

Hypo Health News

NOVEMBER/DECEMBER 2010 (VOLUME 26 No.3)

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| <p>The Hypoglycemic Health Association of Australia PO Box 830, Kogarah NSW 1485 ABN 6584 6851 613 Phone: 02 9553 0084 Fax: 02 9588 5290 Registered Charity: CFN 16689 Website: www.hypoglycemia.asn.au</p> | <p><i>In this Issue:</i></p> <ul style="list-style-type: none">• Treasurer's Report• Preventing Diabetes by Dr George Samra• Why is it so? An article by Ron Buckridge (member)• Some recent Dementia Research findings (internet)• Why drinking too much water is dangerous (internet article)• Sue Litchfield's and another member's recipes |
| <p>The Newsletter of the Hypoglycemic Health Association of Australia is distributed to members of the association and to Health Professionals with an interest in Nutritional Medicine and Clinical Ecology. Past newsletters are also available on the website.</p> | <p>PATRONS</p> <ul style="list-style-type: none">• Dr George Samra• Steve McNaughton BE (NSW) <p>PRESIDENT</p> <ul style="list-style-type: none">• Dr George Samra <p>SECRETARY</p> <ul style="list-style-type: none">• John P Natoli <p>TREASURER</p> <ul style="list-style-type: none">• Sue Litchfield |
| <p>Our next Public Meeting will be at 2pm on Saturday 4 December 2010</p> <p>at YWCA (Check Noticeboard in the lobby near the lift on arrival) 5 – 11 Wentworth Ave, Sydney</p> <p>Our guest speaker will be Dr Michael Elstein. His topic will be:</p> <p><i>“Staying Forever Young - Fantasy or Reality? An implausible dream or an achievable worthy enterprise?”</i></p> <p>Can you please RSVP to Sue Litchfield on 0418 217 364 or email litch.grip@bigpond.com to assist with the organisation of the catering (also see Treasurer's Report – we need help with catering for the meeting).</p> <p><i>(Don't forget to put the next meeting of the year in your diary: 2 April 2011 – speaker and topic to be announced in the next newsletter)</i></p> | <p>CATERING</p> <ul style="list-style-type: none">• Reg Grady• Sue Litchfield <p>AUDITOR</p> <ul style="list-style-type: none">• Michael Pendlebury (Chartered Acc't) <p>NEWSLETTER EDITOR</p> <ul style="list-style-type: none">• Susan Ridge <p style="text-align: center;"><u>Dr Michael Elstein</u></p> <p>Doctor Michael Elstein is a physician practicing at the Eternal Health Medical Centre, Suite 6, Shop 6013D, Westfield, Bondi Junction NSW (phone 9337 3589). Doctor Elstein's areas of specialty include anti-aging medicine, allergy testing, counselling and psychotherapy, nutritional and dietary therapy, sexual health, and weight-loss.</p> <p>Doctor Elstein is the clinical director of the first anti-aging program to be instituted in Sydney, Australia and is a Fellow of the American Academy of Anti-Aging Medicine. He is the best-selling author of 'You have the power, why didn't my doctor tell me about this,' and will explain the scientific possibilities of challenging the ageing process.</p> |

LETTER FROM THE TREASURER, SUE LITCHFIELD

Another year is very quickly coming to a close it has been a busy year with many new members joining us. Unfortunately, there have been some who sadly passed away and some who have failed to renew their membership. A gentle reminder that all subscriptions are due in February. **PLEASE double check on the label of your newsletter to see if yours is due for renewal.**

For some time the committee has been tossing around the idea of a name change. A survey was sent out and, as a result, it has been unanimously decided on a new name which will be **“The Hypoglycemic and Diabetes Research Association”**. When all the paperwork is completed, the name change will take place, hopefully early in the new year.

The association is going to have to think about the venue for our future meetings as it is now costing us \$180.00 for the hire of the hall, with another rise next year. Unless we get a full house at every meeting, we will have to consider a venue change. Personally, I think the “Y on the Park” is a perfect setting, as it is so central.

Financially, we are very sound, with \$ 8,200.00 in our E-saver account, and \$546.00 in our cheque account. This is mainly due to all the generous donations we have had during the year - .yes, every penny does help, and it is amazing how it all adds up. With the name change, plans are under way for a **professionally printed pamphlet** to be printed explaining Hypoglycemia and how it is a stepping stone to diabetes. This, we hope, will be distributed by all you members to the general public.

