The Hypoglycemic Health Association

NEWSLETTER

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

This Newsletter is unusual in that we have devoted most of it to the popular talk given by **Dr Chris Reading** at the last meeting on 5 August 2006. The concepts expressed by Dr Chris Reading about alternative approaches to such serious diseases as Schizophrenia and Bipolar Disorder and its association with varied other degenerative diseases, (that may be present in your family tree) deserves the fullest attention of not only patients but above all professionals in the field. We share his concern that the official psychiatric association seems to be reluctant to embrace a more scientific method for seemingly political reasons. However, this ignorance cannot be maintained in the face of an educated public that will soon expect better treatments for these diseases.

Therefore, regrettably, some of the articles submitted by members will not appear in this edition. The next Kogarah Support group will meet on 17 February 2007 and it is suggested that you ring the organizers as advised on page 2 of this newsletter. REMEMBER we have a X-MAS PARTY at our next meeting. Please read page 2.

Readers are advised that the present subscription expires on 28 February 2007. Please see your envelope for your expiry date.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 2 December 2006
at ***YWCA***
5-11Wentworth Ave, SYDNEY
and our guest speaker is

Teresa Mitchell-Paterson, BHSc

who will be speaking
on the subject of

"Nutrients for the Brain"

Teresa Mitchell-Paterson is a lecturer at the Australasian College of Natural Therapies and is currently completing a Masters of Human Nutrition at Deakin University. Attainment of Bachelor of Health Science. Medical Herbalism. Complementary Medical Science (including Anatomy and Physiology), Basic Ayurveda, Iridology, Pathophysiology, Microbiology and Immunology, Massage therapist.

In 2004, Teresa lectured at the Western university, Bankstown campus in Clinical Nutrition to final year students. She also was a guest Naturopath on Dr Sandra Cabot Radio show on 2GB.

Teresa has extensive experience in the practice of Naturopathy not only as a Clinician, but also as guest speaker for various community organizations. She was guest speaker for combating stress in HSC students and also for a Christian Fellowship Weight Loss and Obesity. She has been a consultant in setting up businesses for naturopathic clinics. We are pleased to have her as our speaker at our next meeting.

Christmas Party

Our next meeting at the YWCA, 5-11 Wentworth Ave, Sydney will start with the celebration of our Super Christmas Party one hour earlier at 1 pm Saturday, 2 December 2006.

Please bring along a plate of sugar-free foods. **Presents:** The Committee asks everyone to participate in the Lucky Dip. Bring a wrapped present worth about $5.00 with you and mark it "male" or "female". These will be placed in special bags as presents to your fellow members. If you don't you will not be disappointed!!

There will be presents for kids, and they are welcome.º

Books for sale at the meeting

The Hypoglycemic Connection II

is available at Dr Samra's surgery or PO Box 394, Kogarah NSW 2217. Fax: 612-9588-5290

Jurriaan Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries (state and university). By buying this book at the meetings you are supporting the Hypoglycemic Health Association. The book is now also available on the internet free of charge at Google Book Search.

The Newcastle branch of the Association are still meeting with the assistance of Bev Cook. They now meet at ALL PURPOSE CENTRE, Thorn Street, TORONTO. Turn right before lights at Police Station, the Centre is on the right next to Ambulance Station. For meeting dates and information ring Mrs. Bev Cook at 02-4950-5876.

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

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.

Entrance donations at meetings

Entry donation is tax deductible and for non-members will be $5, for members $3 and family $5. People requiring a receipt for taxation purposes will be issued when asked for it.

Raffles won

At the meeting on the 5 August 2006, no prize money was claimed. People appeared to have been too busy talking with one another following Dr Chris Reading's talk.

Fund raising activities

We need money, ideas, donations, bequests (remember us in your will), all donations over $2 are tax deductible.

RAFFLES

Conducting raffles is an important source of additional revenue for the Association.

Raffle tickets are available at $1 each or three tickets for $2 at our Meetings in the City. A raffle is drawn at each meeting. DONATIONS FOR RAFFLE PRIZES WOULD BE GREATLY APPRECIATED and can be left at Dr Samra's surgery (at Terrace 4 O'Keefes Lane, KOGARAH) or taken in to the city meetings and given to a Committee Member.

The Kogarah Support Group

The Support Group schedule has been revised and meetings will be held on the third Saturdays of February, June and October in future. HOWEVER, INFORMATION WILL BE AVAILABLE from Jeanette 02-9525-9178 or Lorraine 02-9520-9887, at any time.

THE ALLERGY COOK BOOK

by Sue Litchfield

this will be available at the next meeting. However is also available by mail order cost $16.00 including postage and handling Please send cheque or money order to

Sue Litchfield
PO Box 1127
Surfers Paradise 4217

PLEASE MAKE SURE YOU ENCLOSE NAME and ADDRESS

Attention to Health Professionals

Every health professional who donates $30 or more to the Hypoglycemic Health Association of Australia will receive a complimentary copy of Dr George Samra's current book THE HYPOGLYCEMIC CONNECTION II

See form at page 12 of this Newsletter

Treasurer's Report

by Sue Litchfield

First of all I would like to thank all those that came to the last meeting we had a full house the first for some time. This was very encouraging and I sincerely hope we can keep it up.

Since the last newsletter we have received 2 very generous donations one was for $200.00 and the other was $600.00 of which we are internally grateful. As I have said over the years it is because of the generous donations that have A) kept our fees down to a minimum. B) means as a Society we are able to keep on educating the general public I might add that our membership fees are lower that some other societies. Also please keep the donations rolling in as they are a tax deduction and it enables us to keep our membership at an affordable level for those who are not so fortunate.

