Police Station, the Centre is on the right next to Ambulance Station. For meeting dates and information ring Mrs. Bev Cook at 02-4950-5876.

Entrance donations at meetings

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

Raffles won

At the meeting on the 1 April 2006, John Natoli won the lucky door prize. The raffle was won by Lorraine Smith.

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.

THE ALLERGY COOK BOOK

by Sue Litchfield

this will be available at the next meeting. 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

How Sweet is it?

Check labels carefully for sugar content in various food products.

"A rose by any other name..."

In order to understand sugar content, we need to recognise sugar's various disguises. Look on the labels for honey, maple syrup, molasses and corn syrup - all contain sugar.

Treat with suspicion words ending in "ose" - dextrose, glucose, fructose, sucrose. These sugars are usually used in food processing. (Another preservative frequently used is YEAST, to which many of us have an allergy.)

Also check labels for sorbitol,

maltitol, lactitol, isomalt, mannitol, erythritol and hydrogenated starch and hydrolysates. These are **sugar alcohols**, common sweetening agents made by adding hydrogen to sugar. **Sugar alcohols raise glucose levels**, but to a lesser degree than sugar. They do contain some calories and can cause side effects such as bloating, gas and diarrhoea. Severity of symptoms varies from person to person. However these products should be limited by Diabetics and Hypoglycemics.

When checking food labels, be aware that the ingredients are listed in descending order of quantity. This means that the first ingredient listed is present in the greatest quantity. Having glucose or another

sugar at the top of the list means that the product is likely loaded with sugar. However, don't be fooled by a product that lists several different sugars further down on the ingredient list. If you add up the different sugars listed, you could find that sugar is the prime ingredient!

Suggested Sugar Alternatives

STEVIA is a natural herb which can be used in sugar-free recipes. Buy the powder or sachets from your Health Food Store, to use in cooking. The liquid form discolors and does not keep well. The amount of powdered Stevia used in recipes varies from a quarter-teaspoonful only. As the amount

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An Eastern Mind-Body Model of Wellness and Hypoglycemia

by
Debbie Pannowitz
BSc, (biotech), Grad Dip Hlth Sci (Nutr Med), MBA, MAKA, MATSM

In order to look at healing it may be more important to look at health. Too often our focus is on disease and its symptoms rather than what imbalances may have resulted in our dis-ease.

So let's look first at what a conventional understanding of health may be. Taber's Medical Dictionary gives us at least some insight with the following:

"A condition in which all functions of the body and mind are normally active. The World Health Organization defines health as a state of complete physical, mental or social well-being and not merely the absence of disease or infirmity"

I would however prefer to introduce you to a model of health that is not one that I have personally developed but which is based on ancient Chinese and Hindu wisdoms. It integrates the above with energy medicine (meridian and chakra systems) to our personal healing journeys. In fact the word health was originally derived from the word haelth which meant wholeness.

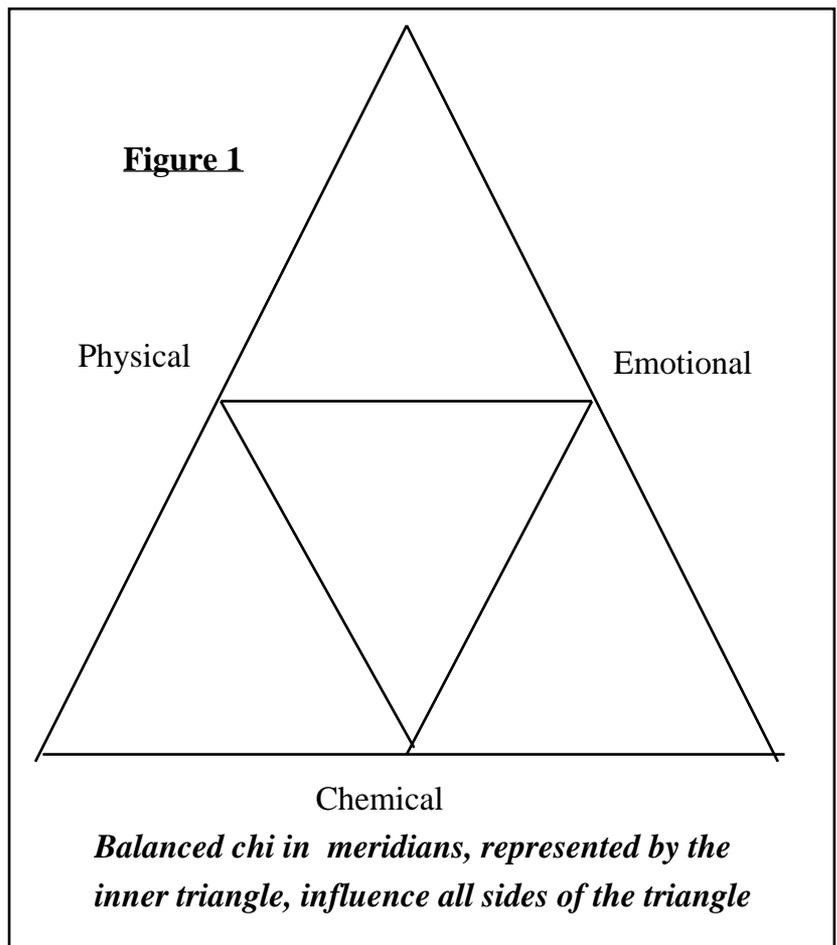
The model has been embellished in the last century most notably by chiropractors, Dr George Goodheart and Dr Thie, when they developed the initial kinesiology therapies. These two pioneers defined health as comprised of three main factors: physical, chemical and mental/emotional factors. Diagrammatically, perfect health can

