

The Hypoglycemic Association

NEWSLETTER

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The NEWSLETTER of the Hypoglycemic Association is distributed to members of the Association and to Health Professionals with an interest in nutritional medicine and clinical ecology.

Yes, we have come to the end of another year and this of course means for us, the Association, the end of the financial year. We are asking members not to forget to send in their membership fees.

Fees: For those members who have not as yet paid their fees, please note the expiry date in the top right hand corner of the address label. The fees have not changed and are \$15 per family or \$10 for pensioners and students. Health practitioners receive this Newsletter free of charge, as part of our policy to promote natural medicine among doctors and health professionals and this will ultimately benefit our members.

If you want to help recruit more members, you can do so by nominating a friend or doctor. With their approval, please send in their name and address to our postal address above and we will place your nominees on our introductory list of new members. They will then receive two or three issues of our Newsletter with an expiry date on their address label. If they like the Newsletter they have then an opportunity to join by sending in their fees.

Our Association aims at building a bridge between health professionals and their patients, who have in common an interest in complementary medicine, the kind of medicine that will most probably be mainstream medicine in the twenty-first century. This is only possible when consumers of health are familiar with the latest scientific developments in natural health and clinical practice.

Our Next Public Meeting will be at 2 PM
on Saturday, the 3rd December, 1994
at the YWCA,
2 Wentworth Ave, Sydney and
our guest speaker is

Dr George Samra
who will be speaking
on the subject of

***“What's New in Fatigue Therapy &
Dietary Management of Arthritis”***

DR GEORGE SAMRA is of course well-known to our members. He is the patron of our Association as well as a pioneer in Nutritional Medicine. It is mainly through the personal effort by Dr George Samra to have the concept of hypoglycemia recognised as a major cause of ill-health and an important factor in human behaviour. Naturally, since the foundation of the Association the concept has broadened to include the whole range of clinical nutrition and ecology, as well as traditional medicine. Dr George Samra is now well-known among probation officers, the judiciary and legal profession in assisting them to determine to what extent a program of rehabilitation can prevent criminal behaviour. Dr Samra will be discussing the latest developments in the area of Chronic Fatigue and management of arthritis, and that should prove to be very interesting.

Any opinion expressed in this Newsletter does not necessarily reflect the views of the Association.

CHRISTMAS PARTY

Our next meeting on Saturday the 3rd December 1994 will start one hour earlier than usual (1 pm) to celebrate our Super Christmas Party. Members and friends are invited. Please bring along a plate of sugar-free foods.

Presents: The Committee asks every one to participate in the present Lucky Dip. Bring a wrapped present worth \$5 with you and mark it "male" or "female"; but even if you don't, you won't be disappointed. There will be presents for kids, and they are welcome.

Steve Duff telephone advisory service

Our life member Steve Duff is willing to talk to any person by phone on any problems relating to hypoglycemia, allergies and diet. This voluntary advice is based on his personal experiences with hypoglycemia and allergies and any problems of a more complex nature will be referred to nutritional practitioners. If

you would like to have a talk with Steve, please ring him at his home on 529-8040.

Books for sale at the meeting

Jur Plesman: **GETTING OFF THE HOOK**

Sue Litchfield: **SUE'S COOKBOOK**

Contributions of articles by members and by practitioners are very welcome. If you would like to contribute an article to this Newsletter, please contact the Editor.

The Newcastle branch of the Association are still meeting with the assistance of Bev Cook. They meet on the last Saturday of each month beginning 1.30 PM to 3.30 PM at the Hillsborough Primary School. Enter the school from the Waratah Avenue. For further information ring Mrs. Bev Cook at 049-59-4369.

Organise local meetings

If any member would like to organise meetings in their local area or meet other members, we can help by advertising your name and phone number in this Newsletter.

Entrance fee at meetings

Because of increase in costs the Committee has decided to charge an entrance fee of \$2 per person or \$3 per family at our public meetings.

In Memory of Mildred

It is with great sadness that we announce that our committee member **Mildred Grant**, aged 63, passed away on the 12th September 1994 of a progressive heart disease.

We all remember Mildred as a loyal, faithful and hard-working member on our committee. She attended every public meeting collecting entrance fees with a smile and a kind welcome.

Most important of all, she and Ted - her husband - were the backbone of our mailing system and she will be dearly missed.

Our sympathies go out to her husband Ted and her children Sue, Pat, Allan and Mark, and the rest of her family and loved ones.

Donations for raffle

One way of increasing our income is by way of raffles. If any member has anything to donate towards the raffle, please contact Dr George Samra's surgery at 32-38 Montgomery, Kogarah.

Susan Choc won the Lucky Door Prize and **Patricka Sheiles** won the Raffle Prize at our last public meeting on 3 September, 1994.

Free Radicals and Antioxidants

By

Daniel Baden ND, Dip. Hom.