We are still looking for someone to do publicity. In order for the association to continue growing, and for the education of the general public, it is important to have a publicity officer. If there is anyone who could give a few hours every 3-4 months, apart from making it easier for me, I know the association would really appreciate it. With the name change, it would be to our advantage if we could get plenty of media coverage, as diabetes is very much in the news these days (as one of the fastest growing diseases in the modern world), and as we all well know, a Hypoglycemic Diet could help to prevent many from contracting the illness.

Next year promises to be another busy year. Merry Christmas and a Happy New Year.

*I am sorry I will not be able to attend the December meeting due to family commitments. So is there anyone out there that could **PLEASE** help with the afternoon tea. I am find it is very difficult to do both the afternoon tea be at the door at the same time. So it would be very appreciated if there is an one out there who could please help out if I can't get anyone to help I am sorry but we may just have to cancel the free afternoon tea and ask everyone to bring their own snacks including drinks.*

Condolences

On behalf of the Association and myself I would like to pass on our condolences to Sue Ridge (newsletter Editor) with the recent sad passing of her father. The newsletter has been delayed for that reason, and it is hoped that this has not inconvenienced any members.

PREVENTING DIABETES

Relevance to the Hypoglycemic Health Association of Australia (HHAA)
(Presentation by Dr George Samra at the previous HHAA meeting in August 2010)

For every diagnosed diabetic there is probably **one** (1) not yet diagnosed, however for every diagnosed hypoglycemic there is probably **ten** (10) not yet diagnosed. Hypoglycemics have multiple symptoms, most of which are relieved with correct diet.

These statistics are important because hypoglycemics are at future risk of maturity onset diabetes (more commonly known as type 2 diabetes), particularly those who continue to consume sugar. If 9 out of 10 hypoglycemics remain undiagnosed and continue to consume sugar they are at greatest risk. It is important therefore to identify all hypoglycemics in the population, and to educate them on a corrective

diet. This will help to reduce the hypoglycemic symptoms suffered, and also help in the prevention of the later onset of type 2 diabetes.

Types Of Diabetes

There is currently known to be two types of diabetes, namely juvenile diabetes (type 1) and mature onset diabetes (type 2). There is also current research into a third type of diabetes, which is like juvenile diabetes, but “hits” in adulthood. This is known as type 1.5 diabetes and is currently being studied in relation to coeliac disease, an autoimmune disease triggered by gluten (which is found in wheat, oats, barley and rye and related grains and food products). This will not be covered by this article.

Type 1 (Juvenile) Diabetes

- This type of diabetes is not as relevant to HHAA as type 2 diabetes.
- It is a result of an autoimmune reaction (where the body “fights” against its own tissues), resulting in the destruction of insulin producing beta cells in the pancreas.
- It is suspected that a virus triggers the condition.
- Persons with type 1 diabetes have a 5 – 10% chance of also developing celiac disease (in comparison to 1% of the normal population).

Prevention Concepts for Type 1 Diabetes

- As there is a **VIRUS** suspected, it would be appropriate to identify the viral triggers and formulate a universal vaccine.
- If there appears to be **IMMUNE WEAKNESS**, treatments with supplements such as Vitamin C and Echinacea, either continuously to help build stronger immune defences, or with every Virus or Flu like illness suffered during childhood.
- To treat the **AUTOIMMUNE PHENOMENA**, it may assist to avoid some well known “trigger” foods. These include mammalia (dairy and red meat are most likely triggers due to the similarities of the proteins to human tissue possibly resulting in immune “confusion”). There is no known genetic predisposition, and it may also help to avoid environmental triggers such as pollutants, chemicals, airborne toxins or allergens.

Type 2 (Mature Onset) Diabetes

- The genetic predisposition to type 2 diabetes is strong – it runs in families with **Type 2 Diabetes** as well as families with **Reactive Hypoglycemia**.

