Hypo Health News

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

Our next Public Meeting (AGM) will be at **2pm**
on **Saturday 10 April 2010**

at **YWCA** (Check Noticeboard in the lobby near the lift on arrival)
5 – 11 Wentworth Ave, Sydney

Our guest speaker will be **Zac Bobrov** speaking about

"Trace Elements, Hair Tissue Mineral Analysis and Glucose Disorders"

Unfortunately Sue Litchfield is unable to organize catering for this meeting. If at all possible, could you please bring a plate of food to share.

(Don't forget to put the next meeting of the year in your diary: 7 August 2010 – speaker and topic to be announced in the next newsletter)

Zac Bobrov Profile

Zac Bobrov is technical and research director for InterClinical Laboratories and has been involved in biomedical and nutritional medicine for over 20 years. Zac regularly lectures to medical doctors trained in nutritional medicine, natural health care practitioners and students. He is a regular and much sought after speaker at natural health industry seminars and expos due to his extensive knowledge of nutritional medicine.

Zac has specific expertise in the use of Hair Tissue Mineral Analysis (HTMA) in clinical practice for detecting nutritional and mineral imbalances, toxic elements and heavy metals that impact on general health in the body. His article is also published in this newsletter.

LETTER FROM THE PRESIDENT, LYN GRADY

Unfortunately, Lyn has been unable to draft a report for the newsletter due to unforeseen family problems. We wish her well and hope that she will be back on board soon.

LETTER FROM THE TREASURER, SUE LITCHFIELD

Another year has passed us by, and considering the economic situation, the Association is looking fairly comfortable. There is $70.00 in our cheque account and $7,222.82 in our Maxi-direct account. This is due to the wonderful support you as members have given us. Many thanks to you.

The renewals are dribbling in slowly and I would like to especially thank all those who use internet banking. This makes life a lot easier for me, especially if I am away from home. It also means you can receive an emailed receipt acknowledging your payment. **I would appreciate it if all those members who have emails could email me so that I can put them on record**. It is a wonderful way of getting and keeping in touch with you all.

The next meeting on 10th April is also our AGM. For any of those who cannot attend, you are very welcome to send, or better still if possible, to email me a proxy with your voting preferences. All the committee positions are up for grabs if anyone would like to be nominated for a position. We need more willing members on the committee to help out at meetings etc.

Although I will be at the next meeting, I will be in transit and it will be impossible for me to do any catering. Is it too much to ask everyone who is attending the meeting to please bring a plate? This is a golden opportunity to show off your culinary skills! Also, if you make something, please bring the recipe so it can be shared by all. I will also have it printed in the next newsletter.

I hope you all have a very happy Easter and if you are driving please do so with care, and remember "Driver Survivor" - they hand out a very welcome free cup of tea.

Also, I urge you all to consider the change of name for the Association and provide your feedback at either the meeting or in writing. Please fill in the form provided in this newsletter, and send it back to the Association prior to the meeting for consideration.

Life Member

The Association has voted unanimously to make **Ron Buckridge** a **Life Member**. Ron has been a member for a number of years and, until recent years, he attended nearly every meeting. Ron now has a few issues with his health and finds it difficult to attend the meetings. Over the years Ron also has been a prolific letter writer and as a result of this the Association received a $600 donation. He is also in the process of writing a book - I will keep you posted on that one. Thanks Ron, you have been a wonderful and loyal member.

Donation

The association would like to thank Steve Duff for his very generous donation. Steve has been a life member for many years. Not only has he been extremely supportive to the association but he has so generously given up a lot of his spare time giving much needed support and encouragement to many members over the years. However Steve has now moved to Manly, Queensland and is enjoying the retired life. Many thanks and good luck.

TRACE ELEMENTS, HTMA AND GLUCOSE DISORDERS

(© 2010 This article was sourced and adapted form Trace Elements Inc. Newsletter – Volume 11 MAY/JUNE 1999 No.2 for use by InterClinical Laboratories Pty Ltd.)

Dr David Watts PhD, Director of Research at Trace Elements Inc. believes the incidence of diabetes worldwide is expected to double in the next 10 years affecting over 200 million people. It is known that

dietary modifications can help considerably in improving blood-glucose control and therefore reduce the many complications caused by this condition.

