

Hypo Health News

July/August 2009

The Hypoglycemic Health Association of Australia
PO Box 830, KOGARAH NSW 1485
ABN 65846851613
Phone: 02 9553 0084
Fax: 02 9588 5290
Registered Charity CFN 16689
www.hypoglycemia.asn.au

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.

Apology: I must apologize to all those who were either unconvinced or extremely disappointed at not receiving a news letter in February announcing our speaker and all the usual articles that make our newsletter such an interesting read. However it was reasons beyond control due to illness etc. The newsletter did not eventuate, however I feel we have made up with it with this newsletter. Thank you all for your understanding and happy reading.

Our next Public Meeting will be at 2.00pm
on **Saturday, 1 August 2009**
At YWCA
5-11 Wentworth Ave, Sydney
(see YWCA noticeboard in foyer for room)

Our guest speaker will be:

Dr George Samra

'Hypoglycemia in the Workplace'

(Please ring Lyn Grady on
to reserve your seat and to assist with catering.)

In this issue:

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- *Dairy and Wheat Intolerance*
- *Beetroot and other Foods*
- *Introduction to Hair Tissue Mineral Analysis*
- *From the desk of Sue Litchfield.....*

PATRONS:

- Dr George Samra
- Steve McNaughton BE (NSW)

PRESIDENT:

- Lyn Grady

SECRETARY:

- John P Natoli

TREASURER:

- Sue Litchfield

WEBMASTER:

- Daniel Goninon

AUDITOR:

- Michael Pendlebury (Chartered Accountant)

NEWSLETTER EDITOR:

- Susan Ridge

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.

TREASURER'S REPORT

(by Sue Litchfield, Treasurer)

I would like to take this opportunity to thank all those that attended the last meeting. It was almost standing room only with many old faces attending, one even came up from Berry on the South Coast to attend the extremely enlightening lecture given by Kathryn Alexander. A general committee meeting was held before the meeting. A motion was put forward and unanimously passed to give financial support to Bev Cook. For those who do not know Bev has worked tirelessly for our association for the past twenty odd years. The support group in Newcastle has been a great advantage to those who live in the Newcastle area. Well done Bev, and many thanks from us all - you deserve a medal!

The AGM was also held with the committee being re-elected. Since the AGM, the President, Geoff Goninon, has resigned, and Lyn Grady is now president. Our finances are still as strong as ever with some very generous donations. There is now \$7,103 in the "maxi" account. The cheque account is kept to a minimum to maximise the interest we receive from the maxi account. Many thanks to those who have renewed their membership. However as it is not our policy to send out receipts, I suggest you send a stamped addressed envelope if you require a receipt. Better still, those who have the internet, could you please email your details, I will put them on file and your receipt will be emailed. My email address is: 'litch.grip@bigpond.com'.

Geoff Goninon very generously donated the money to pay for all Kathryn Alexander's out of pocket expenses to attend our meeting. She flew down from Brisbane for the meeting. This donation was in fond memory of his late wife Margaret, who so very sadly passed away last year. Our condolences go to Geoff and his family.

At a special committee meeting held recently, it was unanimously decided to reintroduce an admission fee of \$5.00 for attendance at meetings due to rising costs. The hall costs us \$160-\$180 depending on the room and I have been donating the catering, which is not getting any cheaper. The entrance fee will be classed as a donation and will be fully tax deductible. I am going camping for a month in June and should have a few interesting tales (good and bad!) to tell at the next meeting in August.

Disclaimer

At this point, I would also like to point out that while we are there as a committee to help and support our members, it must be remembered that none of us are professionally trained apart from Dr Samra, Nicole Samra and Jurriiaan Plesman. So the advice we give must be taken as personal based on personal experiences, and NOT as professional advice. It has been brought to my attention that there are some members who are passing on their beliefs to fellow members. It must be remembered that these beliefs are of a personal nature so therefore the Association will not hold any responsibility or advice given by members of the Association.

Detailed Financial Statements

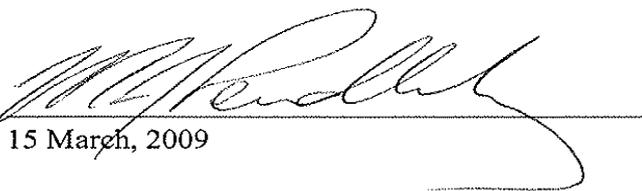
THE HYPOGLYCEMIC HEALTH ASSOCIATION OF NSW

ABN 65 846 851 613

Compilation Report to THE HYPOGLYCEMIC HEALTH ASSOCIATION OF NSW

I certify that I have reviewed the books and records of the Hypoglycemic Health Association of NSW for the year ended 31 December 2008 and confirm that the attached financial report is in accordance with the documentation provided.

Michael Pendlebury
Suite 307, 25 Solent Circuit, Baulkham Hills



15 March, 2009

THE HYPOGLYCEMIC HEALTH ASSOCIATION OF NSW

ABN 65 846 851 613

Detailed Balance Sheet As At 31 December 2008

	Note	2008 \$	2007 \$
Current Assets			
Cash Assets			
Westpac Cheque Account		190	54
Max-i Direct Account		5,933	6,101
		<u>6,123</u>	<u>6,155</u>
Receivables			
Accounts Receivable		707	-
		<u>707</u>	<u>-</u>
Total Current Assets		<u>6,830</u>	<u>6,155</u>
Total Assets		<u>6,830</u>	<u>6,155</u>
Net Assets		<u>6,830</u>	<u>6,155</u>
Members' Funds			
Retained profits / (accumulated losses)		6,830	6,155
Total Members' Funds		<u>6,830</u>	<u>6,155</u>

THE HYPOGLYCEMIC HEALTH ASSOCIATION OF NSW

ABN 65 846 851 613

Detailed Profit and Loss Statement For the year ended 31 December 2008

	2008 \$	2007 \$
Income		
Membership Fees	2,026	3,408
Donations	677	340
Meeting Fees	100	249
Interest Received	402	249
Total income	<u>3,206</u>	<u>4,246</u>
Expenses		
Advertising	214	517
Bank Charges	5	10
Hall Hire	465	408
Hire of Equipment	-	149
Postage	70	65
Printing & Stationery	1,678	802
Subscriptions	-	66
Telephone & Internet	98	414
Total expenses	<u>2,531</u>	<u>2,431</u>
Net Profit	<u><u>675</u></u>	<u><u>1,815</u></u>