THE topic of free radicals has been chosen basically because it has spawned the idea, both in complementary and orthodox medicine, that they cause a lot of damage in the body.

There are still many doctors who are not familiar with the term "free radicals" which is unlike the long haired university student protesting against the Vietnam War.

In fact last year, the Sydney University hosted a symposium on free radicals and antioxidants generally discussing their link to diseases. Most experts now agree that they do cause long-term damage to the body: they attack our immune system, our nervous system, they cause the dysfunctions of organs and they cause hormones to change. They have been implicated in practically every disease in man especially in degenerative and chronic illnesses, such as hypoglycemia through to

cancer and arthritic type diseases.

Free radical

Essentially a free radical is a molecule or atom that has lost an electron - an negatively charged atomic particle. Different molecules of the body have different numbers of electrons circling around the atom. For example, the oxygen atom has eight electrons (2 in the first orbital and 6 in the second orbital). If the oxygen has only 7 or 6 electrons than oxygen becomes unstable. In the unstable state the oxygen would be running around the body looking for electrons to satisfy its needs. The other electron can often be taken from enzymes in our liver or tissues.

Free radicals are part of nature and, in fact, we need them. We would not survive without free radicals. They have several jobs. They help to fight bacteria and viruses, because when you are attacked by bacteria it becomes

surrounded by immune type cells. These trap the bacteria and then they squeeze into it a very potent free radical mixture, thereby destroying the bacterium.

The onslaught of free radicals

However, the problem arises when we have too many free radicals, which will disrupt healthy tissues.

The question is why is it that we are seeing more free radical pathology than our ancestors. There are quite a few new diseases around that would indicate that we have a problem with free radicals, like age-related-macular degeneration. This is the degeneration of the macula - a depressed spot close to the optic disc in the retina of the eye, which is responsible for acute vision - so that people with this disease can see everything on the side, but cannot see in their central vision. This is a

problem when you are driving a car. This eye disorder has become a problem in the last fifty years. It has been postulated that it is due to an increased free radical activity, primarily from eating foods like margarine or foods that are high in trans-polyunsaturated fatty acids. Thus over-supply of free radicals caused by increased consumption of margarine do not allow the macula to break down properly. The extent of the problem may be seen from the writings of ophthalmologists (or eye-specialists) one hundred years ago, who on average would report one case in their total career. These days ophthalmologists are seeing eight to twelve cases each week, and there are more of them around now.

So free radicals are increasing in our community and causing considerable problems to our health. There is also an increase in the incidence of cancer, where free radicals have been implicated in many scientific studies.

Why are there more free radicals?

Pollution is a major contributor of free radical activity. This is not only environmental pollution from car exhausts, but also the way we pollute our food sources, such as pesticides, herbicides, preservatives, chemical additives, colourings, nitrates, sodium metabisulphites and so on. Most of the food additives were introduced over the last fifty years, when the American Food and Drug Administration (FDA) were quite lax about their tests for approval of drugs submitted by the drug companies. They would submit their own studies showing that the addition of a chemical preservative to food has no adverse side-effects and on that basis the FDA would issue a licence.

These days it is somewhat different in that the FDA often do their own studies. It has been estimated that about 400 different chemical additives pass through our diet. Many of these would not have been approved if tested now. There is a reasonably strong correlation between increase of chemical additives to food and carcinogenic diseases (cancers).

Apart from the free radicals caused by pesticides and herbicides, we find them in printing inks, fragrances and perfumes, cosmetics, water-pollution, pharmacological agents or drugs that we are taking. Anaesthetics are a major source of free radicals.

Natural sources of free radicals

Some free radicals come from natural sources such as in lactation - or breast feeding - and fasting. This, of course, is no problem to most people so long they have a good healthy diet. But it may be a problem if the system is overloaded with other free radicals, such as breast-feeding in a polluted city, whilst simultaneously smoking a cigarette. This would become an overload.

Athletes produce more free radicals

Excessive exercise can also cause an increase in free radicals. This is seen in many

athletes which I treated in my practice. People that train extensively on a daily basis do tend to have more common types of infections, such as colds. This is because they are introducing regularly a lot more oxygen into their system, and oxygen is one of the major triggers for free radicals. Our dependency on oxygen is a two-edged sword. Without it we cannot survive. Oxygen is also a free radical cleanser for our system, but when we have too much it can cause damage. Athletes tend to wrinkle more not only because of increased intake of oxygen, but also because of greater exposure to the sun. The collagen in the skin is broken down by free radicals and this is how we age and get wrinkles. In the case of athletes the solution is fairly simple. When they use a lot of oxygen that may increase their free radicals, all they need to do is increase their vitamin C intake on a daily basis.

Stress as a source of free radicals

Stress is probably one of the most potent inducers of free radical activity in your body. Under the influence of stress your body increases the production of adrenaline and noradrenaline. These chemicals are broken down in the body into the most potent form of free radicals that we know of. Thus stress itself can cause higher free radical activity than anything else. It is important therefore to get on top of our stress problems as much as we can.

