

Hypo Health News

November/December 2009

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

In this issue:

- *A quick note from the President*
- *Treasurer's Report (including a recent outback holiday and some Xmas recipes)*
- *Report from Bev Cook (Newcastle)*
- *Dr Samra's talk at the August 2009 meeting on Managing Hypoglycemia in the Workplace*
- *Dr David Watts from Trace Elements: Hypoglycemia - Type I and II*
- *Energy Drinks (and why they are **not** for us!)*

Our next Public Meeting
(Christmas Meeting)
will be at 2.00pm

on **Saturday, 5 December 2009**

At YWCA

5-11 Wentworth Ave, Sydney

(see YWCA noticeboard in foyer for room)

Our guest speaker will be:

Nicole Samra,

who will be presenting a Workshop on:

**“Reading Food Labels
for People with Hypoglycemia”**

**Please ring Lynne Grady
on 4421 8506**

**to reserve your seat
and to assist with catering**

PATRONS:

Dr George Samra
Steve McNaughton BE (NSW)

PRESIDENT:

Lynne 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.

A QUICK NOTE FROM OUR NEW PRESIDENT, LYN GRADY

Hello to you all. Just thought I'd let you know that our next meeting will be very interesting for everyone. Why not come along and join us? I would love to see you all there.

It has come to my attention that our meeting in April 2010 will be on the Easter weekend. I would like to have some feedback whether or not you would like to have it on that weekend, or another weekend. Please let myself or another member of the committee know what you think.

Our meetings have been really good and have helped us all out in many ways. There will be refreshments at the December meeting, and I will organize a little raffle for us as well.

SPECIAL ANNOUNCEMENT

A special meeting will be held at 1.15pm prior to our Christmas Meeting featuring Nicole Samra's workshop. All are invited to attend. The main item to discuss will be changing the date for the April meeting which is scheduled for Easter Saturday, which may not be a good day for a meeting!!!

TREASURER'S REPORT

(by Sue Litchfield, Treasurer)

Yet another year has nearly slipped by It has been a very busy year and also a sad year with the passing of Betty Jones who was a foundation members who hardly missed a meeting in fact the last few she attended she came by public transport using a walking frame. That is dedication for you!

Also as you know our president was forced to resign due to ill health. I do hope he is feeling much better. Geoff you did a marvellous job and we miss you. Geoff has been replaced by Lyn Grady, who is well known to most of us, was also a past president. I wish you well.

Bev Cook in Newcastle has done a marvellous job over the years and has been so helpful to so many up there. See her report later in this newsletter. Thank you Bev.

A gentle reminder to all those who are not life members that the annual subscriptions are due in February. Those who have elected to pay every three years, PLEASE check your labels for the expiry date as many are coming up for renewal in February 2010.

The last meeting was very interesting indeed as Dr Samra had some very useful tips for the workplace. I loved the tip about going to the toilet every two hours and grabbing a drink of milk in the process. What a brilliant Tip! It was such a pity that the meeting was poorly attended.

This again brings up the subject. Please, is there anyone out there who would like to help with the publicity. It is not hugely time consuming once everything is in place. Plus, it is only every four months that one has to make contacts with media etc. At some stage in the near future we are hoping to have a huge education program set up. Hopefully all members will become involved. More on that subject as we get closer to the time.

Our finances are still very good with over \$7,000 in our E Saver account, \$130.00 in our cheque account, with more to bank as we speak. Thank you all for the support you have given us during the past year and I wish you all a very Merry Christmas and a prosperous New Year.

REPORT FROM BEV COOK, A MEMBER FROM NEWCASTLE

Hello from Newcastle! We had a very successful meeting recently, which was held in the meeting room at the Toronto Library. Dr George Samra was our guest speaker, and well over 20 of us thoroughly enjoyed all the beneficial information on "Beating Depression and Tiredness." Following the given subject, Dr Samra was kept very busy with interesting questions from those attending. We take this opportunity to thank Dr. Samra again for travelling up from Sydney to speak at our meeting. Some people have requested having local meetings more often, which would be good, and benefit even more people in the Newcastle/Hunter areas. So, if you would like to help with suggestions for speakers and subjects, please contact the local coordinator, Bev Cook, on 02 4950 5876.

Another Trip (Report by Sue Litchfield)

This time we went for a camping trip into central western Queensland, and on up to Cairns. I thought it would be very easy travelling with hypoglycemia in Australia compared to travelling in some of the countries I have visited over the years. Ha Ha!!!

The early days were great - first stop Toowoomba. Not a problem as there were heaps of coffee shops for morning tea. Prince's Park was very interesting as it was all set up in readiness for the Toowoomba Garden Show that is held every September and is a major event attended by people from all over the world.

Lunch was at Darby. Thanks to McDonalds I was able to eat something. Miles was the first camp. The ground was 20kms from Miles on an old Air force Bomb storage site – we did not come across any bombs. The next day we headed off to Carnarvon Gorge via Roma, where we stopped for lunch and extra food supplies which, as it turned out, was just as well we did. The only way into the gorge was a dirt road which is only passable during dry weather.