The HHAA's Frustration

- There is an overall lack of recognition and diagnosis of Reactive Hypoglycemia which puts more people at risk of developing type 2 diabetes. Currently only 1 out of 10 Hypoglycemics get diagnosed, with the rest being prescribed only Prozac and Valium for anxiety and depression, or other non-dietary management. Patients who attend psychiatrists and psychologists, people who attend Alcoholic or Narcotics Anonymous, and many criminals in gaol are suffering from reactive hypoglycemia and will continue to struggle throughout their lives without the correct diagnosis and treatments.
- There is a risk that people will develop Type 2 diabetes and never receive a diagnosis of hypoglycemia. Without proper understanding of the cause, the treatment is likely to be incomplete.
- Without proper diagnosis of the reactive hypoglycemia, there are risks of living a lifetime with multiple, and often disabling, symptoms that could have been alleviated **without drugs** such as **sugar “crashes”** 1½ - 2 hours after consuming sugar, **fatigue, anxiety, depression, hyperactivity, mood swings** etc.
- There is an obvious (and well understood by the medical profession) connection between excess sugar consumption and pancreatic failure resulting Type 2 Diabetes. Our society, politicians and clinicians all seem to ignore the significance of excessive sugar consumption because it is such an entrenched dietary practice to celebrate with sweets and “junk” foods, and also due to the high sugar content of most of our processed foods (19/20 packaged goods are laced with sugar). The UK has determined that its citizens, in the last 200 years, have increased their sugar consumption by 100 times (or 10,000%!).

Conditions Predisposing to Type 2 Diabetes

1. Metabolic Syndrome (Syndrome X) as discussed in my book "*The Hypoglycemic Connection II*"
2. High Fasting insulin, in the absence of Metabolic Syndrome (a fasting blood glucose reading in the range of 5.5 – 7.0)
3. Reactive Hypoglycemia.

These 3 conditions are each of **HYPERINSULINISM** (excessive secretion of insulin). Hyperinsulinism is a pre-diabetic condition. **Excessive sugar** and **excessive calorie consumption** may result in Insulin Resistance of body cells, with subsequent rising blood sugar and eventually diabetes.

Prevention of Type 2 Diabetes

The first step to prevention is identifying those who are genetically at risk, namely:

- People who have a **family history of type 2 diabetes**. Those who have one parent with type 2 diabetes are over two times more likely to develop type 2 diabetes than those without a family history.
- **People who are overweight** (BMI 25 or more) or obese (BMI 30 or more) are twice and four times more likely to develop type 2 diabetes respectively than people in the normal weight range. In 2000, 60% of Australian adults were overweight or obese and gained an average 1.8 kgs over the five years from 2000 to 2005.
- **Excess fat around the waist** increases the risk of both type 2 diabetes and cardiovascular disease. For a man, a waist measurement of 94cms or less and for a woman 80 cms or less will help reduce the risk.
- **Racially at risk** - Aborigines (prevalence may be as high as 30% and can commence in childhood or adolescence), Torres Strait Islanders and people from certain ethnic backgrounds eg Middle Eastern, South European, North African, Southern Asian ("Tropics")
- People who have been diagnosed with **Reactive Hypoglycemia**
- People who have **Metabolic Syndrome**
- People who have not yet been diagnosed with Reactive Hypoglycemia
- People with a **family history of Reactive Hypoglycemia**
- People who have **Hyperinsulinism** or Insulin >13mm/L in the absence of Metabolic Syndrome
- People who are **inactive** – in 2004/05 only 30% of Australians 15 years and over did sufficient levels of activity.
- People with **pre-diabetes** (impaired glucose tolerance / impaired fasting glucose)
- People with **high blood pressure** and/or **abnormal blood fats**, or a **history of cardiovascular disease** – reducing "bad" dietary fat, eating more fibre from fruits, vegetables and whole grains, being more active and losing excess body fat helps to reduce the risk of type 2 diabetes and cardiovascular disease.
- Women who have had **diabetes while pregnant (gestational diabetes)** - affects 5% of all pregnancies in Australia and occurs more frequently in certain ethnic groups and other previously mentioned risk factors. This also increases the risk for type 2 diabetes in later pregnancies and later in life.
- Women with **polycystic ovarian syndrome (PCOS)** and who are **overweight** – studies estimate that 5% – 10% of pre-menopausal women have PCOS (symptoms include irregular or missed menstrual periods, infertility, increased body hair, thinning hair on head and acne) and PCOS is associated with an increased risk of obesity, insulin resistance, high blood pressure and cholesterol, and diabetes.
- **Smokers and heavy drinkers** – smokers have a 50% greater risk of diabetes than non-smokers
- People taking **anti-psychotic medication** – these are possibly undiagnosed and untreated hypoglycemics.

How can we Actively Seek Missed Reactive Hypoglycemia Patients?

