The Hypoglycemic Health Association

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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 PM on Saturday, the 2 December 1995 at the YWCA, 2 Wentworth Ave, Sydney and our guest speaker is

Dr Joan Dale

who will be speaking on the subject of

“Stress and the immune system”

Dr Joan Dale, cancer therapist, graduated in medicine at Sydney University and went on to study psycho-immunology at the University of California, Berkeley, obtaining a PhD. She has been in medical practice over 20 years and has done extensive research in cancer. She is a member of the Cancer Control Society, USA, where she periodically lectures on that platform. She recently returned from a European lecture tour in France, Belgium, Holland and the UK.

Another year has gone by and again it is Christmas. The Association wishes all members and health professionals a Merry Christmas and Happy New Year! This is the last Newsletter in 1995 and subscription fees are due for many members of the Association. (Note expiry date top right hand corner of address label) Our membership fees have not changed despite increases in costs. These are $15 pa per family or $10 pa for pensioners and students. Our survival depends on finance provided by the membership. By supporting this Association you help in educating the public to appreciate the importance of clinical nutrition and ecology, and to encourage doctors to use modern natural means to restore and promote health among the general population. Tremendous progress has been made in understanding degenerate diseases such as chronic fatigue syndrome, hypoglycemic syndrome, heart diseases, arthritis, mental illness and cancers and so on. Most of these can be prevented and treated through a change in lifestyle and nutrition, and even attitudes. Although drug therapy will probably remain a major component in medical practice, more and more patients are becoming aware of its limitations and even dangers. Medical miracle cures in our media still revolve around new chemical inventions by pharmaceutical companies. However, more and more people are turning to our roots on earth, our forests as it were, where nature has ensured our survival for millions of years. Our association helps us find a safe place in a sustainable environment.
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CHRISTMAS PARTY

Our next meeting on Saturday the 2nd December 1995 will start one hour earlier than usual (1 pm) to celebrate our Super Christmas Party. Members and friends are invited. Please bring along a plate of sugar-free foods.

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

The Association would like to thank the following naturopaths
Mim BeimND of DARLINGHURST and
Leonie McMahon of KILLARA for their generous donations to the Association.

Books for sale at the meeting
Jur Plesman: GETTING OFF THE HOOK
This book is also available in most public libraries

Sue Litchfield: SUE’S COOKBOOK
Dr George Samra’s book
The Hypoglycemic Connection (now out of print) is also available in public libraries.

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

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

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

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

Donations for raffle
One way of increasing our income is by way of raffles. If any member has anything to donate towards the raffle, please contact Dr George Samra’s surgery at 19 Principles Highway, Kogarah, Phone 588-5290.

Lyn Grady won the Lucky Door Prize and
Deborah Moran won the Raffle Prize at our last public meeting on 2 September 1995.

Committee members
The Association is in need of your support and ask members to help out with sending the Newsletter to our members. We also need committee members and if you are interested please contact Dr George Samra’s surgery at 553-0084.

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

CHRILDHOOD NUTRITION

by Joanna Harnett ND
from a lecture given at
the Hypoglycemic Health Association on 2 September 1995

I WOULD LIKE to start off by congratulating this Society for setting up an organisation to fulfil a desperate need in the health industry. There is a great demand for a support group such as yours which provides educational opportunities in the area of health. Mainstream society seems to suggest that matters of health is far too complicated for ordinary people and that this requires “experts” who alone can safeguard our health. This is not true. As we go through some of the technical details today it will be clear that the action you can take are really quite simple.

Focus on Attention Deficit and Hyperactivity
Today I am talking specifically about children with Attention Deficit Disorders (ADD), and hyperactivity, but of course the material presented can also apply to adults. There is also great number of adults in our society suffering from ADD and hyperactivity at a subclinical level, by which I mean that they do not necessarily manifest all the symptoms of the full-blown syndrome. Often when they are ignored, symptoms become worse and very often we see young people finish up with a full blown syndrome in gaols and on psychologists’ chairs. It is usually assumed that it is all in their mind.

However the mind is fed by what goes into our mouth, as well as our spirit. Today I would like to concentrate on what goes into the mouth.