You may have noticed we have changed the fee structure. One has a choice of paying annually or every three years at a discounted rate. Also we have introduced a joining fee for all new members this is mainly to encourage all those new members to keep on renewing annually. **As once your membership has expired in order to renew one has to rejoin and pay the joining fee.**

I will be unable to attend the next meeting. At this stage as I have just returned from overseas and yet another trip to Sydney I need to spend a bit of time at home, because I will be in Sydney 4 weeks at Xmas. **The next meeting is also the annual Xmas party so every one could please bring a present. Mark female or male on your present.**

If every one could please bring a plate it would add to the atmosphere.

I take this opportunity to wish you all a very merry Christmas and a prosperous New Year and looking forward to seeing you all next year.

Sue Litchfield
Hon Treasurer.

Mentally Ill or Metabolically Disadvantaged?

by

Dr Chris Reading, *B.Sc.,Dip.Agr.Sc.,M.B.B.S.,F.R.A.N.Z.C.P.,F.A.C.N.E.M.*

The politics of psychiatry.

I'd like to explain what orthomolecular psychiatry is and also some of the politics associated with psychiatry.

The term "orthomolecular" shares its meaning with "orthopedic" which means straightening out limbs and "orthodontics" as straightening out teeth. Therefore "orthomolecular psychiatry" means correcting the molecules or correcting the abnormal pathology or correcting medical conditions that can cause the person's psychiatric symptoms. Therefore we call that "corrective psychiatry". It is micro-psychiatry just as you have "microsurgery". Here you have to reattach a lost limb to the body, readjust blood vessels, readjust muscles and so forth. Thus we may say that we are correcting something that was incorrect before or which needed to be corrected,

So in orthomolecular psychiatry we are not only correcting vitamin and mineral deficiencies, but also correcting high levels of toxic heavy metals such as lead and mercury poisoning. Other heavy metals are cadmium, arsenic, thallium, silver, gold, bismuth, antimony – all poisons.

Dispute about definition

In 1979 I stated the following in the Medical Journal of Australia, July 14th, p. 40 –

Finally, I would like to clarify what I believe orthomolcular psychiatry is all about. Megavitamin therapy is not synonymous with it. It is only a subspeciality.

The first half of the definition of orthomolecular psychiatry was recorded as :

Orthomolecular Psychiatry is the study of genetic, metabolic, endocrine, immunological and toxic disturbances that are contributing and perpetuating, exacerbating or even causing the psychiatric symptomatology.

The second half of the 1979 definition of orthomolecular psychiatry is :

"It is the investigation of vitamin (coenzyme) levels, mineral (cofactor) levels (or toxic levels of lead, copper, and so on), hormone levels (we cannot measure endorphin levels, exorphin levels or prostaglandin levels at the moment), immunoglobulin levels (especially IgA and IgM, electrolyte levels (especially bicarbonate, calcium, blood sugars, and so on). What can be corrected is corrected and the patient is followed up regularly."

Note when a definition is in two halves you have the first half of the definition, evidence, truth plus second half of the definition, evidence, truth = the complete or whole definition, whole evidence and whole truth and thus it is also the <u>legal definition.</u>

However, gullible government psychiatrists and politicians believed "orthomolecular medicine" was about "many psychiatric illnesses and organic disorders affecting the central nervous system" being " the result of deficient intake of heavy metals" and "excessive" intake of vitamins**.**

Unfortunately, as shown in a document by **the Royal Australian and New Zealand College of Psychiatry (RANZCP) Position Statement of #24 – their latest – July 2004** my definition of 1979 was altered**,** abbreviated by leaving out the comma after 'genetic' and before the word "metabolic" and the word "the" out before "psychiatric symptomatology". This completely changed the meaning of that definition, because without that comma, instead of many different types of genetic disturbances being discussed, the College has restricted it to four only. Thus only four genetic disturbances are considered.

Now the definition looks at genetic metabolic, genetic endocrine, genetic immunological and genetic toxic disturbances and we don't look at genetic neurological, genetic respiratory, genetic neoplastic, genetic gastrointestinal, genetic haemopoietic, genetic cardiovascular and so on. None of the other genetic conditions are looked at by altering it.

Has anybody ever heard of lead poisoning or mercury poisoning being genetic? Or an opportunistic pathogen being genetic? Are side effects of drugs genetic? Are radioactive material and pesticide/ herbicide poisoning genetic?

What genetic conditions are associated with too much lead or mercury? What conditions are due to low levels or deficient intake of heavy metals? There are none. Nor are there illnesses due to deficient intake of heavy minerals (black sands such as rutile, zircon or ilmenite, etc as falsely believed

and also falsely believed to be my claims.

Insistence on double blind studies

This is the problem by having the first half of my definition altered. There is an insistence by the College on the need to support orthomolecular psychiatry with "double-blind control studies". This is impossible just as it would be impossible to conduct double blind control studies in microsurgery. This is same in orthomolecular psychiatry. You are dealing with multiple conditions and factors in individuals who are quite unique. Every person has different abnormal pathology. How do you define "control" group? It is the individual abnormal pathology that needs to be fixed up.

Changing definitions

The second half of my 1979 definition on orthomolecular psychiatry was changed and called "orthomolecular medicine" instead of orthomolecular psychiatry in a draft opinion statement on orthomolecular psychiatry early October 1981 by ***Prof Bill McLead***, chief censor of the RANZCP (College of Psychiatry). Then he cut our the key words "toxic levels of" before the words "lead and copper and so on" (i.e. other heavy/poisonous metals.)

