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.

Our Next Public Meeting will be at 2.00 PM on Saturday, the 1 September, 2001 at YWCA
5-11 Wentworth Ave, SYDNEY

This time we are organizing a Questions & Answers Panel

With
Dr George Samra
Jurriaan Plesman
Sue Litchfield

The Association hopes that members will attend the next public meeting and take advantage of the unhearsed discussions on topics relating to hypoglycemia and other illnesses.

Dr. George Samra will handle questions from the audience in regard to nutritional medicine and medications and other illnesses.

Jurriaan Plesman will answer questions in regard to emotional disorders, such as depression, drug addiction and Psychotherapy.

Sue Litchfield shall be on the panel to answer any questions in her capacity as dietary advisor and food preparations.

It is expected that this will result in a lively discussion among our members, who are free to ask any questions.

Treasurer’s Report by Sue Litchfield. Yet another 3 months have passed me by and have now settled into life back home and looking forward to seeing and catching up with you all at the next meeting. NOTE IT IS SUBSCRIPTION TIME IN DECEMBER. I have also noticed that there are still a number of subscriptions that are overdue. I may add that all unpaid subscription WILL NOT in future receive newsletters I may also add that no receipts are issued when renewing you subs However if one is required please send a self addressed envelope and I am only too happy to send it by return mail. With many thanks to all those who have given all the very generous donations this year as a result the committee has decided to leave the annual subscriptions unchanged BUT WE DO HAVE TO ADD 10% TO THE FEES BECAUSE OF THE GST so the fees will now be $16.50 for Pensioners and $22.00 for the normal membership. Sorry about this but I am not the treasurer of this wonderful country of ours. However if the amount of donations do not live up to expectations we will be forced to increase them next year. Please note that all donations over $2.00 are tax deductible The raffle tickets are selling at a steady rate which is pleasing as we now need every cent we can get our hands on as costs seem to be as always on the rise. I am always on the lookout for interesting things to raffle. If anyone would be so generous to donate a raffle. (E.G a gift voucher from a department store, electric jug, iron, toaster and so the list goes on) I will love you for life. It also has been drawn to my

Page 9
The excellent article in the June issue of this Newsletter by Jurriaan Plesman has given a much needed shot in the arm I feel to mainstream psychiatry. In fact I know of no one else who has come close to this approach in mainstream psychiatry. In main- stream psychiatry it is inconceivable to suggest that diet, nutrition rather like a diet for hypoglycemia. This consisted of a radio clock and donated by Geoff Grady of Nowra. The Association thanks Geoff very much for this wonderful donation.

About a year later she had a further relapse not as severe as the first. This time I decided to give her 50mg/day Vitamin B6 once again in conjunction with the Melleril. This time she made a much more noticeable improvement than when I had given her B3 the previous time. Further relapses happened but each one was not as severe as the one proceeding and each time I gave her B6. She now has no delusions and has had none for a period of 16yrs. Now this is the rub. Those 16yrs have been without medication and only using good nutrition rather like a diet for hypoglycemia.

Well I couldn’t get this out of my mind and I decided to try Vitamin B3 in the form of niacinamide in conjunction with Melleril. I told our psychiatrist. He was not impressed but didn’t insist that we not use it. I gave my wife 500mg/day for a few weeks. This was nowhere near what Hoffer had given to his patients which was in the order of three or more grams/day and Vitamin C was used as well. On just this relatively small amount, I could see that it did have some positive benefit in reducing her delusions and her progress seems to increase. I dropped it out after some weeks as I was afraid of side effects. In the course of about 9 months after this she had no delusions on the Melleril alone.

The  Hypoglycemia support group meets every 3 months at 19 Princes Highway Kogarah (1st floor Dr. Samra’s surgery) at 1.45 p.m. The members of this support group meet every second Saturday of the months of February, May, August and November. The cost is $1. Afternoon tea provided - family and friends welcome. For further information please telephone - Lorraine on 02-95208887 or Jeanette on 02-95259178

Nothing about the illness and thought my marriage was over. She was hospitalized and prescribed Melleril. In course of time she came home and still on Melleril made but very little more improvement over a considerable period of time. It was of course distressing and I wanted to know as much about the illness as I could. In a bookshop I came across a book by Hoffer. In this book he talked about using very large doses of Vitamin B 3 which he claimed helped people reduce their symptoms or get rid of them entirely. I thought this is amazing! How could this be so? Why is our psychiatrist not using this also? After talking to him about it I quickly understood that this was entirely new territory and not well accepted in mainstream psychiatry if at all. He said that Vitamin B2 would help, but for an entirely different reason.

Well I couldn’t get this out of my mind and I decided to try Vitamin B3 in the form of niacinamide in conjunction with Melleril. I told our psychiatrist. He was not impressed but didn’t insist that we not use it. I gave my wife 500mg/day for a few weeks. This was nowhere near what Hoffer had given to his patients which was in the order of three or more grams/day and Vitamin C was used as well. On just this relatively small amount, I could see that it did have some positive benefit in reducing her delusions and her progress seems to increase. I dropped it out after some weeks as I was afraid of side effects. In the course of about 9 months after this she had no delusions on the Melleril alone.

The excellent article in the June issue of this Newsletter by Jurriaan Plesman has given a much needed shot in the arm I feel to mainstream psychiatry in this country. I think that most psychiatrists in Australia are not involved in clinical nutrition. In fact I know from my experience in talking to many psychiatrists, that they have a very shallow understanding of what nutrition offers for mental illnesses. It is obvious this area of therapy is still undone when other therapies are used as needed. But using nutrition in conjunction with medication is not without its difficulties. Most psychiatrists will tell you that good nutrition helps, but to use it in a special way with particular nutrients that are therapeutic for the patient, is just too much to ask of them. I’ve found. From my experience though over more than a thirty year period, correct nutrition does help, very much more.

Back in 1966 just after we got married my wife came down with schizophrenia. This was a hell of a shock to me as of course I knew nothing about the illness and thought my marriage was over. She was hospitalized and prescribed Melleril. In course of time she came home and still on Melleril made but very little more improvement over a considerable period of time. It was of course distressing and I wanted to know as much about the illness as I could. In a bookshop I came across a book by Hoffer. In this book he talked about using very large doses of Vitamin B 3 which he claimed helped people reduce their symptoms or get rid of them entirely. I thought this is amazing! How could this be so? Why is our psychiatrist not using this also? After talking to him about it I quickly understood that this was entirely new territory and not well accepted in mainstream psychiatry if at all. He said that Vitamin B2 would help, but for an entirely different reason.