Mooradian and Morely published an excellent review article discussing the serum micronutrient status in patients diagnosed with diabetes. (Am J of Clin Nutr.Vol. 45, 1987). This paper stated that “the relationship between nutrition and diabetes was suspected as early as 1674 and that “over the last 20 years, numerous studies have found alterations in micronutrient status of patients with diabetes mellitus. In some studies deficiency of certain minerals or vitamins has been correlated with the presence of diabetic complications”. A summary of serum micronutrients studied in relation to diabetes as well as studies from hair mineral analysis patterns will be reviewed.

Serum Nutrient Studies

Zinc: Serum levels of zinc are usually found low in diabetic patients. Insulin is stored in a crystalline form and zinc is a constituent of crystalline insulin. Zinc affects the antigenic properties of insulin and the binding of insulin to hepatocyte membranes and a deficiency can lead to increased insulin resistance and hyperglycemia. Elevated glucose in turn produces hyperzincuria. Low zinc leads to poor or slowed wound-healing common in diabetic patients. Zinc has a biphasic effect, in that it is required for insulin storage and cellular binding, although high concentrations can lead to a reduction in insulin release.

Chromium: Chromium is a well-known component of the glucose tolerance factor (GTF). Other components include nicotinic acid, glycine, cystine, and glutamic acid. As a constituent of a metalo-enzyme, chromium is involved as a cellular receptor for insulin. A deficiency of chromium can result in elevated glucose, triglycerides, and cholesterol levels.

Calcium: Calcium in a sufficient concentration is necessary for insulin release. In juvenile diabetic patients, serum calcium and magnesium are low with increased urinary excretion, along with decreased parathyroid hormone activity. These conditions are not present in adult onset diabetic (AOD) patients.

Copper: A deficiency of copper results in glucose intolerance, decreased insulin response, increased glucose response and is associated with hypercholesterolemia and atherosclerosis. Copper possesses an insulin-like activity and promotes lipogenesis. Serum copper is elevated in AOD patients.

Manganese: Manganese deficiency can impair glucose utilization. Intra-uterine deficiency produces islet cell atrophy. Hepatic manganese is elevated in some forms of diabetes, and may be related to increased arginase activity.

Iron: Excess iron accumulates in the pancreas and causes tissue injury. Excess iron relative to copper results in increased lipid peroxidation.

Selenium: Insulin reserves are diminished with deficiency of selenium and can contribute to glucose intolerance. Selenium deficiency results in decreased glutathione peroxidase activity.

Vitamin A: Vitamin A aids in the stimulation of insulin release from the pancreas. However, vitamin A is required in low concentrations and can inhibit insulin release at high concentrations.

Vitamin B1: Vitamin B1 is low in the serum of diabetic patients, and is related to reduced transketolase activity. Deficiency of B1 may be related to the development of diabetic neuropathy.

Vitamin B6, B12: Plasma vitamin B6 and pyridoxal 5-phosphate (P5P) activity is reduced in AOD patients. B12 deficiency is common in insulin dependent diabetics (IDD) and may result in pernicious anemia.

Vitamin C: Plasma ascorbate is low in diabetic patients with increased dehydroascorbate

levels. AOD patients have a higher turnover of ascorbic acid.

Vitamin D: Vitamin D is decreased in juvenile and elevated in AOD individuals. Vitamin D enhances insulin production, and is synergistic to, calcium, copper, PTH, insulin, and estrogen.

Vitamin E: Vitamin E requirements are increased in diabetic patients. High intake can reduce oxidative stress and improve the action of insulin.

Hair Tissue Mineral Analysis (HTMA) Patterns in Diabetes

Zinc: A relative zinc deficiency is seen in Para-Sympathetic Types, (low Zn/Cu ratios), with an absolute deficiency found in Sympathetic Types. The biphasic effect of zinc may be due to its effect upon glucocorticoid stimulation. Antagonistic effects of zinc on insulin may occur in diabetic patients with low HTMA Na/K and Ca/K ratios. Zinc increases glucocorticoid activity, which raises potassium relative to sodium and antagonizes insulin release via calcium and vitamin D antagonism.