The bible mentions: “Train a child in the way it should go” and it is our responsibility as adults to train our children in the way they should go. Most of us are probably here because of health problems and we don’t want our children to have to take the same difficult path of learning.

The time to start is obviously preconceptional, in utero (inside the womb) and early nutrition.
Any one who has been suffering from hypoglycemia would be well aware that they have to take the responsibility of treatment into their own hands with the guidance of only a handful of practitioners in this area. Fortunately, the numbers of doctors are increasing, such as Dr George Samra, the patron of your association. We hope more will join. A lot can be done by giving parents, guardians and caregivers a basic understanding of nutritional aspects of health, and this will take the pressure off the overloaded specialists.

Classification of ADD and symptoms

Attention Deficit Disorders (ADD) can be divided into three groups; 1) ADD with hyperactivity, 2) ADD without hyperactivity and 3) what is called residual ADD, usually present in people over the age of eighteen.

As I read out the list of symptoms of ADD one will be struck by the correlation with those associated with hypoglycemia. There is perceptual motor-impairment, emotional lability (meaning rapid changes in emotions), general coordination deficits, short-term memory span, destructive behaviour, lack of perseverance, failure to finish things, poor concentration, not listening, impulsiveness, abrupt shift of activity, poor organizing skills, disorders of memory, thinking and specific learning disabilities, disorders of speech and hearing and EMG (electromyogram) irregularity.

Incidence and causes

Of a group of hyperactive children it was found that 86 per cent had a high blood count of white cells, suggesting the body is constantly fighting something. It is estimated that in America between 3 and 10 per cent of school children have Hyperactive ADD. Here we will concentrate on Hyperactive ADD. When speaking of the causes of hyperactivity, the easiest for parents to deal with are food sensitivities, especially artificial colours in food, and increase of phosphate intake, mainly from calcium phosphates, used as preservatives, that come along with sugars and preservatives that come along with sugars and artificial colouring or preservatives were used.

Trained observers, blind to the purpose of the study, evaluated the children’s behaviour by categories by viewing a video tape made through a one-way mirror. Sugar consumption was found to be significantly correlated with restlessness and destructive aggressive behaviour.

2) In a study of 28 hyperactive children aged 4-7 the reported amount of sugar products consumed and the ratio of sugar products to nutritional foods were significantly associated with the amount of destructive-aggressive and restless behaviours observed during free play.

3) In another study 14 children were given a dose of sugar equivalent to 2 frosted cupcakes for breakfast, blood adrenaline levels rose to 10 times their baseline levels. No such dramatic rise occurred in adults similarly tested, suggesting that children may be prone to such symptoms as anxiety, irritability and difficulty in concentrating following a sugar meal.

Always holes in clinical trials

There are many cross studies dealing with the relationship of sugar and ADD, which if they were presented today, would leave you entirely confused as to the question whether sugar and preservatives cause ADD. Like with all scientific studies you can prove a hypothesis one way or the other depending on what group you use. There are always holes in clinical trials. My conclusion is that it is a cumulative and a multi-factorial problem, so that it is difficult to isolate one factor being responsible for ADD. However, sugar in excess has been associated with numerous clinical disorders and ADD is no exception.

Role of vitamins and minerals

Animals with a low B6 (Pyridoxine), high copper, low magnesium intake all display hyperactive behaviour. It is interesting to note that in Australia and New Zealand we have the lowest level of calcium and magnesium in our food chain due to low levels in our soil. We also have the highest intake of dairy products in the world and this may well be related to the highest rate of asthma in Australia. We have to ask ourselves if we consume the highest rate of dairy products from which we derive our calcium and magnesium, why do we have such high rates of associated diseases flowing from calcium and magnesium deficiencies. Calcium and magnesium is responsible for the relaxation of the muscular system. It is not surprising that there is a marked deficiency of these minerals in hyperactive children.