This inferred I no longer corrected high and dangerous or "toxic" levels of the poisonous heavy metals lead, copper, mercury, arsenic, etc but corrected low levels of heavy metals supposedly evidence of deficient intake of heavy metals (false claims believed to be mine). I measured vitamins, minerals (trace elements) and "toxic or high and dangerous levels of heavy metals and corrected high levels. ***Now the definition of orthomolecular medicine was false and harmful and not my definition of orthomolecular medicine and not that of Linus Pauling.***

Therefore the most recent Position Statement 24 on "Orthomolecular Psychiatry" July 2004 by the RANZCP only discusses the abbreviated or corrupted or altered first half of my 1979 definition with the comma missing after "genetic" and before "metabolic" and omitting the "the" before "psychiatric symptomatology" correcting the individual abnormal pathology/ medical conditions totally changing the meaning and originally ascribed this false definition of orthomolecular psychiatry to Linus Pauling as in the early Oct 1981 RANZCP draft opinion statement on orthomolecular psychiatry. In April 1987 Prof David Copalov restored the comma after genetic and ascribed it to (Reading, 1979) and this was adopted April 1988 by the College.

However in October 1988 this definition was still ascribed to me and no longer Linus Pauling as in 1981 and 1982 and the comma was again removed after genetic restricting the definition of orthomolecular psychiatry to just four genetic disturbances as already discussed and not discussing metabolic, hormonal, immunological, or toxic disturbances that are not genetic.

The upshot is that it is very difficult to discuss with the College what Orthomolecular Psychiatry is, if it keeps on changing the meaning of my definition as perceived by them, rather what has been defined and omitting the scientific evidence using severe selective evidence.

What Orthomolecular Psychiatry is about

Thus orthomolecular psychiatry is correcting as many medical conditions that can cause the problems or psychiatric symptomatology in the individual.

My book: **TRACE YOUR GENES TO HEALTH,** describes how I have studied thousands of family trees and done thousands of tests.

I am not aware of any other psychiatrist who has conducted so many thousands of tests, e.g. levels of vitamins, and minerals, amino acids, looking at hair analyses, immediate food allergy reactions, delayed reactions to food allergies, and antibodies to different tissues and organs, immunological tests, complements**,** immune complexes, etc?

My book is based on thousands of patients who had constructed family trees with medical conditions. The question is are people mentally ill or metabolically disadvantaged?

We have seen recently a number of politicians called "mentally ill", but perhaps it would have been better to call them metabolically disadvantaged.

There are many medical conditions that can mimic schizophrenia or manic depressive illness, autism, hyperactivity and these are conditions we should look at.

The SOMA organisation, of which I am the patron, have since the 1980's wanted to have diagnostic centres set up. We wanted to have a public forum for discussions about these sort of issues. This would keep people up to date as to what is happening in orthomolecular psychiatry.

A brief explanation of genes.

Before I go on, let me briefly explain something about the influence of genes on human behaviour. A full explanation has been given in my book:

Reading, Chris (2002), TRACE YOUR GENES TO HEALTH, Ridgefield, CT. : Vital Health Publishing, 2002. Chapter 2.

Psychologists like to believe that most of our behaviours have been learned from our parents, the way we were treated and so on. It is also true that most dysfunctional per-

sonalities come from dysfunctional families, which seems to support the nurture influence on personality.

However there are many studies with **identical twins** brought up in different families that support the importance of nature or genetic make-up of personality. Also it is natural to assume that if we have a mutated gene running in a family then we have a disproportionate number of people affected by that gene in that family tree. This could explain the perpetuation of dysfunctional families.

Genes can be transmitted from one generation to the next in different ways.

To understand this, we need to realize that we have 46 chromosomes, 23 of which are paired with a matching chromosome from either parents. The **sex chromosomes** are unique as in males it is paired with a Y chromosome from the father and the X chromosome from the mother. Sex chromosomes of a female have both an X chromosome from the father and mother. The non-sex chromosomes are called **autosomes** and most of the transmission of diseases and physical characteristics are transmitted by autosomes, ***either by dominant or recessive transmissions.***

A faulty gene can be transmitted in a recessive manner (called autosomal recessive transmission), meaning that providing the matching chromosome is normal it will not be apparent in the offspring. In other words if an offspring receive a faulty gene and it is paired with a normal gene, the normal gene will dominate. If a recessive autosomal gene is matched by an equally faulty gene, than this will show up in the offspring. Fortunately, this is rare. But in some cultures where marriages take place among closely related family members with similar genetic profiles, the probability of a recessive autosomal genes expressing themselves will increase.

A faulty gene can be transmitted by a dominant autosome (called autosomal dominant transmission), which means that on average about 50% of the offspring will suffer the effects of the faulty gene. Those who are not affected (having a matching healthy gene) are unlikely to pass on the gene to their children, because that person must have inherited two healthy matched genes from both father and mother.

Sex chromosomes

The sex chromosomes play an interesting role in genetics. Most of the faulty genes are passed on by the X chromosome, derived from the mother. When the X chromosome contains a faulty gene, such as for Bipolar Disorder or Schizophrenia, a male is likely to be affected by that gene, because there is no matching X chromosome to counteract its influence. This is all the more likely if we find at the same time a red/green colour blindness, which is typically transmitted by the sex chromosome. It also means that the father is unlikely to pass on the faulty gene directly to his sons, because he can pass on only a Y chromosome to his son.

But he can pass on the faulty gene to his daughter who may be protected from the faulty gene by the matching healthy X chromosome. Thus a Bipolar father is unlikely to pass on his illness directly to his daughter, but the daughter could possibly transmit the faulty gene to her sons via a recessive gene in the X chromosome (possibly affecting 50% of her offspring).

Abnormal Chromosomes

Some unfortunate people are born with a chromosomal abnormality. For instance sufferers from mongolism or **Down's Syndrome** have 47 chromosomes instead of 46.