be seen as an equilateral triangle, where all factors are perfectly in balance. See **FIGURE 1**

As soon as we twist our ankle or suffer a shock for example "our triangles go out of balance". Perfect health is therefore hard to achieve as we interact with the world. Although we are unlikely to be aware of it, in the short term the body compensates for imbalances in order to survive. Sometimes we may receive an emotional shock

and physically our body reacts. It may be tummy troubles or just as easily a back problem. These are just the signs your body is giving you to communicate your dis-ease. Long term repeated insults or shocks to the body may result in more chronic physical problems.

I ask you to contrast this model with the more conventional thinking, indeed most disease is viewed as physical or psychological or both, and invariably we are tempted



to treat disease predominantly by physical or chemical means. One striking advantage of conventional modern medicine is that it is simple and usually works!

However, when the conventional hasn't worked completely, attitudes and emotions are the likely culprits to the dis-ease and we must look deeper to their effects on our life force energy or chi!

Chi is an energy of both nutritive and cellular organizational characteristics – it is the force that enables us to spontaneously heal. Chi energy flows through channels called meridians and nourishes our cells, tissues and organs with life giving and sustaining energy. The most relevant meridian to hypoglycemia is the spleen which is often associated with emotions such as empathy, sympathy, cynicism, alienation, anxiety about the future, disapproval and indifference.

It is important to note that the Chinese attach no qualities of good or bad to emotions. Emotions only transpire to becoming physical problems when we overindulge them, repress them or act inappropriately on them. I like to think of emotions as being our antennae on the world and they are all valuable.

Chakras provide chi to the meridians, they are energy centers through which life lessons are learnt and bring us to a more deeper understanding of self. They contain the subroutines that determine behavior – e.g. overeating may be a subroutine of the survival chakra (base), anger a subroutine of the power chakra (solar plexus). In fact the chakra most relevant to hypoglycemia is solar plexus, located on our upper abdomen on the midline of the body.

Emotionally it represents fear and intimidation, self esteem and

possibly anger. It challenges us to greater levels of our personal code of honor and attitude to self-improvement.

It is about personal power. Power is from the latin word Podere meaning to be able – the ability to make change. When facing solar plexus or personal power issues I am reminded of this quote from Rollo May,

“No man can stand the perpetually numbing experience of his own powerlessness”.

To escape this seemingly rudderless aspect or a lack of personal power, it becomes imperative for the individual to establish personal goals and, as confidence may sometimes be an issue, make those goals BIG. As they say, make it a goal with such meaning that it is worth failing for! Note power is not about win/lose but the power gained from a “directioned” life.

Energetic healing focuses on the proper function of meridians, chakras, acupressure points and other structures of energetic flow. Disturbances in energy flow may arise from conflicts in our beliefs about meaning, cause and identity and lead to physical problems. Our fears inhibit our mental ability and our habits may prevent us from overcoming emotional conflicts and moving on. An energetic healer, such as a Kinesiologist, will work with clients to explore some of these root causes and assist clients with their own healing power by identifying factors that block the body's natural healing process.

Summary:

- * There are other ways to look at health other than physical and chemical management
- * Wholeness embraces some aspect of body, mind, emotions and energy
- * The challenges we face are just our life lessons
- * Ignoring challenges leads to energy blockages

* Energy blockages lead to ill-health and a physical weakness or predisposition will be adversely affected

* When conventional medicine does not address all symptoms of dis-ease kinesiology, may be an avenue to consider as a complementary therapy.

This is a letter received by our President Lynette O'Grady from a reader in Canada.

"Dear Lynette,
Greetings from Montreal, Canada.