Free radicals attack the vascular system

Free radicals have also been implicated in cardiovascular diseases, which is a number one killer in Australia. In this disease much emphasis has been placed on high cholesterol levels and blood pressure, but in the naturopathic community there is a strong belief that free radical activity is the major cause of cardiovascular diseases.

If we look closely at the inside of an artery we notice that the inside walls of the arteries are slippery and smooth. And fat like cholesterol is also slippery and smooth. It is difficult to imagine that two such surfaces can hold on to one another. Thus there must be an other factor involved to cause hardening and clogging of the arteries. It would seem that free radicals are responsible. Free radicals enter the artery from the general circulation and the electrons are looking around to satisfy their needs. Free radicals also enter into the wall of the artery via the tiny blood vessels feeding the muscles inside the artery wall.

They then start to eat away at the inside of the artery, and that loses its nice slippery coating. Now the cholesterol and other fatty deposits find a grip and move into the artery wall, causing them to clog. They attract other fat molecules and start to fill your arteries with fat.

There are two basic types of free radicals: 1) Hydroxy free radical that comes from oxygen and 2) lipid peroxides that attack fatty membranes.

Predicting a heart attack

Traditionally, we assess a person's likelihood of getting a heart disease by means of blood tests, measuring for example the serum cholesterol and triglyceride levels. When it is too high - above say 5.5 mmol/L (Heart Foundation guideline) - the prediction is that the person might have a heart attack within a given time.

Many scientific studies have shown that a more accurate way of anticipating the possibility of a heart attack or a vascular disorder is by measuring the blood vitamin E levels. It has been noted that people with a higher blood level of vitamin E have a much lesser incidence of cardiovascular diseases. The reason is that vitamin E is one of the major antioxidants or nutrients that protects the inside of the artery against free radical attack.

Vitamin E a major antioxidant

In some European studies it is shown that although people may eat a lot of cholesterol, they also have high levels of vitamin E in their diets. They also have a lesser incidence of the sort of diseases prevalent in our society.

Vitamin E is extracted from vegetable oils and many oils go rancid fairly quickly as the vitamin E has been extracted. The light entering the bottle, when it is standing in the sun in the shop, will break down the vitamin E. When on a diet high in vegetable oil it is important to take regular antioxidant (vitamin E) supplements.

FROPS enter the picture

Free radical activity will increase a group of chemicals known as free radical oxidation products or FROPS. Basically, FROPS are fragments of broken down fat products. They can cause quite a lot of damage. FROPS can act as false neurotransmitters - that is they can give the nervous system false messages - causing some strange muscle jerking or cramps, they can also bind to muscle cell membranes interfering with the functions of muscles and they can disturb our nervous system causing a loss of energy and a general feeling of unwell.

Nevertheless, FROPS can also be of benefit, namely that they may act as a cytotoxic substance which can kill malignant cancer cells. Thus we have a two-edged sword there.

Surgery a major source of free radical activity

Surgery is one of the major way that will increase free radical activity in our body. Imagine a person who has a serious car accident. He goes into hospital and is given drugs - a pain-killer - giving rise to free radicals. He is given a tube down his throat to increase his oxygen intake - another source of free radicals - then goes for surgery for his broken bone and fat released from within the bone again releases free radical. When they cut you open and put clamps on the arteries the blood will eventually return to tissue that has been de-

prived of oxygen. When that oxygen returns it will be very destructive to that tissue. It is well known that a common time to have a second heart attack is within 24 or 48 hours after your first one. Possibly the free radical damage has been so great, because of the surgery involved, that it will cause the heart to go into another spasm.

Therefore there is a strong case for taking antioxidants as a protection against free radical activity.

How do we deal with free radicals?

Obviously improving our life-style through diet is a major aspect to consider. Eating organic food, food away from chemical contamination as much as possible, is one way. These foods introduce less free radicals, and they are richer in vitamins and minerals.

The most common and well-known antioxidants are vitamins A, C, E, zinc and selenium. Beta carotene found in carrots and the precursor of vitamin A is a particularly good antioxidant when we are dealing with hydroxy free radicals (those that come from oxygen). It mops up those free electrons very quickly. If you have a free radical coming into your system, beta carotene will donate an electron to the free radical (oxygen), satisfying its need for an electron. Then beta carotene itself will become a kind of free radical, which will be attracted by vitamin E as this vitamin

has a capacity of absorbing a lot more electrons. Vitamin E is therefore extremely important in not allowing free radicals to damage surrounding healthy tissues.

Antioxidant enzymes within the body

Your body also tries to produce some natural enzymes which acts as free radical scavengers. The most potent one is superoxide dismutase or SOD - a zinc, copper and manganese containing enzyme. This can be obtained in supplementary form in America, but not in Australia. But we can form our own SOD by the supplementation of zinc, copper, manganese, vitamin A, C and E. The copper bracelet is claimed to be beneficial in the fight against arthritis as it supplies one necessary ingredient of superoxide dismutase.