Chromium: Hair chromium is usually found low in both Para-Sympathetic and Sympathetic Types. Losses of chromium can be caused by elevated glucose that is common in Sympathetic Types. Hyperinsulinism frequently associated with Parasympathetic types also causes a loss of chromium.

Calcium, Magnesium: Calcium and magnesium are elevated in Para-Sympathetic Types. The Ca/Mg ratio is usually increased, indicating increased insulin production and release. Calcium and magnesium are low in Sympathetic Types, along with low Ca/K, and Na/K ratios, indicating decreased production and release of insulin. In juvenile diabetes, PTH, serum calcium and magnesium are low with increased urinary excretion of calcium and magnesium.

Copper: Copper possesses insulin-like activity and is often elevated in Para-Sympathetic Types. Both copper and insulin promote lipogenesis, which is why most people who develop AOD are overweight. Copper, calcium, vitamin D, PTH, insulin, and estrogen are synergistic and promote increased insulin production, which contributes to atherosclerosis. Copper is synergistic to calcium, which is why high tissue calcium is usually found with elevated tissue copper. Excess copper results in a low Zn/Cu, and high Ca/Mg ratio.

Copper is usually low in Sympathetic Types. Copper deficiency results in glucose intolerance decreased insulin response and increased glucose response. Low tissue copper is associated with low Ca/K and Na/K ratios. You will therefore notice that in individuals with copper deficiency corresponding low tissue calcium will be present. Copper deficiency is associated with hypercholesterolemia and atherosclerosis. A copper deficit has also been associated with enhanced glycation, the deleterious binding of sugars to protein.

Manganese: Manganese is usually low in Para-Sympathetic Types, but may be elevated in some. It is low in Sympathetic Types, but sometimes elevated in association with increased iron accumulation.

Iron: Tissue iron is usually found low in Para-Sympathetic Types, but may be elevated in Sympathetic Types. Excess iron accumulates in the pancreas and causes injury to the islets due to increased lipid peroxidation. Excess tissue iron is associated with an increased Fe/Cu ratio, and low Ca/K and Na/K ratios.

Selenium: Selenium may be low in Para-Sympathetic and Sympathetic Types. Insulin reserves are decreased with selenium deficiency causing glucose intolerance. Deficiency results in decreased glutathione peroxidase activity.

Vitamin A: Vitamin A requirements are increased in Para-Sympathetic Types, while its requirement is decreased in Sympathetic Types. Vitamin A is synergistic to zinc and can inhibit insulin release in high concentrations. This effect is due to vitamin A's antagonistic effect upon calcium and therefore can contribute to low Ca/K and Na/K ratios. The beneficial action of vitamin A may not actually be in stimulating insulin release but instead be in the improvement of tissue sensitivity to insulin.

Vitamin B1: Requirement for vitamin B1 is increased in Para-Sympathetic Types. Sympathetic Types may have increased needs in certain circumstances, such as when a low Na/K ratio exists.

Vitamin B3, B6, B12: Increased vitamin B6 and B3 requirements may be present in Para-Sympathetic and Sympathetic Types. Vitamin B12 requirements are increased in Sympathetic Types, with low Na/K and Ca/K ratios.

Vitamin C: Requirement for vitamin C is increased in Para-Sympathetic Types. AOD patients have a high turnover of ascorbic acid, which may be due to the elevated tissue copper, and/or low Zn/Cu ratio. Excess copper increases the oxidation of vitamin C. On the other hand,Sympathetic Types may have increased dehydroascorbate levels due to low tissue copper and/or elevated Zn/Cu. In this circumstance, vitamin C can act as a pro-oxidant instead of an anti-oxidant.

Vitamin D: Vitamin D requirements are decreased in Para-Sympathetic Types due to its' synergistic effects with insulin, estrogen, calcium, copper, and PTH. Elevated Ca/P, Ca/Mg, and low Zn/Cu ratios indicate this. Requirement for vitamin D is increased in Sympathetic Types particularly in the presence of low Ca/P, Ca/K, and Na/K ratios.