NUTRITION AGAINST THE EPIDEMIC FLU

(By Jurriaan Plesman, BA (psych), Post Grad Dip Clin Nutr)
(http://docs.google.com/Doc?id=ddzrmkvn_183c4pws7fi)

ABSTRACT:

The epidemic flu usually strikes people towards the end of the summer season. It can be shown that with declining exposure to sunshine, one of the factors causing the flu is vitamin D deficiency derived from less sun exposure. Another factor is psychological stress, that decreases one's immune system. Like climate change, the ever increasing risk of epidemic flu appears to be man-made because of our agricultural practice in meat production. Large scale factory farming of chickens and pigs place animals in a constant state of severe stress weakening the animals' immune system, thereby exposing them to opportunistic viruses. 70% of all antibiotics produced are used in animal factories, making them less responsive in human diseases. These viruses are sometimes transmitted from animals to humans. When the pathogens are transmitted from humans to humans we have an epidemic of the flu that usually affects the respiratory system first. There are certain steps individuals can take to reduce the risk of exposure to the flu.

Every year, and usually at the end of summer, we hear reports about the flu epidemic. Elderly people are advised to go to their doctors to ask for anti-flu vaccinations. Tamiflu, the drug of choice for the flu epidemic, went through some rough times not too long ago. As the dangers of this drug came to light in 2007, the FDA finally began investigating some 1,800 adverse event reports related to the drug. However, the drug may lessen the effects of the symptoms, and can mean the difference between life and death in marginal cases. Epidemic influenza kills roughly a million people every year worldwide, usually by causing pneumonia.

Over two hundred different viruses can cause upper respiratory infections (colds and flu), and they are around all year long. We are told that the flu virus may change its 'colours' every year and we wonder whether the flu injection may be the right one. The vaccination could be fighting an outdated virus. One reason why we seem to become vulnerable at the end of summer and beginning of the winter is related to our sun exposure. The less sunlight we get, as during autumn and winter, the less we get vitamin of D3 that we normally obtain from the sun. No wonder vitamin D is not so much a vitamin, but a sun vitamin.

There are many studies to show that vitamin D has a powerful ability to aid the functioning of the immune system such as T-cells and macrophages. It also has the potential to lower your blood pressure and cholesterol levels, strengthen your immune system and virtually eliminate crippling conditions like rheumatoid arthritis and multiple sclerosis. For instance, following an epidemic of influenza in a maximum-security hospital for the criminally insane, it was found that in a ward where inmates were given 2,000 units of vitamin D every day for several months, they were not affected by the epidemic. According to Dr John Jacob Cannell, high doses of vitamin D taken at the first sign of influenza can effectively reduce the severity of symptoms.

A flu epidemic, like climate change, is often related to human activities. It is not by sheer accident that the **influenza pandemic of 1918-1919** killed more people than the Great War, known today as World War I (WWI). Millions of soldiers in trenches and people had to endure incredible psychological stresses that would have affected their immune system. Somewhere between 20 and 40 million people died. It has been cited as the most devastating epidemic in recorded world history. More people died of influenza in a single year than in four years of the Black Death Bubonic Plague from 1347 to 1351. Known as "Spanish Flu" or "La Grippe" the influenza of 1918-1919 was a global disaster. **Psychological stress** is well known to increase the susceptibility of the common cold and flu by decreasing mucosal immunity in the upper respiratory tract. The findings also suggest a multidimensional relationship between stress and susceptibility to cold and flu.

The question is, where do these epidemics - such as bird flu and swine flu - have their origin? It is no great surprise to hear that the epidemics have been named after animals. Let the literature speak for itself by quoting the following extracts:

*Let's look **at factory farms** and the unanticipated consequences that have come with the adoption of factory techniques to produce animals for human consumption. The crowding of many animals in a small space and confinement of individual animals in small stalls creates **stress**, frustration and boredom in the animals.*

Sadly, maximizing productivity is the sole objective on factory farms, and no consideration is given to the comfort or quality of life (or death) of the animals that end up on your dinner plate, causing them severe respiratory discomfort and illness. Pigs are intelligent creatures with a higher IQ than dogs, yet in today's pig factories, they are stuffed into narrow steel stalls they can barely move in, stacked row upon row on top of each other. The urine and excrement from pigs in the upper levels drop down on those in the lower levels and toxic gases from waste (methane, ammonia, hydrogen sulphide) build up, causing them severe respiratory discomfort and illness.

Beef cattle, pigs, and sheep are not immune to the cruelties of factory farming. The conditions under which these animals are raised result in severe physiological as well as behavioural afflictions. Anaemia, influenza, intestinal ailments plague factory-farmed animals. The pork industry's own research revealed that 70-90% of persons who work in such places experience acute respiratory symptoms. It was revealed that up to 70 percent of all factory-farmed hogs display symptoms of atrophic rhinitis and pneumonia.

Each day, chickens eat about 70-100 grams of specially designed feed, which may contain antibiotics or growth hormones. Although chickens are efficient at converting grains into protein, their living conditions make them very susceptible to respiratory diseases. Chickens raised in small quantities, were fed table scraps and hunted and pecked for insects that were attracted to manure. But in large numbers, there are not sufficient table scraps and the chicken must be fed special feeds. Chickens raised indoors do not get enough sunlight to metabolize calcium properly, so the feed must be supplemented with vitamin D and cod liver oil. Because the birds live in close proximity to each other, antibiotics are often necessary to keep the birds healthy.

Many of these antibiotics are the same ones used in human medicine. There is now widespread concern among health professionals that agricultural antibiotic use is an important factor in the well-documented declining ability of antibiotics to fight human diseases, and the constant presence of antibiotics may lead to drug-resistant strains of bacteria. One study found that **70% of all antibiotics use in the United States are for livestock production**, mostly for uses other than the treatment of sick animals. (Another 14 percent is used as pesticide in fruit and vegetable production.)

Farmers add antibiotics to the feed to keep the animals going until slaughter. For poorly understood reasons, antibiotics help fatten some livestock on less food, adding an economic incentive for feeding excess non-therapeutic doses. Many of the drugs used on farm animals closely resemble the types used for treating human bacterial infections, the third leading cause of death in the United States after heart disease and cancer. Clearly, antibiotic overexposure undermines the drugs' effectiveness for treating infectious diseases at least, and at worst, can render them useless. In other words, continuing to eat these drugs in our food eventually could make us very vulnerable to bacterial diseases.