Another natural antioxidant produced in the body is glutathione. This is a selenium dependent enzyme which contains among others cysteine and methionine. Selenium can be obtained by a doctor's prescription in the form of "Formula 33SE" (by Nutrition Care). Again we can produce the enzyme by natural sources of selenium such as: tuna, herrings, Brewer's yeast, wheat germ, garlic, onions, bran, broccoli, whole grains. Some people are allergic to Brewer's Yeast, but garlic and onions are good sources.

In an ideal world we would obtain plenty of antioxidants in our food, but in this sort of

society there is a strong case for supplementation.

Blood vessels under attack

Eventually, the hydroxy free radicals - coming from oxygen - turn into a different type of free radical called lipid peroxide. The hydroxy type free radicals, run around the body looking for electrons to satisfy their needs and this takes place in nano-seconds or one thousand millionth part of a second. The lipid peroxides, on the other hand, are slow and insidious. The membrane of a cell is made up of two layers of fat with bits of protein in the middle and the lipid peroxides lodge themselves in the fatty layer and slowly cause the cell's destruction. Therefore it is suggested that we take antioxidants on a regular basis to prevent this destruction. A damaged membrane cell by lipid peroxides latches on to the LDL cholesterol - the bad cholesterol - hitches a free ride through the blood stream and cause further damage down the line. Thus there is a case for keeping cholesterol at a minimum but more importantly for keeping one's antioxidant levels up.

It would seem therefore that not only cardiovascular diseases, but other degenerative diseases will respond to a change in life-style as well as diet.

Excerpt from the book:

Chronic Fatigue: The silent Epidemic

by

William Vayda, Published by Simon & Schuster Australia, 1991

Dr William Vayda writes in his **INTRODUCTION** of his book:

AFTER practising orthomolecular medicine and clinical ecology for the best part of 20 years, I found myself in a curious position. Looking, back on my experience I realised that every few years a new 'disease' was discovered and became fashionable. Each of these new diseases was deemed to be the real cause of the problems which patients complained of. Some of you may recall the days when it was believed that hypoglycaemia was a disease in itself, and indeed was thought to be the underlying 'cause' of many psychiatric and metabolic disorders. At that time everybody, including myself, was convinced that

sugar was the culprit, and so blood sugar tests (called glucose tolerance tests or GTTs) were performed by all of us with gay abandon. Many patients did improve and, in fact, cutting out sugar, especially refined sugars and carbohydrates, was indeed a good step forward, as was reducing fat intake.

Alas! No sooner had we managed to convince our orthodox colleagues (medical doctors) that there was such a beast, we were confronted with the (at the time, unpalatable) fact that hypoglycaemia was not a disease, but only a symptom, and that the GTT was not such a good test after all. To make matters worse, in a very short time we became aware that sugar, while almost always a trigger, was neither the major nor only culprit. In fact we all learned that allergies - or intolerances as

they are known - to a multitude of common foods could, and often did, cause hypoglycaemia. Once we started to test people we found hypoglycaemia caused by milk, wheat, apples and even onions! And so the era of food allergies was born! I should know - I wrote the first Australian book on the subject (Are You Allergic to the twentieth Century?).

As it turned out, nutritionists, allergists and open-minded doctors everywhere helped and cured thousands of people whose lives had become miserable because of allergies. And we are still doing it. Then a funny thing happened to some of us on the way to saving the world. We were curing thousands of people every year, yet instead of diminishing, the number of people suffering from allergies or intolerances grew, and kept growing. By pure

serendipity I discovered in 1978 that some of my more recalcitrant patients were indeed suffering from an allergy to moulds-fungi (the two words are synonymous) and that one fungus, *Candida albicans*, was primarily responsible. It just so happens that this organism is the cause of a common female complaint, namely vaginal thrush (also known as monilia), an annoying but minor vaginal problem.

Around the same time, Dr Orian Truss in the United States was preparing himself to deliver to the world the concept of candida as the twentieth century scourge. This was quickly followed by Dr William Crook's now legendary book, *The Yeast Connection*. Everybody realised immediately that the real cause of all our problems was not hypoglycaemia or allergies at all, but actually this ubiquitous organism - the yeast fungus or *Candida albicans*. Naturally I immediately went to print with a book called *The Candida Connection* in Australia, then followed it up with *The Candida Protocol*, which was soon superseded by *The Candida Question and Answer Book*. By now I have lost count of the number of candida sufferers I have successfully treated. Many, many thousands. Suffice to say that anybody who is, or wishes to be, anybody in the alternative medicine world had to diagnose and treat candida. And thousands did, and still do. Unfortunately, some do even when candida has nothing or very little to do with the problem at hand.