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Meditation is seen by a number of researchers as potentially one of the most effective forms of stress reduction. (1) While stress reduction techniques have been cultivated and studied in the West for approximately 70 years, the data indicates that they are not consistently effective. (2) Meditation however, has been developed in Eastern cultures and has a documented history of more than several thousand years. Eastern meditative techniques have been developed, trialed and refined over hundreds of generations with the specific intention of developing a method by which the lay person can regularly attain a state of mental peace and tranquility, i.e. relief from stress. It is a strategy that can easily be adapted to the needs of clinicians and their patients in the West. A US study for example, showed that a short course of behaviour modification strategies that included meditation led to significantly fewer visits to physicians during the six months that followed. The savings were estimated at over $200 per patient. (3)

A study of insurance statistics showed that the use of medical care was significantly less estimated at over $200 per patient. (3) The authors concluded that well designed trials and education on meditation are urgently needed to inform GPs’ decision making. (6)

Meditation vs relaxation
Implicit in the fact that the term ‘meditation’ exists separately from that of ‘relaxation’ suggests that there should be clear differences between the two phenomena. However, there is as yet insufficient evidence to draw a clear distinction. Moreover, researchers have yet to systematically compare different techniques of meditation to compare their profiles.

What is meditation?
There are many forms of meditation, ranging in complexity from strict, regulated practices to general recommendations. If practised regularly, meditation is thought to help develop habitual, unconscious microbehaviours that can potentially produce wide-spread positive effects on physical and psychological functioning. Meditation even for 15 minutes twice a day has been shown to bring beneficial results. (3)

The Hypoglycaemic Health Newsletter

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is a state in which the excessive and stress producing activity of the mind is neutralised without reducing alertness and effectiveness. Authentic meditation enables one to focus on the ‘present moment’ rather than dwell on the unchangeable past or undetermined future. It is this state of equipoise that is said to be therapeutic both psychologically and physically and which fundamentally distinguishes meditation from simple relaxation, physical rest or sleep.

Reducing ‘background mental noise’

According to this perspective, stress is the inevitable byproduct of an overactive mind. The silenced mind is responsible for almost continuous ‘background mental noise’ the content of which is mostly unnecessary and unproductive. Yet it is this ‘mental noise’ that impinges on our otherwise natural tendency towards psychological, mental and spiritual health.

Quasi-meditation

Most commercialised meditation techniques do not reliably give the key experience of mental silence or ‘thoughtless awareness’ hence they can more precisely be described as quasi-meditative. These include methods that use constant repetition of syllables (such as mantras), visualisations or other thought forms. This does not mean they may not be useful as they do encourage relaxation by reducing or simplifying mental activity or focusing attention. However, well designed physiological and clinical trials have, on the whole, shown little difference between these techniques and physical rest or relaxation.

Types of meditation

There are many meditation techniques available to consumers. Three notable examples include transcendental meditation, mindfulness and Sahaja yoga.

Transcendental meditation

Transcendental meditation (TM) is the commonest form of mantra meditation. It aims to prevent distracting thoughts by use of a mantra. Students are instructed to be passive and, if thoughts other than the mantra come to mind, to notice them and return to the mantra. A TM student is asked to practise for 20 minutes in the morning and again in the evening.

Transcendental meditation is said to be associated with clinical outcomes such as blood pressure reduction (9) and physiological changes such as lowered blood cortisol levels.

Adverse effects

There are however, a number of case reports in the mainstream medical literature describing occasional adverse psychological (11,12) and physical effects (13) that appear to be causally related to the technique. These adverse events range from mild to severe and warrant further systematic investigation.

Cost issues

The technique is taught using a commercial system in which one begins by purchasing a mantra. Further instruction entails an escalating system of fees that can be cost prohibitive. Moreover, the TM organisation has on occasion been implicated in unethical and cultic practices. In light of this information, medical practitioners have no choice but to recommend caution with regard to this method.

Mindfulness and Vipassana meditation

Mindfulness is a general method that serves as a basis for techniques such as Vipassana meditation. It aims to use focused attention (often by using a physical sensation such as the breath) to cultivate mental calmness. Regular practice enables one to objectively observe one’s thoughts and therefore enhance one’s self understanding. Mindfulness approaches have been shown to be effective in certain clinical applications such as chronic pain.

Vipassana is both a general term referring to a specialised form of mindfulness meditation and also a specific brand name. The following information refers to the latter. Vipassana is taught in Australia via a number of Vipassana retreats and centres. The retreats involve up to 10 days of intensive meditation, several hours per day, and other strict observances such not talking and encouraging to maintain strict postures for long periods of time. There is no fee for these retreats but ‘recommended donations’ are described. These retreats are unsuitable for the average person, particularly those unfamiliar with meditation, due to the extreme physical and psychological demands. Adverse events associated with Vipassana have been described although it is unclear as to which form these reports refer.

Sahaja yoga meditation

Sahaja yoga meditation (SYM) is the technique of choice in the MRP. Sahaja yoga meditation aims to promote the experience of ‘thoughtless awareness’ based on the original meditative tradition. Meditators in the MRP consistently describe the ability to achieve this experience. They are encouraged to practice twice daily for approximately 15 minutes. Sahaja yoga meditation is well suited for the general population and for research, because it is easy to learn and is taught free of charge. Sahaja yoga meditation is currently used in three Sydney hospitals for patients, staff and public. Feedback from management teams and anecdotal reports from patients and carers are favourable. As yet no adverse effects have been reported in the MRP’s trials, clinics or in the literature.

The MRP has conducted a number of small and large trials on SYM which have generated promising results in Australian conditions. A randomised controlled trial of meditation for moderate to severe asthma compared SYM to a relaxation control. SYM was more effective in a number of objective and subjective endpoints.

A number of locally conducted pilot studies examining the effect of SYM suggest that it may have a beneficial role in menopausal hot flushes, severe migraine and psychological stress. Randomised controlled trials are underway in order to obtain definitive data. Studies in India suggest that SYM is more beneficial than mimicking exercises in the treatment of epilepsy and hypertension.