Milk and calcium absorption

Many practitioners, including myself, believe that sensitivity to milk products does not allow us to absorb the minerals. This may be due to the relative excess of phosphorus in milk, compared to calcium and magnesium. It is interesting to note that we started to consume milk in large quantities in the 1930 as a

Experimental study - Dietary influences in ADD

Hyperactive children aged 8-13 years received either a high carbohydrate breakfast (2 slices of toast with butter), a high protein breakfast (2 eggs scrambled in butter) or no breakfast. On different days, children in each group also received a non-nutritive orange drink sweetened with aspartame or sucrose.

Children then tested their ability to recognize when letters and forms were presented one at a time occurred twice in a row. Children who received the high carbohydrate breakfast with a sucrose drink did significantly worse than controls while those eating the high protein meal did substantially better than any other group.

Fast metabolisers

Compared to matched controls with a similar protein intake, hyperkinetic (overactive) boys aged 8-10 generally had a higher nitro- gen excretion. Also hyperkinesis (hyperactivity) correlated inversely with height and weight. The tendency to metabolise (process) food rapidly may explain increased urea manufacturing and excretion. Also, exercise increases urea synthesis and amino acid oxidation, so hyperactivity may do the same.

Sugar and ADD

1) Experimental double blind study - Sugar consumption was tabulated for a group of hyperactive children and a control group.

621 which is MSG (Monosodium Glutamate). True, MSG is a natural flavour enhancer, thus they could claim that the message on the front was technically correct. It seems there is a lot of deception in the food industry. It is important to read labels and become familiar with them. If it has a number on it, don’t eat it unless you know what the number means.

Preservatives can affect enzymes and absorption

The artificial colours and preservatives affect a number of detoxifying enzymes in the body and thus may cause a state of toxicity. Food sensitivities that provoke hyperactivity may be caused by the entry of partially digested food particles into the bloodstream. To put it simply, a person with a food sensitivity, has an intestinal wall lacking the necessary enzymes to break down the food particles properly. Thus when these enter the bloodstream, the body registers foreign proteins and sets up a sensitizing reaction. This will scramble the communication centres in the brain. This affects how the body communicates with the nervous system that is not functioning as it should. The word allergy is overused and misleading, but a true allergy, such as an anaphylactic shock and other dramatic reactions, is not seen very often. What we are looking at is our bodies becoming sensitive to substances such as sugars, preservatives and common staple food groups.

Calcium and magnesium is responsible for the proper development of bone, teeth, muscles, and nerves. We all need to consume dairy products from which we derive our calcium and magnesium, why do we have such high rates of associated diseases flowing from calcium and magnesium deficiencies. Calcium and magnesium is responsible for the relaxation of the muscular system. It is not surprising that there is a marked deficiency of these minerals in hyperactive children.
result of marketing and improvements in trans- portation. Prior to this time there is little evidence of calcium related disorders. Ninety per cent of the world population hardly con- sume milk, and yet osteoporosis is a serious disease in Australia. Iron, and a lot of iron are known to have few skeletal problems. Of course, this needs to be considered with other aspects of their diet and lifestyle. They do use buffalo milk as an embellishment, but this has not been pasteurized as in the West.

Cow’s milk has been shown to be impli- cated in 74 per cent of allergic skin reactions, 89 per cent of asthma and hay fever. However, the term “implicated” does not mean that there is hard and fast evidence that it causes these disorders in children.

Alternative sources of calcium are: dried fruits, sesame seeds, potatoes, green veges, mushrooms, cashews and almonds. Cows milk should be used as an embellishment rather than a major source of calcium and protein.

Vitamin B6 and serotonin
In one study 100 children were given B- complex vitamins, the main one being B6, and it was found that 15 per cent responded to B6, and 8 per cent to the thiamine (B1). In cross over study further down the track a further 55 per cent responded to B6. The reason is that B6 is a very important co-enzyme in the conversion of tryptophan to serotonin in our body. This chemical substance helps us to relax, keeps us calm, and aids us in concentrating on the task at hand.

Iron deficiency and wheat consumption
The most common deficiency in Australia is iron. From the advertisements from the Meat Board we are told that its deficiency leads to anaemia, fatigue among women and babies are not thriving. We should be getting plenty of iron from fruits, dried fruits, vegeta- bles (beans and lentils), nuts, seeds, grains, fish and eggs. You don’t need a lot of iron from meat in the diet, although lean meat is not a bad food source. I believe that the absorption of iron is hindered by the excessive consumption of wheat due to its phytate content.

