

Hypo Health News

February/March 2007

The Hypoglycemic Health Association
PO Box 830 Kogarah NSW 1485
ABN 65846851613
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Registered Charity CFN 16689
www.hypoglycemia.asn.au

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The NEWSLETTER of the Hypoglycemic Health Association is distributed to members of the Association and to the Health Professionals with an interest in Nutritional Medicine and Clinical Ecology. Past newsletters are also available on the website.



Left to Right: Geoff Goni- non, John Natoli, **an enthusiastic member**, Teresa Mitchell-Paterson and Jurriaan Plesman

at the last meeting, December 2006.

Read Teresa's very interesting talk "Nutrients for the Brain" from Page 2.

Our next Public Meeting will be at
2.00pm on Saturday

31 March 2007

at **YWCA**

Ruth Fairfax A room

5-11 Wentworth Ave, SYDNEY

Our guest speaker will be

JANE HILLS BHSc

Who will be speaking on

'Essential Fatty Acids and their role
in our health and wellbeing.'

As seating is limited, please ring

97245317

to reserve your seat

JANE HILLS

Jane Hills is a vibrant Naturopath, passionate about optimising health through the use of nature's healing principles, combined with the latest innovative research to bring the body into balance and restore vitality. She practices in Glebe and Newport where she works with clients tailoring treatments for the individual to address health problems and improve their overall wellbeing. Jane also works as a senior lecturer for the Australasian College of Natural Therapies (www.acnt.edu.au) educating students about nutrition, herbal medicine and practice management and, supervising students as they complete their clinical hours.

Before studying full-time to qualify as a Naturopath, Jane had a successful career in the IT industry and has particular empathy for the stress of corporate work and business people. She has a Bachelor of Health Science (UNE) along with her Naturopathic qualifications, which include Advanced Diplomas in Herbal Medicine, Nutrition, Homoeopathy and Iridology. She is a member of the National Herbalists Association of Australia (NHAA) and the Australian Traditional Medicine Society (ATMS).

Jane's main focus in her practice is helping clients with their digestive health, anxiety, skin problems, stress, fertility, women's health problems and weight control. Supporting clients gently with diet guidance, lifestyle counselling, nutritional supplements, herbal medicine and other natural therapies is her passion and commitment.

It is with regret that I have to announce the retirement of Jurriaan Plesman from the Hypoglycemic Health Association committee.

Jurriaan obtained a degree in psychology and was trained as a psychotherapist by the Drug Referrals Centre in the 1960's. As a result of his own history of emotional disorders, he joined the NSW Department of Corrective Services, first as a volunteer and later as a Probation and Parole Officer..

As about 75% of prisoners have drug addiction as a co-morbid condition, Jurriaan saw the need to set about running rehabilitation groups for offenders, not only those with addiction, but also those with other "mental" conditions. He soon discovered that most of his clients were hypoglycemic. Not being medically qualified to prove this in court, he was very fortunate in having met Dr George Samra, who showed considerable interest in the connection between hypoglycemia and behaviour. Dr George Samra, who has

now written several books on the subject of hypoglycemia designed the Glucose Tolerance Test for Hypoglycemia, which enabled Jurriaan to show the judges in court that offenders were capable of rehabilitation with proper psycho-nutritional treatment in his therapy groups.

Jurriaan estimates that about 80% of his clients were able to recover from addiction and other mental illnesses by a combination of Nutritional Therapy and Psychotherapy. He has outlined his program in his book - **Getting off the Hook** - that is freely available on the internet in Google Book Search.

Jurriaan believes that the future of the Hypoglycemic Health Association lies with young families with emotionally disturbed teenagers, who can be helped with knowledge about hypoglycemia. Most drug addiction and suicide among young people can be avoided with proper treatment for hypoglycemia.

Jurriaan, together with George Samra was responsible for sowing the seed for the foundation of the Hypoglycemic Health Association all those years ago. Jurriaan has been responsible for all the newsletters, organizing the guest speakers and setting up our highly successful website, which has now received in excess of 160, 000 hits.

On behalf of all our past and present members and committee members I would like to wish Jurriaan and Angie the very best, and happy travelling.