SUMMARY OF IMPORTANT POINTS

• Meditation can be an effective form of stress reduction and has the potential to improve quality of life and decrease healthcare costs.
• Although meditation differs from relaxation techniques, the components which constitute this difference have not yet been clearly defined.
• Meditation involves achieving a state of ‘thoughtless awareness’ in which the excessive stress producing activity of the mind is neutralised without reducing alertness and effectiveness.
• Authentic meditation enables one to focus on the present moment rather than dwell on the unchangeable past or undetermined future.
• There is little quality evidence comparing one meditation technique with another or meditation with relaxation techniques.
• The theoretical explanation for the effects of meditation and relaxation techniques is that the release of catecholamines and other stress hormones are reduced and parasympathetic activity is increased.
• Whether meditation involves other unique neurophysiological effects remains to be proven.

References

Cancer of the large intestine, known as colon cancer, is one of the most common types of cancer in the western world. Recent studies have suggested that increased risk of colon cancer may be linked to regular consumption of red meat. Up to now, scientists have been unsure how this might work. But new Dutch research explains how red meat increases the chance of developing colon cancer, and why eating more dairy products may counteract this greater risk.

Colon cancer is the second biggest cause of death from cancer here in the West - second only to lung cancer in men and breast cancer in women. For decades, scientists have suspected that there’s a link between diet and increased risk of colon cancer. They point to the example of Japan, where the number of cases has increased dramatically since the 1950’s. That was when the Japanese began to eat a much more western type of diet and less fish. And a higher rate of cell division is of course a percursor to increased risk of cancer,“

The mechanism showing how this haem actually increases cell division is not yet totally clear, but it seems that haem binds with another - as yet unidentified - substance in the large intestine. This new compound somehow damages the colon walls, making it much more “leaky”. The colon then tries to repair this damage by feeding purified haem to groups of rats.

“We found that in the rats which had been fed an amount of haem which was equivalent to eating 130-150g of red meat per day, there was a much higher rate of cell division in the tissues lining the colon. And a higher rate of cell division is of course a percursor to increased risk of cancer.”

Red versus White Meat

Further recent studies showed that eating chicken and other types of poultry is not a risk factor for colon cancer, unlike red meat such as beef, lamb and pork. So Dr Aloys Sesink, a researcher at the University of Groningen in the north of the Netherlands, decided to find out what it was about red meat that might explain the link with colon cancer. The most obvious difference between red and white meat is the colour - and the thing that causes the ‘red’ in red meat is haem, the same substance which makes our own blood red.

“Haem is one of the forms of iron in red meat; you have normal inorganic iron, and the thing that causes the ‘red’ in red meat is haem, the same substance which makes our own blood red.”

The amount of haem absorbed in the small intestine is very limited. In fact you only absorb a maximum of about 10% of what you ingest. So the other 90% plus passes on to the large intestine - the colon.”

So then Dr Sesink wanted to know what effect all that extra haem would have on the lining of the colon. He tested this by feeding purified haem to groups of rats.

“While iron - particularly the sort of iron found in ham - is essential to the human body, you don’t need very much. In fact only a small proportion of the haem ingested by red-meat eaters is absorbed by the body.

“The amount of haem absorbed in the small intestine is very limited. In fact you only
Addictions

By: Sharon Meadows, PhD

Addictions afflict millions of people in the United States alone. Alternative practitioners believe that conventional methods fail because mainstream methods do not recognize the genetic and biochemical imbalances that research has shown to be at the heart of addiction. By focusing on readjusting these imbalances through diet and nutritional supplementation, herbal medicine, acupuncture, and biofeedback, alternative practitioners are contributing to significant, long-lasting and positive changes.

Definition of Addiction

Addiction can be defined as any physical or psychological dependence which negatively impacts a person's life. Although a person can be addicted to many forms of behaviors i.e., gambling, overeating, sex, or reckless behavior, the term “addiction” is most commonly used to refer to dependency on cigarettes, alcohol, and drugs (both legal and illegal). In severe cases, addiction can become so obsessive that it may seem to take on a life of its own, and the individuals true identity can take second place to the personality of the addiction.

According to James Braly M.D., medical director of Immuno Labs, Inc., in Fort Lauderdale, Florida, fundamentally all addictions are biochemically the same. He notes that, addictive substances become a “necessary ingredient of body chemistry”, so that withdrawal occurs when the substance is withheld.

“Addiction means that the body has made an unhealthy adaptation that must slowly be reversed”, Dr. Braly explains “until then, nerve impulses are confused and biochemistry is scrambled”. When someone with an addictive behavior is deprived of, or attempts to abandon, his or her addiction, the resulting withdrawal symptoms demand a solution. During withdrawal from the addictive substance, something must be done to keep withdrawal symptoms at bay.

Causes of Addictions

According to Leon Chaitow, N.D., D.O., Of London, England, experts are unable to agree on what causes addiction. Long perceived as a problem of weak willpower, substance abuse is now considered by most researchers in the field to be a “disease” similar in development to diabetes. In other words, according to Dr. Chaitow, a genetic predisposing condition is usually present that is triggered by familial, environmental, societal, and dietary factors. As a result, even stabilized, an addict must closely monitor the addictive substance throughout his or her lifetime.

Biochemical Imbalances

The body produces its own natural mood enhancers and painkillers called neurotransmitters, which in healthy individuals work efficiently. Dr. Chaitow cites research into brain function that suggests that the addictive personality may lack these natural stimulants (catecholamines) and relaxants (endorphins) and that the addictive brain may send wrong or garbled messages to the body through malfunctioning neurotransmitters. Because of this malfunction, addictive personalities may seek alternatives to natural mood enhancers through the artificial stimulus of addictive substances.

Janice Keller Phelps M.D., author of “The Hidden Addiction and How To Get Free From It”, asserts that addiction stems from individual biochemistry and unique genetic makeup. She believes there is a difference in addictive bodies from birth, and that an addictive body may be evident in childhood by the presence of colic, hyperactivity, loss of sleep, irritability, crying and learning disabilities. Additionally, Dr. Phelps says “long before a child can get involved in alcohol and drugs, he’s often gotten very addicted to sugar”. Substantiating this line of thought, Dr. Chaitow points to the link between brain chemistry and food addictions. Serotonin (another neurotransmitter) is a calming, analgesic-like substance which is secreted in response to carbohydrate and sugar consumption. Sugar addiction may be a misguided attempt to replenish serotonin in the system. A Massachusetts Institute of Technology study describes groups of people who feel depressed, anxious and tense—the right conditions for substance abuse—before eating a carbohydrate snack, and who feel peaceful afterward, their bodies were sated with calming serotonin.