Ohmygosh! Why am I, of all people, expounding such a heresy? Because shortly after the candida mania reached its peak a new fangled syndrome descended upon us, that's why! At first it was jovially known as TAT (for 'Tired All the Time' Syndrome). Then it was discovered that the syndrome was not so new after all, and in fact had been called the Post-viral Fatigue Syndrome many years before by no less an authority than the respected British medical journal *The Lancet*, only to be dismissed as a figment of the overworked imagination of some hypochondriacs. After a while though, reports of this mysterious illness began to pour in from all over the world. Doctors being what they are, a new and far less comprehensible word was coined to define the illness - myalgic encephalomyelitis, or ME for short. The inevitable societies and self-help groups sprang into being and indeed the Australian ME Society is still called just that. This, despite the fact that there was often no muscular impairment (myo- means 'muscle') or inflammation to be seen and that the brain (-cephalus) was almost never inflamed and generally in perfectly good shape.

While many different theories were put forward by a multitude of scientists there was no general agreement as to the actual cause of this problem. Indeed, a school of thought existed that claimed it was a multifactorial disease. Unabated by such common sense, the usual medical search for a single 'cause' went on. And so the era of Chronic Epstein Barr Virus (CEBV) Syndrome was born. This par-

ticular malaise changed names more quickly than a chameleon: EBV (for Epstein Barr Virus); Associated Fatigue Syndrome; Chronic Epstein Barr; chronic infectious mononucleosis; yuppie flu; SIDES (for Systemic Immunodeficient Epstein Barr Virus Syndrome); and finally SKIDS (which is the almost-acronym for Subclinical Immuno-deficiency Syndrome). These are but a few of the names used.

It was first proposed by Dr Paul Cheney after examining 160 people in Incline, Nevada, USA. He identified four criteria with viral infections causing chronic fatigue: elevated antibodies (actually IgG VCA) to the Epstein Barr Virus; symptoms of persisting fatigue, aches and sore throats; nervous system problems like headaches, depression and difficulty concentrating; and finally, the persistence of these signs and symptoms in the absence of identifiable pathologies. If all this sounds familiar to you, it's simply because it is. Exactly the same reasons were and still are given for hypoglycaemia, allergies and candida sufferers!

During all this, I was busier than ever making the increasingly more difficult differential diagnoses between those people for whom allergies and/or candida were merely some of the symptoms of the Post-viral Syndrome and those for whom candida or allergies were the primary problem. Meanwhile we became aware that the Epstein Barr virus was not the only one causing problems and to the list of culprits we quickly added enteroviruses, cytomegalovirus (CMV), toxoplasmosis and LHV (lymphotropic herpes viruses). As the laboratory analyses of these became more available and more accurate we soon found ourselves with a whole lot of different 'causes' for the same problem.

One factor, however, remained relatively constant. In almost all cases there was some evidence of an impaired immune system and poor liver functions. Now, if one's immune system is not working properly - and it can't if the liver is not in good shape - the chances of falling victim to a viral onslaught are obviously greater than otherwise. What factor or factors, if any, were responsible for the lowered immunocompetence? In other words, why did those people become infected by viruses, which made them allergic and experience an explosion of candida organisms, which in turn lowered their immune efficiency even further? Two factors made some sense. The first was that the liver appeared to be implicated in most cases. The second factor was that we knew only too well that liver functions, especially critical enzymes were easily affected by toxic chemicals.

In September 1988 there was an Australian seminar on Chronic Fatigue Syndrome chaired by authorities such as Professor John Dwyer, Andrew Lloyd, Denis Wakefield, Clem Broughton and the inimitable immunologist Robert Loblay. At the end of the seminar Dr Mark Donohoe and I took the microphone and

proposed that toxic chemicals may play a significant role in Chronic Fatigue Syndrome and, by implication, in candida and allergies. Professor Dwyer was quite receptive but he explained to us that this was not his main area of research and that if we suspected chemicals had anything to do with the problem we should conduct our own studies and present it.

We did, and are still doing it. We started by taking blood samples from over 100 of our patients to the USA and having them analysed for toxic chemicals. We had to do this because the few Australian labs which offered toxic chemical tests at the time used a technique called liquid chromatography which, good as it is, can only detect these substances at levels of about 30 parts per billion. Enough for someone who is poisoned by lead or petrol fumes (say, a traffic policeman or petrol station attendant) but nowhere near enough for someone who is suffering from the effects of chronic low-grade exposure to toxic chemicals. Dr Donohoe had already told me - and the USA experts confirmed it - that we had to use a technique called gas chromatography combined with mass spectrometry with electron capture (whatever that means) in order to obtain meaningful results. (We can now do several of this type of test in Australia.)

While in America we took the opportunity to visit and study at Dr Bill Rea's world-famous Environmental Health Center at Dallas, Texas, where we learned the latest diagnostic, treatment and detoxification procedures. We then attended a conference at Lake Tahoe, Nevada. We listened and talked to many people. Probably the one person who crystallised the whole problem of environmental pollution and its effects on human health was Dr Stephen Levine who has written a masterpiece of a book, *Antioxidant Adaptation*.