Guess what! It rained on the first night we were there, so we became bogged in. We could not even go for a walk as the mud stuck to our feet and made walking impossible. However it cleared up on the second day so we were able to do some site seeing. There is only one way to see the gorge and that is by foot as there are no roads past the ranger's office. Even the paths are not man-made: just tracks, and the creek crossings are by way of stepping stones.

We only walked 20kms that day. Luckily I had stocked up in Roma with food. There was a kiosk at the ground but there was absolute nothing that was suitable for me to eat apart from a few packets of chips, and guess who is intolerant to chips! After two days the road became passable again so off we set, stopping at Emerald for more supplies and lunch. There was a very helpful cafe there that went out of their way to be of help. Then onto the old gold mining town of Clermont, a very pretty and historic mining town, but nothing for me to eat - luckily I had my supplies which over the next week was my life saving.

We arrived at Charters Towers, a wonderful old town with some beautifully restored old buildings and a very large Woolworths. After leaving Charters Towers you knew you were in the outback. The nearest stop was 3 hours away consisting of only a roadhouse which caters predominately for the drivers of the road trains. I felt like some eggs so asked if I could have some poached eggs only to be told "Luv can't ya read we ain't got them on the menu".

They only served fried eggs with chips steak etc and would not change their ways for me. Then I thought I might have a diet lemonade but the fridge was full of one and two litres of Coke, those horrible energy drinks and just a few bottles of water. Thank heavens for my supplies otherwise I would have been a mess, as it was over three hours since we left Charters Towers and another two to the next town.

The next stop was Innot Springs which was only a Caravan Park and I could have stayed in the wonderful hot springs all day. From there we went on to Cairns and the Daintree. One would have thought that a town the size of Cairns would have had more sugar free products. Luckily there was a new supermarket that had some things.

Bread on the trip was the hardest as no-one stocks free gluten-free bread. Luckily in Cairns I found some frozen bread which I was able to stock up on. Yoghurt was impossible to get. Goat's cheese almost as difficult. The trip home down the coast was great staying at Cardwell and Bowen.

Just out of Bowen is a place called Dingo Beach which is only accessible by a dirt road. This beach would be the most idyllic place in the world and if I won the lottery that's where I would end up. There were no shops, service stations etc, just a pub that is only open at the weekend!

Bowen also is one of the largest food growing areas in Australia. The corn was to die for, capsicums we ate like apples, they as were so sweet! The beans were so crisp and sweet it was almost criminal to cook them! All the vegetables were picked the morning of purchase. I had forgotten what fresh vegetables had tasted like.

From there down to Burrham Heads, another place which caters mainly for campers etc and fishermen. Then down the coast to Rockhampton, then into civilization in Noosa again, then home.

For most of the trip it was almost impossible to buy food for myself. My advice to all those planning any sort of trip to the outback and small country towns, take plenty of supplies especially bread, milk, cheese, yoghurt and drinks. Especially remember to take water and Glycerine, which I could not buy anywhere at all. It was almost impossible to buy food for myself. All that aside, the trip was well worth it, and I can't wait to go further west at another stage.

MANAGING HYPOGLYCEMIA IN THE WORKPLACE

(talk by Dr George Samra at the previous HHA meeting of 1 August 2009)

What is Hypoglycemia

The word hypoglycemia literally means **low blood sugar**, but it is more complicated than that. It is in fact low blood sugar "reaction" to eating sugar or a sugar equivalent. Things like fruit juice will act like sugar. If a non-hypoglycemic person eats sugar, the blood sugar rises quickly and drops slowly after about 4 hours back to where it started. If someone suffering with hypoglycemia consumes sugar, typically the blood sugar rises quickly because the sugar is absorbed quickly, but comes "crashing down" often 1½ to 2 hours later.

When the blood sugar crashes to a low point, say below 3.4mm/l, typical symptoms will usually be experienced by the sufferer. Hypoglycemia is also quite often referred to as "functional hypoglycemia", "essential hypoglycemia" or "reactive hypoglycemia". Of these terms I prefer the term "**reactive hypoglycemia**" since this expresses the concept that it is in fact a sugar reaction phenomenon.

Mechanism of Hypoglycemia

The mechanism of hypoglycemia is an excessive secretion of insulin by the pancreas. Usually it is both **delayed** and **excessive**. Insulin is a hormone that has the job of facilitating the passage of glucose out of the blood and into the body's cells. If one secretes too much insulin then too much glucose or blood sugar leaves the blood stream and enters the body cells leaving the blood low in sugar. The brain relies on blood sugar or blood glucose as its only fuel under normal circumstances. When too much glucose has left the blood to enter the body's cells, the brain is left without enough fuel. People will experience typical symptoms like tiredness, depression, anxiety, poor concentration, dizziness, vagueness, poor memory and so on. All of these symptoms reflect the fact that the brain is not receiving enough fuel.