Public health authorities already have found pathogens in antibiotic-fed animals that resist many of our wonder drugs. But factory-bred farm animals still eat antibiotics at eight times more than humans. This, in turn, can have serious impacts on human health. About 25 million pounds of antibiotics are fed every year to livestock for growth promotion. Regular swine flu is a contagious respiratory disease, caused by a type-A influenza virus that affects pigs. The current strain, A(H1N1), is a new variation of an H1N1 virus (which causes seasonal flu outbreaks in humans) that also contains genetic material of bird and pig versions of the flu. It is interesting to note that some strain of the herpes simplex virus (shingles) can be starved to death by a diet that is high in lysine and low in arginine.

It is not known whether lysine also inhibits EBV, HHV-6, or CMV, but these viruses are all members of the herpes family. Lysine is safe and inexpensive. The recommended dose is 1,000 milligrams three times a day. It is certainly worthwhile to include high lysine foods in the diet, which will lower arginine sources. However arginine is also the forerunner of nitric oxide and growth hormones. A decrease in nitric oxide may affect Chronic Fatigue Syndrome (CFS) as this illness is marked by low levels of growth hormones. Thus it is wise to consult a doctor.

Hence some dietary rules to protect against the epidemic flu are:

1. Optimize vitamin D levels (up to 5,000 units a day when you have the flu, normally 2,000 units a day when well), they should be at levels of 50-70 ng/ml.
2. Avoid sugar and processed foods
3. Get enough rest
4. Exercise: this increases your blood circulation throughout the whole body
5. Supplement with animal based Omega-3 fatty acids like Krill Oil
6. Wash your hands regularly
7. Eat Garlic regularly (from Dr J Mercola)
8. Eat foods high in lysine:arginine ratio such as: fish, chicken, beef, lamb, milk, cheese, beans, brewer's yeast and mung bean sprouts
9. **Avoid:** Foods high in arginine:lysine ratio such as: gelatine, chocolate, carob, coconut, oats, wholewheat and white flour, peanuts, soy beans and wheatgerm.

10. Also, drink green tea which contains EGCG (50%), together with vitamins A, E, C, L-Lysine, zinc helps in inhibiting the invasion and spread of viral infection. **Nutrient mixture** of lysine, proline, ascorbic acid, green tea, NAC and selenium. (*Please discuss with a Nutritional Doctor, Clinical Nutritionist or a Nutritional Psychologist.*)

And above all: Vote for political parties that ban the establishment of disease generating animal factory farms and that encourage the creation of humane free-range animal farms.

The Healthy Hypo Snacking Quiz!

(Contributed by Nicole Samra, Provisional Accredited Practicing Dietitian)

People with reactive hypoglycemia need to eat foods rich in protein frequently during the day to avoid plummeting blood glucose levels and the associated fatigue, irritability and poor concentration. The quiz below has been designed to help you determine whether your snacking habits for reactive hypoglycemia contribute to good overall nutrition.

Instructions:

For each of the statements listed below, put a tick against anything that you 'could improve'.

You generally:

- choose snacks with a good quality source of protein
- plan what you will eat for morning and afternoon tea most days
- eat snacks within 2.5 hours after breakfast, lunch and dinner
- avoid snack foods that are high in sugar, fat and salt
- drink plenty of water between meals
- keep healthy snacks on-hand in case you're away from work or home
- avoid over-eating at morning and afternoon tea
- choose different snack foods to the food you eat at breakfast, lunch and dinner

Can you improve your snacking habits?

After completing the quiz, scan down the 'could improve' statements to identify ways to improve your snacking habits.

Other tips to improve your snacking habits for reactive hypoglycaemia

- > Keep on-hand non-perishable foods rich in protein e.g. small cans of fish or unsalted nuts.
- > Eat snacks slowly and wait at least 15 minutes before reaching for more.
- > Choose snacks with whole grains that provide fibre, a sustained energy boost and a feeling of fullness.
- > If you make your lunch at home, prepare your morning tea and afternoon tea at the same time.

EVERYDAY HEALTH

Susan Ridge compiled an article about Hypoglycemia which is published in the latest edition of *Everyday Health Magazine*. This quarterly publication is produced by Orgran, the makers of some wonderful healthy food products, particularly for those who are intolerant to gluten, dairy, soy and egg (to name a few). This magazine has some fabulous articles on all aspects of every day health that are beneficial to all and well worth reading.

The only down side to the magazine is that, whilst it has some fabulous recipes, very few, if any, are suitable for hypoglycemics as most of them do contain sugar. But do not be turned off, as most of the recipes can be adapted using Xylitol. This magazine is available at most health food stores and is also available by subscription. The cost is \$10 for 1 year's subscription. For those who want to find out more about the company and its products, or download some previous issues of the magazine, simply go to the following website address: <http://www.orgran.com/>

DAIRY AND WHEAT INTOLERANCE

(Contributed by Nicole Samra, Provisional Accredited Practicing Dietitian)

Many people with Reactive Hypoglycemia also have dairy and wheat intolerances. A hypothesis put forward by Peter Gibson, an Australian Professor, might help us to understand why wheat and dairy intolerances often occur together.

Dairy products contain lactose, which is a short-chain carbohydrate that is not properly absorbed if there are problems with an enzyme called 'lactase'. The lactose that is not absorbed stays inside the intestine and increases the pressure inside the intestine in two ways:

Firstly, the lactose changes the osmolarity inside the intestine, which causes more water to diffuse inside the intestine, and the high volume of fluid increases the pressure inside the intestine. Secondly, the lactose is easily turned into gas by the bacteria inside the intestine, and the gas also increases the pressure inside the intestine, and can lead to problems with wind. The increased pressure inside the intestine causes symptoms such as bloating, abdominal pain and changes in bowel motions. If you experience these symptoms after eating foods that contain lactose, you might benefit from trying to limit the amount of lactose in your diet. This can be achieved through low-lactose milks and yoghurt. Hard cheeses and butter are naturally low in lactose, and foods such as chocolate, cream and soft cheeses can generally be tolerated in small amounts.

Wheat contains high amounts of fructans, which like lactose, is another short-chain carbohydrate that is not properly absorbed. The reason for poor fructan absorption is that mammals do not have enzymes in their intestines capable of splitting the chemical bonds that hold fructans together (Barrett & Gibson, 2007). Another major source of fructans are members of the onion family such as red onions, spring onions, leeks and shallots. Lactose in dairy products and the fructans in wheat are not the only types of short-chain carbohydrates that can cause symptoms of pain, bloating, wind and constipation or diarrhea. The abbreviation "FODMAP" is used to describe the other types of problematic short-chain carbohydrates – it stands for Fermentable Oligo-, Di- and Mono-saccharides and Polyols. The relationship between FODMAP foods and symptoms is Figure 1 below, which has been adapted from Barrett and Gibson (2007).