Men with **Klinefelter syndrome** have an extra sex chromosome constituting XXY instead of XY.

In **Turner Syndrome**, which affects women, they have only 45 chromosomes in each cell, consequently their sex chromosome is just simply X (X0 as some experts call it). Typically women with Turner Syndrome are short, with broad chests and an extra fold of skin on the side of the neck. They tend to suffer from heart trouble and are usually mentally retarded.

This goes to show that in order to understand the genetic aspects of mental illness, it is worthwhile to study illnesses in your family tree. Many such illnesses may not all have resulted in mental illness, but if you detect any of the diseases affecting digestion, (stomach cancers, bowel cancer, peptic ulcers, ulcerative colitis, Crohn's Disease, diabetes related disease like atherosclerosis, hypertension, high cholesterol, unexplained obesities, personality disorder of any kind in members past and present of the extended family tree), it may help you to treat your mental illness, by nutritional means.

In the book it is shown how you can **draw up a family tree**. There is a blank family tree and when you fill up the medical conditions of various illness including manic depressive illnesses you may see five generations of manic depressive illness. This may be sex-linked and follow color blindness. So **men with color blindness** may become manic depressive and those who are not color blind won't get manic depressive illness. The same can apply to cancer in a family that also follows the color blindness gene.

If a boy is color blind and his mother's father is not color blind you know straight away that you don't have your mother's father's X chromosome. *Because the X chromosome in men comes from the mother.*

But if the mother's brother is color blind we know it comes from

his mother's mother's side of the family. So a man has got a warning years in advance that this X linked gene is associated with color blindness.

Color blindness is a useful marker for risk for mental illness in some families and therefore it is helpful to put it in the family tree.

If a man is color blind there is a risk for a whole lot of associated illnesses that may be running in the family in an x-linked way.

In my book I have a family tree of one family in 1979 with five generations of manic depressive illness. This is in a family with premature greying, pernicious anemia, Xg negative blood group, which is another genetic marker, red green color blindness and manic depressive illness. From earlier studies they were able to show, that the gene site for manic depressive illness is on the X chromosome between the gene site for color blindness and gene site for Xg negative blood group. In this particular family the gene site for manic depressive illness is the same gene site as a B12 metabolic defect. So this was a gene for manic depressive illness. We know where it is located on the X chromosome and we know who won't get it and who will get it and how to **treat it with B12 injections**.

When a 26 year old patient in Brisbane was going grey and became deeply depressed we could guess that he had a B12 defect which was confirmed. He was given B12 injection and recovered from his depression.

The study of your family tree gives you an indication of what you may be at risk for.

The Future of Technology

I am looking forward to the day that technology has advanced to such a degree, that when a cube of sugar is thrown in Sydney harbour,we will be able to measure how much sugar is contained in the water or our harbour. This is nano technology.

Measuring Nutrient Levels

Wouldn't it be fantastic if in the near future you can take a blood sample and you can measure all the vitamins, trace elements, including rarer ones, heavy metals, and you can measure the amino acids, the omega-3 and omega-6 essential fatty acids, and also if you can measure the monosaccharides, the glyconutrients, as well as coenzyme Q10 and bioflavonoids, and lipoic acid. These are essential nutrients. They have a certain profile with people who suffer from cancer. Then we would know exactly what nutrients are low when the patient presents with cancer, or schizophrenia or manic depressive illness or autism.

What interests me is that in the future we will be able to know what nutrients are missing at the time of a threatened miscarriage. Because it precisely at that time that cancer cells may form. Here we touch upon the abnormality of stem cells.

Stem Cells

It was shown in Melbourne that if you have one stem cell from a mouse that is going to form breast tissue and you put it under the skin of another mouse, you can develop a whole breast tissue; the breast duct**s**, nipple and the whole works just from that one cell.

Therefore isn't it feasible that if you have a mutation in a stem cell, or if you have a congenital abnormality, then that person will develop abnormal breast duct patterns and will be exposed to a possible risk for breast cancer.

Isn't it amazing that these little stem cells are pluri-potential. They can develop into anything and are affected if vitamin levels are falling, and if mineral, trace elements are falling, amino acids, essential fatty acids, monosaccharides are falling, prostaglandins, placental hormones are falling. These stem cells are virtually saying "*look, we are within in an ace of death*". If we have not the right nutrients, foetal hormones and proteins we will be aborted. When the stem cells suffer low hormones and key nutrients and are polluted by pesticides and herbicides malignant or premalignant changes may occur. They may be polluted by pesticides and herbicides. Thus we have stem cells already with congenital abnormalities, victims to hormones, pesticide**s**, food fractions. Thus you have a stem cell that is already a congenital abnormality, with receptors for hormones, pesticides, food fractions, and releasing placental hormones.

Telomeres are at the end of chromosomes and as you get older they become smaller and smaller and then you seem to progress to cancer. If there is no more telomeres the cell won't divide anymore. These stem cells start to release placental hormones, fetal proteins. There are low vitamins and minerals and amino acids.

The cancer cell has full telomeres i.e. foetal tissue.

An embryonic cancer cell that sits there, and starts to release placental hormones, foetal proteins, and trap hormones, and trap food fractions. When a cancer gets to a certain size, the outer membrane of the cancer cell apparently release some proteins that tells the stem cells in the bone marrow to start releasing placental hormones. When a secondary arrives in the bone marrow the stem cells in the bone marrow are releasing placental hormones. It is like an embryo in the womb.

I don't know whether the stem cells in the bone marrow are also a congenital abnormality triggered off by the "malignant environment".