I find your website truly educational, especially the great articles on hypoglycemia. I had my first hypoglycemic episode about 25 years ago during a traumatic event in highschool.

I thought I was going crazy and losing my mind. I kept it all secret until I began seeing a psychologist a few years later. I got over my trauma with his great help of therapy and relaxation. However, out of nowhere I all of a sudden 'freaked-out' while at work. I went everyday with a co-workers for a mid-morning coffee and doughnut. As the years went on I would be very careless at times with my diet, as well of lack of sleep and too much physical activity...(very interesting how low blood sugar triggers adrenaline and cortisol, thus interfering with serotonin).

When my wife had a baby I was very careless with over exercising and diet and once again freaked-out, having to go on sick leave for many months.

Time and time again when I have over-exercised, eaten poorly or not slept enough all the symptoms come back (but not as extreme as those 2 episodes I mentioned). I would start to feel depressed, guilty and irrational thoughts, anxious, blurry vision at times, internal tremors etc..

I realize finally that I can't afford to be so careless anymore. Thanks so much for listening.

Best wishes,
Tom in Montreal

Letter from the Treasurer Sue Litchfield

Another AGM has been and gone. I was little disappointed in the numbers that were at the meeting. PLEASE do remember that the association is for every one. So for us to grow and prosper it is important to participate in the running of the Association.

We have 2 new committee members **John Natoli** and **Judith Ramm**. A big welcome to you both it is very refreshing to see new faces and hopefully generate some new ideas.

Lynn Grady was elected as president again

John Natoli was elected as secretary.

Lorraine Smith and Jeannette Bousfield both retired for personal reasons they both will be very much missed as they worked tirelessly for a number of years not only on the committee but as members. We all wish them both all the best for the years to come

The financial report showed that we made a loss \$1625.12 for the year. There is no cause for panic as in the previous year our Accountant at the time sort of disappeared off the scene so the books were not correctly reconciled. As a result the absence of Accounts from Kwik Kopy for the printing of our Newsletters was not received and were carried through to last year. So next year it may not look be as bad on paper.

We received only \$425.00 in donations for the year which is down \$265.50 from 2003 and last year we received \$ 479.5 again down \$54.00. We really do appreciate the donations as it means we can keep our membership fees down take note we have not increased our fee since 2001. This all due to the very generous donations

PLEASE keep them coming in as you all know any donation over \$2.00 are a tax deduction.

Again I ask has anyone got any new recipes that they would like to share around. If so please send them to me.

I am looking forward to seeing you all at the next meeting

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used in minimal, it lasts a long time.

To sprinkle on your rolled oats or vita brits, use a small amount of Stevia or Equal powder. To carry with you when you go out, Stevia or Equal tablets are convenient. Sachets of Equal powder can also be found at most coffee shops. Don't use Splenda, which is derived from sugar.

Sugar-Free Recipes

See our web site (top of page). The support Group also has some recipes and Sue's column of Recipes is included in the Association's Newsletter, which goes out to all financial members 3 times a year.

The Next Support Group meeting will be at Dr Samra's rooms in Kogarah on **Saturday, 21 October at 1.30 pm.**

Teas and coffee is provided.

President's letter.

It was lovely to see every one at the meeting thank you all for coming along to the meeting. We have two new members on the committee they are **John Natoli** for which he will be taking up the roll of secretary for us, and **Judith Ramm** for which she will help out at the door for taking the money for our raffles ect. I hope to see you all at our next meeting it is really enjoyable to see you all there. I do welcome Judith and John to our committee, welcome aboard

From *Lynette (president)*

Visit our Discussion Board Clinical Nutrition Forum at: <http://forums.delphiforums.com/clinutrition>

Butterbur leaf for migraine

Herbal prophylaxis for migraine. This placebo controlled trial involving 60 patients at the department of Neurology in Munich's Municipal Hospital investigated the efficacy and tolerance of Petasites hybridus (Butterbur leaf) as a prophylactic agent for migraine. An extract was prepared by carbon dioxide extraction from the root of the plant and administered as a capsule at a dose of 15mcg twice daily for twelve weeks. The frequency of migraines decreased in the experimental group by a maximum of 60%. No side effects were noted.

Grossman, W (2000), An extract of Petasites hybridus is effective in the prophylaxis of migraine, **Altern Med Rev 6(3): 303-10** PMID: 11410074 (From ICNR Oct 2001, 189)

Migraine Treatment: New Hypotheses

A new combination treatment for migraine may be to use low doses of tryptophan, niacin, calcium, caffeine and acetylsalicylic acid (aspirin), five agents which are known to influence serotonin blood levels, vascular tone and inflammatory reactions.