- Fill out the Hypoglycemic Disease Questionnaire (below), and
- Have a 4-hour Glucose Tolerance Test with half-hourly blood sugar readings and fasting insulin levels

Hypoglycemic Questionnaire

| | Question | Never | Rarely | Occasionally | Usually |
|----|--|-------|--------|--------------|---------|
| 1 | I get tired or exhausted | | | | |
| 2 | I forget things easily | | | | |
| 3 | I feel sleepy during the day | | | | |
| 4 | I get down or depressed | | | | |
| 5 | I get down over nothing | | | | |
| 6 | I have trouble concentrating | | | | |
| 7 | I get nervous and shaky | | | | |
| 8 | I easily get angry | | | | |
| 9 | I eat or crave sweets, or once used to | | | | |
| 10 | I awaken during the night | | | | |
| | Total Score | | | | |

How to score the questionnaire:

- For each answer in the “Rarely” column, score 1 point.
- For each answer in the “Occasionally” column, score 2 points.
- For each answer in the “Usually” column, score 3 points.
- Add these points together for a “Total Score”.

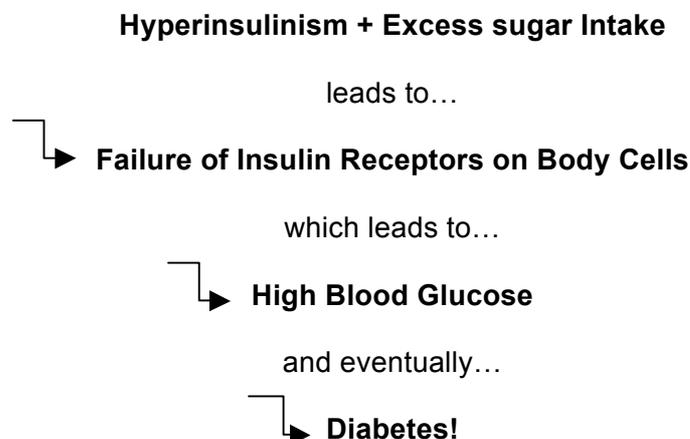
How to rate your score:

- If your Total Score is less than 8, hypoglycemia disease is unlikely.
- If your Total Score is between 8 and 15, it is possible that you have hypoglycemia disease.
- If your Total Score is above 15, hypoglycemia disease is likely to be present.

Other Prevention Strategies

- Dietary Measures including a **Low Sugar Diet** (with healthy eating habits) and a **Protein Breakfast**.
- **Nutritional supplements** likely to help Insulin Receptors include supplements of Zinc (25mg/day), Chromium (200-300mcg/day) and Selenium (50-100mcg/day).
- **Avoid Obesity** - eating sensibly with little or no sugar and eating less total calories per day.
- **Deliberate and active exercise**, with a minimum of ½ hour walk 3 times per week (this is the bare minimum!).
- **Minimise Associated Cardiovascular Risk factors** – this can be done with specialist drugs from the doctor for reducing high blood pressure, high cholesterol and triglycerides, as well as known cardio-vascular disease, or in conjunction with dietary measures recommended by doctors and nutritionists.

Diabetes Flow Curve



Body Mass Index (BMI)

The body mass index (BMI) is a physical measurement used to assess an individual's total amount of body fat. The BMI was invented by Belgian polymath Adolphe Quetelet in the 1800s, and consequently is sometimes known as Quetelet Index. The BMI is calculated by dividing your weight in kilograms (kg) by your height in metres squared (m^2). It is expressed as kg/m^2 . Calculate your BMI using the calculator below, then compare your result to the BMI Classification below.

What does your BMI mean ?

The BMI scores give an indirect measure of body fat. Depending on the BMI value calculated you may be underweight, normal weight, overweight or obese. The cut-off values are as follows :

| BMI | Classification |
|-----------|--|
| < 18.5 | Underweight |
| 18.5-24.9 | Normal weight |
| 25.0-29.9 | Overweight |
| 30.0-34.9 | Obese |
| 35.0-39.0 | Severely obese (also referred to as Obese Class 1) |
| 40.0-49.9 | Morbidly obese (also referred to as Obese Class 2) |
| >50.0 | Super obese (also referred to as Obese Class 3) |

Body Mass Index (BMI) Calculator

Enter your height and weight to calculate your BMI.

Weight (kg).....

Height (m)

BMI = $W \div H \div H$

Body Mass Index:

Overall Message for Preventing Diabetes

- ***Sugar is your Poison. Avoid sugar (including honey and glucose), and eat a good protein breakfast. (Use sugar substitutes if necessary including stevia, rice syrup, fructose and xylose.)***
- ***Avoid Obesity. Eat less and exercise more.***
- ***Lower high blood pressure and high cholesterol. Have your fasting insulin and blood sugar checked every five years, and have regular blood pressure and cholesterol check-ups.***

WHY IS IT SO?