Kathleen DesMaisons, M. ED, president of Radiant Recovery in Burlingame, California, believes that many addictive people have an actual biochemical flaw in the way they process sugar and carbohydrates. This flaw in metabolism causes an addict to respond to sugar as if it were alcohol and to white flour products as if they were sugar. Genetically, these people have biochemically sensitive bodies, which invite chemical imbalance. Substances like sugar, by creating insulin and rapidly penetrating the cell wall, actually alter the permeability of the cell. The normal person, DesMaisons states, has stronger, more impermeable cells which prevent the rise and fall of blood sugar and the jagged peaks and valleys of violent emotions that plague addictive personalities.

Sugar is like an opiate drug that can make life manageable. The child who uses sugar becomes the adolescent who discovers alcohol, which is the perfect drug because, beyond its high sugar content, it has an anesthetic property. The addictive personality moves naturally into other drugs. The whole syndrome is really about pain management.

The Addiction/ Allergy Connection

James Braly, M.D., Medical Director of Immuno Labs Inc, in Fort Lauderdale, Florida, believes there is a strong correlation between addictions and allergies. We become addicted to foods as a way of adapting to allergic reactions to them, and we tend to crave foods we are allergic to because we need them to keep withdrawal symptoms at bay. When we reach this point and need a particular food in order to feel good, or rather, in order not to feel bad, we are addicted to it. This Topsy-Turvy phenomenon is called the Allergy/Addiction syndrome.

Recent research in the field of addiction suggests that excessive craving for any substance indicates an allergic condition in relation to that substance. “According to this theory” says Dr Chaitow, by constantly exposing themselves to an addictive substance, addicts prevent themselves from experiencing the more violent displays of allergic symptoms. The substance masks the allergy, in other words, Dr. Chaitow points out, that an addict withdrawal symptoms are almost identical to the symptoms which occur when an allergic substance is removed from the diet—ranging from tremors to prostration, cramps, vomiting, sweating, and hallucinations. Any food or drink which is commonly consumed or craved, may in fact, be an allergic substance for an individual if withdrawal from it makes one feel unwell, or if consumption of it produces euphoria. Dr. Chaitow says that alcohol is the classic substance fitting this description.

Treating Addictions

Over the last decade, substance abuse treatment in the United States, has been focused...
primarily on 12 step support groups and individual talking therapies, controlled by medication such as methadone and antidepressants, expensive month long hospital stays, and of course, criminal punishment. It is still unknown whether these methods, combined or individual, will be successful in the long run. However, a 1980 Rand Corporation study confirmed earlier research which found that the addictive population studied, once sober, or “clean” had less than a 15 or 20 percent rate of continued abstinence. Compared to such low success rates, the following alternative approaches offer great Promise.

**Diet**

Proper diet is essential in treating addictions, according to Kathleen DesMaisons “My main focus is to reverse symptoms of addiction by changing the clients neurochemistry and nutrient deficiency through dietary intervention”. She states “this principle is called ‘biochemical restoration’. If this is accomplished, then the addictive behavior that has previously been unmanaged can be reversed. Ultimately, the goal is to teach our clients how to recognize and modulate their feelings by paying attention to the foods they eat. Since their main problem is processing sugar and carbohydrates, Maisons approach is to immediately place them on a program of three meals a day which an emphasis on eating proteins at each meal. Most people in an addictive state are very protein deficient. First of all, normally they have not been eating regularly, and secondly, they don’t have protein when they do eat because their bodies are craving sugar and simple carbohydrates. So by getting them to eat regularly of protein foods, which are the most complex foods and take the slowest time to breakdown in the stomach, you start to alter their neurochemistry. They become able to maintain a very stable blood sugar level and a very consistent supply of serotonin and dopamine (neurotransmitters) to the brain, so that they do not crave the artificial high from alcohol or drugs.

In addition, complex carbohydrates are permitted, including beans grains and veggies. Also a little fat such as olive oil, because healthy fat leads to the body’s production of serotonin, creating a sense of well being and relaxation. We often have people who have been given antianxiety medication and no one has bothered to ask them what they have been eating and drinking. Clients who follow this eating plan will normally notice significant changes in how they feel, often in three or four days. Its simple and sometimes startling, Des Maison says. For example, for a cocaine addict who is suicidal and is trying to get sober, who hasn’t eaten in days, sometimes all it takes is a turkey sandwich to stabilize him so he can begin the recovery process.

**Nutritional Supplementation**

In boosting the body’s biochemical defenses against addiction, Dr. Phelps uses nutritional supplements and adrenal and adrenergic supports, such as Vitamin C, Pantothenic acid (B5), and adrenal extracts in her treat-

ment regimen. She also stresses that a patient must remove all addictive substances from the diet, including sugar and caffeine. Megavitamin therapy is commonly cited as one of the most vital tools for replenishing Vitamin deficiency, which according to Dr. Aerosoph, affects more than 50% of all alcoholics. She points out that narcotic addicts often suffer from a deficiency of essential minerals, especially magnesium, calcium, and potassium. She explains that since alcohol enhances free radical formation (the molecules responsible for damaging and possibly aging the body), antioxidants are needed to oppose their effects, such as selenium and zinc, E and C. She adds that chromium aids in stabilizing the eradic blood sugar seen in alcholical Hypoglycemia. Choline and Folic acid are also commonly cited as important supplements to assist in the body’s recovery from addiction. Intravenous therapy for withdrawals in severe cases is often used in Dr. Braly’s treatment. He states that those with severe withdrawal problems can benefit from three or four consecutive days of Intravenous therapy consisting of Vitamin C, Calcium gluconate, Magnesium sulfate, Pantothenic acid and vitamin B6. “Withdrawal symptoms can often be eliminated completely after one or two days of using this approach”, Dr. Braly says. Other nutrients he recommends include Evening Primrose Oil, Vitamin B Complex, Max EPA, and Glutamine (amino acid).

Dr. Corazon Ilarina M.D. of the Biomedical Health Center in Reno, Nevada treated a Marijuana addict with an intensive program of mineral supplements. By analyzing the patient’s hair, Dr. Ilarina determined that the patient’s high toxic levels. After supplementing with Vitamin B Complex, including Vitamin B6. “Withdrawal symptoms can often be eliminated completely after one or two days of using this approach”, Dr. Braly says. Other nutrients he recommends include Evening Primrose Oil, Vitamin B Complex, Max EPA, and Glutamine (amino acid).

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From Clinical Nutrition Review July 2001

**American Ginseng reduces postprandial Glycemia**

Previous research has shown that 3g American ginseng administered 40 minutes before an oral glucose challenge significantly reduces postprandial glycemia in subjects without diabetes. Whether this effect can be replicated with doses less than 3g and administration times closer to the oral glucose challenge is unclear, so that the object of this study was to more closely examine the dosing and timing effects of American ginseng on postprandial glycemia.