I will miss all those emails Jur.

Sue Litchfield

PATRONS

Dr George Samra

Steve McNaughton BE
(NSW)

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Geoffrey Goninon

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The copy deadline for
the July/August 2007
issue is **Friday June 15**.
Please submit contribu-
tions by email to:

lizart1@bigpond.net.au

or to Elizabeth Love at

6 Pannamena Cres

Eleebana NSW 2282

Nutrients for the Brain

Teresa Mitchell-Paterson BHSc

The thought that nutrients from a normal diet can influence brain function is not new. It has been demonstrated that caffeine and associated methylxanthines, from coffee, tea, chocolate, and soft drinks, provide mild stimulation to the brain that may improve mental alertness and performance (1). Science has in the last few decades researched constituents of the diet, such as the macronutrients proteins, carbohydrates and vitamins, and their impact on brain function. The effects of said nutrients were both biochemical and behavioural, however the exact biochemical reasoning remains elusive. Research in this area is still very new, and it is certainly worthy of further investigation. There are many gaps in our knowledge and it is proving difficult to develop strategies for evaluating food and its impact on the aging brain and general health.

Research has been carried out to a large degree on the effect of diet on the foetal brain. This vital research has given rise to superior infant formulas to enhance foetal brain development. Primarily the nutrients assessed were proteins, carbohydrates(2) and iron (3-4). It is now widely accepted that the latter are important for normal development. More recently, research has targeted polyunsaturated

fats (PUFA's) and folate. PUFA's Linoleic acid (LA; 18:2n-6) and α -linolenic acid (α LA; 18:3n-3) are deemed essential for humans and were formerly missing from infant formulas. Human breast milk supplies adequate PUFA's. Essentiality is based on the fact that these nutrients must come through food, the human body cannot produce them. Linoleic acid is otherwise known as Omega 6 and Alpha linolenic acid is known as Omega 3. Research suggests that a deficiency of Omega 3 or 6, produces pathologic and functional brain impairments, primarily in the developing brain of infants (5) The primary source of Omega 3 in diet is fish and fish oils. Omega 6 can be found in fresh nuts and seeds and the oils of nuts and seeds.

Ginkgo Biloba

Not technically a nutrient, although as a herb in its original state Ginkgo contains trace minerals and vitamins. A specific extract of Ginkgo (EGb 761) has a noted beneficial effect on age related cognitive disorders (6). Potentially this herb could suppress the onset of dementia type ailments in the aging brain. The reliance of supportive evidence from medical journals should not be the only point of reference for Phyto-nutrients, their empirical use dates back to early 2000BC. Chinese practitioners have utilised ginkgo in the form of a tea. Recent research thus far seems to concentrate on animal testing, which has suggested that in combination with Ginseng (Panax) it enhances neuron function and improves retention in learned behaviour (7).

Folic Acid

Folate is also involved in providing sufficient methionine for the maintenance of SAME (S-adenosylmethionine). Preliminary studies indicate that SAME may improve cognitive function in dementia patients(8). Folate can be found in high amounts in wheat bran and germ, lima and kidney beans, most green vegetables, brewers yeast and in fortified grains.

Lecithin and Choline

Acetylcholine is found in lower amounts in the brains of patients with Alzheimer's disease(AD) (9). The synthesis of acetylcholine is reliant on sufficient availability of choline, this must be obtained through diet. Sufficient choline throughout the adult life may be protective against Alzheimer disease, however it has not been found valuable in the treatment of AD. (10-11). Good sources of choline are available in egg yolk, carob (containing lecithin), chocolate (containing lecithin), soybeans and granulated lecithin.

Conclusion

It would be prudent to suggest that the effects of nutrients on the brain are accumulative. Protective measures should be taken prior to the development of serious pathology. Deficiencies during conception and foetal development are well researched. The mechanism of action of most of the above has yet to be discovered and ongoing research in human trials are needed. Taken purely on the basis of empirical Chinese and Western Herbalism there would be no doubt that regular use of the above would assist function of aging brains. Medical research is in its infancy and still continuing.