Vitamin E: Vitamin E may be required in both Para-Sympathetic and Sympathetic Types. However, due to its' stimulatory effect, vitamin E should be used cautiously in Sympathetic Types.

For any further information on HTMA for detecting mineral imbalances related to hypoglycemia and glucose disorders please contact:

InterClinical Laboratories Ph: (02) 9693 2888 or Email: lab@interclinical.com.au

How Sugars Break Down in Malabsorption

The following article has been copied (without references etc) from the website:
http://www.foodintol.com/sugar.asp

Sugar malabsorption is the inability (in some people) of the small intestine to break down sugars like fructose (most common), lactose or sorbitol into smaller molecular fragments for digestion. So the sugars progress down to the colon (large intestine) where bacteria break it down into short chain fatty acids and the gases carbon dioxide and hydrogen. These gases create enormous pressure in the intestine causing bloating, pain, diarrhea and flatulence.

In these people, because fructose (or lactose or sorbitol) is not absorbed by the intestine the condition is known as **malabsorption**, or an inability to be absorbed. But the molecule gets up to other mischief: it arrives in the colon where it drives an "osmotic purge". This means it attracts fluids *back into the colon*, making bowel motions loose and watery.

The main danger is that any other nutrients present can be lost from the body, like calcium and iron. Fructose malabsorption therefore is not only associated with gastro-intestinal distress but also the inability to absorb all kinds of nutrients which can lead to serious diseases like anaemia and osteoporosis.

Fructose malabsorption is notoriously undiagnosed and misdiagnosed. Recent findings are that fructose malabsorption is associated with the early stages of depression and mood disturbances.

Remember the easiest and most accurate way to check yourself out for fructose sensitivity is to do the **Detection Diet** in the **Food Intolerance Healing Program** (see the website for the correct reference). If you do get a positive result then you should see your doctor and rule out Heredity Fructose Intolerance.

Fructose Malabsorption(FM)

The following article has been copied (without references etc) from the website:
http://en.wikipedia.org/wiki/Fructose_malabsorption

Fructose Malabsorption is not to be confused with **Hereditary Fructose Intolerance** (HFI), a condition in which the liver enzymes that break up fructose are deficient.

Diagnosis: Medical tests are similar as in **lactose intolerance**, requiring a **hydrogen breath test** for a clinical diagnosis. When a breath test cannot be done for some reason, reducing substances in the stool, and subsequently fructose in the stool can be checked. It can be associated with reduced plasma tryptophan and clinical depression.

Pathophysiology

Fructose is absorbed in the small intestine without help of digestive enzymes. However, even in healthy people, only about 25-50g of fructose per sitting can be absorbed. Persons with fructose malabsorption may absorb less than 25g per sitting (amount is arbitrarily determined according to investigation of fructose absorption is many individuals). In the large intestine the unabsorbed fructose osmotically reduces the absorption of water and is metabolized by normal colonic bacteria to short chain fatty acids and the gases hydrogen, carbon dioxide and methane. The abnormal increase in hydrogen is detected with the hydrogen breath test.

The physiological consequences of fructose malabsorption include increasing osmotic load, providing substrate for rapid bacterial fermentation, changing gastrointestinal motility, promoting mucosal biofilm and altering the profile of bacteria. These effects are additive with other short-chain poorly absorbed carbohydrates such as sorbitol. The clinical significance of these events depends upon the response of the bowel to such changes; they have a higher chance of inducing symptoms in patients with functional gut disorders than asymptomatic subjects. Some effects of fructose malabsorption are decreased tryptophan, folic acid and zinc in the blood. Restricting dietary intake of free fructose and/or fructans may have durable symptomatic benefits in a high proportion of patients with functional gut disorders, but high quality evidence is currently lacking.

Treatment

There is no known cure, but an appropriate diet will help.