I am saying that when a cancer reaches a certain size the outer cells release a hormone or protein that tell the stem cells to release

placental hormones, which are ***angiogenic factors*** encouraging blood vessels to grow into the secondary or cancer.

I don't know whether people are born with a congenital abnormality of stem cell that has the ability to release placental hormones or the person with cancer is so metabolically disadvantaged, so low in vitamins, minerals and amino acids, that even the stem cells in the bone marrow start to react to the situation by releasing placental hormones. This is not known yet.

Studies on placental hormones

Something of great interest to me is that apparently the Garvin Institute has found that if placental hormones drop then we may get a miscarriage. This is what is used in pregnancy tests. The HcG hormone at different stages of pregnancy apparently changes and it is not the same from week to week. It could be what I would picture to be an ***isohormone***, which is slightly different in the glyco part of the glycoprotein, a glyco part monosaccharide (sugars) and the protein section is amino acids. Most hormones are glycoproteins, it has a sugar part (monosaccharides) and protein part (amino acids). It is different in one or two monosaccharides in the glyco part, or in amino acids in the protein part. If it is, then if some one presents with cancer and they are releasing ***Human Chorionic Gonadotrophin*** (HcG) they should be able to tell what stage the threatened miscarriage occurred from this protein of (HcG). Is it similar to the (HcG) in the different stages of pregnancy. This should support my theory and also people should be able to identify, what time the threatened miscarriage occurred, threatening the fetus. This would be an interesting line of research in the near future.

The **platypus** has no placenta, thus how are they going to have cancer that releases placental hormones? If they don't have a placenta causing transplacental induction of cancer.

In America they are studying the genome in California and I am waiting for the results if they have found genes for placental hormones. If they have got genes for placental hormones, are they associated with cancer or the one's associated with threatened miscarriage. I have been checking up for the last five or six years and talking with vets who have done autopsies on platypuses and who have been monitoring them. They have one possible case of cancer in the platypus in about 1922. It had had a hepatoma (cancer of the liver). One rare case of cancer was possibly in the echidna, name ***leiomyosarcoma*** (cancer of the muscle tissue). Thus platypus might be lucky, as they may not have cancer because they don't have a placenta.

In the future we will be able to look at all different tests. And you only have to do these with a hundred patients with cancer. Then look at the nutrients at time they present with cancer. And isolate the one's with threatened miscarriage and you find the correlation.

Which correlate well at the time of threatened miscarriage. We know it can be low **B1 (thiamine)**, which may be responsible for vomiting. If it gets really bad it may be good idea to give B1 shots to help stop nausea. Particularly low B6, low biotin, low hormones of **DHEA** in the fetus, adrenal cortex. The liver of the fetus forms DHEA. This releases estrogen. So as the fetal DHEA drops, the mother's estrogen drop and if they drop any further, this will mean the death of the fetus (abortion or miscarriage).

Thus do pluripotential stem cells e.g. (in breast tissue) develop receptors for oestrogens and other hormones and receptors for food fractions (e.g. **exorphins**) and receptors for pesticides/herbicides with oestrogen-like action, and release foetal protein like CEA and placental hormones like HcG? Does a return of the threatened miscarriage environment later in life switch on the oncogenes and cause release of placental hormones, foetal proteins, and traps hormones like oestrogen, and food lectins and pesticides/herbicides?

Thus is cancer "congenital abnormality of a stem cell" due to a threatened miscarriage?

Psychiatry: correcting medical conditions.

I have done few of these tests, but I have done more than anybody else in the world in psychiatric patients.

My interest has been trying to correct as many medical conditions as I can in my patients and got them physically well and that is the priority. Then I would encourage my patients to do some exercises.

Why exercise?

Because it boosts release of growth hormones for energy, releases beta endorphins that are antidepressant, it gets more oxygen to the brain and sweats out pesticides and herbicides, it keeps the weight down, it is anti-cancer, anti-aging, boosts the immune system, it releases circulating **fibrinolysins** to decrease risk of clots, it keeps the blood thin, and the coronary arteries are twice as big. If somebody exercises, they develop thesbian vessels connecting the left coronary artery to the right coronary artery. Exercise also strengthens the joints and muscles and helps prevent osteoporosis, etc.

All these beneficial things are gained from exercise. Everybody should be exercising such as walking, jogging, swimming, cycling, yoga, etc.

Complexes of Diseases

There are hundreds of diseases associated with coeliac disease including cancer, diabetes, epilepsy, arthritis, gastritis, thyroiditis, adrenal exhaustion, parathyroid disorder as well as low DHEAS, low

cholesterol, malabsorption for vitamins, minerals, amino acids, etc.

Most patients with lupus/SLE have coeliac disease as a component and all SLE patients need to be off gluten also causing low white cell count, anaemia, low C3 C4 complements, immune complex disease, etc. Dr P Trenchev does the best autoimmune disease screen in my experience. **See page 21 of "The Allergy Connection" by Dr George Samra.** This page lists the tests available. Some tests such as anterior horn cell antibodies in motor neurone disease, breast duct antibodies in breast cancer, cartilage antibodies in osteoarthritis, synovial membrane antibodies in synovitis are done only by Dr Trenchev.

Osteoarthritis with cartilage antibodies positive is the easiest diet i.e. avoidance of cow's milk, gluten containing grains, cane sugar and yeast.

However, there are still some antibodies that are positive in systemic lupus (SLE) and MS e.g. anti-nerve antibodies, bile duct antibodies and smooth muscle anti bodies.

Thus a whole lot of antibodies are still positive even on the osteoarthritis diet.

Then they need **a systemic lupus reversing diet** as described in Appendix J of my book "Trace Your Genes to Health".