The Australian Council for Responsible Nutrition claims on the basis of many studies that 80 per cent of people suffering from asthma, auto-immune disease, arthritis, ADD, learning disabilities and so forth, come from wheat and dairy sensitivities. As we men- tioned before the mechanism is that we absorb partially digested foreign proteins into the bloodstream. The reaction to foods in the membranes of the gut interferes with the absorption of iron, which in turn leads to anaemia. It is not as radical and dramatic as in coeliac disease, however it is more insidious, because it creeps up over time. We are seeing good responses among children with good iron supplements of the pre-digested type.

The problem with wheat is its phytate content, which can form insoluble salts not only with calcium, but also zinc. Zinc is a very important co-enzyme in many biochemical reactions in the brain. A lack of zinc reduces one’s sense of taste and smell, and may show up as white spots on finger-nails. Zinc defi- ciency lowers one’s immune system, contrib- uting to the susceptibility of such illnesses as herpes\(^1\). In a study it was found that when a group of ten male children were given an orange juice with tartrazine - a food colouring agent - the zinc content of their urine was markedly increased, indicating that tartrazine bind with zinc which is then excreted from the body. The following day the children were found to be hyperactive and showed associated signs such as attention deficit, learning disabilities, and some developed eczema. One child became asthmatic.\(^2\)

Essential fatty acids
It is curious that Australians do not consume much fish, although we are surrounded with an abundant resource. A lot of children suffering from ADD have been found to have low levels of essential fatty acids (EFAs). Ninety-five per cent of people suffering from asthma and eczema have a reduction in their symptoms with the supplementation of EFAs, derived from flaxseeded\(^3\) oil. Thus if you have problems with fish derived EFAs try flaxseed oil.

The question is in the face of all these studies, what can we do to help our children.

Firstly, love your children. Mothers and fathers are victims of mass media and it is important to be motivated to grab hold of any information, preferably from reputable or- ganisations such as this Association. We gen- erally promote a wheat-free, dairy-reduced diet for reasons already specified. If you look at the amount of illness here in Australia and the amount of dairy and wheat consumed in the diet, it is not surprising to see a high level of food sensitivities and allergies. We don’t have a wide enough variety of fruit in our diet. Very often by eliminating the two main of- fenders - wheat and dairy - for a period and then re-introducing them in small amounts, most people will be able to tolerate them better.

Most people, upon hearing that they can- not have pasta, cakes, wheat and bread, are often lost as to what to eat. Looking at alterna- tive grains such as rice, rye, millet, corn and others, we realize that we have indeed a broad range from which we can choose our nutri- tional needs. We should be exposing our chil- dren to these alternatives and I believe chil- dren should not be given wheat products, unless they are at least ten months old. It is then that they would have the essential en- zymes to digest these offending foods.

Most foods is ending to “sucrose” or sugars, that most hypoglycemics are aware of. These are maltose, dextrose, glucose, lactose and sucrose and along with the dairy-, wheat- and sugar-free diet should help to prevent the development of ADD. Sugar is not necessar- ily a bad food source as the brain depends on glucose for its energy, but the trouble starts with excessive consumption. It is better to use complex carbohydrates, more quality protein, reduced animal fat, more vegetable fats, per- haps in the form of nuts.

Nuts and speech therapy
Speaking of nuts, the other day I was talk- ing to a speech therapist who pointed out that we do not teach our children to chew. This appears to be related to the development of speech. The therapist claims that the act of chewing releases certain chemicals in parts of the brain, which helps the development of the speech process. Also, it is believed that chil- dren should not be drinking out of bottles by the age of three as this would hinder the stimulation of facial muscles.

We mash up our kids’ foods for fear that they will choke. Yet it is important to teach our children to chew and we should be giving them lumpy foods by the age of eight months. Of course, I am aware that authorities advise that children should not be fed any nuts before the age of six. What I am talking about is to make the food a little lumpier, but not to the extent that it could obstruct the airways. This problem may arise as well from a variety of other foods; fish-bones, skins of chicken and even apples. Most parents would use common sense in preventing choking.