In a random crossover design, 12 healthy individuals with an average age of 42 years received 16 treatments: 0 (placebo), 1, 2 or 3g American ginseng at 40, 20, 10 or 1 minute before a 25g oral glucose challenge. Capillary blood was collected before administration and at 0, 15, 30, 45, 60 and 90 minutes after the start of the glucose challenge.

Two-way analysis of variance showed that the main effects of treatment and administration times were significant. Glycaemia was lower over the last 45 minutes of the test after doses of 1, 2 or 3g ginseng than after placebo; there were no significant differences between doses. Glycaemia in the last hour of the test and area under the curve were significantly lower when ginseng was administered 40 minutes before the challenge than when it was administered 20, 10 or 0 minutes before the challenge.

Reduction in glycaemia in subjects without diabetes was time dependent but not dose dependent; an effect was seen only when the ginseng was administered 40 minutes before the challenge. Doses within the range of 1-3g were equally effective.

**Memory enhanced by Ginkgo and Ginseng combination**

In this 14 week trial, 256 healthy middle-aged adults (average age 56 years) received a combined ginkgo/ginseng supplementation. Changes in memory were assessed using the Index of Memory Quality. Capsules were made of 60mg standardized extract of ginkgo biloba plus 100mg standardized extract of Panax ginseng and subjects received 2 different dose regimes (160mg, b.i.d. or 320mg o.d.). Average improvement in memory from the challenge. Doses within the range of 1-3g were equally effective.

A Diet for Living With Hypoglycemia

Start THE DIET with only FOODS ALLOWED.

We in HAI have been discussing diet with many individuals for a number of years, and if there is one thing we can contribute to the hypoglycemic's welfare, it is a summation of the joint experiences of many who tried THE DIET. Many persons had been struggling along for a year or more on low carbohydrate, dissatisfied and even frustrated. These individuals had been including items on the NON-RECOMMENDED list. Some individuals never improve or do not progress as much as they can until they omit these items.

Familiarize yourself with the FOOD ANALYSIS PAGE. We do not count calories, as a rule, we count the grams of carbohydrates and limit them to 100 grams per day. Some persons feel better on 65-100 g of carbohydrates, adjusting up or down to allow for size and occupation i.e. physical labor. Eating less than 60 grams per day may aggravate a return to undesirable symptoms.

The National Research Council suggests 55-65 grams (g) of protein for women and men respectively, and higher amounts for growing children. Hypoglycemics may find it helpful to start with 100g of protein or more, and then gradually adjust that amount to suit. Each must determine his own needs. At least 6 weeks is usually required to show marked change. One may feel worse at first as a result of withdrawal symptoms from giving up caffeine, alcohol, drugs, tobacco, refined starches and sugars. Then one may feel better for a short period of time and then get worse for several weeks before starting to feel better again. Many adjustments, including your thinking, are going on in your body. If one feels worse after starting THE DIET, there are several possible reasons:

1. If THE DIET is drastically different from one's previous diet, one's intestinal bacteria may change also. During this changing one may have diarrhea or constipation. Supplements of acidophilus may be needed.

2. Withdrawal symptoms may occur upon sudden removal of items of addiction such as caffeine, alcohol, drugs, tobacco, refined starches and sugars. There is a question of whether to quit gradually or "cold turkey". These symptoms may be so severe as to discourage a person from continuing.

3. With the increased protein, protein digesting enzymes from the pancreas may be needed, and also hydrochloric acid, which is usually produced by the stomach for the breakdown of food, especially protein. See Bul. #153, p. 2 The Heidelberg Test for hydrochloric acid. Also consult your physician. For a simple test for the hydrochloric acid, if you have no symptoms of an ulcer, sip one or two teaspoons of apple cider vinegar in water with meals. If this relieves after-meal discomfort, hydrochloric acid may be needed.

A good breakfast is a MUST and a hearty one is advisable. Bedtime snack is a MUST, and should be larger than other snacks which are usually just one or two bites. Between meal snacks are as important as THE DIET itself. They help maintain the blood sugar level. Frequency of snacking is an individual matter. If you have taken the Glucose Tolerance Test you should eat your snack about 20 minutes before your blood sugar dropped on the test. This may be as short as 1/2 hour or as long as 2 1/2 hours, but just often enough to prevent symptoms. One soon learns the body's signals requiring the next snack. The best and easiest snack is a small portion saved from the previous meal. Learn to carry a snack with you wherever you go.

Excellent for snacks and as a source of minerals are mixtures of nuts and seeds, preferably raw and well chewed. The mixture will tend to provide a more complete protein with balanced amino acids than any one of them alone. Those with the highest amounts of carbohydrates and (this includes peanuts) should be used sparingly at first. (See list of nuts). Cashews which are beans and very high should not be used as first. Dry roasted nuts may contain starch and/or sugar and are not preferred. A daily intake of 1 1/2 oz. (1/2 cup) of nuts is considered to be adequate. Use them for snacks throughout the day rather than eating them all at once.

Other snacks could be 1/4 apple sliced in thirds. Carry in zip lock bag wrapped in paper towel to prevent browning. In a cooler carry small portions of meat, chicken, turkey, hard boiled egg, raw vegetables, or cheese. Vary your snacks so that you are not constantly eating the same foods. If you are going to be out 4 hours and you need to eat every hour, carry 4 snacks. If you get caught without a snack take some water and a little salt. "Always carry water". Some people find protein tablets helpful. Avoid those with added sugar.

About Salt": Salt is very important and is not restricted due to the tendency to sodium depletion. The majority of hypoglycemics tend to have low blood pressure. If you have some question on this check with your doctor. Diamond Crystal Kosher salt has no additives. It is not iodized but a kelp tablet or two daily will supply iodine. Hain's Iodized Sea Salt could be used for the table. It helps in handling stress to take some vitamin C with a glass of water and a pinch of salt, adding about 2 oz. of juice.

About Milk": On a diet with no sugar, milk will begin to taste delicious and will be an easy snack, but not a preferred snack. It contains more carbohydrates than protein. Four glasses of milk, which is considered to be a very large amount, contains 48.4 grams of carbohydrate, one half the day's allowance. continuous large amounts of milk will also deplete the bodies stores of magnesium. (Likewise large amounts of magnesium will cause a depletion of calcium.) For some persons, milk and milk products can cause intestinal problems or muscle pain. Butter is fine. Natural cheeses, the aged cheeses, may be used in moderate amounts. Processed cheeses and cheese food are not preferred.