However there can still be antibodies positive to collagen, elastin, fibrin in joints and vessels and antibodies to synovial membrane of joints and patients need a stricter diet i.e. the synovitis reversing diet (Appendix K of my book). They also need to be off citrus, solanaceae and salicylate rich foods as well as being on the diet that reverses SLE, etc

My Interest in Heart Disease

My mother had a stroke when I was sixteen. She was a victim of malignant hypertension and cardiovascular disease. So I have taken a special interest in what can protect vessels. What vitamins are needed for each component of a cross section of a blood vessel and what diet helps shift the antibodies to 8 components of vessels.

So when I had my autoimmune disease screen done I had two antibodies that were positive to parietal/stomach cells and pancreatic duct. Antibodies to elastin, fibrin, collagen, smooth muscle, actomyosin, tropomyosin and of actin muscle fibres were all negative. No antibodies to endothelial lining of the vessel, because of the diet that I am on - rice milk, powdered goat's milk, and I cut down on the bread and cut the cane sugar out. ***Hundreds of illnesses are associated with cane sugar.***

Pesticides and herbicides may be aggravating the illnesses and there are toxins in the virus capsules (immunogenic fractions).

Any special lab can take three mls of clotted blood and test for antibodies. ($10 per test with Dr Trenchev).

Rheumatologists would not have a clue. Don't measure antibodies to cartilage, synovial membrane or elastin, collagen or fibrin of joints yet.

The Family Tree

If you devise a family tree and put all the cases of Alzheimer's Disease and dementia, and such diseases as leukemia, bowel cancers, Down Syndrome and you look at the ***simian palmar creases*** (a line running in the middle of the hand). In all these different people with these conditions, you see coeliac disease running in most of these families. Most pathologies point to coeliac disease, or if it is not coeliac disease, we find antibodies to wheat and grains. Or it may be to peptides in milk e.g. alpha casein, beta casein, alpha lactalbumin, beta lactoglobulin or beta casomorphin, which is a small part of beta casein. So you may be allergic to small or big peptides of milk and grains. So it is best to have them out of your diet.

Multiple Sclerosis

If you take MS as an example, they have antinerve and antimyelin antibodies, and you won't find gluten and alpha gliadin antibodies positive and you won't find any big milk peptide positive (s.) usually, because if you have antinerve and antimyelin antibodies positive, you have problems with the smaller peptides beta casomorphin and gliadino morphin.

If you get MS you don't get motor neuron disease with GM1 ganglioside and anterior horn cell antibodies positive. Different fractions again appear to be the problem.

I look forward to the days in Australia when they will be measuring antibodies to gliadinomorphin and caso morphin and then you get exorphin sensitivity/intolerance diagnosed.

If you have coeliac disease you need to go on a gliadin and gluten free diet. If you have exorphin sensitivity then you need to be off milk which contains beta casomorphin and you need to get off gluten which has gliadinomorphin and you need to be off some peptides in legume and beans. There are seven amino acids in basic peptides in exorphins. A very similar gliadinomorphin and beta casomorphin like exorphin may occur in legumes and beans because you cannot get antinerve and antimyelin antibodies to reverse in many patients unless legumes, beans are excluded as well as cow's milk and gluten containing grains.

I have seen people on a strict milk and grain free diet have antinerve and antimyelin antibodies, because of soya milk and legume and beans showing as many as four different neurological antibodies - what we called autoimmune neuritis in neurological conditions just on soya milk.

Thus soya milk is not a good idea. It is much better to have rice milk or goat's milk.

The blood type diet is a guide,

but again if you have an autoimmune disease, then you must take note of what foods will get rid of the autoimmune disease.

In the future they will be measuring antibodies to toxic fractions of soya milk (and other exorphins?).

Raw Liver Treatment

If your grandmother had pernicious anaemia, raw liver saved her life.

Somebody found in the raw liver intrinsic factor, which helps in the absorption of vitamin B12. If you get vitamin B12 injections once a week or once a month, that will prevent pernicious anemia.

The Helicobacter story

Then we have the scientists, Drs Marshall and Warren in Western Australia, who found that gastritis or antibody to stomach cells can be associated with Helicobacter. This will affect the absorption of vitamin B12. They deserved the Nobel Prize for it. The problem is that a lot of people have gastritis that have nothing to do with Helicobacter pylori. They may be allergic to milk and grains. Milk and grains can cause erosions/ulcers or gastric cancer. Helicobacter can cause erosion/ulcers or gastric cancer? The common factor between these may probably be very small exorphins in the milk and grains that consist of only 7 amino acid peptides. They may end up inside the capsules of the helicobacter, and the question is do they feed helicobacter? In other words, if you look at the core protein of helicobacter, could you see these exorphins of seven amino acids in the core protein of helicobacter? That is why helicobacter is carcinogenic. It concentrates carcinogens in its capsule.

In thousands of people with parietal or stomach cell antibodies positive, I got them negative off milk and grains, they knew nothing about helicobacter. Not one of these patients got gastric cancer. It makes me think that by taking milk and grains out of the diet**.** I was removing the fractions of milk and grains, that the helicobacter needs to help maintain it. In other words starve helicobacter to death.

Cow's milk questions?

In the future we will be able to answer these questions.

Coming back to what the main cause of pernicious anemia is**.** It appears to be sensitivity/intolerance to **beta lactoglobulin** of cow's milk. The goat's milk is a slightly different protein. You can have A1 and A2 cows. The A2 cows are the older type cows. In the A1 cow the beta casein is unstable. There is a difference of one amino acid between the beta casein of A1 and A2 milk. Where that difference is in the A1 milk it is unstable. And the A1 milk fraction breaks down to beta casomorphin. Goat's milk does not break down to beta casomorphin. In the goat's milk, the albumin globulin does not seem to cause autoimmune disease. There is a different structure.