The treatment is commenced soon after migraine symptoms are noticed. At the same time the patient is advised to avoid high-potassium food and magnesium supplements during the course of the migraine.

Initial results from 12 migraine patients have suggested that 75% had significant benefit from this approach.

Gedye, A
Med Hypotheses 56(1), 91-4 (2001)(ICNR Oct, 2002, 173)

Hypoglycemia and Traditional Medicine

Editor's Comment

At long last the views of traditional medicine and complementary medicine are coming closer together, although we have still a long way to go. For years, sufferers of hypoglycemia have complained that doctors dismiss their hypoglycemic symptoms as just an illusion, resulting very often in them being referred to a psychiatrist for psychiatric medication.

If you surf the net one would have noticed that a series of articles have appeared under the title of "The Insulin Resistance Syndrome" by Jennifer B Marks¹, Raos Goutham², American Academy of Family Physicians³ and Healthnotes⁴.

They describe the syndrome as a cluster of signs linked to diabetes, hypertension, dyslipidemia, cardiovascular disease and other abnormalities. The syndrome has also been described as Syndrome X. These abnormalities constitute the insulin resistance syndrome.

One article states that, "If you have insulin resistance, your body will make more and more insulin, but because the tissues don't respond to it, your body won't be able to use sugar properly." thus we are talking about a prediabetic condition.

Well this is very familiar territory to hypoglycemics as we have been talking about hyperinsulinism for many years. Thus now patients should be encouraged to talk to their doctors about a possible insulin resistance syndrome instead of hypoglycemia when complaining about their hypogly-

cemic symptoms.

It is pity that the authors have not been able to link hyperinsulinism with hyperadrenalism or excess secretion of adrenalin resulting from rapidly descending blood sugar levels. This would have lead them to a better understanding of the many 'psychological' symptoms of hypoglycemia.

Of course, the term "hypoglycemia" gets a new meaning, and it is clear that the term is a misnomer, of which many writers on the subject have been aware for some time.

One of the signs of the Insulin Resistance Syndrome is a tendency towards obesity. In fact some scientists have made obesity or the abdominal bulging waist a central feature of the syndrome and called it **Syndrome W**.⁵

Scientists recommend regular daily exercise to reduce weight as an essential part of treatment of the Insulin Resistance Syndrome. There is no doubt that regular exercises do not only serve the need to lose weight, but it also helps to reduce depression.⁶

It is interesting that endogenous depression is said to be due to an error in serotonin synthesis. Serotonin is also related to the appetite mechanism, and a dysfunction in its production could be also related to obesity and other eating disorders. The treatment of obesity still centres much around exercise and rebalancing the energy intake and output. But there are rumblings in the scientific community that obesity may be much more influenced by hormones and

neurotransmitters such as leptin and serotonin, than is generally believed.

A strong case can be made for the hormonal model of obesity, especially because of the link between serotonin synthesis and hypoglycemia, as a possible forerunner of the Insulin Resistance Syndrome.⁷

Fortunately, doctors are now able to diagnose Syndrome X far more accurately, thanks to Dr George Samra's special Glucose Tolerance Test for Hypoglycemia (GTTH) - a four hour test measuring blood sugar levels after the ingestion of a load of glucose. The test is fully described at our web site.

It is clear that in the not too distant future the Insulin Resistance Syndrome, known to us as hypoglycemia, will be linked to the many 'psychological disorders' generated by abnormal production of adrenaline and serotonin.

Footnotes:

- 1) <http://www.woundcare.org/newsvol1n3/ar1.htm>
- 2) <http://www.aafp.org/afp/20010315/1159.html>
- 3) <http://familydoctor.org/handouts/660.html>
- 4) http://www.gnc.com/health_notes/Concern/Insulin_Resistance_Syndrome.htm
- 5) Mogul HR, Weinstein BI, Mogul DB, Peterson SJ, Zhang S, Frey M, Gambert SR, Southren AL. Syndrome W: a new model of hyperinsulinemia, hypertension and midlife weight gain in healthy women with normal glucose tolerance. *Heart Dis.* 2002 Mar-Apr;4(2): 78-85. PMID: 11975838
- 6) Beesley, S., Mutrie, N. (1997). Exercise is beneficial adjunctive treatment in depression. *BMJ* 315: 1542a-1543
- 7) See: "The Serotonin Connection" at our web site.

Food for thought

by
Jurriaan Plesman, BA(Psych), Post Grad Dip Clin Nutr.

It is not unusual for people to have multiple forms of emotional disorders, because basically it comes back to one thing; the person is not producing the feel good hormones - such as serotonin - in order to enjoy a satisfying life.