Diet

Principle of diet in fructose malabsorption is in avoiding:

- Fructose-rich foods or any fructose-containing food in large amounts
- Foods with high fructose-to-glucose ratio (Glucose enhances absorption of fructose, so fructose from foods with fructose-to-glucose ratio <1, (like bananas) are readily absorbed, while foods with fructose-to-glucose ratio >1 (like apples and pears) are often problematic, regardless of actual amount of fructose in the food)
- Foods with high fructose corn syrup (HFCS)
- Foods rich in sorbitol
- Foods rich in fructans or other FODMAPs (problematic only in some persons with FM)

Depending upon the sufferer's sensitivity to fructose, small amounts of problem foods could be eaten (especially when they are not the main ingredient of a meal). Foods with a high glucose content actually help sufferers absorb fructose.]

Symptoms
This condition is common in patients with symptoms of Irritable Bowel Syndrome and most patients with fructose malabsorption fit the profile of those with Irritable Bowel Syndrome. A small proportion of patients with both fructose malabsorption and lactose intolerance also suffer from coeliac disease.

Typical symptoms of fructose malabsorption include:
- Bloating (because of fermentation in the small and large intestine)
- Diarrhea and/or constipation
- Flatulence
- Stomach pain (due to muscle spasms, which can vary from mild and chronic to acute but erratic)

Other possible symptoms of fructose malabsorption include:
- Aching eyes
- Fuzzy head
- Fatigue
- Depression as a result of absorption disorders in the small and large intestines, other substances such as amino acids are not absorbed. Because of missing substances (among others tryptophan), hormones and neurotransmitters cannot be synthesized.

Foods of concern - Foods with high fructose content

According to the USDA database, foods with more fructose than glucose include:

Food	Fructose (grams / 100 grams)	Glucose (grams / 100 grams)
Sucrose (for reference)	**50**	**50**
Apples	**5.9**	**2.4**
Pears	**6.2**	**2.8**
Fruit juice e.g. Apples, Pears	**5 to 7**	**2 to 3**
Watermelon	**3.4**	**1.6**
Raisins	**29.8**	**27.8**
Honey	**40.9**	**35.7**
High fructose corn syrup	**55 to 90**	**45 to 10**

There is a lot of misinformation and misconception about fruit sugar content. A common belief is that fruits contain mainly, or only, fructose sugar. The USDA food database reveals that many common fruits contain nearly equal amounts of fructose and glucose. There is a tendency within plants to keep these sugars 50/50. Some aberrantly high fructose fruits are apple, pear, and watermelon, which have over twice as much fructose as glucose. Fructose levels in grapes vary with ripeness and variety, with unripe grapes containing more glucose.

Foods with high fructan content
Chains of fructose molecules known as **fructans** occur naturally in many foods. The following foods have a high fructan content:
- Artichokes
- Asparagus
- Leeks
- Onions including spring onion

- Wheat including most beers, breads, cakes, biscuits, breakfast cereals, pies, pastas, pizzas, and some noodles

The role that fructans play in fructose malabsorption is still under investigation. However, it is recommended that fructan intake for a fructose malabsorber should be kept to less than 0.5 grams/serving and supplements with *inulin* and *fructooligosaccharide* (FOS), fructans, intake should be avoided.

Other problem foods

In addition, the following foods can cause symptoms of fructose malabsorption:

- Sodas and other beverages containing high fructose corn syrup (HFCS)
- Dried fruit (including "health" bars containing dried fruit)
- Tinned fruit in "natural" juice (which is often pear juice)
- Sorbitol (present in some diet drinks and foods, and occurring naturally in some stone fruits)
- Xylitol present in some berries, and other polyols (sugar alcohols), such as erythritol, mannitol, and other ingredients that end with -tol, commonly added as artificial sweeteners in commercial foods.
- Sweet wines
- Too much fruit or any food product containing fructose, sorbitol, HFCS, or polyols in a short time frame

Cut Sugary Beverages and Help Fight Against the Diabetes Epidemic

Recently revealed statistics show that the consumption of high sugar beverages is on the rise and so is the incidence of diabetes. Adopting some simple changes in lifestyle and dietary habits could help you to lose weight and avoid becoming one of the next ill-health statistics. Diabetes is of course no lightweight health issue. The disease is classed as the seventh leading cause of death. On their way towards the death bed, sufferers of diabetes can face major health challenges such as developing coronary heart disease, failing kidneys, going blind and even having limbs amputated as blood flow problems become exacerbated.