About Fruit": All fresh fruits are permitted, but note that those high in carbohydrates are to be used sparingly; only one-half banana a week, and just a few grapes. Occasionally you may find a person who cannot tolerate any fruit. Fruit after 4 PM may interfere with sleep for some people. Eat fruit in small portions, along with some protein and fat. In time, a whole fruit, eaten alone, may be tolerated. Not that melons are low in carbohydrate. Before breakfast, fresh fruit taken as a source of bioflavinoids is preferable to juice. Fruit also takes a little longer to digest than juices thereby causing a slower rise in blood sugar. A fast rise results in a rapid fall, which may be avoided. Within twenty minutes of eating the fruit, breakfast must follow with protein and fat to maintain the blood sugar level. Fruit, juices, like milk, must not be used too freely as snacks. Use them in limited amounts, diluted with one half water to one half fruit juice, preferably during the day. The 5% vegetable juices may be used. Juices and milk are to be considered foods and not thirst quenchers, and they must be counted in the

The Hypoglycemic Health Newsletter

- 8 -

Sept, 2001, Vol 17 No 3

Extract taken from Hypoglycemc Association Inc. of America. (Source: http://fred.net/slowup/haidiet.txt)
total carbohydrates for the day. Water is always the best thirst quencher.

“About Intestinal Bacteria”: Lactobacillus acidophilus is very important for the gastrointestinal tract. It aids with digestion and assimilation. It also helps correct gas, bloating, constipation, and diarrhea. It can be found in health food stores. Some vitamin companies have their own brands. Read the contents labels. Yoghurt, with sugar added, is helpful, and buttermilk is a poor substitute but better than none at all. A little milk or whey powder taken with any of these will provide lysine for continuing growth of the beneficial bacteria in the intestinal tract.

Read ALL LABELS of foods, drugs, and vitamins. Many products unsungly contain corn, sugars, starches, or caffeine. “Plant protein” may be either wheat or corn and should be avoided. Caramel coloring is made from corn or burned sugar. Most canned soups contain sugar or starch. Chili sauces, ketchups, some canned and frozen meats, vegetables, salad dressings and mustard contain sugar.

The Sugars: Glucose, sucrose, dextrose, lactose, fructose, and sorbos are all sugars. Maltol, hexitol, and sorbitol, technically called alcohol, are sugar derivatives; are slower acting carbohydrates, and cause a lowering of the blood sugar.

Some individuals are very sensitive to additives of any kind, even artificial sweeteners. Processed or manufactured foods should be used with care. The best food is that which is closest to its natural form. (Butter is preferred to margarine.) If you find butter constipating, try margarine. (Continued from Page 1)

(Continued from Page 1) attention that the number of members attending our meetings have been down at a few of our meetings so every one please make an effort to come as the speakers do put a lot of preparation for their lectures fore our benefit and please these meetings are only for 3 hours every 3 months and the delicious afternoon tea provided is free now what is a better deal that is? I believe Jur has had a successful operation on his arm even if it has kept him very quiet on the computer front. Looking forward to seeing and catching up with everyone at the next meeting. Sue Litchfield Email: litch.grip@bigpond.com

My Hospital Experience Jurinaa Plesman

In early April 2001 I fell off the push-bike - and don't tell a Dutchman "you shouldn't ride a bike" - and tore my muscle on my left arm. This turned out to be more serious than first thought. A muscle was torn from the bone and I finished up having a ‘rotator cup operation’ in the Prince of Wales Hospital (POW). I never cease to be amazed at the professional dedication of the surgeon carrying out the operation, nursing staff, physiotherapists despite the limited resources available at the hospital. Since leaving the hospital I am not exactly home-sick, but I can only have the warmest memory of nurses coming in the middle of the night and attending to my painful wounds, the patience when they took me to the bathroom to have a shower. After a week or so a special squad of field nurses and physiotherapists drove me home in a specially designed sling, that my wife kept on calling my bum-bag. With only one arm available I was completely dependent on my wife for most of my simplest needs. I was unable to use the computer - but I sneaked in a few sessions with my right index finger.

After six weeks I returned to the hospital to see my friendly surgeon and his bevy of students. I could from now on crawl out of the hospital in a specially designed sling, and return to hospital in two months for a further check. However, he was sad to say that I may have to see an other doctor, because doctors have been told to pay for their own insurance now. This means that honorary doctors would have to pay for the privilege of offering their services to the public hospital and for teaching the next generation of students. He said he prefers to retire. I then realized that Australia is rapidly descending into a third world country. September 2001, Vol 17 No 3
The goal of the pharmacological treatment of osteoarthritis is to control the symptoms and this may be achieved through the use of NSAIDs, but sometimes NSAIDs worsen progression of this disabling condition and patients often experience significant side effects with long-term ingestion of NSAIDs. The short-term trials on glucosamine sulphate to date, however, have never demonstrated a worsening of symptoms, but rather a consistent symptom-modifying effect has always been shown. Glucosamine sulphate is the sulphate derivative of the natural amino monosaccharide, glucosamine, and a normal constituent of glycosaminoglycans in the cartilage matrix and synovial fluid. In this study Register and colleagues assessed the long-term progression of osteoarthritis when treated with glucosamine sulphate at a dose of 1500mg once daily for 3 years. No significant joint space loss was recorded in the 106 patients with osteoarthritis in the knee in this 3 year trial of the long-term effects of glucosamine sulphate. Not only did the knee joint spaces remain stable, but all the patients also experienced symptom improvement.

Two hundred and twelve patients were recruited for this trial from the outpatient clinic of a research unit attached to a university hospital in Belgium. Major exclusion criteria were a history or active presence of other rheumatic diseases which could cause secondary osteoarthritis, and also obesity. The crystalline glucosamine sulphate used in the trial was a pure substance synthesised from chitin. The main outcome measure for the trial was the mean joint-space width of the medial compartment of the tibiofemoral joint measured by X-ray. The medial rather than the lateral space was chosen as it is subjected to the greatest pressure and thus the most osteoarthritis cartilage loss. The symptoms of arthritis were assessed using the WOMAC osteoarthritis index, which is a validated questionnaire with 23 questions designed to assess severity of joint pain, stiffness and limitation of physical function.