By Ron Buckridge (Member)

The late Professor Julius Sumner Miller often asked his students: 'Why is it so?'

Well might the same question be asked about the provision of the Alzheimers Disease (AD) specific drugs on our PBS. We, and indeed the world, are in the middle of a Dementia epidemic. So why must it be more difficult for our AD patients to secure their subsidised medication than for any other group?

I have been writing to relevant ministers (even one former Prime Minister) and senior departmental personnel since early in 2002 to obtain answers to the previous question. There have been numerous replies, but no real 'answers'. Often those replies have stressed the decision-making process is applied with consistency and fairness. After reading this story, do you agree?

Yes, some drugs require an authority from Canberra. But now doctors requesting an AD authority must write in after the first two month's supply of tablets. Yet, for other indications, they can telephone. The original six months period resulted in unnecessary treatment and administrative problems. On an initial diagnosis by a specialist, the patient obtained a score from a test called a "mini mental".

A second test administered to the patient after the original supply must show (a miraculous?) two-point improvement (where did that number come from?) in the score otherwise subsidised medication is denied. As a former carer, I have seen on numerous occasions, the mental capacity of these patients vary seemingly minute to minute, hour to hour, day to day! So, how should/can anyone demand, accept and take so seriously such a correlation of these numbers? No other group here is subjected to such pedantic, semantic humbug!

Once, after a 15-months exchange in writing, I was advised in terms that almost resembled a different language, this 'rule' was seen as a way to reconcile departmental stats! Would you believe it? And it doesn't get any better! If the patient/carer/family then cannot afford the non-subsidised price of about \$160 per month for the patient, and the patient cannot be managed without this medication, the result is premature admission to a nursing home, where a recent media story put the cost around \$200 per day.

It doesn't matter if patients are happier within themselves while taking the medicine, those test scores are the sole arbiter. Doctors closest to the patients are denied real input, and are thus subjected almost to messenger boy/girl status. No wonder nursing home beds are scarce at least during winter months, and so many sick seniors occupy public hospital beds unnecessarily.

And you cannot obtain more than one form of medication on subsidy despite impressive clinical trials showing real benefits. For years, there was nothing on the PBS beyond the mild to moderate stage of the disease, although at least one was available. Our numbers of AD patients continue to rise exponentially; a recent press release by Alzheimers Australia put the incidence of new cases of dementia in this country at 1,300 per week. In view of the foregoing, it makes you wonder whether we are really fair dinkum in meeting or starting to answer the dementia challenge?

But compare our official approach to Parkinson's Disease (PD) in the light of consistency and fairness mantra. Both AD and CD are cerebral problems, both require diagnosis by a specialist, and both require an authority to obtain subsidised medication on our PBS. Despite that, there are interesting points of demarcation, PD does not require the minim mental test, or the disgusting 2-point improvement! Plus, PD patients can obtain the benefits of combining more than one brand of medication on PBS subsidy. Authority permission can be obtained over the phone thus eliminating lost/delayed and other problems with paperwork, and costly teams to administer and review.

What does all of the above mean in practical terms? For the 12 months ending July 2010, we have approximately 417,000 packs of AD medication sold. Even a generous analysis of these figures would indicate an extremely small percentage of our estimated 220,000 AD patients are obtaining medication.

By comparison, about 895,000 packs of PD tablets were sold. Authoritative industry estimates put the coverage of 63,000 PD patients receiving PBS-subsidised tablets at about 98%! I Cannot see much comparable consistency and fairness there!

Why are AD patients the relatively poorer relations? Prices of the major drugs in both groups are not poles apart. And now, even GPs can prescribe the cheaper brands for their PD patients.

Could we please repeat the question: 'Why is it so?', especially when you consider both scarce nursing home and public hospital beds are much more expensive than medication. Why must any AD patients be admitted prematurely to institutionalised care because 'stats' deny them affordable PBS tablets? And carers know, as the disease progresses, how difficult it is to arrange the logistics for an outing, especially unnecessary ones! Then, adding further insult to injury, carers are being forced to watch their loved one struggle mightily with questions that would have been answered without a second thought in their prime. As the bard, Billy Shakespeare would say: *'Death, where is thy sting?'*

Until a cure is found, the trend line with AD is always down. Can there be unacceptable answer as to why sick seniors with this devastating disease are prima facie discriminated against in such a manner by the system?