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Acknowledgement to the article written by John D Fernstrom, American Journal of Clinical Nutrition, Vol. 71, No. 6, 1669S-1673s, June 2000

“A major problem with metals is that - unlike many industrial chemicals - metals do not degrade into less harmful substances over time.”

The relevance of toxic metals in today's world

Anna Priest, DAMS [Dental Amalgam Mercury Syndrome] Australia
Grafton, NSW, Aust.

Toxic elements are a part of our natural world, and at naturally low levels in the environment have posed little risk. However, since the Industrial Revolution billions of tonnes of toxic metals have been mined from the earth and utilised in various ways to advance our civilisation and provide us with a wealth of consumer goods. Just a few examples are lead, mercury, cadmium, arsenic, uranium, antimony, thallium, tin, titanium, nickel, cobalt and aluminium - employed either directly in various manufacturing and industrial processes, or liberated into the environment as by-products of industry, transportation, mining and smelting, explosives, fireworks, electronics, agriculture, paints and dyes, sewage sludge, coal

burning power plants, incineration, cremation, landfill sites, pest control, and a host of other activities.

Governments worldwide have legislated to ban or phase out many uses of toxic metals, and to enforce rules on their emissions to the environment. However, these actions do not address the problem of decades of releases in their various forms to the air, water and soil - and hence the food chain - and the resulting *bioaccumulation* in plants, animals, birds, aquatic life, and humans.

A major problem with metals is that - unlike many industrial chemicals - metals *do not degrade* into less harmful substances over time. Once liberated, they remain, recycling through environmental media and living creatures. (While the science of *Bioremediation* offers some hope, projects need to be better funded if it is to provide cost-effective practical solutions.)

Rarely are metals a problem in their solid form; it's in their molecular state that they become mobile and are able to penetrate biological barriers. Toxic metals come in a number of guises, often bound to other elements or chemicals - as organic compounds, inorganic salts, ions, vapours, smoke, exhausts, fine particles in dusts and soot, in mineral ores, liquid slurry and sludges, products of corrosion or chemical breakdown, and fumes from combustion of fossil fuels.

Although exposure levels to toxic metals from various sources may be small, they are not infrequent, and are cumulative over a lifetime. They can build up faster than we are able to eliminate them. For various reasons, some people are more susceptible to the effects of metals and are more prone to accumulate (as opposed to excrete) them. An inadequate intake of protective nutrients will make you more vulnerable; (especially relevant are zinc, selenium, calcium, magnesium, vitamins C and E, and sulphur-rich protein foods).

Currently, mainstream medicine is not equipped to recognise or treat chronic low level heavy metal toxicity. While blood and urine testing can be helpful to confirm acute exposures they do not reveal chronic exposures because, in most cases, they are tightly bound to components inside cells and are not in general circulation. Once attached to structures within the cell, these rogue pollutants can radically interfere with the way the cell functions. Briefly, here are some common toxic metals, their ***prime target organs** for accumulation and effect, and some of the ****more prevalent** (past and present) **sources**:

Mercury (Hg):

* - brain, peripheral nerves, muscle, pituitary, thyroid and adrenal glands, liver, kidney, lung, heart, gas-

triointestinal tract, immune, cardiovascular and reproductive systems, and mitochondria (energy generation sites in cells).

** - Dental amalgam fillings, the vaccine preservative Thiomersal (sp. Thimerosal in US); now being phased out, preservative in eye drops and previously other medications, past use in antiseptics (Mercurochrome and others), red pigment in tattoos, skin lightening creams, fungicides, seed dressings, anti-fungal paints, seafood (esp. fish high on the food chain - shark, tuna, swordfish, etc), some farmed fish, some (non-practitioner) fish oil supplements, gold mining in developing countries (utilising Hg), sewage sludge, electronics, dump sites for electronic goods, chlor-alkali plants (in manufacture of chlorine, caustic soda), coal burning power stations, municipal and medical incinerators, crematoriums, some batteries, thermostats, automatic

“It makes sense to lessen the toxic burden on our cells wherever possible.”

switches and lights, barometers, thermometers, fluorescent lights.

Lead (Pb):

* - heart, brain, peripheral nerves, bone, blood, kidney, lung, hearing, immune and reproductive systems.