The results showed there were significant improvements in pain and physical function with the glucosamine sulphate treatment, but the changes in stiffness were not significant for either group. Joint medial compartment measurements did not worsen on glucosamine sulphate and there were smaller but not significant results for the lateral compartments. Register and colleagues conclude that “long-term administration of glucosamine sulphate over 3 years can prevent joint structure changes in patients with osteoarthritis of the knee with a significant improvement in symptoms”, but they call for further studies with even longer follow-up to assess whether the changes noted might modify for example the indication for possible joint surgery or the time to substantial disability.


CINNAMON IMPROVES GLUCOSE AND INSULIN METABOLISM

In 1998 researchers found that bioactive compounds from cinnamon potentiate insulin activity in rat epidydimal adipocytes. The researchers suggested that these compounds, like insulin, affect protein phosphorylation-dedephosphorylation reactions in adipocytes. They concluded that bioactive cinnamon compounds may find further use in studies of insulin resistance in adult-onset diabetes.

Since then researchers at the US Agricultural Research Service have evaluated the possible effects on insulin function of 49 herbs, spices and medicinal plant extracts. Their technique measured direct stimulation of cellular glucose metabolism. They found that cinnamon was the most bioactive of these, followed by witch hazel, green and black teas, allspice, bay leaves, nutmeg, cloves and brewer’s yeast. Cinnamon is able to restore the ability of fat and muscle cells to respond to insulin in diabetes mellitus type II. The most likely phytochemical in cinnamon responsible for these effects is the polyphenol methylhydroxy chalcone. These results “suggest a possible role for cinnamon in improving glucose and insulin metabolism”.


LUTEIN, ZEAXANTHIN IN THE HUMAN RETINA AND AGE-RELATED MACULAR DEGENERATION

Age-related macular degeneration is a leading cause of blindness among those over seventy-five years of age. Macular pigment has been hypothesised to function as an antioxidant in the human retina by inhibiting the peroxidation of long-chain polyunsaturated fatty acids. The purpose of this first study was to determine whether lutein (also called xanthophyll) and zeaxanthin, the major carotenoids in the macular pigment, are present in rod outer segment (ROS) membranes, where the concentration of long-chain polyunsaturated fatty acids, and susceptibility to oxidation, is the highest.

Retinas from human donor eyes were dissected, the carotenoid concentrations were determined and the lutein and zeaxanthin were analysed by high-performance liquid chromatography. The results showed that the combined concentration of lutein plus zeaxanthin was 70% higher in ROS membranes than in residual membranes. This lead the researchers to conclude that “the presence of lutein and zeaxanthin in human ROS membranes raises the possibility that they function as antioxidants in this cell compartment. The finding of a higher concentration of these carotenoids in ROS of the perifoveal retina lends support to their proposed protective role in age-related macular degeneration”.


CHROMIUM-BASED THERAPEUTIC COMPOUNDS AND DIABETES

This review examines the molecular mechanism of chromium activity and its association with diabetes. Recent research has suggested that the biologically active form of chromium is the low-molecular weight chromium-binding substance (LMWCr), an oligopeptide that is widely distributed in various tissues including liver, kidney, brain, intestine and spleen. It possibly functions through an insulin-signalling autoamplification mechanism. The relationship between the proposed mode of action of LMWCr and diabetes, and potential benefits of supplementation are discussed.

Research suggests that chromium supplementation has beneficial effects in subjects with glucose intolerance; the response may be pharmacological or due to the restoration of the chromium balance. The potential of a synthetic multinuclear chromic assembly, called compound 1, was found to mimic LMWCr in promoting the activity of insulin receptor kinase activity, and was also shown to affect total cholesterol, plasma triglycerides, low-density cholesterol and LDL-cholesterol following 12 weeks of supplementation in rats. Vincent comments that the “synthesis of second generation chronic carboxyalse assemblies, which more closely approximate the structural, spectroscopic, and functional properties (Continued on page 11)
How often have you looked at a recipe and the heading says flourless whatever cake only to find it has plain flour as an ingredient. The muffin that is gluten free, again only to find it has wheat germ as an ingredient or better still the sugar free dessert, again only to find it is sweeten with honey.

I feel it is about time if anyone find that this is the case please do not hesitate to write to that particular magazine because one of these days someone not knowingly will make up the recipe with dire results. I have already approached the Coeliac Society on quite a few recipes that are supposed to be Gluten free except they have an ingredient that contains gluten.

RECIPEs

Sorry about the lack of them in the last newsletter but due to an illness in the family, and trying to organise myself to get away it was just too hard. That’s why I would really love a few of you members to send in a few of your favourites as a back up.

**INDIVIDUAL FRITTATAS**

100 g finely chopped ham
90 g crumbled goat cheese or sheep’s cheese
1 cup chopped chives or use a mixture of fresh herbs if preferred
6 eggs
1/2 cup yoghurt of choice (Sheep’s Yoghurt is fine)

Grease a patty cake tin (12). The easiest way is with “Pure & Simple”
Combine ham cheese and herbs in a small bowl; divide the mixture evenly into 12 and place into the patty cake tins.
Combine the eggs and yoghurt and whisk lightly together. Pour even amounts into each cup.
Bake in a moderate hot oven (190°C) for about 10 mins or until golden brown. Turn onto a cake cooler to cool. Serve as a snack hot or cold or if preferred as a meal with a salad.

**SWEET POTATO & POTATO CAKES**

Served Herbed Yoghurt
200 g potato peeled and grated
200 g. sweet potato peeled and grated
1 onion finely chopped
2 tabs flour of choice e.g. rice or barley flour
2 tabs fresh basil chopped
2 eggs lightly beaten

Combine all the ingredients for the cakes in a bowl. Stir to combine. Spray a frying pan with cooking spray. Place 2-3 tabs of mixture into the pan and press down to form a cake.
Cook for 3-4 mins on each side or till golden. Cook 3-4 at a time.

**HERBEL YOGHURT**

200 g Natural Yoghurt of choice
1 Tab fresh basil
1 tabs fresh oregano
1 tab fresh thyme
Or choice of herbs to taste
Finely chop the herbs and combine with yoghurt

**EASY BAKED PUMPKIN RISOTTO**

1 cup Arborio rice
2 1/2 cups chicken stock or vegetable stock
60g margarine or butter
350g Jap or Butternut pumpkin, peeled and diced
2 1/2 cup grated Parmesan cheese (OPTIONAL)
Pepper and salt to taste
1 tabs chopped parsley
Pre heat the oven to 190C.
Place the rice stock butter and pumpkin in an ovenproof dish and cover with a tightly fitting lid or foil. Bake for 30 mins or until the rice is soft. Stir in the cheese if using add pepper and salt to taste. Then add parsley and serve

**OATCAKES**

2 1/2 cups oat bran (unprocessed)
1 tab fructose or 1 tab Rice syrup
1/2 teas salt
1/2 teas baking powder
80 gr butter (cubed)
1/2 cup water
Preheat the oven to 180C. Line 2 baking trays with non-stick baking paper.