Fructose is a mono-saccharide present in honey and many types of fruit. Like lactose and fructans in wheat, fructose is not completely absorbed. Hydrogen breath testing has demonstrated that approximately 80% of people do not completely absorb fructose when it is eaten without any other food, however fructose absorption is increased when fructose is eaten with glucose (Barrett & Gibson, 2007). This means that people with Reactive Hypoglycemia are more likely to experience fructose malabsorption as their diet contains low amounts of glucose. However, fructose may not be problematic for people with Reactive Hypoglycemia if they follow the advice of Dr. Samra and only consume modest amounts of fruit and fruit juice.

Polyols are the chemical name for artificial sweeteners used by many people with Reactive Hypoglycemia as a substitute for sugar. At least 70% of these artificial sweeteners are not absorbed in the intestine (Barrett & Gibson, 2007), which increases the pressure inside the intestine in the same way as lactose and fructans. Instead of artificial sweeteners, a natural alternative to sugar called Stevia can be used by people with Reactive Hypoglycemia. If you know someone that frequently experiences symptoms of bloating, abdominal pain, wind and changes in bowel motions, the checklist below can determine whether the symptoms could be related to high FODMAP foods. Breath tests can also be performed to check for lactose and fructose malabsorption by measuring the amount of hydrogen or methane gas you produce after drinking a sweet solution.

FODMAP checklist: (Check the food items you eat regularly)

- **Fruit:** apple, pear, watermelon, honeydew, mango, nashi pear, paw paw, quince, star fruit or guava
- **Stone fruit:** apricot, peaches, cherries, plums, nectarines
- **Dried fruit/Dried fruit bars**
- **Fruit juice**
- **Fruit pastes and sauces**
- **High fructose corn syrup:** fruit drinks, carbonated drinks, tomato sauce, jam, pickles, pancake syrup
- **Honey**
- **Coconut milk/cream**
- **Fortified wines:** sherry, port etc.
- **Vegetables:** onion, leek, asparagus, artichokes, cabbage, brussel sprouts, green beans
- **Legumes:** baked beans, kidney beans, lentils, black eyed beans, chickpeas, butter beans
- **Wheat Bread:** white or wholemeal
- **Wheat pasta, noodles**
- **Wheat-based breakfast cereal**
- **Wheat-based cakes, sweet biscuits or crackers**
- **Chicory-based coffee substitutes**
- **Artificial sweeteners:** sorbitol, mannitol, isomalt, xylitol
- **Dairy:** milk, ice-cream, yoghurt

If strictly avoiding foods that contain FODMAPs for 8 weeks results in a significant improvement in symptoms, you can determine your tolerance level of specific types of FODMAPs by a 'challenge'. If you would like more information on low FODMAP diets and meal plans, please email "nicole.samra@gmail.com".

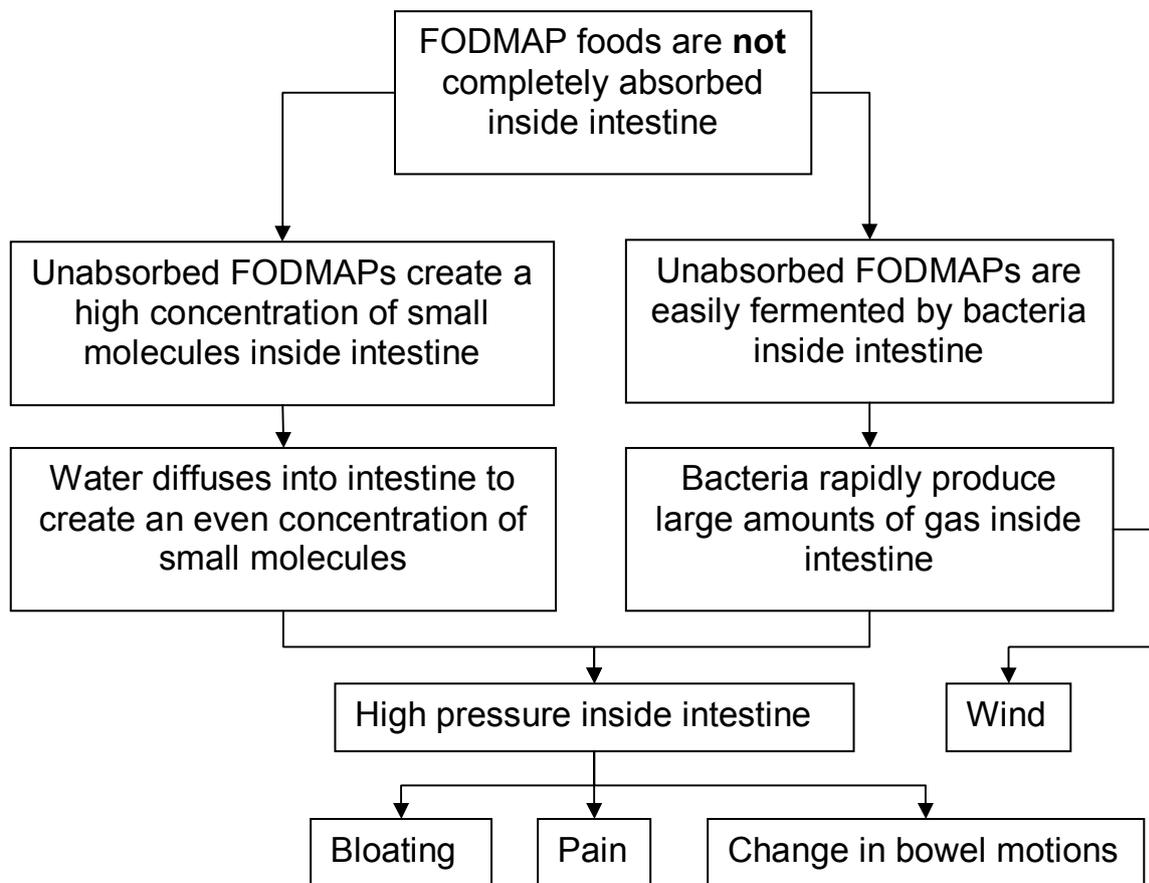


Figure 1: Relationship between FODMAP foods and gastrointestinal symptoms (Adapted from Barrett & Gibson 2007).