The importance of the family dinner table
These problems can also be reduced by making sure that kids do not run around whilst they are eating. We have an obligation to create a relaxed environment while children eat, in the same way as adults enjoy an evening meal under candle-light with gentle music. We can introduce this to our children, when meal-time is a relaxed time. So the evening meal should be around the table and be “family-time”.

Chemical sensitivities
Food sensitivities is often more to pesti- cides, than to chemicals used on the foods. With wheat the increased sensitivity may be due to the chemical engineering. By buying organic foods, which are however more ex- pensive, you are limiting the amount of chemi- cals or pesticides that your child is getting. The toxins inhaled through the air, from the environment and taken from the water-supply have less chance of causing a disease state when the diet is chemical free due to the reduction in total toxic load.

Australia is far behind in legislation in protecting us against chemical toxicity. In England a company, in the first case of its kind, was sued for the death of a child while consuming a bag of lollies that contained tartrazine. She became hypersensitive and ran suddenly across the road. She was killed by a car. The Court was able to compensate the parents, because it believed they had a valid
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References
1) Osiecki, Henry (1990), The Physicians handbook of clinical nutrition, Bicconcepts Pub, Kelvin Grove QLD
2) An anaphylactic shock is a severe and sometimes fatal reaction to a sensitizing substance, such as drugs, vaccine, serum extract, insect venom or chemical. Symptoms may appear within seconds to exposure and are commonly marked by respiratory distress and collapse of blood vessels. Conners.CK (1987) George Washington University School of Medicine, reported in New Medical Science, Dec 1987
5) Tamboranke, WV (Prof of Pediatrics, Yale School of Medicine), Jone TM (Visiting Scientist from Australia), reported in The New York Times, 1990
6) Coeliac disease (also called coeliac sprue, non-tropical sprue, gluten-induced enteropathy) is an inborn error of metabolism characterized by the inability to hydrolyze (split) peptides contained in gluten. Peptides (derived from the word digestion) are compounds consisting of two or more amino acids (building blocks of proteins) joined by peptide bonds. Gluten is the insoluble protein constituent of wheat and other grains. Coeliac disease affects children and adults, who suffer from abdominal distension, muscle wasting. Often there is a secondary lactose (milk sugar) intolerance. Stools are foul-smelling that float on water because of the high fat content. Most patient respond well to high protein, high calorie, gluten-free diet. Rice and corn are good substitutes for wheat and diet should be supplemented with vitamins and minerals.
7) Herpes Simplex is caused by a viral infection, which may be acquired at any age. There are two types. Type 1 gives rise to most infections, cold sores or may cause a mild form of meningitis, but sometime more seriously encephalitis (brain inflammation). Herpes Zoster caused by the varicella-zoster virus also responsible for chickenpox. Like Herpes Simplex the virus persists in nerve cells of ganglions. The attack is preceded by pain and usually confined to an area supplied by one nerve root. Treatment for both Herpes is by means of application of creams and medicaments. The pain is often difficult to treat. Naturopaths often try to help patients with special amino acids such as lysine, that have been reported as being of benefit.
9) Also called linseed oil.

THE RHEUMATOID ARTHRITIS/ SCHIZOPHRENIA CONNECTION: Improvements of both conditions with nutritional intervention

By Dr Chris M Reading, B.Sc., Dip.Ag.Sci., MB, BS, F.R.A.N.Z.C.P. in conjunction with Jean Sulima, SOMA

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IT HAS LONG BEEN KNOWN that schizophrenia and rheumatoid arthritis are mutually exclusive, says Dr Chris Reading. This means that one person will not suffer from both condition. However, there is a family connection between the two conditions in that it is common to see a mother with rheumatoid arthritis who has a son or daughter with schizophrenia.

In both rheumatoid arthritis and schizophrenia there are enzyme blockages which result in failure to convert the amino acid tryptophan to vitamin B3 (Niacin). If the blockage occurs higher up the chain, the result is rheumatoid arthritis. If lower down, the result is schizophrenia. In Dr Readings experience, the two conditions have similar food and chemical sensitivities and intolerances, and both do well on the same exclusion diet and supplements.