A sudden fall in blood glucose will trigger an adrenaline response. Adrenaline is an emergency hormone secreted from the adrenal glands. It is an emergency for the brain when the blood glucose falls suddenly, because its only fuel has suddenly vanished from the circulation. Adrenaline is a good hormone in an emergency. When the blood glucose falls suddenly, adrenaline has the job of pushing the blood glucose upwards. Adrenaline is known as the "fight or flight" hormone. It helps us when we are in danger. It makes our muscles firmer and our reflexes more brisk. We are able to fight harder or run faster if our lives are endangered.

However, a sudden fall in blood glucose triggers adrenaline and this is often experienced by hypoglycemic sufferers. Adrenaline has many side effects apart from helping us to handle a threatening situation. It can make people nervous, edgy, irritable, uptight, tense and dry in the mouth. It can make muscles very tight, especially in the neck and lower back. It increases heart rate, often experienced as palpitations in the chest, and can trigger anxiety and even panic attacks.

Symptoms of hypoglycemia vary directly in proportion to certain factors:

- how low your blood sugar drops - the lower it falls the more severe the symptoms
- how long a person spends below the cut-off line of 3.4mm/l for hypoglycemia
- how severe the rate of fall of blood sugars occurs
- one's natural habits of food consumption - in other words a person who eats a lot of sugar will have more symptoms and more severe symptoms than someone who is eating a healthier diet, perhaps buying foods from healthfood stores and green grocers.

Hypoglycemia is fairly common and is about as frequent as diabetes, which is around 4% of the population. There are probably about **800,000 hypoglycemics in Australia**, and the Society has only been able to touch the lives of very few of these sufferers.

If politicians understood how serious and how frequent hypoglycemia really is, it could take measures such as providing appropriate breakfast to children at schools with learning and behavioural problems. They could provide counselling to parents to provide healthier foods for these children. They could save a fortune in psychological counseling that occurs now so frequently in our society.

I believe that over 70% of people who are seeing psychologists on a regular basis are hypoglycemic, and that if they understood and followed the principles of management of hypoglycemia, that many of their symptoms would be drastically diminished, with their level of health also improving dramatically.

Is Hypoglycemia Inherited or Acquired?

For the most part, hypoglycemia is inherited - it runs as an autosomal-dominant 50% inherited condition. It can be acquired if a person sustains pancreatic damage. This can occur as a result of a trauma, such as a motor vehicle accident, but it may also follow viral illnesses such as glandular fever (Epstein Barr Virus - EBV), cytomegalovirus (CMV) and hepatitis, including infectious hepatitis (HepA), and also hepatitis B (HepB) and hepatitis C (HepC). If the pancreas is damaged by a virus or through trauma, it may subsequently respond incorrectly to sugar loads in the diet, causing blood sugar to crash after sugar consumption - that is to say, people have acquired reactive hypoglycemia.

Diet Rules to Control Hypoglycemia

There are three main dietary rules that a hypoglycemic should follow:

1. **Avoid sugar, honey and glucose;**
2. Eat **frequent small meals** (every 2 ½ hours or sooner, usually 6 times a day);
3. They should consume a **protein breakfast** every morning, with at least 80 grams of protein type food (80 grams is the size of 1½ boiled eggs, so in practical terms, the hypoglycemic should eat 2 eggs each morning, a whole small can of tuna or salmon, or a serving of chicken or meat, or a large rissole. These are the best breakfast foods for hypoglycemics, and will help to keep the blood sugar stable for the day, setting the person up for a good day, every day.)

For patients who cannot tolerate conceptually the idea of eating protein for breakfast, a good suggestion is that the protein should be eaten early in the day, either for breakfast, or for mid-morning (preferably before 9am) if it is not tolerated for breakfast. A low GI cereal breakfast, such as oats, followed by protein at 9am, would be acceptable. **A good trick to follow to get your protein foods is to cook extra protein at night for the evening meal and to keep a serving for the morning.**

How do I Explain Hypoglycemia (including Work Situations)

There may be different situations that a person experiences where one may have to explain one's condition, for example: to ordinary folk, our friends, a prospective boss, medical persons including nurses and doctors, to caterers and restaurateurs, to teachers and the Department of Education. Some people have a good grasp of the mechanism of reactive hypoglycemia and can explain themselves but, in general, I advise people to take a shortcut, and when dealing with friends, restaurateurs and ordinary folk, even sometimes when dealing with medical personnel, say **"I am allergic to sugar"**.

This produces the result of people not giving you sugar, so the result is very positive. Technically, this statement is not true. The problem is really a pancreatic over-secretion of insulin which is an endocrine system problem, as opposed to being an allergy to sugar which would be an immune system problem. Nonetheless, these simple words "I am allergic to sugar" often produces the best result without having to produce the complex and painstaking explanations otherwise required.

The audience was asked to contribute what they thought should be said or done when you are hypoglycemic and meeting a prospective boss. The question was put: "What do I say and when do I say it?". The consensus I believe, is that a hypoglycemic will be smart, and should tactically omit to tell a prospective boss that they are hypoglycemic. It could hinder their prospects for work if they broadcast this fact, despite most employers having no idea what hypoglycemia is (but their prospective boss might choose someone else of equal or lesser skills than yours simply because they do not have hypoglycemia).