Actively adopting lifestyle and dietary changes are increasingly recognized as important steps towards defusing the diabetic time-bomb, as well as reducing the likelihood of other health problems developing. Evidently a step as simple as cutting back sweetened beverages will have some benefit. It is claimed that by removing the extra 300 calories from sugary-sweet liquids from the diet you could lose 2.5 pound in weight every month.

But the answer would not be to replace the sugar based drinks with artificially sweetened ones, no matter how much the tireless tirade of marketing and in-store merchandising tries to persuade you to do so. Rather it is a question of actively trying to re-educate your sweet tooth. It may be easier said than done, but even resisting the temptation to drink sweetened drinks for a week or so will help you gain some perspective on just how sickly-sweet a lot of products are should you then try them again. Consumers palates have become 'perverted' by manufacturers heavy handed use of sugar in many processed products in daily use.

Sugar is effectively addictive and many people know all too well the short-term buzz of the sugar-rush. Like any addiction it takes will-power and effort to overcome. But it is better to try and reduce your dependence on sugar by developing a taste for less sweet things, not by simply replacing sugar with another sweet and synthetic chemical poison, commonly referred to as artificial sweeteners.
Making 2009 the year that you actively fight your sugar addiction could be a major step, along with increasing your levels of activity, towards avoiding becoming one of the next 'pre-diabetic' statistics, or even worse being diagnosed as a full blown 'diabetic'.

For hundreds of years sugar has been used widely as a preservative in many food and drink items. But

now that the true risks of a high-sugar diet are becoming so transparent, it has never been more important that we choose to combat our addiction to sugar in order to preserve our own health.

Water
There are many chemicals you can't see, smell or taste lurking in your tap water, and among them may very well be traces of artificial sweeteners. In fact, even after water is treated with advanced filtration techniques, it still contains concerning levels of artificial sweeteners.

Further, despite extensive purification treatments used by water companies, traces of bleomycin, a cancer chemotherapy drug and diazepam, a sedative, have been found in drinking water, raising concerns about exposing pregnant women to the drugs, which could harm an unborn child. Expensive desalination plants leave a lot to be desired in their ability to provide truly safe water. What about bottled water? I hear you cry. What indeed? With a couple of exceptions I wouldn't trust any of them.

How to Host a "Junk Food Free" Party for Kids

Michael Cambray N.D.

Many party hosts feel they are giving kids the ultimate treat by spreading a table laden with every imaginable kind of junk food. A typical party table is graced with a white flour, frosted cake in the centre decorated with a sugary, coloured laden picture.

There is likely to be an array of cupcakes made with the same awful ingredients, bowls of various types of colored candies, potato crisps, lollipops, ice cream and so on. Surprised parents and friends then wonder why, after gorging on this rubbish for a couple of hours, the party disintegrates into a frightening display of kids who are fighting, screaming and hyperactive. To avoid this, try healthy snacks next time around.

Any parent who has hosted a party for kids knows that food actually plays a small role in the success of the event. Kids are far more interested in swimming or playing games. Having a theme and organizing a few games with prizes will make kids even happier.

Drinks and snacks are something the kids will come past for every now and then, so keep their blood sugar levels stable and introduce foods that are colorful but healthy. If they are amazed or disgusted at a display of healthy food, don't be discouraged. If they are hungry, they will eat.

Games and Healthy Food
Generally, small kids like to toy with their food. Why not turn this into a game? Hand each child a paper plate and let them make a clown's face or some other work of art out of slices of cucumber, cherry tomatoes, carrot sticks or brightly coloured sliced fruit, nuts and raisins. Hand out prizes for the best picture and then give them time to eat their creations.

Another idea is to let them make their own fruit skewers out of strawberries, oranges, apples, sliced bananas, mango pieces and so on. Watch them carefully though, as small kids can stab themselves or others with wooden skewer sticks.

Party Food Ideas
Keep finger foods handy such as bite sized, boneless chicken pieces. Small vege balls and healthy mini-pizzas are easy to make and set out. Keep small bowls of grapes, watermelon chunks, cheese squares, cucumber slices, cherry tomatoes, dried fruit, nuts and popcorn handy.