SOME RECENT DEMENTIA RESEARCH FINDINGS

By David Liu editing by Laura Lamp King (extract from article)

Good news for people with mild cognitive impairment. Taking daily supplements of B vitamins may delay the onset of dementia like Alzheimer's disease, a study led by researchers at Oxford University suggests. Researcher David Smith and colleagues gave 168 volunteers with mild cognitive impairment a vitamin pill called "TrioBe PLus" containing 300 times the recommended daily dose of B12, four times daily recommended amount of folate and 15 times the recommended dose of B6 for two years.

Participants' brains were scanned at the beginning and the end of the trial to monitor the brain shrinkage or atrophy. The study published in the Public Library of Science (PLoS) One journal showed that on average the brain shrinkage in those who took the B vitamins was 0.76% a year compared to 1.08% for those who took the placebo. Researchers did not test participants' cognitive ability or symptoms of dementia, but there was an association between brain shrinkage and reduced scores in mental tests.

Brain shrinkage is a natural phenomenon found in elderly people. Drinking alcohol can hasten the process, but it is unknown if B vitamins may offset the negative effect of drinking alcohol. Mary N Haan of the University of California-San Francisco recently found that lower levels of folate were associated with symptoms of dementia and poor brain function or cognitive decline. Low doses of B vitamins may not help.

It should be noted that the current study used mega-dosages of B vitamins, meaning that they should be considered **drugs** but not **dietary supplements**. High doses of B vitamins can be risky. Vitamin B12 is essential for vegans as this nutrient cannot be found in plant-based foods. Lack of vitamin B12 can lead to cognitive problems like mild cognitive impairment .

WHY DRINKING TOO MUCH WATER IS DANGEROUS

(An internet Article posted By Dr. Ben Kim on Mar 31, 2009, Health Warnings - *Updated on March 31, 2009*) On January 12, 2007, a 28-year old Californian wife and mother of three children died from drinking too much water. Her body was found in her home shortly after she took part in a water-drinking contest that was sponsored by a local radio show. Entitled "Hold Your Wee For A Wii," the contest promoters promised a free Wii video game machine to the contestant who drank the most water without urinating.

It is estimated that the woman who died drank approximately 2 gallons of water during the contest. When she and other contestants complained of discomfort and showed visible signs of distress, they were laughed at by the promoters and even heckled. This tragic news story highlights the importance of understanding why drinking too much water can be dangerous to your health.

Whenever you disregard your sense of thirst and strive to ingest several glasses of water a day just because you have been told that doing so is good for your health, you actually put unnecessary strain on your body in two major ways:

1. Ingesting more water than you need can increase your total blood volume. And since your blood volume exists within a closed system - your blood circulatory system - needlessly increasing your blood volume on a regular basis puts unnecessary burden on your heart and blood vessels.
2. Your kidneys must work overtime to filter excess water out of your blood circulatory system. Your kidneys are **not** the equivalent of a pair of plumbing pipes whereby the more water you flush through your kidneys, the cleaner they become; rather, the filtration system that exists in your kidneys is composed in part by a series of specialized capillary beds called glomeruli. Your glomeruli **can** get damaged by unnecessary wear and tear over time, and drowning your system with large amounts of water is one of many potential causes of said damage.

Putting unnecessary burden on your cardiovascular system and your kidneys by ingesting unnecessary water is a subtle process. For the average person, it is virtually impossible to know that this burden exists, as there are usually no obvious symptoms on a moment-to-moment basis. But make no mistake about it: this burden is real and can hurt your health over the long term. Forcing your body to accept a large amount of water within a short period of time - say, an hour or two - as several contestants did during the "Hold Your Wee for a Wii" contest can be fatally dangerous to your health. Here's why:

If you force large amounts of water into your system over a short period of time, your kidneys will struggle to eliminate enough water from your system to keep the overall amount at a safe level. As your blood circulatory system becomes diluted with excess water, the concentration of electrolytes in your blood will drop relative to the concentration of electrolytes in your cells. In an effort to maintain an equal balance of electrolytes between your blood and your cells, water will seep into your cells from your blood, causing your cells to swell.