Most people with addictions, or mental illness immediately think that there is something wrong with their thinking. This stems from the illusion that our MIND controls all of our life. When we have emotional problems we have been trained to believe that our mind is playing up, that can be treated by talk therapy.

There are others who believe that mental illness is due to chemical imbalances, and if so, this can ONLY be treated by drugs. Now that prospect is not very attractive because it means abandoning the illusion of the power of the MIND over MATTER, and therefore we better stick to the talk therapy model. After all, this can be understood by anybody.

The psychological confusion

The reality is that when we have an emotional disorder, it is most likely that we have an abnormal biochemistry that causes strange and weird psychological experiences, that we then confuse with the causes of the illness. Hence psychologists tend to believe that abnormal psychological experiences are caused by a "sick mind".

On the assumption that "the mind controls the body" they believe, that abnormal thinking, false attitudes and beliefs are the "causes" of mental illness. The expression of "mental illness" implies that it is "mental" or of the "mind". So they are caught up in what many other psychologists call **Neurolinguistic Programming or NLP**. This says that our linguistic patterns, the way we have come to associate words with meanings will influence our "logical" thinking.

The Subconscious Mind

Being "mental", they naturally look for "mental" causes. One convenient psychological concept is that the mind can be divided into "consciousness" and "unconsciousness". Thus it is universally accepted, thanks to Freud and his cohorts, that we have a "subconscious mind". Thus according to these theorists they have come to the conclusion that if we don't know the 'causes' of mental illness, it must be because it is hidden in the "subconscious mind" which is of course a tautology!

Bad Parents

So we have a bevy of psychological therapists who base their treatment of mental illness on forgotten memories hidden in the "subconscious mind". This may point the finger to bad parenting or bad parents. Since we all have parents or are parents, who being human, are necessarily imperfect, it would be easy by selective atten-

tion to trace and highlight some parent/child conflict situations, that could be responsible for mental illness. Somehow it is believed by psychologists that when we bring these past forgotten experiences to consciousness, the symptoms of "mental" illness will mysteriously disappear. And of course if we cannot find the true cause we can always point to a birth trauma as a cause.

A recent SBS program of "Insight" discussed the problem of disruptive children. The audience included the parents of such children and a group of "professional experts". Film clips were shown of the children's behaviour. Not a single "expert" in the audience could diagnose ADHD - a nutritional and biological disorder - and the whole discussion concentrated on "parenting" and how to instill discipline in children.

Again it is believed that addiction is a weakness of the mind, no doubt supported by the sufferers themselves who are deluded into thinking that they are weak.

Let us take a simple addiction: Sugar addiction!

Most people who have a sugar addiction experience a sudden feeling of happiness after consuming a sweet drink or substance.

This happens because sugary food stimulates the secretion of insulin.

Insulin is a hormone that pushes glucose (and other nutrients) across cell membranes, which then enter the mitochondria (powerhouses of cells) where it is converted to biological energy. Hence glucose is a universal source of energy. Insulin does not transport tryptophan across cell membranes.

It is left behind and then converted to serotonin - a major feel good neurotransmitter - with the help of vitamin B6 and magnesium. And presto we feel happy!

Sugar is an antidepressant drug

Thus sugar consumption helps produce serotonin. In that sense sugar may be seen as an antidepressant drug. But like all drugs it has serious side effects. As we increase our sugar consumption, the body will be attacked by sugar-induced free radicals. The body sets up a defence mechanism against free radicals, by shutting down receptors for insulin. This is called **INSULIN RESISTANCE**. Insulin resistance is the major cause of the Hypoglycemic Syndrome.

Sugar Craving and Obesity

When we have insulin resistance, it can cause all sorts of physical and emotional symptoms. With insulin resistance our blood sugar levels may be higher than normal, or fluctuate wildly, yet glucose is not entering the cells, hence cells are energy starved. *This may explain sugar cravings among diabetics*, despite higher than normal blood sugar levels.

Higher than normal blood sugar levels also leads to obesity, because unused glucose is accumulated in fat cells. Thus there is often an association between depression and weight gain.

Energy starvation triggers the release of stress hormones

When brain cells are energy starved, the hypothalamus will trigger the release of adrenaline into the system. Adrenaline is a stress

hormone and it functions to increase blood sugar levels, by converting sugar stores in the body (glycogen) to glucose. But adrenaline is also the fear response. People with excess adrenaline production experience fears without an external source of fear. It is internally generated and this what happens with people who suffer unexplainable anxiety attacks and insomnia. Thus hypoglycemic symptoms are inevitably associated with bizarre emotional experiences.