** - Pewter mugs or plates, some imported lead glazed pottery and ceramics, lead crystal, some antique cookware and pottery, pigments (white lead, red lead, orange lead, and chrome), black hair dyes, newsprint, batteries, tobacco smoke, calcium supplements sourced from lead contaminated bone meal, lead contaminated Ayurvedic and Chinese herbal medicines, lead arsenate pesticide (used in agriculture until the 1950s), exhaust fumes from leaded petrol, soil or food grown near busy roadways, home renovation, lead paint chips, old house dust (esp. from ceilings, attics, cavity walls, under floor areas), surfaces inside and outside pre 1970 homes, surface preparation before painting, hobbies or jobs which use lead solder, weights, or ammunition, (eg. fishing, lead lighting, shooting), various metal alloys (eg. bronze or brass alloys for plumbing), putty, solder, old gas and water pipes, building materials (lead flashings, damp-courses), plastics and chemicals (eg. lead compounds in plastic resins - as pigments, catalysts, lubricants and heat stabilisers for PVC piping, electrical cable, cladding, guttering, coated wire). See also : www.lead.org.au

Cadmium (Cd):

* - liver, kidney, prostate gland, lung, bone, arteries.

** - Pottery glazes, yellow pigments for paints and dyes, some dental prosthetics (as a pink tint for denture plastic), organ meats (non organic), tobacco smoke, batteries, rubber carpet backing, photographic compounds, manufacture of fireworks, rubber, and fluorescent paints, past use as fungicide and insecticide, can be a contaminant of superphosphate, sewage sludge (pumped out to sea or used on crops), mining and smelting, soldering, welding, can be a contaminant of galvanised iron pipes and tanks (the early zinc used for galvanising contained Cd as an impurity), as a stabiliser in thermoplastics (eg. PVC pipes), in metal bearings, and in many other industrial and manufacturing processes including electronics, plastics and solvents.

Aluminium (Al):

* - lung, liver, thyroid, brain, joint fluid, bone, red blood cells.

** - Cookware, foods cooked or wrapped in foil (esp. food with high fat or acid content) will absorb Al, drinks in Al cans, drinks in soft packs (lined with Al), tea brewed in Al teapots, cathodes in electric kettles, hot water supplies (heaters with Al cathodes), drinking water (used to clarify public water supplies), vaccines and some medications (buffered analgesics, antacids, aluminium hydroxide gel), some deodorants, antiperspirants, cosmetics and toothpaste tubes, food additives (eg. some colourings and preservatives, sodium aluminium phosphate, aluminium calcium silicate as emulsifier in processed cheese, as flow agent for salt, flour and baking powder), cigarette filters, airborne contamination from air conditioner corrosion.

Arsenic (As):

* - digestive, cardiovascular, and nervous systems, endocrine glands, lung, skin.

** - Tobacco smoke, some seafood, past use in insecticides, rodenticides and weed killers, mining, coal burning, especially arsenic-rich coal, in manufacture of other metals and bronze alloys, glassmaking, components of computers, microwaves, TVs, various industrial processes including manufacture of

“Because of biochemical individuality each person will respond differently, according to many factors.”

paints and laundry sprays, as a wood preservative (green CCA-treated timber). Along with antimony, Arsenic may be added to fabrics, mattresses and other furnishings as a fire retardant. Arsenic is a naturally occurring contaminant of water in some developing countries and some regions of the US.

It makes sense to lessen the toxic burden on our cells wherever possible. We can do this by being aware of possible sources, taking whatever steps we can to reduce or eliminate our exposure, and - *under the guidance of a suitably qualified health care professional* - undertake a cleansing and detox regime that is safe and effective, along with optimising our nutrition.

Cleaning up the tissues of accumulated foreign substances can be a sound investment in our future wellbeing. Clinical evidence and anecdotal reports indicate that a safe, gentle and efficient detoxification program which targets and removes toxic

metals and chemicals can yield a wealth of positive effects. People have reported improvements in physical and mental function, higher energy level, sounder sleep, and abatement of a range of symptoms and illnesses. Many have told me they didn't realise *just how much* mercury (and/or other metals) had been affecting their physical and mental health - until they'd experienced the benefits of reducing them.