A hypoglycemic has to prove him- or herself. They have to work hard especially in the usual 3-month probation period and show to the bosses that they are a hard worker, have a good work ethic and are an asset to the firm. Some months after starting at the workplace, it might be reasonable to try to explain hypoglycemia to the boss but even then our simple explanation that you are allergic to sugar usually suffices.

How Can Hypoglycemia Affect Work Performance

A person who knows they are hypoglycemic and chooses not to be compliant with the diet may be performing well below their potential. Their work speed may be slower, their poor attention to detail may affect work accuracy, and they may have trouble with attentiveness. They may also suffer with nerves, anger, aggression, oppression and depression. They will have trouble learning new skills, their ability to focus and stay focused on work will be damaged, and their ability to respond to crises, both major and minor, will be impaired. This could pose a real risk to the health and welfare of themselves and others in the workplace. I would hate to think that my Qantas pilot had hypoglycemia and did not know it, or did not eat properly - after all, he has the lives of many people in his hands.

How do I eat six times a day and not get noticed?

The following are some true examples of some of my patients:

- Jenny was a Bank Clerk who had a cranky boss who would walk behind the work cubicles to make the tellers work faster. At exactly midday, half way through her daily shift, Jenny would close her cubicle and go for a toilet break of 3 - 4 minutes. During the toilet break (and before going to the toilet) she would take a long-life milk pack and a pair of scissors to open it, drink this quickly and return to her desk. She was able to continue with her bank teller work before her boss had much chance of getting irritated by, or even noticing, her absence. Jenny found she could stay concentrating better by doing this, and felt she could never have asked her boss for a food break.
- Rod was a used car dealer principal who owned a car yard with approx 100 cars. He was too busy to get his diet right and never cooked or prepared food. He had trouble with hypoglycemic symptoms, in particular fatigue, anxiety and depression. Rod opened his car yard at 8am every day, and I had a lot of trouble getting Rod to eat properly at all, and also to help control his hypoglycemia. Because he lived alone and really made no effort in preparing his own food, it was very hard for him, but he desperately wished to get better. Rod's problems all seemed to disappear after he found that the chicken shop next to his caryard opened at 7.30am. He made an arrangement where every morning he arrived, there would be a BBQ chicken cut up into 8 pieces waiting for him. He would collect this and eat this during the day between customers. Rod only had one home-cooked meal each week which was on a Thursday night at his mother's place. Every other night he went to the same restaurant in Norton St Leichhardt for his evening meal. He was a man of simple taste and fixed habits, and actually improved dramatically after he had enlisted the help of the chicken shop next door.
- Roxy the Council gardener is an example of how a hypoglycemic could be as difficult as possible to an employer. Roxy had Dr Samra's (my) letter, stating that she had hypoglycemia and needed to eat every 2½ hours, to give to her bosses (she had made photocopies). She would go to the worksite caravan which had a gas cooker in it, and cook up a storm every 2½ hours. She would make things like toasted sandwiches, scrambled eggs - excellent hypoglycemic food - however the bosses were unimpressed. She told me that she would spend between 15 and 30 minutes preparing her little meal snacks during her work time, 3 or 4 times each day. In less than 6 months at the Council, she lost her job for "some other reason".

Some Food Tactics

It's a good idea to manage hypoglycemia well by having a plan. A good place to start is the Sunday bake-up. A couple of hours preparing wholesome food on Sunday may help tide you through the week. Some patients make stews with chicken mince or minced chopped vegetables with basmati rice and so on, and cook these up in a pot or slow cooker (crockpot). They can then put these into a 1-litre steel thermos, after heating them in the microwave, to have during the day.

Other patients would make a meatloaf using different types of meat eg, chicken mince, beef mince, pork mince, etc usually with some chopped or cooked vegetables including carrot, sweet potato and pumpkin, and usually with a few eggs to help bind the loaf. Some patients would typically have meatloaf on Mondays and Wednesdays for their meals at work, cut up into small meal slices, yeast free sandwiches on Tuesdays, BBQ chickens on Thursdays, and leftovers in tupperware containers on Fridays.

It is wise to have a food plan on what and how you are going to eat, and when you are going to eat. A typical eating plan may include:

- 4 x ½ sandwiches;
- rissoles, serving size of approximately 80g;
- chicken pieces in foil;
- a 1-litre thermos can provide a hypoglycemic person with up to 3 hot meals in a day for stews etc;
- For some hypoglycemics who are not well organised or good in the kitchen, it is good to know where to buy good food at, or near to, the workplace eg, BBQ chicken (throw away the skin and stuffing), boiled eggs, steak, or chunky wholesome food cooked in a bistro fashion like wholesome vegetable dishes and salads, meats or protein food etc. Chunky wholesome foods seem to work best for hypoglycemics, and I often tell my patients to imagine that they lived on a farm and grew their own vegetables, and killed their own animals. This is perfect food for hypoglycemics and of course, don't forget to drink lots of water!