The following should be avoided:
1) Alcohol contains yeast, malt barley extracts, congeners, fermented grapes etc., and should be avoided.
2) Pressovar amino-rich foods: curry, chili, sauces, spices, herbs, chokoes, zucchini, capsicum, mustard.
3) Colourings, Preservatives, Additives: artificial additives MSG 623 (Monosodium Glutamate), tartrazine 102, sunset yellow 110, sodium benzoate 211 (210, 212, 213) and sodium metabisulphite 223 are particularly to be avoided.
4) Yeast and fermented foods: contain over 70 glycoprotein fractions known to be immunogenic.
5) Grains: Many schizophrenic patients are missed coeliacs or latent coeliacs, and gluten and alpha-glia-
in grains should be avoided.

6) **Cow’s milk** Alpha-casein, alphalactalbumin, beta-lactoglobulin in cow’s milk should be avoided.

7) **Beef**: Beef, which contains albumin globulin, should be avoided.

8) **Eggs**: which also contain albumin globulin, should be avoided.

9) **Legumes and beans**: which contain lectins such as vicilins, arachins, conarachins, agglutins and other toxic digestes should be avoided.

10) **Solilaceae**: the Nightshade family of foods should be avoided, i.e., tomato, potato, eggplant, capsicum, tobacco/cigarettes

11) **Salicylates**: Foods naturally containing salicylates include; plums, prunes, apricots, cherries, cucumber, citrus, strawberries, kiwi fruit, apples, nectarines, caramels, dill pickles, blackberries, grapes, raisins, oranges, peaches, dried fruit and almonds.

Extra nutrients from seven main nutrient groups are recommended:
- vitamins, minerals, amino acids, CoQ10, bioflavonoids, essential fatty acids W3 and W6

**Supplements include:**
- Vitamin C, B1, B2, B3, B5, B6, B12, & E; choline, amino acids, essential fatty acids, manganese, zinc, magnesium and folic acid (Antioxidants are included).

This type of diet is confirmed by Dr Reading’s experience with more than 400 rheumatoid arthritis patients and 500 schizophrenic patients. The diet also reverses the synovitis of rheumatoid arthritis - the synovial membrane antibodies become negative as well as pain remitting.

Dr Reading has observed that the need for major tranquilisers is halved in certain patients with schizophrenia when tobacco/cigarettes are avoided.

Both rheumatoid arthritis and schizophrenic patients do better without junk food, caffeine, cocoa cola, chocolate, chemical colourings, flavourings and preservatives.

The food allergy-free diet reverses the autoimmune disease usually seen with milk and grain allergies and intolerances. The tivities halve every three months until normal, and the patients will not be metabolically disadvantaged. The nutritional approach to schizophrenia is highly successful when coupled with medication which is able to be progressively reduced or phased out with time, thus reducing the risk of tardive dyskinesia and distressing side effects.

Once food allergens and intolerances are identified, the strict regime can be modified. After about eighteen months, it is often possible to reintroduce some previously-avoided foods and supplements may also be reduced. Regular review is necessary, together with review pathology to confirm the appearance of improvement. It is often necessary to take protein snacks every 2 - 3 hours (when awake) to avoid hypoglycemia. Symptoms of hypoglycemia are mental confusion, etc., and may easily be confused with ‘mental illness’. Exercise is essential. Supportive therapy and encouragement help the patient to have an improved quality of life as well as greater expectancy of life itself.

In rheumatoid arthritis Dr Chris Reading postulates, bigger fractions (peptides) of food cause inflammation of the synovial membranes of the joints but do not get through the blood-brain barrier to the brain itself. In schizophrenia, smaller fractions do not cause inflammation of the joints but do get across the blood-brain barrier and cause cerebral inflammation and irritation; they stimulate dopaminergic pathways and act like LSD. It is as though these patients have ‘arthritis of the brain’ but not the joints. The most likely cause of these conditions is pancreatic enzyme deficiencies. As to WHY these defects occur, this is obviously a matter which should attract the urgent attention of researchers but it does appear very much genetic in some families.