Coming back to why are people sensitive to beta lactoglobulin – they must have some pancreatic enzyme defect, what is called an **iso-enzyme**. The pancreas won't release normal types of enzyme to break down beta lactoglobulin. Thus why is the person born with a pancreas that releases isoenzymes, that are not the full quid, meaning the glyco part is a little different or the protein part? It comes back to in-utero. Is the mother low in some key amino acid or some key monosaccharides or glyconutrient sugar. The pancreas seems to develop different proteins. So when it goes to release these enzymes, it releases isoenzymes.

Thus lactoglobulin may pass across the placenta because if you do a cytotoxic test on cord blood, it could reveal ten or twenty allergies that pass across the placenta. So they can be born with sensitivities and intolerance to the milk fractions.

Casomorphin of cow's milk and gliadinomorphin of wheat, etc are very small fractions, so they can easily pass across the placenta. Beta lactoglobulin may also be able to pass across to the placenta, but we are not sure of that.

Mother's milk is not always safe if it has certain allergenic milk fractions. When treating colicky children, if the mother goes on goat's milk while breast feeding, seventeen out of twenty of the children with colic settle down, just by mother drinking goats milk. Colic may be a sign of the mother drinking cow's milk.

Some people are born with plaques in the brain and risk for MS later and born with risk for cancer, for instance having polyps, and moles, and abnormal bone marrow, chromosomal changes, abnormal bowels, abnormal duct patterns in their breasts. It all comes back to having a threatened miscarriage. This I believe is a major cause of cancer when people have survived a threatened miscarriage. If we have a case of a miscarriage, then have a look at the stomach cells to see if the little stomach cells have got either helicobacter in the stomach, which might be able to pass across the placenta, causing intestinalization of the stomach and gastric cancer even three months in utero. If there is no helicobacter there, but there is gastritis and precancer cells there and if intestinalization of the stomach it could be that little milk and grain fractions passing across the placenta, are carcinogenic. There are only seven amino acids in these fractions (exorphins).

They found that hepatitis B can cause liver cancer. The carcinogenic part of the hepatitis B virus is a 7 amino acid peptide part of the peptide (core protein).

These little exorphins found in milk and grain can be responsible for MS, autism, schizophrenia and cancer, these could easily pass across the placenta. And they can easily be incorporated into the helicobacter. This is where research

should be looking.

Sex-linked inheritance

As to question whether males of females are more vulnerable to schizophrenia. The boys X linkage has to be taken into account. A lot of psychoses could well be transmitted by the X chromosome. Certainly autism is more common in boys than in girls.

Many of these conditions such as organic psychosis are X linked conditions. In this case the boy having just one X chromosome, and no other one to protect him, they become more vulnerable. In autism there is a vitamin B6 deficiency which can be X linked or sex linked. So can low B12 and low B3 (niacin). There are sex linked B12 pernicious anaemia conditions associated with low B12 and conditions with low B3.

It usually emerges **during the teen-age year** and the reason is because of the rapid maturation of the brain and high utilization of vitamins and minerals for brain development. They grow taller and they can seriously get low in nutrients, hence the flare-up mental illness in their teen-age years.

Animals low in B3 have ten times the risk of cancer. We are a special type of animal. When we are low in B3 we possibly have ten times the risk of cancer. This is because low B3 can drop PGE1 series prostaglandins, which are beneficial and fight against cancer. They can drop cyclic AMP second messenger, which also helps fight against cancer and they can drop cortisol which also helps fight cancer.

Measuring B3 in labs

Three parameters that regulate homeostasis are ineffective by low B3. Unfortunately, the labs in Sydney cannot measure anymore serum B3 levels. Vitamin B3 is important in such diseases as pellagra, in Down Syndrome, Motor Neurone disease, where you may need as much as two grams of vitamin B3 (niacinamide) per day. Some people, lose the ability to talk and swallow, like in Alzheimer's Disease. These are due to pellagra and we cannot measure B3 to know how much to take. A lot of people are low in B3 especially people with cancer, present with low B1, B3 and B6. If you are low in B6, you cannot form B3 from tryptophan. So there is a big risk factor for getting cancer by being low in B1, B6 and vitamin C, B3 and selenium.

Unfortunately, there is not a great demand for lab tests for these vitamins, because it is orthomolecular medicine. In the APA task force back in 1973 orthomolecular psychiatry or mega vitamin therapy was going to have wide professional acceptance and they were talking about nicotinic acid therapy that must be based on demonstrable biochemical defects. That is you measure tryptophan B1, B2, B6, vitamin C that puts tryptophan to B3, with magnesium, zinc and manganese as cofactors. If you do that you should have wide professional acceptance. This is why I underlined this in the original draft opinion statement of the RANZCP into orthomolecular psychiatry, and they then left these words out, without even putting dots in.

If you do all the tests for Systemic Lupus and diagnose Systemic Lupus as it says in a Hansard, and you mention B3 as well, that is a dead give away for orthomolecular medicine and all your pathology tests won't be paid. If you mention B3 and pellagra, your tests would not be paid in the past.

For the last two years I got all my pathology paid, because the definition that the health Insurance Commission wrote to me and put it in writing finally the definition, I was able to say that it was incorrect, incomplete, misleading, false, defamatory, not mine but wrongly ascribed to me. Correct me if wrong.

That allowed my tests to be paid for the last few years in my career. I did more tests than any other psychiatrist. Medicare was happy because they were aware that I was getting people well and saved them enormous costs by preventing psychoses, dementia and mental retardation.

In reference 12 of my book my address (a cost effective analysis of 558 patients) repeating the same definition of 1979, without being aware of all the other documents that I was not allowed. That repeated the same definition. I showed all the improvements in these patients for diagnosing and correcting different medical conditions using nutritional intervention.