What we have discovered from the tests, from observations and from talking to people, experts and patients alike, is that our immune systems are taking a pummelling. In our world today practically everything is a potential pollutant - the air, our food, our water supplies, our technology, our clothes and cosmetics, indeed many of the things we take for granted to make life easier. The chemical pollutants involved are well established as inducers of a variety of symptoms common to most sufferers of ecological illnesses such as allergies. Chronic infections such as *Candida albicans* or glandular fever (Epstein Barr post viral Syndrome) tend to exacerbate problems in our immune mechanisms. This is one of the reasons why chemically overloaded people or hypersensitive people are so susceptible to candida and viral illnesses. Stress, whether precipitated by emotional factors or caused by physical and chemical factors, can detrimentally affect the immune system.

During my years of clinical practice my main function has been that of diagnostician and I have often asked myself why it is that ecologically ill patients are such easy prey to

infections like candida, the flu and glandular fever and why they suffer so often from chronic fatigue. It is becoming more and more evident that Dr Levine is right when he says that stress, whether chemical, physical, infectious, viral or emotional in origin can deplete our defences to the point that we suffer an increase in inflammatory, infectious and degenerative diseases.

There is no one cause for an illness like Chronic Fatigue Syndrome: there are many causes and each individual may have a different range of causes that produce a different range of symptoms. What we as diagnosticians must do is remain open to the possibility of a multiplicity of causes. What our patients must learn is that their doctors are not perfect. Therapists and doctors do not have all the answers. Patients have to learn to ask the right questions, just as doctors do. Mark Donohoe expresses the opinion in this book that patients these days should be considered more as 'clients'.

Chronic Fatigue Syndrome is not a new

illness: as I explained earlier, it has been around for quite some time but has just been known by other names. However, while it is not new, it seems to be increasing rapidly during this last part of the twentieth century. The Journal of the American Medical Association claimed that in May 1987 as much as 21 per cent of the general population in the United States probably had chronic immune dysfunctions. And then in March 1988 the American Academy of Otolaryngology's Bulletin announced that Chronic Fatigue Syndrome is potentially the most devastating disease of the twentieth century.

So, what we do know is that there is not just one cause of Chronic Fatigue Syndrome and also that the major problem with the syndrome is that its very complexity, its multifactorial nature, creates controversy within controversy. What I have hoped to do in Chronic Fatigue is cut through that complexity to explain why Chronic Fatigue Syndrome develops, how it is diagnosed and what you can do about it.

**WEDDING BELLS
CONGRATULA-
TIONS to Helen and Dr
George Samra, our pa-
tron, who tied the knot
on the 2nd October
1994 at Cronulla. We
wish them every happi-
ness.**

*Helen remember: "The way to a
man's heart is through his
stomach"*

Comments by

Dr George Samra

Dr William Vayda's excellent book on chronic fatigue syndrome mentions in the "Introduction" of his book that there was a time "when it was believed that hypoglycaemia was a disease in itself, and indeed was thought to be the underlying 'cause' of many psychiatric and metabolic disorders."

He further states "that hypoglycaemia was not a disease, but only a symptom, and that the GTT was not such a good test after all."

Let me state that I am not aware of any doctors in the complementary medical movement who believe that hypoglycaemia is the underlying (meaning the only) 'cause' of many psychiatric and metabolic disorders. This is for good reasons as we are not talking about hypoglycaemia as most doctors understand it, but rather of the hypoglycaemic syndrome which may take many forms depending on the result of the Glucose Tolerance Test [GTT].

The term "**hypoglycaemia**" is indeed unfortunate as many doctors get confused with the text-book definition of "low concentration of blood glucose" which is only part of what I prefer to call the "hypoglycaemic syndrome". This points rather to unstable and abnormal fluctuations in blood glucose levels, triggering symptoms of brain starvation, since the brain is reliant on stable blood glucose as its

only fuel under normal circumstances.

The Glucose Tolerance Test (GTT) has been refined by me over the years. The results of the test has been classified into "Types" of reactions to blood glucose levels that gives me an accurate description and explanation of how a patient feels. That the test was deemed to be "not so good a test after all" is because clinical reactions to glucose vary. Practitioners not experienced in reading the results of the GTT could not be expected to understand why some of the symptoms so variable [and sometimes contradictory] belong to the same pancreatic disorder. The reading of the GTT is not just a mysterious subjective exercise, it is defined by specific measurements and can be done by any doctor.

And this is what brings me to the second point that the "beast" of the hypoglycaemic syndrome does exist in its own right and is just not a variation of other syndromes, such as food sensitivities, chronic fatigue syndrome, hyperactivity, M.E., etc. It is primarily a disorder of the pancreas, just as chronic fatigue syndrome may be linked to a disorder of the immune system, or more specifically enzyme systems. Many of my patients may get better by simply adopting the hypoglycaemic diet [similar to a diabetic diet] plus vitamin and mineral supplementation, without suffering from other "allergies". It certainly will help in

delaying onset mature diabetes.