References:

Barrett JS & Gibson PR. Clinical Ramifications of Malabsorption of Fructose and Other Short-chain Carbohydrates. *Practical Gastroenterology*, 2007;53:51-65.

BEETROOT (by Sue Litchfield)

The beetroot is a flowering plant species (*Beta vulgaris*) with its history dating back to Neolithic times. However it was during the eighteenth century that it was grown for its sugar. Today its cousin, the sugar beet, provides over half of the world's sugar.

Ever since the Romans started drinking beetroot juice, beetroot has been applied to almost every medical complaint known to humankind. More recently beetroot has been demonstrated in the medical literature to be beneficial as anticarcinogenic and antimutagenic, assisting in the prevention and treatment of cancer. It is also thought to boost the immune system.

There are also many benefits of including beetroot in our hypoglycemic diet. They include being low GI (great for the slow absorption of foods), a great source of soluble fibre, which in turn can help reduce high blood cholesterol levels. It is also a great source of folate that can protect you against high blood pressure, Alzheimer's and dementia.

Also many vitamins are included in this vegetable. Very recent studies have found that 500mls of beetroot juice daily can actually lead to a reduction of blood pressure within an hour of consuming. (<http://en.wikipedia.org/wiki/Beet>)

INTRODUCTION TO HAIR TISSUE MINERAL ANALYSIS

Speaker: Zac Bobrov, InterClinical Laboratories Pty Ltd

(PO Box 6474, ALEXANDRIA NSW 2015)

Ph: (02) 9693 2888, Fax: (02) 9693 1888

Email: lab@interclinical.com.au

Website: www.interclinical.com.au

IMPORTANCE OF MINERALS

Minerals are involved in almost all biochemical processes and are interrelated to all other nutrients including vitamins, minerals, proteins, carbohydrates and fats. Minerals are essential for the maintenance of many metabolic and biochemical processes including:

Structural Support	Nerve Conduction
Cellular Metabolism	Muscular Activity
Immunity	Water - Acid/Alkaline
Anti-Oxidants	Enzyme Activity
Endocrine Activity	DNA Functioning

There are many factors affecting mineral status including:

Mineral depletion of soils	Food preparation
Dietary habits	Environmental pollution
Heavy Metals	Illness
Medications	Genetics
Metabolic Disorders	Stress

VITAMIN TO MINERAL SYNERGY

The key to understanding nutrition is to understand their interrelationships. Their relationships are like an interlocking gear system. When a single mineral is affected, either too much or too little, it can have an effect on at least two other minerals, which in turn will affect two other minerals, and so on.

There are two basic relationships that exist between nutrients, a synergistic relationship where minerals work in cooperation with each other. At other times nutrients can work against each other and oppose each other. This is called an antagonistic relationship.

<u>VITAMIN</u>	<u>MINERAL SYNERGIST</u>
<u>A</u>	Zn - Mn - K - P - Mg - Se
<u>D</u>	Ca - Mg - Na - Cu - Se
<u>E</u>	Na - K - Ca - Fe - Mn - Zn - P - Se
<u>B1</u>	Zn - Se - Co - Na - K - Fe - Mn - Mg - Cu
<u>B2</u>	Fe - P - Mg - Zn - K - Cr
<u>B6</u>	Zn - Cr - Mg - Na - K - P - Fe - Mn - Se
<u>B12</u>	Se - Cu - Ca - Co - Na
<u>C</u>	Fe - Cu - Mn - Se - Zn - P - Mg
<u>B3</u>	Zn - K - Fe - P - Mg - Mn - Na - Cr - Se
<u>B5</u>	Cr - Na - K - Zn - P

MINERALS INVOLVED IN BLOOD SUGAR REGULATION

Various key minerals are involved in the maintenance and control of blood sugar regulation in the body. The main minerals and vitamins that are needed to maintain blood sugar regulation, carbohydrate metabolism and endocrine function include: chromium, copper, manganese, vanadium, magnesium, zinc, vitamins C, B6, B12, D and E.

NUTRIENT CLASSIFICATION

Nutrients can be classified by the metabolic effect they have in the body, either as stimulatory or sedative. Stimulatory nutrients are under the control of the Sympathetic Nervous System and the sedative nutrients are under the control of the Parasympathetic Nervous System.

**STIMULATORY NUTRIENTS
(SYMPATHETIC) MINERALS**

Phosphorus (P)
Sodium (Na)
Potassium (K)
Iron (Fe)
Manganese (Mn)
Selenium (Se)
Lithium (Li)
Chromium (Cr)
Molybdenum (Mo)

**SEDATIVE NUTRIENTS
(PARASYMPATHETIC) MINERALS**

Calcium (Ca)
Magnesium (Mg)
Zinc (Zn)
Copper (Cu)
Boron (B)
Barium (B)
Cobalt (Co)
Silicon (Si)
Vanadium (Va)

CONTAMINATION

Contamination of heavy and toxic metals can affect the nutritional balance of nutrients and minerals in the body. Contamination can occur through the following ways:

- Transplacental (absorbed by the foetus in the womb)
- Transdermal (through the skin)
- Ingestion (from food sources, water)
- Inhalation (from environmental sources)

TESTING FOR HEAVY METAL BURDEN

- Hair - provides record of past exposure and tissue accumulation levels.
- Blood - reflects ongoing exposure, but does not reflect tissue accumulation
- Urine - 24 Hour:
 - > shows only recent exposure
 - > chelation challenge
 - > confirms tissue deposition and body burden

HISTORY OF THE USE OF HAIR MINERAL ANALYSIS

- There is documented use of HMA about 100 years ago in London for determining arsenic poisoning.
- HMA has become a significant research tool in the health, medical, environmental, archeological, forensic, epidemiological, biochemical, and nutritional fields.
- Archeological – Napoleon, Andrew Jackson, Neolithic Iceman, Egyptian mummies and Bog mummies of Northern Europe.
- 200 year old Chinese mummies found in the Nevada desert.

FACTORS THAT MAY AFFECT HTMA RESULTS

- Improper sampling techniques
- Contamination:
 - > Cutting instruments - Cr (chromium), Fe (iron)
 - > Swimming Pools, Spas - Cu (copper), Li (Lithium)
- Hair Dyes - Hair Treatments
 - > Grecian Formula - Pb (lead)
 - > Bleaching - Ca (calcium)
 - > Selsun Blue - Se (selenium)
 - > Head and Shoulders - Zn (zinc)
 - > Permanent Wave Solutions - Mg (magnesium)

FROM THE DESK OF SUE LITCHFIELD.....