Lowering the body burden of toxic metals can help to:

- restore mineral status and activity (especially for zinc, selenium, calcium and magnesium);
- bolster the immune system's ability to fight pathogens and disease;
- optimise the body's detoxification processes (liver, kidneys, gastrointestinal tract, lymphatic system);
- enhance gastrointestinal function (i.e. nutrient absorption, waste elimination);
- calm an over-stimulated nervous system and enliven a sluggish one, and improve cognitive processes;
- promote normal hormonal activity; and
- restore energy production within cells, helping them to function more normally.

Because of *biochemical individuality* each person will respond differently, according to many factors. Some of these variables will be their age and general constitution, genetic strengths and weaknesses, their history of heavy metal exposures (and resultant body burden), other stress factors, diet and antioxidant support ... and whether they receive professional guidance where necessary.

Need more information? There is a wealth of material on the internet for those interested in finding out more about toxics exposures and effects, some being:

- *Environmental Health Perspectives*. A peer-reviewed monthly journal providing a forum for news and scientific research relating to issues in environmental health. *EHP* is the journal of the US National Institute of Environmental Health Sciences, part of the National Institutes of Health and the Dept. of Health and Human Services (<http://ehp.niehs.nih.gov/> and: www.ehponline.org).
- *Rachel's Democracy & Health News* [formerly *Rachel's Environment & Health News*], Environmental Research Foundation, USA - provides understandable scientific information on toxic substances and other environmental problems, their effects on human health, the corporations and waste technologies that produce these problems, and what we can do about them.
- (www.rachel.org).
- PubMed: (US) National Library of Medicine and the National Institutes of Health (www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed).

If you would like information on methods of safely removing toxic metals from the body, please contact Anna Priest: 02 6643 3924

FROM THE NEW PRESIDENT

The health and well-being of every person in the world could be improved, and living made more enjoyable because of the wonderful work being done by such a few members of the Hypoglycemic Health Association of Australia. What a thrill it is to read thank you letters from so many parts of the world.

My family and I are most grateful for the valuable contribution made to our health and wealth and this is the reason that there are now eight of the family who have become members. It is also the reason that I decided to become a Life Member. As soon as I recovered from a serious illness I rang with an offer to help in any way. That is when I was asked to join the promotion committee and eventually become your president.

The promotion committee have a mountain of projects ready to go. We now need a part time secretarial assistant to help in finding new members, the preparation of approval documentation and to assist the treasure in obtaining donations. We also need to prepare a procedure manual.

Our core values, as set out in the Constitution show what great wisdom and foresight our founding members had. Each of the eight aims are so positive and unselfish, not complaining or criticising others but lifting up broken people and advising their carers in how to treat their loved ones. This is usually by advice on how to give the correct food in the right combinations and amounts at the right time. We believe that the Hypoglycemic Diet is just the first step in the treatment of over 90 other illnesses.

As we believe that every person at some time in their life will need the information that we have been given, we urgently need young people to be trained in this area, in order for them to be able to make a greater contribution to the health and wealth of our nation, and our world.

Robert Geoffrey Goninon

President

NEW WEBSITE ON DEMENTIA

Members with loved ones or friends who suffer from dementia should find solace and assistance from a new website launched by the Lundbeck Institute.

As the first Australian website to offer interactive support www.dementia.com.au offers not only technical facts and data on the disease but provides tailored information and personal on-line support from qualified doctors and others who are experiencing similar issues.

Some of the interactive features include:

- Setting up your own user profile.
- Write in a personal diary, keep a record of your feelings, thoughts and experiences.
- Interact with other users.
- Tell your story.
- Email questions anonymously to a qualified medical panel via a letterbox.
- Chat with other users in a chat room.
- Debate issues.
- Forward art or pictures to a gallery.

Geriatrician Associate Professor Sue Currie was one of a number of experts who enthusiastically endorsed the new service. "It's practical and hands-on and gives real support. The aim is to facilitate communication and sharing between patients and carers and to foster support that is needed in this often-isolating illness.