Place the oat bran fructose/rice syrup. Salt and baking powder in a medium mixing bowl and stir well to combine.
Place the butter and water in a small saucepan and heat over a low heat giving the odd stir until the butter just melts. Add to the oat mixture and use a wooden spoon to combine well. Use your fingertips to bring together to form a dough. Turn the dough onto a well-floured surface and knead for 1 or 2 mins or until pliable. Divide the dough into 4 equal portions.

Use a lightly floured rolling pin to roll out 1 portion of the dough on the floured surface and roll till about 5mm thick. Use a round 6.4 cm cutter to cut into rounds and place them onto a lined tray. Repeat with the 3 remaining portions of dough

Cook the oatcakes in preheated oven for 12-15 mins or until a light golden and cooked through. Cool on the trays.
These are great served with Meredith Blue veal sheep’s cheese also any tasty cheese will do

continued from page 10

of LMWCr, would appear a promising area for further investigation to develop potential therapeutics”.

Vincent JB, Quest for the molecular mecha-


**ALMONDS, PECANS AND WALNUTS LOWER LDL-CHOLESTEROL**

Studies throughout the 90’s suggested that frequent consumption of nuts may provide some protection against cardiovascular disease. The fatty acid composition of nuts may explain this protective effect as they are usually relatively high in polyunsaturated and monounsaturated fatty acids. Both polyunsaturated fat-rich walnuts and monounsaturated fatty acid-rich almonds have been shown in previous studies to lower LDL-cholesterol in American subjects.

In this study the researchers randomly assigned 20 Japanese men and 20 women to follow two mixed natural diets for 4 weeks in a crossover design. Both diets conformed to the average Japanese diet and contained identical foods and macronutrients, except that 12.5% of the energy of the walnut diet was derived from walnuts. The results showed that total cholesterol concentration was 0.16mmol/L lower for the men and 0.22mmol/L lower for the women. The results for LDL-cholesterol were similar. The researchers concluded that while blood pressures did not change on the walnut diet, incorporating moderate quantities of this nut into the average Japanese diet “decreases serum total cholesterol concentrations and favourably modifies the lipoprotein profile” in the Japanese, particularly in women.

An 8 week randomised, controlled study of 19 people with normal cholesterol levels was carried out at New Mexico State University where 10 subjects ate approximately 3/4 cup (68g) pecans daily along with a self-selected diet. The results of this study also demonstrated significant decreases in total serum cholesterol and LDL-cholesterol in the pecan group compared to controls despite the higher energy and higher total fat intake. Body weights also remained unchanged in the pecan group. The conclusion is that “these results tend to support the hypothesis that the kind of fat in the diet (monounsaturated and polyunsaturated fat vs saturated fat) is more important than total fat intake”. Body weights also remained unchanged in the pecan group. The conclusion is that “these results tend to support the hypothesis that the kind of fat in the diet (monounsaturated and polyunsaturated fat vs saturated fat) is more important than total fat intake”.

Morgan and Clayshulte add a note of warning too: “if dietary monounsaturated fat is kept at a higher level, an appropriate intake of protective nutrients such as antioxidants would be a prudent recommendation”.


Morgan WA, Clayshulte BJ. Pecans lower low-density lipoprotein cholesterol in people with normal lipid levels. *J Am Diet Assoc 100,312-318 (2000)*

(Continued on p 12)
Doctor wanted to share a practice with Dr George Samra in Kogarah. Must have an interest in nutritional medicine or keen to learn. Excellent terms and conditions. Please ring 9553-0084 for further enquiries.

INTERNATIONAL CLINICAL NUTRITION REVIEW
By Editor

Dr Robert Buist, Editor in Chief of the ICNR, has indexed the International Clinical Nutrition Review which will be updated in the last issue of each year. This makes the series of International Clinical Nutrition Review a valuable commodity in one’s private library for anyone who is interested in the scientific basis of clinical nutrition. Researchers from all corners of the world review medical and other scientific literature and cull out the latest news on the clinical application of nutrients in the treatment of disease. The serial also publishes in-depth editorials written by experts on various topics of concern to clinical nutritionists.

No longer can it be argued that this new branch of medicine is without scientific foundation. A “must” for naturopaths and doctors with an interest in nutrition, practitioners and interested members of the public can subscribe to this quarterly publication by sending $54.00 (New Zealand Subscribers $64) to:

Integrated Therapies
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Serious students might also consider the one year correspondence course in Nutritional Medicine. The course is registered with ATMS and the $850 fee includes all texts, tapes and study guides as well as subscription to ICNR. Please write to the above address for brochure.

TAURINE MAY HAVE THERAPEUTIC USE IN ALCOHOL WITHDRAWAL

Neuronal death and neurotoxicity seen in the brain of alcoholics may be attributable to neurotransmitter changes associated with chronic exposure to alcohol and withdrawal. Research suggests that glutamate may play a role in neuropathology. This study used rats to examine changes in inhibitory and excitatory amino acids following withdrawal from chronic ethanol administration.

Glutamate increased significantly in the first 12 hours after withdrawal of ethanol. Five hours from the beginning of withdrawal, rats received an intraperitoneal injection of either taurine or ethanol. The latter increased taurine microdialysate, and delayed the decrease in glutamate toward the end of the 1.2 hour study period. The increase in glutamate after withdrawal was significantly inhibited by the taurine injection. Dahchour and De Witte concluded that “taurine may interact with glutamate, possibly by inducing a blockade of glutamate release during ethanol withdrawal”. They further comment that taurine may have “therapeutic properties that could be of use in the treatment of the adverse effects of glutamate during ethanol withdrawal”, and recommend additional research.


FREE MEMBERSHIP is offered to anyone who is willing to join the Committee to participate in decision making. The Editor also would like a volunteer to help out in taping lectures and transcribing them. This volunteer should have access to a computer with email capacity.

Attention is drawn to our new Web Site at:
http://www.hypoglycemia.asn.au
where you’ll find articles on clinical nutrition and self-help psychotherapy.

We also have an article dealing with the treatment of drug addiction. Copies of Newsletters are also available.

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The Hypoglycemic Health Newsletter - 12 - Sept, 2001, Vol 17 No 3
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