As a table centerpiece, have a colorful bowl of fruit filled with oranges, apples, bananas, apricots, plums and any other appealing fruit that can be grabbed in passing. If kids still look hungry, hand out some pre-made muesli bars or oat squares sweetened with dried fruit and honey.

Party Drinks and Favours
Keep plenty of water available in glass jugs. Add lemon slices and strawberries, which will add flavour and will look wonderful. Homemade, frozen fruit juice ice blocks can be handed out if it is a hot day. Make a fruity punch out of raspberry juice, pineapple juice and water.

For party favours, hand each child a small flower pot and some flower or herb seeds for them to plant at home.

Simple Recipes for Toddlers
Sticky Energy Balls:

1/4 cup finely grated organic carrots
1/4 cup rolled oats
1/4 cup raisins
1/4 cup wheat germ
1/4 cup sunflower seeds
1 tablespoon raw honey
3 tablespoons natural peanut or nut butter (careful of kids with nut allergies!)
Mix together and roll into balls. Store in the fridge for a quick treat.

Quick Vegetable Recipes:
► Boil sweet potatoes and carrots together until soft. Puree along with a little butter and cheese.
► Steam broccoli florets until soft and blend with tomatoes. Add a spoonful of ground almonds.
► Mashed avocado on slice of wholegrain bread makes a wonderful meal for a toddler.

Toddlers under two should still be breastfeeding. Children can become dehydrated more easily than adults though, so offer water between meals or a little freshly made fruit or vegetable juice.

Kangaroo Meat

This article has been sourced from the net : ***Macro*** *(www.macromeatsgourmetgame.com.au/) and* ***Southern Game Meat*** *(www.sgm.com.au/html/nutrition.html)*

Having been bought up in rural Australia as a child the old kangaroo was a pest to the graziers, as not only did they eat all the nice fresh sweet grass, but also did a huge amount of damage to the fences, not to mention the damage done if a car accidently hit one - it was goodbye car! My father every now and then would declare a kangaroo culling session. The kangaroos were skinned and the hides were sold and these hides would have been tanned and made into rugs, coats, belts, shoes etc and sold all over the world.

The meat from these animals were fed to the dogs. No meat ever came anywhere near the house as it was considered to be dogs meat only. However over the years with the coming of television and the famous television show Skippy, the old kangaroo became something of a celebrity worldwide and people were starting to take note of the kangaroo. Over the years a lot of study has been done, and it has been found that kangaroo meat has many health features, as it is a good source of quality protein. It also has many important vitamins and minerals, especially iron and zinc, and because it is always very lean, it has a low fat content and is very low in saturated fats.

Kangaroo meat is great for meat lovers, as a diet rich in the meat can result in significant reductions of fat intake. It can help fight heart disease and stroke, help lower blood cholesterol and, more importantly, help with weight reduction. Also, it is a source of B group vitamins including riboflavin, niacin, B6 and B12. As the meat is so lean it has to be a great source of protein for all who suffer from Hypoglycemia.

Kangaroo meat is now readily available at your local supermarket and, if cooked following their directions, it is very easy to cook and just as delicious to eat. My grandchildren love the sausages which I cook on the barbeque!

The nutritional facts are per 200 gr serving:

Energy	820 kj
Protein	44g
Fat	2 g
Carbohydrate Total	2g
Sugars	2g
Cholesterol	46 mg
Sodium	80mg
Potassium	620mg
Moisture %	150%

To compare the fat content to other meats per 200gr:

Fillet steak	12.6g
Rump Steak	9.2g
Trimmed lamb	11.6g
Skinless Chicken breast	3.3g

Sue Litchfield has kindly provided the following recipes:

As we have done an article on children's birthday parties I thought we should include some recipes that would be suitable These could also be served to visiting grandchildren. I make the carob crackles all the time and the twins love them.

CAROB CRACKLES

4 cups puffed rice
1 packet melted copha
3 tablespoons light carob powder
1 cup shredded coconut
1 cup soy, goats or cows milk powder
1 teaspoon vanilla
½ cup natural sultanas or to taste and/or ½ cup crushed nuts or to taste. (Optional)

Mix all dry ingredients together. Add copha and vanilla. Put into paper patty cases, allow to set.