The Rewards of Dietary Compliance for Hypoglycemics

There are many rewards for complying with a hypoglycemic diet if you have hypoglycemia. Some of these I have identified as follows:

- Prevention of Type 2 Diabetes by keeping off sugar and keeping one's body weight neat and trim. A large number of mature-aged diabetics were hypoglycemic, but kept eating sugar until the inevitable. Likewise, once mature-aged diabetes sets in, it may be reversible with the right diet.
- Happy rather than depressed/grumpy moods can also lead to good relationships with others, a good reputation at work for attitude, work attendance, work consistency, and end up with you landing good jobs and experiencing job satisfaction and good marriages. Grumpy people are less likely to attract or maintain good relationships with others due to their inconsistency of behaviour.
- Better energy, happiness, mood stability, good concentration, positive attitudes, clear thinking
- Avoiding sugar and allergy foods, eating at least every 2½ hours and having a high protein breakfast will almost certainly lead to being able to achieve one's potential in all areas of life including the workplace.

Who has hypoglycemia and doesn't know about it? Can you pick it?

- The Boss - may be aggressive, pushy, aggravated, restless, fidgety, repetitive, vague, moody, anxious and depressed. A boss who doesn't know they have hypoglycemia is often difficult to work for, mainly because of outbursts of aggression, and also their inconsistent behavior.
- Fellow workers, associates and yourself - may be inconsistent, anxious, depressed, slow, cranky, fidgety, slow at learning new tasks, agro, moody or evasive.

The Hypoglycemia Syndrome

The "Hypoglycemia Syndrome" is described in my book: "The Hypoglycemic Connection II". It requires 3 out of 4 of the features below:

- Tired (or exhausted)
- Moody (or depressed)
- Poor memory (or poor concentration)
- Sucrophilia - sugar or junkfood addict

When at least 3 out of 4 of these features are present in the individual, there is a high chance that they have hypoglycemia, and if a doctor observes these in a patient, he should order a glucose tolerance test as described in the book, in order to diagnose hypoglycemia. The correct test is a glucose tolerance test (GTT - 4 hours). All half-hourly readings should be measured, and my book describes how to interpret the results based on how low the blood sugar may drop during the test, and also the rate of fall of blood sugars between consecutive readings.

Gentle Reminder from Sue Litchfield

I know this has nothing whatsoever to do with Hypoglycemia, but just thought I would jog everyone's memory. How long is it since you had your Tetanus booster? My doctor recommends a booster every ten years. However, because I do so much spinning of raw wool and gardening, he recommends I have one every five years. For your own health, if in doubt, please check with your doctor, as Tetanus is a very serious disease.

Also whooping cough is back on the rampage again. According to Doctor Samra, if you have young children in your life (and especially young babies) you really need to make sure your whooping cough vaccination is up to date. If unsure, see your doctor before it is too late!

HYPOGLYCEMIA - TYPE I AND TYPE 2

Dr David Watts from Trace Elements Inc. categorizes hypoglycemia into type 1 and type 2 based on Hair Tissue Mineral Analysis (HTMA) pattern and the metabolic type of the individual based on the hair analysis profile. Since low blood sugar is not always found with the symptoms of hypoglycemia, perhaps a better term to describe hypoglycemia is an abnormal drop of blood sugar levels significant enough to cause symptoms, as many patients can have symptoms in the absence of low blood glucose levels.

High protein diets, which are widely recommended for individuals with hypoglycemia, may alleviate the symptoms in many, but may worsen the symptoms in others and even contribute to anxiety. Although perplexing, this can be explained through analysis of individual metabolic types. Hypoglycemia occurs in both the fast and slow metabolic types. Even though the symptoms may be the same in both, the mechanisms are completely different. Therefore treatment based upon a person's symptoms alone may not always be wise.

HYPOGLYCEMIA - TYPE I

Type I hypoglycemia is found in **slow metabolic types**. Usually there is a reduction in serum glucose produced by the suppression of glucose by insulin. Any factor that produces a sharp increase in blood sugar will trigger an insulin response. In the case of the slow metabolizer, the glucose rise can be initiated by the consumption of refined sugars and juices. As the insulin release increases to compensate for the large glucose load, the blood level is then reduced. If this condition becomes chronic, the insulin stimulation may become exaggerated or over compensate, resulting in a sharp decline in glucose below normal.

Sensitivity to high glycemic index foods including fats from dairy products such as milk and cheese will eventually develop. The fact that dairy products can contribute to hypoglycemia is not widely recognized. However in individuals with a slow metabolic rate, glucogenesis is low and is further suppressed by fats. Insulin will also increase the excretion of chromium from the body. A chromium deficiency results in a decrease in insulin sensitivity along with a further increase in insulin stimulation or release.

This of course will eventually lead to adult onset diabetes if not controlled. However, before this occurs a *cellular hypoglycemia* can develop in which glucose may not cross into the cells in adequate amounts even though blood levels are normal or high, due to the decrease in insulin sensitivity. Cellular hypoglycemia can be present even if the serum glucose is elevated above normal with accompanying hypoglycemic symptoms. It is essential for people with Type I hypoglycemia to maintain a high protein diet low in fats and refined sugar. Increasing the metabolic rate and balance can control - and eventually eliminate - the hypoglycemic syndrome.