Dementia Net is like nothing else available. It is going to be an extra resource for people who are internet savvy and most people are these days." The launch of the site follows consultation with leading Australian psycho-geriatricians, GPs and carers. The initiative is supported by Alzheimer's Australia.

More than 200,000 of our citizens have been diagnosed with dementia. With an ageing population this number is projected to double within four-to-five years.

Ron Buckridge (MEMBER)

RECIPES

Sugar Free Raisin Bars

1 cup raisins
1/2 cup water
1/4 cup margarine
1 teaspoon ground cinnamon
1/4 teaspoon nutmeg
1 cup plain flour (Gluten free plain flour could also be used)
egg, lightly beaten
3/4 cup unsweetened applesauce
1 tablespoon sugar substitute (I use 1/4 teaspoon Stevia)
1 teaspoon baking soda
1/4 teaspoon vanilla extract

In a saucepan, over medium heat, cook the first 5 ingredients until margarine is melted; continue cooking for 3 minutes. Add all remaining ingredients.

Spread into an 8-inch square baking dish that has been sprayed with nonstick cooking spray or lined with baking paper

Bake at 350° F. for 25 to 30 minutes or until lightly browned.

Cut into squares to serve these freeze well.

SWEET POTATO & POTATO CAKES

Served with Herbed Yoghurt

200 g potato peeled and grated
200 g. sweet potato peeled and grated
1 onion finely chopped
2 tabs flour of choice e.g. rice or barley flour
2 tabs fresh basil chopped
2 eggs ,lightly beaten

Combine all the ingredients for the cakes in a bowl. Stir to combine. Spray a frying pan with cooking spray.

Place 2-3 tabs of mixture into the pan and press down to form a cake.

Cook for 3-4 mins. on each side or until golden. Cook 3-4 at a time.

Serve with the Yoghurt of choice that has been mixed with chopped fresh herbs (e.g. parsley, chives, fresh coriander).

Xylitol is a great sugar substitute. It occurs naturally in some vegetables, fruits and hardwoods, is derived from corn cobs and looks and tastes like sugar. Xylitol may be used to sweeten hot and cold drinks, cakes and desserts etc, however when using remember to use ½ that of sugar. It is available in Bulk from Perfect Sweet.

The following recipe comes from Caroline Hartz .This is one of her favorite recipes She also suggests cooking it cup cake size but please do remember to reduce the cooking time and omit the syrup. Instead serve with fresh fruit of choice.

The Perfect Sweet® Flourless Orange Cake

Ingredients:

2 oranges

1 cup Perfect Sweet® (Xylitol)

250 grams almond meal

6 eggs

1 teaspoon of baking powder

Orange Syrup: (optional)

1 cup of orange juice

¼ cup of Perfect Sweet®

1 cup of water

Method:

Pre-heat oven to 180 .Place oranges in a microwave safe bowl, cover with water and glad wrap. Microwave for 10 minutes on high, or boil the oranges for 1 hour. Strain and cool.

Cut the oranges in half and remove the pips. In a food processor, combine oranges and remaining ingredients and process until smooth, making sure no ingredients stick to the sides of the bowl.

Spray bottom and sides of a spring form pan with cooking spray and pour mixture in. Bake in over for one hour. Test with skewer. Allow to cool in tin before removing. Prick holes in top of cake and pour over syrup.

Orange Syrup: (optional) Combine all ingredients in a small saucepan and bring to the boil, stirring constantly. Allow to boil for five minutes till reduced. Pour Over cake.

Serve with cream or Yoghurt of Choice

Serves 10-12

Special Thanks

I would like to thank all those who have helped so generously with the calico bags.

ADMART gave us a special deal on making the bags, and were helpful in more ways than one. I am sure all who receive a bag will be very impressed with the quality.

FILPURE - THE WATER FILTRATION SYSTEMS have given us a very generous discount. I can recommend their products as I have one of their filters in my fridge and for the first time in years have not had a problem with water.

PERFECT SWEET - Caroline and Alex have been very generous with samples and information about Xylitol. Caroline has given us one of her favourite recipes, which is in the recipe section.