REMINDER TO ALL MEMBERS

PLEASE NOTE: All those who have elected to pay their subscriptions annually and have not yet done so, they were due on the 1st February 2009, unless you have elected to take up our offer of three year for the price of two. The other option was to become a life member and that way you would never have to worry about renewals.

PLEASE CHECK YOUR EXPIRY DATE as there have been a number of members who have failed to look, and have paid for 6 years. Mind you, as treasurer, I am not going to complain about that. We also offer a direct debit, so please check out our banking details on the renewal form. It would be appreciated if using this facility, to email me, and I will email a receipt back to you. The reason I ask you to email me also keeps me up-to-date with email addresses, as there have been a number of members who have failed to notify me of their changes.

When renewing could you please check I have all your correct details again as we have a few newsletters being returned due to incorrect addresses. Hope you are all getting through this credit crisis in one piece. Looking forward to seeing you all at the next meeting on 1 August.

GLYCERIN

(I have included the following article on glycerin by Dr Samra. Glycerin over the years has been a life saver for me especially if I know I will be unable to have a snack or if I am running late for meals. I tip out 20 mls (1 dessertspoon) of water from a 250 ml water bottle and replace this with 20 mls of glycerine. Also, this is great for those in the corporate world, where meetings tend to go on for hours with no provision for meal breaks, apart from the coffee that is provided (which really is not the best for us poor hypoglycemic sufferers!!!).

(An extract from Dr George Samra (2002), THE HYPOGLYCEMIC CONNECTION II, One Stop Allergies, Sydney. Australia Page 251. This book can be obtained by phoning 9553 0084.)

Glycerin is a trihydric alcohol (CH₂OH-CHOH-CH₂OH). It is a clear colourless syrupy liquid with a sweet taste. It is soluble in water and alcohol, but insoluble in oils. When given orally, glycerin is readily absorbed. It may be employed as a sweetening agent or vehicle in place of syrups. It may be used in diabetic and hypoglycemic diets as a sweetener because **it's absorption and metabolism bypass the pancreas and insulin secretion**. In this way, it is able to act as a useful energy source in these diseases.

Glycerin absorbs water and therefore, in high concentration, it is somewhat dehydrating and irritating to exposed tissue. For this reason, used topically, concentrated solutions are slowly bactericidal. Glycerin can be incorporated in the diets of rats to the extent of 35 per cent of the total calories without exerting noxious actions. No systematic actions follow copious applications to the skin. However, glycerin can exert toxic effects given by injection (*approximately 10mg per kilogram*) - there may be renal (kidney) or hepatic (liver) toxicity.

Glycerin **MUST** be taken in diluted form, such as in herbal teas, fruit juice or even just with water diluted 20%. To 1 cup of water/juice add up to 1 dessertspoon of glycerin. It is a good idea to take about 20 minutes before sport or study. Avoid drinking more than 50mls of glycerin per day.

Glycerin is commonly used as a base for topical preparations often with other drugs added. It may be given as a rectal suppository to promote bowel evacuation.

Sue's TIP

Because I do a lot of driving from the Gold Coast to Sydney a time frame of 11 hours, I get a 1-litre bottle of water and remove 50mls (5 dessertspoons) and replace the water with glycerin. This I sip as I drive along. This really helps stop driver fatigue.

MOULD

There are a number of us who apart from being intolerant to sugar also have a mould problem. I have put together a list of foods that contain moulds. The list is nowhere complete, but please use it as a guideline. I also suggest that you avoid Rice Syrup, as well as the artificial sweeteners that are on the market.

Beveridges

beer, ginger beer, all wines including the sparkling variety

Breads

all the major brand names including generic brands, pumpernickel, sour dough, all types of bread rolls

Cheese

all cheeses including cottage, feta and ricotta

Fruit

all dried fruits, canned fruits and fresh fruits, especially rockmelon and watermelon

Meats

pickled and smoked meats, fish, ham, chicken, turkey, corned beef, hot dogs and frankfurts, sausages

Dairy

buttermilk, sour cream, yoghurt

Spreads

jams, Marmite, Vecon, Vegemite

Sauces

all sauces used in Asian cooking, Bonox, all chutneys and pickles, mayonnaise, miso, pasta sauces, all salad dressings, tomato paste, tomato sauce

Vegetables

canned beetroot and tomatoes, mushrooms, all pickled vegetables including cucumbers, gherkins, olives and onions

Vinegar

all brand and generic brands, balsamic, cider, and all the flavoured varieties

- Also avoid keeping potatoes for an extended period of time
- If using herbs please use the fresh variety NOT the dries ones

This time I thought I would start a list of foods I feel we would all benefit from if used in our every day diet. This is only the 'tip of the iceberg' and hopefully, with time, I will have a comprehensive list for you. Some of the other foods I intend to add to the list are as follows:

- custard apples
- macadamia Nuts
- paw paw
- quinoa
- rice bran oil
- walnuts
- yoghurt

AVOCADOS

The green pear shaped fruit is actually grown on a tree native to Central America and Mexico. Because we have so many orchards here in Australia many believe it is native to our country. There are many health benefits by eating Avocados as they contain oleic acid, a monounsaturated fat that may help to lower cholesterol. They are also a good source of potassium, a mineral that helps regulate blood pressure. Adequate intake of potassium can help to guard against circulatory diseases like high blood pressure, heart disease or stroke. 1 cup of avocado will also provide you with about 25% of folate, essential for pregnant women. (*Reference <http://www.whfoods.com/>*)

BUFFALO YOGHURT

These are some interesting facts I have picked up about buffalo milk which, by the way, should not be confused with cow's milk, as it is a different animal. Compared to cow's milk, buffalo milk is almost snow white and has a clean, velvety consistency with a refreshing aftertaste. Buffalo milk contains 43% less cholesterol than cow's milk and 58% more protein. It also contains high levels of the natural antioxidant tocopherol. Buffalo products are available in Australia in the form of mozzarella, bocconcini, yoghurt and feta cheese. Buffalo products are at the premium end of the cheese spectrum overseas, and awareness is growing rapidly among the Australian public.

Tocopherol - Tocopherol by the way is commonly called vitamin E, and is a fat soluble vitamin which is an important antioxidant. Vitamin E is great as a preventative for heart disease. It also helps fight cancer, cataracts, Parkinson's disease and Alzheimer's disease. Vitamin E is often used in skin creams and lotions because it is believed to play a role in encouraging skin healing and reducing scarring after injuries such as burns.