HYPOGLYCEMIA - TYPE II

Type II hypoglycemia is commonly found in the **fast metabolic types**. Generally speaking the fast metabolizer maintains a high normal or above normal blood glucose level. The hypoglycemic symptoms are associated with a precipitous drop in glucose but not always below normal levels. As an example the fast metabolic type can have a glucose level of 160 Mg/DL or more, and it can drop to normal (70 or 80 mg/DL) in a short time. Even though this level is within normal, the fifty percent drop can bring on symptoms of hypoglycemia.

The fast metabolizer has a high endocrine activity that contributes to an increase in gluconeogenesis, raising blood sugar production. Insulin secretion may not be produced in large enough quantities to compensate for the amount of glucose produced; therefore, the blood glucose may not drop below normal. Many factors can contribute to an increase in an already fast metabolic rate. The metabolic rate and glucose production are enhanced by the intake of low fat, high protein, or high carbohydrate diet in the fast metabolizer, and therefore can contribute to Type II hypoglycemia.

This will of course also eventually lead to diabetes. In order to control type II hypoglycemia, the diet should be adjusted to include adequate amounts of fats relative to protein and carbohydrates. Exclusive high protein diets will exacerbate this type of hypoglycemia, due to their accelerating effect on the metabolic rate. Fats reduce the excessive metabolic rate and provide energy that can be utilized more slowly over long periods. This also helps to control the blood sugar level due to a more even release of glucose from the liver resulting in a lessening of the large swings in blood sugar.

CONCLUSION

A myriad of symptoms are associated with hypoglycemia. One person may exhibit them all, while another will only exhibit a few. Hypoglycemia has also been associated with many conditions. By understanding the different mechanisms involved, we can observe its many diverse manifestations or effects. In summary, the slow metabolic types exhibit Type I hypoglycemia characterized by blood sugar swings that fall below normal levels. Since sugar is the source of energy, the slow metabolizer will therefore be drawn to eating simple or even complex carbohydrates in order to maintain their blood sugar and energy levels.

The fast metabolizer is experiencing Type II hypoglycemia, having a high blood sugar that may drop fifty percent or more in a very short period. In an effort to maintain a constant level of energy, he will be drawn to consuming carbohydrates and proteins. They rarely become inebriated since they can metabolize alcohol very readily and quickly. The fast metabolizer is also sensitive to the effects of stress, and stress will cause a rise in glucose levels. Individuals with Type II hypoglycemia will often become addicted to stress in order to maintain a high blood sugar. This type of individual is frequently referred to as a "workaholic", or having a Type A behavior.

Type I hypoglycemic individuals will attempt to maintain blood sugar by consuming more sugar in various forms since the liver does a poor job of producing glucose. Individuals with type II hypoglycemia who produce excessive glucose via the liver will attempt to maintain their glucose levels by means of further stimulating production. Thus we can see why people with the same condition can develop different symptoms, personalities, habits, addictions and peculiarities. Hair tissue mineral analysis (HTMA) lends itself well to recognizing metabolic types and the different mechanisms involved in the development of hypoglycemia.

For any further information on HTMA for detecting mineral imbalances related to hypoglycemia contact InterClinical Laboratories by phone (02) 9693 2888, Email: lab@interclinical.com.au or go to our website: www.interclinical.com.au.

ENERGY DRINKS

(source: www.mayoclinic.com, comments from Edward R. Laskowski, M.D.)

“Occasional energy drinks are safe for most people. Caution is important, however, especially if you have underlying heart problems. Energy drinks — which are often loaded with caffeine, sugar and herbal stimulants — may pose various health risks, including:

- **Restlessness and irritability.** The caffeine in energy drinks can make you irritable, restless and nervous. Excessive caffeine is also associated with headaches, tremors, nausea and insomnia.
- **Increased blood pressure.** The caffeine in energy drinks can increase your blood pressure and make your heart beat faster. In some cases, this can trigger potentially dangerous changes in heart rhythm. Mixing energy drinks and alcohol compounds the effect, since alcohol also makes your heart beat faster.
- **Possible dehydration.** Some studies suggest that the caffeine in energy drinks may increase the risk of dehydration during exercise, but results are mixed. Other studies don't associate caffeine with dehydration.
- **Weight gain.** The sugar in most energy drinks can contribute to weight gain, especially for people who don't exercise regularly and those who struggle with their weight.

In addition, excessive amounts of energy drinks have been associated with manic episodes, seizures, chest pain, heart attacks and sudden cardiac death. Before and during exercise, plain water is usually best. During workouts that last 60 minutes or longer, you might sip sports drinks — typically made of water and carbohydrates — to boost your endurance. If you choose to drink energy drinks, do so only in moderation. “

Editor's Comments for persons with Hypoglycemia - a typical energy drink contains around the same amount of caffeine as a standard cup of coffee or half a brewed coffee, and at least twice as much as a can of Coke/Pepsi etc. The amount of sugar varies from brand to brand but is usually very high. They are most definitely not on a hypoglycemic person's preferred diet list and should be avoided at all costs (and especially not mixed with alcohol!!!)