If this swelling occurs in your brain, the bones that make up your skull hardly budge. The result is an increase in intracranial pressure i.e. your brain gets squeezed. Depending on how much water you drink in a short period of time, you could experience a wide variety of symptoms, ranging from a mild headache to impaired breathing. And as occurred recently in the tragic water-drinking contest, it is quite possible to die if you drink enough water in a short enough period of time. This information is particularly important for parents to pass on to their children. Foolish water-drinking contests are not uncommon among high school and university students, especially while playing cards.

So how much water should you drink to best support your health?

The answer to this question depends on your unique circumstances, including your diet, exercise habits, and environment. If you eat plenty of foods that are naturally rich in water, such as vegetables, fruits, and cooked legumes and whole grains, you may not need to drink very much water at all. If you do not use much or any salt and other seasonings, your need for drinking water goes down even further.

Conversely, if you do not eat a lot of plant foods and/or you add substantial salt and spices to your meals, you may need to drink several glasses of water every day. Regardless of what your diet looks like, if you sweat on a regular basis because of exercise or a warm climate, you will need to supply your body with more water (through food and/or liquids) than someone who does not sweat regularly.

Ultimately, the best guidance I can provide on this issue is to follow your sense of thirst. Some people believe that thirst is not a reliable indicator of how much water you need, since many people suffer with symptoms related to dehydration and don't seem to feel a need to drink water on a regular basis. **My experience has been that most people who are chronically dehydrated have learned to ignore a parched mouth.** If you ask such people if they are thirsty and would like a piece of fruit or a glass of water, they will almost always realize that they are indeed thirsty.

Some people suggest observing the color of your urine as a way of looking out for dehydration. The idea is that clear urine indicates that you are well hydrated, while yellow urine indicates that you need more water in your system. While this advice is somewhat useful, it is important to remember that some chemicals (like synthetic vitamins) and heavily pigmented foods (like red beets) can add substantial color to your urine. Thumbs down for synthetic vitamins, and thumbs up for red beets and other richly colored vegetables and fruits.

The main idea that I wish to share through this article is to beware of mindlessly drinking several glasses of water per day without considering your diet, exercise habits, climate, and sense of thirst. And when you do find yourself in need of water, remember that you can get it from liquids and/or whole foods. Please share this article with family and friends, as many people are regularly misinformed on this topic by mainstream media and health practitioners.

SUE LITCHFIELD'S RECIPES

This month I have included a couple of my favorite Mexican dishes. I loved my stay in Mexico mainly because the food was so different to the Mexican food we get out here. Because it is a very poor country, the Mexicans cannot afford our lifestyle so all the food is home cooked and very simple by our standards. It is mainly sugar free - they can't afford to buy sugar, and corn is the staple food. Tortillas are served the way we serve bread rolls, but are oh so filling. I had three in one sitting being greedy and have never felt so full in the stomach for years!

Mexican Style Guacamole

This is the true Mexican version and I love it.

Ingredients

- 2 ripe avocados mashed
- 2 tabs onion chopped as finely as possible -
- 2 tabs coriander chopped
- 2 Jalapeno Chilies, chopped
- Juice of ½ lime

Method

- Mix all ingredients together to taste, adding more lime juice and salt and pepper if needed.
- In Mexico this is served with freshly made Tortillas. I use flat bread.
- If one can find Tostata Chips, they are the perfect thing to serve with the dip.

Agua De Horchata (Rice Water)

Ingredients

- 1 cup cooked white rice
- 1 litre water
- 1 teas cinnamon
- 1 teas vanilla
- 1 cup milk or substitute
- Sweetener to taste (recommend Stevia or pear concentrate)

Method

- Blend all the ingredients together and refrigerate until ice cold and serve.

Rocket Pesto Potato Salad

Ingredients

- 2 kgs potatoes
- 2 cups packed washed rocket leaves
- ½ cup pistachio nuts
- 5 tablespoons olive oil
- 3 cloves crushed garlic
- ½ cup freshly grated parmesan cheese (any tasty cheese will do)
- 1 tablespoon butter (or margarine can be substituted)
- handful of rocket leaves for serving)

Method

- Peel and cut the potatoes into thick slices then steam or boil them until just tender. Do not overcook because they will break up.
- Meanwhile, make the pesto by processing the rocket with the pistachio nuts, olive oil and garlic cloves. Season to taste with salt and pepper.
- Once the freshly cooked potatoes are just tender, drain them immediately then toss with the butter.
- Add the pesto and chopped rocket leaves and toss thoroughly.
- Serve at room temperature with plenty of freshly ground black pepper. This is a little different and great at a barbeque.