Bocconcini - Bocconcini is traditionally made in Southern Italy from the milk of water buffalo which were introduced into Italy from India in the 16th century. The fresh young bocconcini balls are mild, fragrant and also very delicate. They make a great salad combined with tomato, fresh basil and a good olive oil. They can also be finely sliced and used as a pizza topping.

Mozzarella - Traditionally, all pizza and lasagne in Italy were topped with buffalo mozzarella. However, today, it is hard to find the traditional as it has become very commercialised, and now made out of cows milk. However, buffalo mozzarella is available, but one has to really search for it.

CELERY

Celery was derived from wild celery thought to have originated in the Mediterranean regions of Northern Africa and Southern Europe and areas extending east to the Himalayas. The use of celery leaves as a medicine goes back to the 9th century BC where it made an appearance in the *Odyssey*, the famous epic by the Greek poet Homer. The ancient Greeks used the leaves as laurels to decorate their renowned athletes, whilst the Romans used it as a seasoning. Over the years, celery has become a common household staple along with carrots, onions and potatoes.

There are many benefits with celery as it contains Vitamin C, K, B6, B2 and B6 along with potassium, folate, molybdenum, manganese, calcium, magnesium, phosphorus and iron. It is also a very good form of dietary fibre. Celery's potential to lower Blood pressure has been long recognised by Chinese medicine practitioners. Recent studies have found that having celery juice can help with the lowering of blood pressure.

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 and 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. (<http://en.wikipedia.org/wiki/Cranberry>)

GARLIC

Native to central Asia, garlic is one of the oldest cultivated plants in the world and has been grown for over 5000 years. Ancient Egyptians seem to have been the first to cultivate this plant that played an important role in their culture. Garlic was not only bestowed with sacred qualities and placed in the tomb of Pharaohs, but it was given to the slaves that built the Pyramids to enhance their endurance and strength. This strength-enhancing quality was also honoured by the ancient Greeks and Romans, civilizations whose athletes ate garlic before sporting events and whose soldiers consumed it before going off to war.

For a small vegetable, garlic (*Allium sativum*) sure has a big, and well deserved, reputation. This member of the Lily family, a cousin to onions, leeks and chives, can transform any meal into a bold, aromatic and healthy culinary experience.

Garlic is arranged in a head, called the "bulb," which is made up of separate cloves. Both the cloves and the entire bulb are encased in paper-like sheathes that can be white, off-white or pinkish. Garlic contains manganese, vitamins B6 and C, tryptophan, selenium, calcium and phosphorus. The health benefits of garlic are many including lowering blood pressure, and cholesterol. One of the main properties of garlic is its anti-inflammatory, anti-bacterial and anti-viral properties and often works where antibiotics do not. Garlic is also wonderful for the role it takes in protecting the body against

GOJI BERRY

Also known as NingXia, Wolfberries (goji berries) have been called the most nutritionally dense food on the planet. These were 1st discovered in China over 1000 years ago. For centuries, the Goji berry has played an important role in Chinese Medicine. It is only in recent years the western world has discovered the Goji Berry for its natural antioxidant compounds (Vitamins C, E and beta-carotene), which are proven to be an effective weapon against free radicals. Thus, they prevent premature aging and chronic disease. Not only are Goji berries full of antioxidants, they contain 500 times more vitamin C per gram than oranges, more beta-carotene than carrots, they contain Vitamins B1, B2 and E and 21 trace minerals including zinc, iron, copper, calcium, germanium, selenium and phosphorus plus 18 amino acids. If taken in the morning, Goji is said to make one feel happy all day. Goji is available in berries and juice - both have the same properties

GRAPE SEED OIL

Grape seed oil is pressed from the seed of various grape seeds, an abundant by-product of wine-making. Although it's not well known in Australia, grapeseed oil has been used for centuries in European kitchens, where its light nutty taste and higher cooking temperature have made it valued over other oils. Grapeseed oil is made from the seeds of grapes after the juice has been extracted for wine. France and Italy, the top wine-producing countries, are naturally the leading makers of grapeseed oil. Using grapeseed oil in your cooking provides two key nutrients in your diet: vitamin E and linoleic acid. Grapeseed oil has a high concentration (60-120mg per 100g of oil) of the antioxidant vitamin E. It is also a highly concentrated source (76%) of linoleic acid, an essential fatty acid (EFA) also known as omega-6 acid, so it must be acquired through the diet. It is needed for the production of prostaglandins, hormone-like substances in the body involved in reducing platelet aggregation (blood clotting) and inflammation. Furthermore, grapeseed oil is naturally cholesterol-free. Lowering your intake of saturated fats can help reduce your risk of developing heart and circulatory problems. (http://en.wikipedia.org/wiki/Grape_seed_oil) (<http://www.umm.edu/altmed/articles/grape-seed-000254.htm>)

PECAN NUTS

The pecan nut tree is a species of Hickory native to south eastern America. There are many pecan orchards now in North Eastern NSW, and the original plantation was near Moree in North West NSW. It is a deciduous tree growing to 25-40m. The trees are very long living and may continue to bear fruit for up to 300 years. Pecan nuts are an important source of ellagic acid. They are also a good low fat source of vitamin E and vitamin B17, which is known to be very good for its anti-cancer effects. They can also, if eaten correctly, lead to lower cholesterol levels. Pecans contain different forms of vitamin E, which protect blood fats (lipids), such as cholesterol, against oxidation – a process that causes fatty substances to build-up on artery walls and increases the risk of heart disease. Pecans are particularly rich in a form of vitamin E called gamma tocopherol. (NB Ellagic acid is a polyphenol antioxidant which is believed to be essential in the prevention of cancer.) (<http://en.wikipedia.org/wiki/Pecan>)

PARSLEY

Parsley is the world's most popular herb - the name was used by the Ancient Romans and the Greeks. In fact, parsley's name comes from the Greek word meaning "rock celery" and it is a relative to celery. In contrast to celery, parsley has a long and definite ancient history as a food plant. It was well known as a flavouring and garnish by the ancient Greeks and Romans, who even used it in festive garlands. Eating it was supposed to ward off intoxication! One of the primary health benefits of parsley is as a food source. Over the years, both the leaves and the roots of some varieties have been eaten by people all over the world. Some ethnic dishes rely on the herb for its fresh flavour. It goes particularly well with fish, but can also be used in sauces, soups, stews and salads.