SUE LITCHFIELD'S RECIPES

Well another year has quickly slipped by and now it is time to think Christmas. Once again I have come up with a few Christmas ideas. What with family and friends dropping in to visit over the Christmas period it is always handy to have something on hand to offer in the way of a snack.

I always keep a packet of plain potato chips, a packet of macadamias/almonds/cashew nuts on hand. Plus some cheese, rice crackers and dip (usually Hommus). These can also be handy to offer with drinks and or pre-dinner nibbles.

I also keep a Christmas cake and some biscuits on hand as these can also double up as dessert if one runs out of time during the busy period.

EASY CHRISTMAS CAKE

Ingredients

1 x 450 gr tin crushed pineapple –unsweetened
1 x 375 gr packet mixed fruit
100 gr dates
10 gr raisins
1/3 cup Xylitol
2 tabs glycerine
125 gr butter or shortening of choice
1 teas bicarb soda
1 teas mixed spice
1 teas nutmeg
1 cup SR flour (I use S.R. Gluten free four)
1 cup plain flour (I use G.F.Plain flour)
2 eggs

Method

Combine all ingredients except flour and eggs in a saucepan. Bring to the boil and simmer for approx 5 minutes. Remove from heat and allow to cool.

Beat eggs and add to cooled mixture. Add the flours and mix well.

Place mixture into a paper lined 20x20 cm cake tin and bake for 2 hours in a 150°C Oven. This cake is best made at least a month before Christmas, but I have made it and served the next day and it was fine.

COCONUT FRUIT SLICE

Ingredients - Base

100 gr butter at room temperature
¾ cup plain gluten free flour
¾ cup SR gluten free flour
1 des spn Xylitol
1 egg
water to moisten (About 1-2 tabs)
jam of choice - I used "St Dalfour" apricot jam

Method - Base

Preheat oven to moderate

Process flours and Xylitol to mix (about 3 seconds)

Add rest of ingredients and process till combined. Press into a paper-lined 20x30 cm slice pan and bake for 5 mins.

While still hot spread with jam as thick as you like. I think one could also use less jam and sprinkle with currants, cranberries or even Goji berries.

Ingredients - Topping

2 eggs
1 cup walnuts
½ cup coconut
⅓ cup Xylitol

Method - Topping

Place all in processor and process until combined. Spread over top of base and bake in oven until nicely browned and the topping is set (about 35 mins). Leave in pan to cool before slicing. This slice also freezes quite well.

SUE LITCHFIELD'S RECIPES

PIKELETS

Ingredients

1 cup gluten free SR flour
¼ teas salt
1 egg
Slightly less than ¼ cup Xylitol
¾ cup water or soya milk (I had none so I used water)

Method

Sift flour and salt into bowl.
Beat together egg and water (or milk) and add to flour mixture.
Mix well and place tablespoons of batter onto hot greased pan.
Turn when bubbles start to appear on the top surface.
Turn and cook for a few seconds longer.
Serve with butter and jam of choice.

DATE LOAF

Ingredients

1 ½ cups plain gluten free flour
1 ½ teas baking powder
½ cup xylitol
1 cup roughly chopped dates
125 g butter
¼ cup cold lemon and ginger tea
2 eggs beaten

Method

Preheat oven to 160°C. Grease and line a loaf tin (mine is 10cm x 21cm) with baking paper.
Sift the flour and baking powder into a large bowl, stir in sugar and walnuts.
Place butter, tea and dates in a small saucepan over low heat. Stir until butter melts.
Pour butter mixture into the flour mixture and stir to combine, mix in eggs.
Spoon mixture into the prepared tin and bake for 1 hour or until cooked (when a skewer inserted into the middle of the cake comes out clean).
Cool cake in tin for 5 minutes, then turn onto a wire rack.
(This is really yummy sliced and served warm with butter, but also keeps for morning tea the next day!)

FRUIT NUT CRUNCH

Ingredients

125g Copha
150 gr sugar free chocolate
2 ½ cups puffed Amaranth
½ cup Chopped dried fruit of choice (I like apricots or raisins)
1 cup dry roasted macadamia nuts chopped

Method

Line a lamington tin with either foil or baking paper.
Mix well together the macadamia nuts, fruit and amaranth.
Melt copha and chocolate over a bowl of simmering water.
When melted pour over the nut mixture.
Mix well and place in lamington tin. Smooth top with the back of a spoon.
Place in fridge for an hour to set. Cut into squares to serve.

Also, at this busy time of the year, with all ones' friends and families dropping in, what better and easier way to entertain them than the old barbeque. Everyone loves them - chops, steak and sausages all freeze well and can be thawed relatively quickly. Fish does not freeze quite as well, but is wonderful wrapped in baking paper and foil and cooked on the barbeque.

We also barbeque most of our vegetables especially zucchinis, capsicums, sweet corn (wrapped in foil) and finely sliced sweet potato. Potatoes are baked in their jacket in the oven and are served along with a salad. You now have a very easy meal fit for a king!