The sympathetic Nervous System

Excess adrenaline production activates the **Sympathetic Nervous System** preparing the body for "fright, flight or fight". Its actions are beyond conscious control. It will cause the dilation of pupils of the eyes, increase the rate of the heartbeat, constrict blood vessels to the skin (which could also be responsible for high blood pressure) and certain other organs, other blood vessels are dilated to feed the muscles for immediate action. The *bronchioles* in the lung are relaxed so as to allow more air to enter the lungs. The smooth muscles of the gastrointestinal tract are inhibited and peristalsis stops, digestion is halted. The sphincter of the bladder also contracts and the wall of the bladder relaxes, sweat is increased. These bodily actions are driven along by adrenaline normally in the face of an external danger, preparing a person to deal with danger.

Weird bodily symptoms

When there is no external danger, the body can still produce excess adrenaline in response to energy starvation of the brain. This activates the *Sympathetic Nervous System* which will yield all the various bodily symptoms of unexplainable heart palpitations, stomach upsets, indigestion problems, excessive breathing, dry mouth and throat, clammy hands, shakes,

headaches and trembles that are so often associated with anxiety attacks and many other symptoms of "mental illness". Not only have we a catalog of physical ailments, but also mental aberrations.

Adrenaline a focusing hormone

Adrenaline is also a "focusing" hormone, forcing us to focus on the enemy - real or imagined - and so it becomes responsible for the varied symptoms of **Obsessive Compulsive Disorders (OCD)**. These can either take the form of mental obsessions and thoughts, as in phobias and repetitive ruminations about death, or of ritual actions such as the compulsion "to make sure" that the doors are closed. They can also cause the various forms of hallucinations and the belief that "behind that door is an evil man, that wants to harm me". The feeling of total loss of control may also lead to a person believing that there are demons, spirits or Gods controlling his life.

The role of tryptophan

It has been said that most forms of "mental illness" is due to the body's inability to produce the feel good neuro-chemicals such as serotonin and others. The nutritional forerunner of serotonin is tryptophan an amino acid found in food sources.

Energy required in chemical conversions

For the body to convert tryptophan - found in food - into serotonin, it needs not only quite a number of other nutrients - such as vitamins and minerals, but also an inordinate amount of biological energy derived from glucose. Biological energy is the necessary fuel when the body wants to convert one chemical into another. The brain is especially dependent on glucose as its only source of energy.

Addictive substances

Most of the substances we are addicted to are substances, that either counteract the excess adrenaline (alcohol and most depressant drugs), or helps to overcome energy starvation (chemical stimulants like ecstasy, caffeine and even gambling). Ultimately, they all appear to aim at increasing serotonin. Thus we can say that addictions, and other forms of mental illnesses are due to a lack of serotonin production in the brain.

Doctors prescribe antidepressant drugs, most of which aim to increase the availability of serotonin (and other neuro-chemicals) by blocking its reabsorption. But it is obvious that they do not address the causes of underlying biochemical imbalance.

Human biochemistry is too

complex to be treated by single pills or nutrients, it needs to be addressed by **TOTAL NUTRITION** as the only source of our physical and mental well-being.

Other factors in depression

There are many other factors that affect the production of serotonin, such as various illnesses that interfere with the production of neurotransmitters. Some diseases that can cause depression are: Coeliac disease, gluten sensitivities, specific deficiencies in vitamins and minerals, various forms of allergies and food sensitivities, Glandular Fever, Ulcerative Colitis, Crohn's Disease, Fibromyalgia, Arthritis, The Leaky Gut Syndrome, Lupus Erythematosus, Rheumatoid Arthritis, Polycystic Ovary Syndrome (PCOS) and other

reproductive disorders, digestive disorders and so on.

Energy Starvation appears to be a major factor

The causal relationship between these diseases and hypoglycemia are still unclear, but the body's inability to provide sufficient amounts of biological energy necessary in the manufacture of feel good hormones - as in hypoglycemia - remains the major trigger in the development of depression and other brain disorders.

One may wonder why the Government has not investigated a more cost effective non-toxic treatment for mental illness, in the face of an ever-increasing incidence of mental illness in our community.