GO VITA ARUNDALL - Di Crisp, who has a very successful health food store on the Gold Coast has spent a lot of time helping me out with brochures containing some very useful information.

ORGANIC GROCER

Also a special thanks:

JOHN NATOLI—thank you to John and his office for printing our newsletter without charge.

Sue Litchfield

HYPOGLYCEMIC HEALTH ASSOCIATION OF AUSTRALIA

PO Box 830 Kogarah NSW 1485

ABN 65846851613

Registered Charity CFN 16689

www.hypoglycemia.asn.au

MEMBERSHIP RENEWAL

PLEASE PRINT

Mr/Mrs/Miss: Surname:..... First Name:

Address:

.....State:.....Postcode:.....

Please notify if your details have changed.

1 year Membership: \$22.00

3 year membership: \$50.00

Pensioners & Health Care Card Holders

1 year membership: \$16.50

3 year membership: \$ 35.00

Life Membership: \$200.00

Please tick type of membership

PLEASE NOTE - we now have Internet Banking. Details are as follows.

Our Bank Details: Westpac BSB: 032 258 A/C: 50 0324

When you choose <Internet Fund Transfer> Please insert: the following 2 details

1. Amount you are paying
2. your **NAME, IN THE REMITTER BOX** (very important as this is the only record of your payment if you pay online. Failing to do so creates a bank charge of \$35.00 for the Association.)

Please check with your bank for any differences in procedure for Internet Banking (this is based on the NAB format).

Until we set up automatic payment online would you please post or email your form (renewal or application) to Sue Litchfield), to enable us to keep track of membership payments.

As we are a registered charity, membership and all donations of \$2.00 or more are tax deductible.

Membership entitles you to all up-to-date information & newsletters. If you require a receipt please include a self addressed stamped envelope.

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PO Box 830 Kogarah NSW 1485

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MEMBERSHIP APPLICATION

PLEASE PRINT

Mr/Mrs/Miss: Surname:.....First Name:

Address:

.....State:.....Postcode:.....

Phone/or mobile number:.....

Email Address:.....

Year of Birth:.....Occupation.....

Full Membership: \$ 44.00

This includes a joining fee of \$22.00.

Pensioners & Health Care Card Holders Membership: \$ 33.00

This includes a joining fee of \$16.50.

Life Membership: \$200 (note no joining fee)

Please tick type of membership

Membership entitles you to all up-to-date information & newsletters. Please include your email address if you wish to receive the newsletter by email. This is recommended as it saves us postage and allows us to keep the membership subscription down.

Do you suffer with hypoglycemia? YES/ NO

Does a family member have food allergies/intolerances? YES/ NO

As we are a non-profit organisation aimed at providing support to our members, we need a group of volunteers to call on to spread the load in running the association. If you have any skills that would be of use in this we would appreciate your input.

Are you interested in volunteering to help running the association? YES/NO

See the Renewal Form on the previous page for instructions on paying by Internet Transfer.

Did you know that the Hypoglycemic Diet is the core of Nutritional Treatment? It is also the first step to the treatment of 90 other illnesses.

Please Photocopy

HEALTH PROFESSIONAL'S DONATION FORM

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 a complimentary copy of Dr George Samra's current book "THE HYPOGLYCEMIC CONNECTION II" to

Address: _____

_____ Post Code _____

Email Contacts:

Geoff Goninon—President

geoffgoninon@optusnet.com.au

John Natoli—Secretary

jpn@jntax.com

Sue Litchfield—Treasurer

litch.grip@bigpond.com

Amitee Robinson—Webmistress

amiteer@ozemail.com.au

Feel free to contact any of the above members for further information.

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 you may choose the following options to guide your wording.

Option 1

I devise the sum of \$ _____

To the Hypoglycemic Health Association of Australia for 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 proportional bequest)

I give the Hypoglycemic Health Association of Australia for its general purposes or the specific purpose of _____ a _____ percent of my estate.

The gift you make to the Hypoglycemic Health Association of Australia will be an enduring reminder of you.

2007 MEETING DATES—31 March, 4 August, 1 December

Every year Easter falls on a different day, so please confirm the date of the first meeting when you receive the first newsletter of the year .