SUE LITCHFIELD'S RECIPES

SALAD IDEA

My family love these two:

1. Ingredients

Lettuce
Blueberries
Diced Paw Paw tossed in lemon juice
Finely sliced celery

Method

Mix the lot together and drizzle over Macadamia Oil
The quantities used will depend on the number of serving

2. Pear Salad Ingredients

Sliced pear
Pecan Nuts
Sheep's Blue vein cheese crumbled
Lettuce (Rocket is great)

Method

Mix all ingredients together and drizzle with a little oil of choice.
Again the quantities will depend on the number of serves required.

HOT DISH IDEA (Susan Ridge)

If you have a pick and choose buffet for Christmas like my family usually does, I can't be bothered with baking individual potatoes, sweet potatoes and pumpkin. I cut these veges into bite-sized bits and put some oil of choice (use a lot - I use sesame, coconut or olive oil), some chicken stock (Massel gluten free and MSG free), some mixed herbs, coriander, chives, parsley etc into a large baking dish.

Throw in your chopped veges and mix around with the oil and herbs and bake at 180° for somewhere just over an hour (depends on how big you have chopped your veges). Sometimes I throw in bacon and onion for a bit of extra zing. Stir the veges every 20 - 30 minutes to keep them moist, and place foil over the top to keep them warm until they need to be served.

PRODUCT UPDATES

The Editor Sue Ridge has found a couple of nice food items:

Macro Meats - Gourmet Game, Kanga Bangers at Woolworths and Coles supermarkets.

These sausages are 98% fat free and gluten free with 75% kangaroo meat. Other ingredients include rice flour, salt, mineral salt (450,451), Preservative 223, paprika, Oleoresin (160) and flavours. They are 20.2% protein and 4.3% carbohydrate.

Siena - Organic Baked Beans (from Italy).

The ingredients are beans, tomato juice water and salt. For stockists look up www.sienafood.com.au

Tomato Sauce - LC Sauces (Empower Foods)

Ingredients: tomato (94%), salt, food acid (260), onion,spices, gum (415), sweetener (sucralose). While it contains only 2.5gms of sugars per 100ml, it contains 826mg of sodium which appears quite high. (Empower Health Management P/L, 179 Como Pde East, Parkdale VIC 3195)

Sue Litchfield has also found a good website for all the sugar-containing foods: www.sugarfreezone.com.au

This company from South Australia sell sugar free (with various alternate sugars) chocolate, candy, biscuits, desserts and cake pre-mixes, sweeteners, sauces, toppings, jams, softdrinks, cordial, syrups, take away desserts including cheesecake and puddings, gift baskets and more.

Nicole Samra has identified the following sauces that are sugar-free: Rosella Fruit Chutney reduced Joule, Masterfoods Homestyle Marinade Mediterranean, IXL Apple sauce and Nandos Extra Hot Peri Peri.

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	<input type="checkbox"/>
Pensioners & Health Care Card Holders		<input type="checkbox"/>
1 year membership:	\$16.50	
3 year membership:	\$ 35.00	<input type="checkbox"/>
Life Membership:	\$200.00	<input type="checkbox"/>
Please tick type of membership		<input type="checkbox"/>

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 date, topic, venue and time for the April 2009 meeting will be advised in the next Newsletter (particularly as the date coincides with Easter)!

Hypoglycemic Health Association of Australia - Notice of next meeting : 5 December 2009 Christmas Meeting

Reading Food Labels Workshop – Nicole Samra

The Hypoglycemic Health Association of Australia is a non-profit, charitable organisation, providing information to its members on hypoglycemia and other nutritional disorders since 1985. On the first Saturday of every April, August and December, the Association holds a public meeting at the YWCA in Sydney. We're very pleased to announce that the next meeting will be held on Saturday 5 December 2009 and will feature a workshop by **Nicole Samra on how to read and interpret food labels**.

Many people with Reactive Hypoglycemia read the ingredients list on food labels to avoid food with added sugar. Of course, there's so much confusing information on food labels, grocery shopping might leave you wondering "Is this food a healthy choice?"

To answer this question, Dr George Samra's eldest daughter, Nicole, will be presenting a workshop on reading food labels. Since graduating from university, Nicole has been employed as a dietitian by Diabetes Tasmania. Part of Nicole's job involves teaching people with diabetes to read food labels so they can buy healthy food when they go grocery shopping.

Why learn to read food labels?

Reading food labels is an important skill because a consequence of modern life is that we often need quick and convenient packaged food.

Who should attend the workshop?

Anyone that wants to learn how to read food labels and make healthy food choices. Everyone is welcome, even your friends and family members that do not have Reactive Hypoglycemia.

What should you bring to the workshop?

Reading glasses or a magnifying glass, and the packaged foods that you would like to discuss in more detail.

Also...

Stay tuned....in 2010, Nicole is planning a supermarket tour for people with reactive hypoglycemia to talk about other types of food in more detail.

All are welcome to our December meeting, but in the interests of seating and catering, please contact **Lyn Grady** (4421 8506) or **Sue Litchfield** (0418 217 364) if you plan to attend.

Further information on hypoglycemia is available and via the Hypoglycemic Health Association of Australia web site (<http://www.hypoglycemia.asn.au>).

Meeting details:

2-4pm on Saturday 5th December 2009

YWCA, 5-11 Wentworth Ave, Sydney