Italian Potato pizza

Ingredients

- new potatoes; finely sliced ideally with a mandolin or food processor, then parboiled for five minutes
- 2 tubs of ricotta
- 150g grated parmesan
- zest of one lemon
- leaves from a few sprigs of rosemary
- 3 - 4 tablespoons olive oil
- salt and black pepper
- pizza base of choice

Method

- Spread the potatoes over the pizza base and drizzle some olive oil in between.
- Once the potatoes are used up, sprinkle on the lemon zest, rosemary, parmesan and finish with the remaining olive oil.
- Season with salt and pepper again, being liberal with the pepper.
- Spread the ricotta evenly over the pizza base, seasoning with salt and pepper, and then layer on the finely sliced, parboiled potatoes. If these are enough to make a couple of layers, make sure to drizzle some olive oil in between.
- This pizza should be baked in a medium oven; gas mark 6 or about 200°C until the potatoes are cooked through. Most pizzas are a bit quicker to cook in a hot oven but this needs a longer, slower baking to ensure that the potatoes cook yet not enough to burn the dough. This balance is why the potatoes need to be sliced so finely to start with.
- The pizza usually takes about 30 minutes but check after 20 minutes, and also give it a bit longer if needed.

ORANGE CAKE

This cake makes a great dessert and no one yet has picked up the fact that it is sugar free.

Ingredients

- 3 medium oranges
- 6 eggs separated
- ½ cup Xylitol
- 200g ground almonds
- 1 teas baking powder

Method

- Place the oranges that have been well washed in water to cover. Bring to the boil. Simmer for 1½ hours or until soft, adding more water if need be.
- Drain the oranges, cut into quarters discarding any pips. While hot, whiz in food processor. Cool.
- Heat oven to 180°C.
- Grease a high sided spring-form cake tin.
- Beat egg yolks and Xylitol in a large bowl until thick. Add oranges, almonds and baking powder.
- Beat egg whites until soft peaks form. Fold into orange mixture.
- Pour into prepared spring form cake tin and bake in oven for 1 hour, or until firm to touch. (It may be necessary to cover loosely with foil to prevent burning). Cool in tin.
- Nice served with stewed/fresh berries of choice and yoghurt of choice.

CHRISTMAS CAKE

This Xmas cake is the basic cake recipe I have used for years, and again no one in my family has picked up on the fact that it has no added sugar.

Ingredients

1 kilo mixed fruit
 ½ cup rice syrup
 1 single serve jar fruit juice (I used prune juice)
 ¼ cup pure maple syrup
 3 eggs beaten
 250 gram butter or margarine of choice, melted
 3 cups plain gluten free flour
 1 tablespoon glycerine
 ½ teaspoon nutmeg
 ½ teaspoon ground ginger
 ½ teaspoon cinnamon
 ½ teaspoon salt
 ½ teaspoon bicarb soda
 ½ teaspoon vanilla
 1 teaspoon guar gum

Method

- Mix together all the ingredients except the butter, eggs, guar gum and flour, and allow to stand for at least 2 hours. I like it to stand overnight.
- Melt the butter and add to the fruit mixture.
- Beat the eggs and add to mixture
- Lastly add the flour and guar gum mixing thoroughly.
- Place in a lined 20cm square cake tin and bake in a very slow oven at 150°C until cooked (about 3 hours depending on the oven).
- This cake freezes very well.

MEMBER RECIPE

Home-Made Soy Yoghurt (2-litre bucket) by Mary Rhodes

Ingredients

- 2 litres of soy milk (I usually use “Australia's Own” organic, malt-free brand)
- ⅓ cup of plain skim milk yoghurt for starter – must include live cultures
- 2 open capsules of powder of good bacteria (must be dairy-free such as Inner Health – most brands work)

Equipment

A large thermos, crockpot or yoghurt maker)

Method

- Warm milk (not hotter than your little finger can stand to be in for one minute) and pour into your container (thermos etc)
- Mix yoghurt starter in a cup, add bacteria and mix, then add ½ cup of warm milk
- Pour starter mixture into warm milk and stir
- Put on lid and leave 4-6 hours
- Keep ⅓ cup as a starter for your next batch
- Optional thickeners: as this is softer than regular yoghurt, you can use soy milk powder, psyllium husks, starch or chia to thicken the mixture
- Optional sweeteners: stevia, pure maple syrup, food grade glycerine or fruit