Unfortunately, in America, most people view parsley as a garnish and leave it uneaten. Big mistake! As a food source, the nutritional value of parsley comes mostly from its vitamin C and vitamin A, which is an antioxidant. However, the dietary effects of parsley do not end with its vitamin content. The health benefits of parsley in herbal medicine include its use in the control of high blood pressure. Chinese and German herbalists recommend parsley tea for this purpose. Scientific evaluations of the dietary effects of parsley seem to support this recommendation. Scientific evaluations of the dietary effects of parsley have shown that it enhances the kidney's ability to excrete sodium and water, thus it acts as a natural diuretic. It also improves the function of potassium in the body. Potassium counteracts the negative effects of salt.

WATER

One would be surprised to find "water" listed as one of the World's Healthiest Foods. Many health-conscious people don't think about water as a food. Even if they do, they don't think about it as being "much" of a food. From the thousands of foods available on our earth, we singled out the World's Healthiest Foods on the basis of nutrient density. These foods provide you with the highest amount and greatest variety of nutrients for the least number of calories. If you

gallon of water has zero calories. But what you can get for these zero calories is nothing short of amazing. High-quality, naturally cycled water moves down through the earth into the groundwater. En route, it can pick up a wide variety and significant amount of minerals from the soil. As they "percolate" down through the earth, natural rainwater, water from snow melt, and most other forms of water become mineralized with calcium, magnesium, and a dozen other health-supportive minerals. In our health benefits section, we'll describe how these dissolved minerals give water some fantastic health supportive properties, in addition to the unique role that water plays as the world's only guaranteed disease-preventing liquid!

Water is the key to the elimination of toxins from our body in the form of perspiration and urine. It also acts as a lubricant, thus protecting our body parts by surrounding them in a shock-absorbing fluid. It also acts as a solvent, thus dissolving nutrients. The most important dissolved nutrients come in the form of electrolytes. One of the best things about water is that it acts as a thermostat in our bodies. If we get hot, we use the water to perspire, and if we get cold, our bodies use water to heat us.

SUE'S RECIPES

This time I decided it was time to produce a few salads and salad dressings. Marouli Salad is great with poached salmon. By the way, the best way to do that is to wrap a salmon cutlet or fillet in a lightly grease foil wrap so it is airtight, place in a bowl and pour boiling water over the wrapped fish, making sure it is completely covered with water and leave till the water is luke warm, unwrap and serve.

Marouli Salad

125g Greek Yoghurt (I use Meredith brand sheeps milk yoghurt)
80g good quality Greek feta cheese (again, I use a sheep or goats feta)
juice of 1 lemon
80ml olive oil
Freshly cracked pepper to taste
2 medium cos lettuces cut into 2cm slices
3 small Lebanese cucumbers cut into quarters lengthwise
¼ bunch finely chopped dill
¼ bunch finely chopped flat leaf parsley
½ bunch finely chopped spring onions

- > For dressing, place yoghurt, feta and lemon juice in a medium bowl and, using a stick blender, blend till smooth, add oil and blend until combined.
- > Place lettuce in bowl add cucumbers, scatter over herbs and spring onions then drizzle over dressing.

Balsamic Dressing

¼ cup rice syrup
2 tablespoons balsamic vinegar
1 tablespoon olive oil (I usually use grape seed oil)
Salt and pepper to taste

- > Place all in a screw top jar and shake until well combined. I love this tossed over cold roasted sweet potato.

Pumpkin and Goats Cheese Salad

1kg pumpkin, chopped finely
2 tablespoons olive oil
2 cloves garlic, sliced thinly
2 tablespoons finely chopped fresh sage
½ cup (70g) pecans, chopped coarsely
200g goat cheese
2 tablespoons lemon juice

- > Preheat oven to 220°C/200°C fan-forced. Combine pumpkin and half of the oil on oven tray; roast, uncovered, 10 minutes. Add garlic and sage, roast, uncovered, about 5 minutes, or until pumpkin is tender. Stir in nuts. Place pumpkin in a bowl, top with cheese. Drizzle with combined juice and remaining oil. Top with fresh sage leaves, if

Thai Style Been Salad (with Dressing)

500g fresh green beans
1 small cucumber, peeled and seeded
1 small red capsicum, chopped

- > Cook whole beans until just tender, drain and plunge into iced water, drain again. Cut cucumber into thin slices and arrange over beans with red capsicum. Spoon dressing over ingredients just before serving.

Dressing

60ml (¼ cup) oil
1 tablespoon white vinegar
1 small red chilli, chopped
¼ teaspoon Xylitol
1 tablespoon chopped fresh coriander

- > Combine all ingredients in a jar and shake well.

Tahini Dressing

¼ cup of oil of choice
Juice of 1 orange
1 teaspoon rice syrup
1 teaspoon dijon mustard
1 tablespoon tahini
Salt and pepper to taste

- > Place all ingredients in a screw top jar and shake until well combined. This goes well in a salad consisting of avocado cold roast chicken, lettuce leaves and chopped orange.

Wild Rice Salad

1 cup wild rice mix
400g roasted brazil nuts chopped roughly and roasted (any nut will do, but brazil is best)
2 large hand fulls of baby spinach leaves
4 tablespoons currants
1 granny smith apple, peeled and chopped
3 tablespoons chopped parsley
3 tablespoons chopped Coriander
3 tablespoons chopped chives

Dressing

2 tablespoons vinegar
2 tablespoons lemon juice
6 tablespoons oil
Juice and rind of 1 orange

- > Cook the rice mixture according to directions and while hot, toss through the spinach leaves. When cool, toss through the rest of ingredients.
- > Combine all the dressing ingredients until emulsified and pour over the rice mixture.

ALTERNATIVE PASTRY CASE (This makes a great pastry case for Quiches)

150gr short grain brown rice
1 beaten egg

- > To cook rice, place 2 cups water in a saucepan, bring to the boil, add rice and cook covered for 15-20 minutes or until water is absorbed and the rice is cooked. Cool.
- > Add egg to rice. Grease a 20 cm pie dish. Add rice mixture and smooth with the back of a wet spoon. Bake blind for 15 minutes or until the shell is firm. Fill with what ever filling one desires.

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 and newsletters. If you require a receipt please include a self addressed stamped envelope.

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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 _____

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.

MEETING DATE

The December meeting will be held on Saturday, 5 December 2009 - topic, venue and time to be advised in the next newsletter!