Natural Remedies for Eye Disorders: Cataracts and Glaucoma

Pathophysiological mechanisms of cataract formation include deficient glutathione levels contributing to a faulty antioxidant defense system within the lens of the eye. Nutrients to increase glutathione levels and activity include lipoic acid, vitamins E and C, and selenium. Cataract patients also tend to be deficient in vitamin A and the carotenes, lutein and zeaxanthin. The B vitamin riboflavin appears to play an essential role as a precursor to flavin adenine dinucleotide (FAD), a co-factor for glutathione reductase activity. Other nutrients and botanicals, which may benefit cataract patients or help prevent cataracts, include pantethine, folic acid, melatonin, and bilberry. Diabetic cataracts are caused by an elevation of polyols within the lens of the eye catalyzed by the enzyme aldose

reductase. Flavonoids, particularly quercetin and its derivatives, are potent inhibitors of aldose reductase. Glaucoma is characterized by increased intraocular pressure (IOP) in some but not all cases. Some patients with glaucoma have normal IOP but poor circulation, resulting in damage to the optic nerve. Faulty glycosaminoglycan (GAG) synthesis or breakdown in the trabecular meshwork associated with aqueous outflow has also been implicated. Similar to patients with cataracts, those with glaucoma typically have compromised antioxidant defense systems as well. Nutrients that can impact GAGs such as vitamin C and glucosamine sulfate may hold promise for glaucoma treatment. Vitamin C in high doses has been found to lower IOP via its osmotic effect. Other nutrients holding some potential benefit for glaucoma include lipoic acid, vitamin B12, magnesium, and melatonin. Botanicals may offer some therapeutic potential. Ginkgo biloba increases circulation to the optic nerve; forskolin (an extract from

Coleus forskohlii) has been used successfully as a topical agent to lower IOP; and intramuscular injections of *Salvia miltiorrhiza* have shown benefit in improving visual acuity and peripheral vision in people with glaucoma

Source:

Head, KA (2001) Natural therapies for ocular disorders. part two: cataracts and glaucoma, **Altern. Med Rev** 2001, April, 6(2); 141-66 PMID 11302779

Any Questions???? Join our Discussion Board.

We have Discussion Board, where members get together helping one another with problems associated with hypoglycemia, especially problems relating to anxiety attacks, depression, and other mental illness.

You can join the board by signing in with a Username and Password thus preserving anonymity. It is at:

<http://forums.delphiforums.com/clnutrition/start>

Recipes by Sue Litchfield

Cranberries

Did you know Cranberries are very good for one's system?

Compared to other fruit they have more naturally occurring antioxidants therefore protecting the body from free radical damage and the chronic diseases associated with it. They also have "Anti-stick" properties which protect the body against harmful bacteria that may cling to the internal organs. Gum disease, urinary track infections and stomach ulcers could all be prevented with a regular serving of Cranberries.

1 cup of cranberries contains up to 4 times the RDI of vitamin C. Cranberries are also low in sodium and are a source of Vitamins A & B, calcium, phosphorus, and iron. However Cranberries are extremely tart, so to make them palatable they are best sweetened with Stevia. Because Stevia is up to 300 times sweeter than sugar only a very small amount is needed

CRANBERRY SAUCE

- 1/3 teas Stevia powder
- 2 tabs warm water
- 1 cup fresh squeezed orange juice
- 300 gr defrosted Cranberries

Dissolve Stevia in the water. Combine rest of the ingredients in a saucepan. Bring to the boil reduce heat and simmer for 10 minutes or until the cranberries are soft and pulpy and the liquid is quite thick. Puree till smooth. I like mine pulpy

If sauce is not sweet enough add a little more Stevia

USES

Great use in chicken, turkey or ham sandwiches
Place some soft goat's cheese on a slice of bread of choice and drizzle over a little cranberry sauce.
Use warm as a sauce for chicken or turkey
Stir a little through yoghurt for added flavour
Spoon a little over stewed pears or peaches

Baked Apples with Cranberries

- 2 Apples
- 3/4 cup frozen Cranberries
- Rice Syrup. Xylitol or Pear concentrate will do

- Squeeze lemon juice (op)
- Few sultanas or currants (op)
- 25 gr margarine of choice or butter

Preheat oven to 180C.(160 fan forced) grease a heatproof shallow dish with a little extra margarine or butter.

Core Apples using corer or a teaspoon will do the job. Place in prepared dish Combine cranberries and sultanas and sweetener of choice amount you use will depend on the sweetness required. Fill the apple cavities with the mixture. If there is any left over mixture spoon around the apples. Dot with butter/margarine. Bake for approx 25 minutes till.

Florentines

- 1 C. rolled or flaked rice
- 1/2 cup slivered almonds (chopped macadamias will do if allergic to almonds)
- 1/2 c sultanas or currants
- 2 tabs finely grated orange rind (op)
- 1/2 c rice syrup
- 120 g sugar free chocolate melted (Op)
- NB** I use NAS Soya buttons and sweeten to taste with Stevia

Preheat oven to 150C fan forced
Line a 20x 8 cm tin with baking paper
Combine the 1st 4 ingredients in a bowl.
Heat rice syrup gently in a saucepan over a low heat until warm immediately pour over rice mixture in bowl. Mix well. Spoon mixture into prepared tin. Place in oven and bake for 12 minutes. Cool.