This submission was not shown to the Minister of Health in 1980 nor was it tabled in Parliament – see Hansard 6th March 1984 pages 600-602 and the document that made out that I claimed many psychiatric illnesses, etc were a result of deficient intake of heavy metals. Page 256 of 18.8.80 was not shown to the Minister of Health. He was only shown the consequences of document 256 of 18.8.80 in document 257. A section of document 257 of 14.10.80 reads *"It was agreed unanimously that the questions which you raised in your letter of 18 August should be answered as follows:*

* orthomolecular medicine has no status in the practice of medicine or of psychiatry

* the stated clinical role of orthomolecular medicine is unproved

* the available research data which can be acknowledged to be based on scientific principles does not substantiate the claims made for orthomolecular medicine

* on the basis of the above statements the screening tests to which you refer cannot be justified for the rational practice of internal medicine or of psychiatry."

Therefore the problem with B3 is political, because it is orthomo-

lecular.

In the olden days when they treated schizophrenics with B3 in hospitals, a whole lot of patients left psychiatric hospitals. Then they said these patients were not schizophrenic at all. They must have been pellagrins. Thus the question is how many long term patients in hospitals for schizophrenia have pellagra now and how many long stay patients when released into the community finish up in jail?

If you could only measure serum B3 in the inmates of jails and ask them to volunteer giving blood samples, how many will be simply missed pellagrins, or missed beriberis (vitamin B1 deficiency), or missed scurvy. Researchers would get a rude surprise.

You can have a horrible child who is misbehaving all the time and when you do a cytotoxic test you'll find that they are reactive to bananas. It is just amazing how food can change a personality. Food can release an excess amount of serotonin, or foods can release the wrong type of prostaglandins eg PGE2 series, causing inflammation, or suppress the release of PGE1 and release of neurotransmitters, and down goes serotonin in a corn reaction**.**

I knew a patient who was very good at **meditation**. The more she tried to meditate the more she wept and wailed when she changed her diet to corn**.** I told her that she was probably dropping her serotonin levels. When you meditate you convert tryptophan into serotonin, and serotonin into melatonin and this relaxes you . This is what meditation does. So my client did not have enough serotonin to get the benefit from meditation. The more she tried to meditate the more she used up her serotonin, and she might feel as if she had been on ecstasy that depletes serotonin.

When she went off the corn she was fine. It goes to show that just that one food can change her whole personality.

Discussing the tendency for alternative medical practitioners to look for single causes of disease Dr Chris Reading said, that an orthomolecular psychiatrist should be trained not only in neurology and biochemistry, but also should be an expert on genetics, and family trees, endocrine disorders, immunological disorders, auto immune diseases, experts on toxicology, experts on nutrition, expert on the environment. It should be holistic psychiatry. Many of the so called experts in medical science are not interested in nutrition or toxicology. Many psychiatrists do not perform any of the normal medical tests for nutritional or environmental disturbances.

If tomorrow you have cancer the specialist will recommend chemotherapy, radiotherapy, surgery and little or no investigation to find what's wrong with the system. Or questioning what is upsetting the homeostasis. Most of the chemotherapy or radiation therapy will make the metabolic system worse and the end result is that the success rate is very low for cancer treatment. Orthomolecular oncology, looking at all the aspects of metabolism, nutritional deficiencies, etc should be standard treatment.

As for **Alzheimer's Disease**, it is a dietary related disease, because a lot of people with Alzheimer's are missed coeliacs. They come from big families with dementia and Down Syndrome, who are mainly coeliacs. Coeliac disease itself can cause 15-20 causes of dementia. Coeliac disease can cause low B1 (thiamine), beriberi, low folic acid, low B3 pellagra, low B12 Pernicious anemia, it can cause low B5 to form acetylcholine for the memory path, it is associated with low DHEA and low thyroid hormones and increased absorption of toxic metals and can be part of SLE (Systemic Lupus Erythematosis). Coeliac disease itself can cause brain degeneration. Thus all these different factors can be associated with coeliac disease and anybody having problems with memory should be checked out for coeliac disease and the be aware that this illness is associated with many other conditions. Coeliacs are at risk for low B1, B3, B12, folic acid, B6, and have high levels of homocysteine all of which can cause dementia. They are usually not investigated at all.

A potential research project

If they would research a hundred patients with Alzheimer's disease in a teaching hospital and look for SLE and coeliac disease and nutritional deficiencies, then the cost effectiveness of saving those hundred patients from dementia would allow thousands more people to be investigated. For a lousy $30-50 for a B3 test and if you can prevent pellagra then you can investigate hundreds of people and thus saving $30,000 a year per patient. If you can extend this scheme with other similar tests there will be enormous savings to the community.

Most of these tests are now available with the help of Nutritional Doctors like Dr George Samra and others.

I also recommend the book

Pert, Candace B (1988), **MOLECULES OF EMOTIONS: Why you feel the way you feel**, London: Simon & Schuster.

The author discovered the opiate receptors and endorphin receptors.

17-hydroxy-pregnenolone is the precursor of DHEA. The reason they are low in DHEA is not because of low pregnenolone in people. They cannot convert 17-hydroxy-pregnenolone to DHEA. There appears to be a defective enzyme that is blocking the conversion because of heavy metals or pesticides or herbicides. Something is blocking the 17-hydroxy-pregnenolone going to DHEA. Thus people should perhaps be given both pregnenolone and DHEA. This hormone is terrific for people with poor memory, Chronic Fatigue Syndrome and many health systems. However, you cannot take DHEA if you have prostate cancer or breast cancer.

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