MERINGUES

3 egg whites
3 tablespoons rice syrup
1 teaspoon vanilla.

Beat egg white till very stiff. Very slowly add rice syrup, beating all the time. Add vanilla. Place on a very lightly greased foil-lined baking tray. Bake in very slow oven till dry - about 1½ - 2 hours. Remove from tray before completely cool.

PATTY CAKES (By Joy Sharp)

2 cups SR Flour
1 cup milk, of choice
½ cup polyunsaturated margarine
3 eggs
¼ cup stevia
½ teaspoon vanilla essence

Beat margarine with ½ of milk until soft. Beat in eggs, then add remaining flour alternately with milk. Spoon into paper cases and bake in moderate oven for 20 minutes.

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Variation
Butterfly Cakes *- Cut top from cakes and cut in half for wings. Fill with home-made jam (I use Balfour strawberry jam) and/or whipped cream.*

HUMMUS

600 g canned chick peas drained and rinsed
3 cloves garlic crushed
100 mls oil of choice
¼ cup water
2 tablespoons tahini paste
1 teaspoon ground cumin
Juice of 1 lemon

Place all ingredients into a food processor and process until combined. Add water and process until smooth. Place in a serving dish and serve with rice crackers or vegetable sticks. Children love carrot sticks.

ICY POLES

Very simple, just freeze juice of choice in ice block containers. I have used just about every juice there is, but I usually use pear juice.

ICING

1 x 300g firm silken tofu
2 tablespoons coconut powder
1 tablespoon rice syrup
½ teaspoon vanilla
1 teaspoon coconut essence (optional)

Place all ingredients in a food processor and process till smooth and creamy. Add a little soy milk if the mixture is too thick. Spread onto cake and decorate with either flaked coconut or slivered almonds, chopped pecans/walnuts, even grated sugar free chocolate.

PIKELETS

1 tablespoon Tahine
½ tablespoon Agave
½ teaspoon vanilla
2 eggs
1 cup SR Gluten Free Flour
approx 100 mls water

Whisk well together all ingredients except flour and water. When well mixed whisk in flour and water. Cook in lightly greased frying pan.

Member Survey

It was decided at the last committee meeting to change the name of the Association to:

"Diabetes Prevention Association of Australia incorporating
The Hypoglycemic Health Association of Australia"

At the AGM in April, this motion will be put to the meeting for a general vote. This is a big decision to make, as it not only involves notifying all the necessary authorities, but will also require a change in the constitution.

Please give it some thought. It would be great if you could attend the meeting to air your opinion on this matter. However if you cannot attend, PLEASE cast a proxy vote for, or against, the proposed name change. Also, please list any motions/ideas that you would like to bring up for discussion at the AGM or at future meetings.

Also, at the AGM, all the Committee positions will need to be filled and it would be appreciated if you could cast your vote, or put yourself forward as a candidate.

(Please return the completed form before the AGM (10 April 2010) to: The Hypoglycemic Health Association of Australia,PO Box 830, Kogarah NSW 1485)

Member Name:
Signature: Date:
I **agree** / **disagree** with the name change (please circle one option)
I would like to make these comments:
I would like to nominate _____ **for the position of**_____
I would like these issues discussed at future meetings or included in future newsletters:

The Hypoglycemic Health Association of Australia

PO Box 830,
Kogarah NSW 1485**ABN 65846851613**
Registered Charity CFN 16689

MEMBERSHIP APPLICATION

PLEASE PRINT

Name:
Mr
Mrs
Miss
First Name
Surname
Address

State:
Postcode:
Phone number
Mobile phone number
Email Address
Year of Birth
Occupation
Full Membership $44.00
This includes a joining fee of $22.00
Pensioners & Health Care
Card Holders Membership $33.00
This includes a joining fee of $16.50.
Life Membership: $200
Please circle type of membership

Entitles you to all up-to-date
information & newsletters

Do you have hypoglycemia? YES/NO
Does a family member have hypoglycemia?
YES/NO

Did you know that the Hypoglycemic Diet is the core of Nutritional Treatment? It is also the 1st step to the treatment of 90 other illness