Pour melted chocolate (If using) over the slice. Place in fridge till chocolate is set and slice firm.
Slice into squares to serve.
cooked Stand for 5 minutes Serve with the extra cranberries and juice ladled over the top. Serve with custard or yoghurt of choice.

Mocca Shake

- 1 tablespoon instant coffee Decaf is O.K.
- 4 Tablespoons carob powder

1 cup hot Soya milk or milk of choice
2 cups hot apple juice
Blend all ingredients until smooth and frothy. Serve warm in cold weather

Rack of Lamb

2 racks of lamb or enough to serve for 2 people
1/2 cup parsley
1/2 cup coriander
2 cloves crushed garlic
2 tabs mint leaves
1/2 teas ground cumin
1/2 teas ground coriander
1 tab lemon juice 2 tabs oil

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

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

NOTE ; this is also great cooked in a webber

Pork and Blueberry Burgers

750 g pork mince
1 cup almond meal
2 tabs chopped parsley
1 teas ground caraway seeds 2 eggs ,beaten
2 tabs flour of choice
1/2 cup fresh breadcrumbs of choice
1/2 cup blueberries, frozen will do if fresh unavailable.
Spray oil of choice

Preheat oven to 180C

In a large bowl and using your hands mix all

ingredients except the blueberries breadcrumbs and oil

When well combined very gently add blueberries being careful not to break the skin. Let stand for 1/2 hour.

Shape the mixture into 8 patties. Roll in the bread crumbs. Place on an oven tray that has been lined with baking paper. Spray a little oil over the patties and bake for 20-25 minutes or until cooked

Serve with salad and mustard.

Beetroot burgers with yoghurt miso dressing

1 carrot, grated
1 beetroot, grated
3 cloves garlic, crushed
2 tsp fresh grated ginger
1 egg, lightly beaten
2 tsp ground coriander
1 tsp ground cumin
3/4 cup packaged breadcrumbs(Rice crumbs could also be used)
oil for frying
2 tsp yellow miso paste
200g plain yoghurt
8 thick slices of crusty Italian bread snow pea sprouts.

Mix the miso paste with the yoghurt in a bowl and set aside till ready to use

Mix together the carrot, beetroot, garlic, ginger, egg, spices and breadcrumbs in a large bowl. Season with salt and pepper. Divide into four equal portions and shape into patties. Heat 2 cm oil in a large frying pan. Cook the burgers for about 6 minutes on each side, or until brown and cooked through. Drain on paper towels.

Meanwhile toast the bread.. Serve the burgers with the sprouts and yoghurt between the slices.of toast.

Alpha lipoic acid: A novel treatment for depression

Insulin resistance has been associated with people diagnosed with depression. Conversely, it has also been documented that diabetics have an increased risk of depression. Evidence suggests that insulin activity plays a role in serotonergic activity by increasing the influx of tryptophan into the brain. This increased influx of tryptophan has been

shown to result in an increase in serotonin synthesis. In accordance with the serotonin theory of depression, it may be possible to treat depression by increasing insulin activity. The antioxidant alpha lipoic acid has been shown to increase insulin sensitivity and is used to treat people with diabetes. Therefore, the nutrient alpha lipoic acid should be clinically tested as an adjunct treatment for depression.

Salazar MR (2000). Alpha Lipoic Acid: a novel treatment for

depression, **Med Hypotheses** 55(6), 510-2 PMID: 11090300

Fatty Fish Consumption decrease risk of endometrial Cancer.

The availability of fatty fish in Sweden provides a population sample with a wide range of consumption levels. In this nation wide case-control study involving 709 cases of endometrial cancer and 2888 controls, endometrial cancer was inversely correlated with consumption of fatty fish. Other types of fish had no effect on the level of risk.

Terry P, Wolk A, Vainio H et al. Fatty fish consumption lowers risk of endometrial cancer: nationwide case-control study in Sweden, **Cancer Epidemiol Biomarkers** 11(1), 143-5 (2002)

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I wish to donate a cheque for \$
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Donations are tax deductible. Please forward my complimentary
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"THE HYPOGLYCEMIC CONNECTION II" to

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

Join the dicussion board at
Clinical Nutrition at:

[http://forums.delphiforums.com/
clinutrition/start](http://forums.delphiforums.com/clinutrition/start)

**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.



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P.O. BOX 830, KOGARAH NSW 1485
MEMBERSHIP APPLICATION

PLEASE PRINT

Surname: _____

First Name: _____

Address _____

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Membership *Please Circle Amount*

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to
jurplesman@hotmail.com or to litch.grip@bigpond.com

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

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