However, that is not to deny that food substances other than sugar can cause unstable blood sugar levels as was rightly pointed out by Dr Vayda. The point correctly stated is that allergens can cause upheavals in blood sugar levels by what seems to be an adrenergic defence mechanism, whereby excess adrenaline - converting glycogen into glucose - may push up glucose levels to a point where it triggers an insulin reaction.

The four main elements of the Syndrome

The hypoglycaemic Syndrome has 4 main elements of which 3 need to be present;

- i) Tiredness or fatigue
- ii) Poor memory or poor concentration
- iii) Depression or Moodiness
- iv) Attraction to sugar and sweet foods

What is important to recognise is that Reactive Hypoglycaemia occurs commonly - 4 to 5 percent of the population and often occurs with a tendency to allergies, to yeast intolerance, Candidiasis and, of course, with patients diagnosed as having Chronic Fatigue Syndrome [CFS] - often as high as 90 percent of CFS sufferers have Reactive Hypoglycaemia on their Glucose Tolerance Test [GTT].

The significance of this is a practical point

in management. If Reactive Hypoglycaemia is present the patient will benefit greatly by first treating this with the correct diet, whilst also pursuing the other treatment options, including management for allergy reduction and toxin or poison elimination.

Thus, Dr Vayda is right when he says that many of the symptoms of the various syndromes overlap. Symptoms alone do not point to a specific illness. This may be confusing to the more traditionally trained medical practitioners who are accustomed to match a set of symptoms to an identifiable disease, but the

phenomenon is familiar among most doctors practising nutritional medicine.

This also explains why accurate diagnosis is so important in nutritional medicine as often a disorder of one system may affect another system and it explains the concept of holistic medicine as contrasted with the bits and parts treatments in traditional medicine. High levels of anxiety not only can cause unstable blood glucose levels, but also generate free radicals and hence what goes on in the mind can affect health, and vice versa.

the next century

Many of us in complementary medicine may be seen by the more conventional practitioners as being on the fringe of medical practice, but in the next century I believe we will be recognised probably as pioneers of a new kind of modern medicine, with less emphasis on drugs, high tech and away from the back-waters of present-day medical practice.

But admittedly, we have to learn to crawl before we walk. I recommend Dr Vayda's book as a valuable contribution to this modern medicine.

Complementary medicine – the medicine of

THE FIRST AND LAST DIET MAN'S TRUE DIET

by Roger French, Executive Director of Natural Health Society of Australia

The Natural Health Society of Australia has a simple message: Nourish ourselves with truly natural foods in "natural" proportions and we are setting the stage for high-level well-being and abundant vitality.

Not only will well-being and vitality result, but we are avoiding the major factors which virtual guarantee the slide over the years into degenerative disease- arthritis, heart disease, cancer and a host of other nasties. The connection between ill-health and nutrition is now "official", since the CSIRO's recent statement that 60% (the majority) of all illness is nutrition-related.

To those who are inclined to spurn any fuss about what they eat, we point out what is fairly obvious, that the bottom line in seeking good health is enjoyment of life. It's very difficult to have happiness and peace of mind if your body is racked with pain!

The crux of nutritious eating for health and vitality is also something obvious: select only those foods for which our bodies are designed.

What is not obvious and what has led to mountains of emotional controversy and a multitude of different "new" diets, is the question of just what are the foods for which our bodies are best designed.

The answer is that the crux of what are suitable foods for man is that they are basically natural in the true sense of the word, meaning that they are in the form in which they occur in nature and unchanged by processing.

It must be pointed out that natural is not the only requirement. The substance must also be suitable as food for man. For example, wood is a perfectly natural substance, but it is only suitable food for borers!

Besides the food itself being natural, the balance in which it is eaten needs also to be natural, that is, at least somewhat resembling the balance that would occur if we lived in the wild. The elusive answer to this question is based simply on experience and is built into the guidelines for the Natural Health diet.

Because the Natural Health diet aims to be the natural way of eating, it does not really belong to anybody and should not be seen as a brand-name diet. In fact, it is not even a specific diet, rather, it is a set of guidelines which allow a huge amount of scope and variety and is relatively unrestricted. This means that no-one need feel compelled to eat a food that they don't like, and the choice of dishes is virtually endless. There is great scope for imagination and creativity, which is witnessed by the flood of new healthy recipe books in bookshops today.

The background of the Natural Health way of eating is that it has been used for over forty years in Australia by tens of thousands of people; that it was the basis of virtual world record for good dental health of the Hopewood children, well-known in the 1950's and 1960's; and that most of its guidelines - originally ridiculed - have now been verified by modern research.

Just a few examples of the long-established teachings which have recently been verified include the harm caused by salt, excess fat, excess sugar and chemical additives. Green and yellow vegetables, once thought by orthodox nutritionists to have negligible nutritional value, are now known to protect against cancer. Over-eating protein, so widely advocated as the basis of being big, strong and healthy, was found by the CSIRO recently to cause cancer, perhaps as does the over-eating

of fat.

The guidelines for the Natural Health Way of eating, which have stood the test of time - to the tune of 30 years since the Natural Health Society's inception - are as follows:-

- Aim for at least 3/4 of the total food intake to be fresh, bulky fruits and vegetables. Experience has shown that these most natural of all natural foods have enormous nutritional advantages, including:

- they are very low in fat and protein, and low in carbohydrate, all of which are over-eaten by most Australians.

- they contain very significant levels of minerals and vitamins. More importantly, because protein, carbohydrate and fat require minerals and vitamins for their processing in the body (their metabolism), their relative absence means that fruit and vegetables yield a supply of minerals and vitamins that is surplus to that needed for their own metabolism.

- they are high in fibre which protects against cancer, heart disease and other problems.

- the green and yellow vegetables protect against cancer.

- they protect against obesity by filling our stomachs but with very few calories.

- they supply excellent water that is pure except for nutrients.

- Have a moderate amount of protein-rich food everyday. (Suggested quantities are given in the Summary later). Just as it is important to have adequate protein, it is equally important not to have excess because of the cancer connection and other reasons.

- Protein-rich foods are red and white

meats (including seafood), cheese and eggs from the animal kingdom, and nuts, legumes (dried beans and peas) and seeds from the plant kingdom.

Because foods of animal origin contain fat that is more saturated, as well as cholesterol, but absolutely no fibre whatsoever, a vegetarian diet is recommended. However, for the many people who like their meat, a combination of some animal and some plant protein should be fine. The point that really matters is to avoid over-eating meat. Once per day should be the maximum.

Be sure to balance meat in a meal with plenty of vegetables to compensate for the lack of fibre in meat. The best flesh foods are deep-sea fish and free-range poultry. Next best are the meats from any animals which run freely in a paddock and are not factory farmed - lamb and veal (low in pesticides), mutton and beef. Avoid pork for various reasons, including its high fat content, and also avoid cured meats such as ham, bacon, corned beef, salami and red frankfurter sausages because the normal curing agent is strongly carcinogenic.

If adopting a vegetarian diet, it is usually desirable to include unprocessed cheese and/or free-range eggs (many health food stores have these) as the source of protein once or twice per week. Our bodies have been used to eating animal foods for a long time!

- Select unrefined carbohydrates for

energy foods. Carbohydrate means sugar and starch. We need some of each in our diets.

For sugar use fresh fruit, dried fruit or only sparing quantities of honey, pure maple syrup or black sugar, the last three of which are highly concentrated.

Starch foods include potato, wheat, pumpkin, sweet corn and flour products - bread, cakes, pastries, and breakfast cereals - made from whole-wheat, rye, rice, oats, barley, millet or buckwheat.

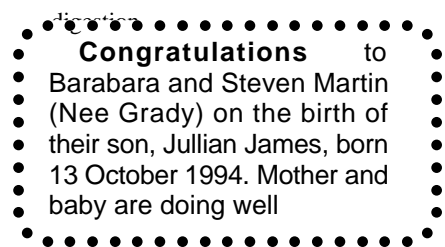
The quantity of carbohydrates in the diet depends on energy needs. If we can recognise true appetite, that is usually a reliable guide. But don't overdo bread and the other grain foods, as most are excessively acid-forming (high acidity sets the stage for arthritis) and also associated with excessive mucus production in the mucus-prone person.

- Fat, like protein, is essential in the diet, but excess is potentially disastrous. We will normally get all the fat we need from the protein foods listed above, all of which contain substantial fat (or oil). Oil is simply the name we give to fat in liquid form, which is the way unsaturated fat occurs, mostly in plants.

Highly concentrated fatty foods like butter, cream, vegetable oil and margarine are not needed, but make other foods very pleasurable. Provided we do not have a cholesterol or fat problem, we can tolerate small quantities of these. Unsalted butter is strongly preferred over margarine, because of the chemical addi-

tives in margarine. Cold pressed oil is worth the extra cost over the ordinary solvent-extracted oil.

- Avoid added salt as far as is practicable. Watch for it on the labels of packaged foods. We need the wide variety of minerals that occur in whole foods, not just the two in salt in the form of rock.
- Avoid food additives if possible. Read the label.
- Have as much food uncooked as is appropriate. Grains and legumes, unless sprouted, must be cooked for digestibility, and flesh foods for safety and palatability.
- Use herb teas and cereal coffees in preference to ordinary tea and coffee. This is in order to avoid the strong drugs, caffeine and tannin.
- Try to avoid drinking with meals as far as is practicable, because large quantities of fluid at meal times interfere with



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