It is essential to take blood samples for testing in such cases as accurate evaluation of the body’s metabolic and nutritional status will result in quicker improvement or recovery. Many of these tests do not qualify for strict confidence. Replies will be treated in strict confidence.

**References**

1) **(Editor’s note)** SOMA is a voluntary organisation very active in making orthomolecular psychiatry available to psychiatric patients through the MediCare system. It deplores orthodox psychiatry and their unholy alliance with the pharmaceutical industry. It aims at having diagnostic tests in orthomolecular psychiatry recognised by the Federal Government so as to reduce the ultimate social and financial cost of mental illness to society. Members who want to support SOMA should consider also becoming members of SOMA as their aims coincide with this Association. Address: Health Association of Australia PO Box 180, BONDI BEACH NSW 2026. 2) Hawkins, D & Pauling, L (Eds)(1973). *Orthomolecular Psychiatry*, WH Freeman & Co., San Francisco

3) Congener are one or two or more things that are similar or closely related in structure, function, or origin. Example chemical compounds similar in composition and effect.

4) Pressor - describing a substance that tends to constrict blood vessels and thereby cause a rise in blood pressure.

5) Benzoate of benzene carboxylic acid occurs naturally in some plants and is used as food preservative.

6) Metabisulphites - a preservative which prevents microbial spoilage, used in fruits, vegetables, pastries, crackers, mushrooms, frozen peas, potatoes, sauerkraut etc. An individual whose asthma is triggered by wine may be sensitive to this preservative.

7) Albumin - a group of globular proteins, soluble in water and which form insoluble coagulates when heated. Albumins occur in egg white, blood, milk and plants. Serum albumins, which constitute about 55% of blood plasma protein, help regulate the osmotic pressure and hence plasma volume. They also bind and transport fatty acids. Alpha-lactalbumin is one of the proteins in milk.

8) Lectins (also called plant agglutinins, phytoagglutinins) - a group of animal and plant proteins capable of binding to certain specific carbohydrate-containing receptor sites (glycoproteins) on the surface of red blood cells. They can agglutinate (clump together) red blood cells. Over 1000 lectins have been identified, they are especially abundant in the legume family of plants (beans, peas and lentils etc). Lectins have been shown to be able to distinguish between type A, B, and O red blood cells. Lima bean will agglutinate only type A red blood cells. A lectin from a lotus species will agglutinate only type B cells. They therefore play a crucial role in organ transplantation where tissue type of donor and recipient must be identical.

9) For a fuller list of salicylates see Hypoglycemic Newsletter, June 1990, page 10.

10) Synovitis, inflammation of the synovial membrane or lining of a joint capsule.

11) **Titre** - Expression refers to a unit of strength. The extent to which an antibody can be diluted before losing its power to react with a specific antigen.

12) Tardive dyskinesia (dys = difficult, kinesis = movement), an abnormal condition, mostly drug-induced, characterized by involuntary, repetitive movements of the muscles of the face, the limbs, and the trunk. This condition commonly affect patient who have been treated for extended periods with phenothiazine and some other psychotropic drugs. Nutritional supplementation as suggested in the main article will help to prevent/cure this doctor induced condition.

13) Peptide - (peptein = to digest) a molecular chain composed of two or more amino acids joined by peptide bonds.

14) Dopaminergic means having the effect of dopamine. Dopamine is a precursor of norepinephrine and epinephrine (adrenaline), all derived from phenylalanine and tyrosine obtained from food. Dopamine increases cardiac output.
Attitudes to Red Meat

Many consumers are turning away from red meat, or are demanding meat that is not only palatable and attractive, but also lean. These attitudes have developed since the 1950s, when the western world became aware of the association between coronary heart disease, the consumption of fat (particularly animal fat) and raised levels of cholesterol in the blood.

Protein, Fat and Energy

Red meat is an excellent source of protein and energy, but it also supplies some 30-35% of the 100-130 grams of fat that Australians consume each day. Because fat is energy-rich, fat from all food sources supplies 40% of our energy needs although it only makes up some 15% by weight of the food we eat. Nutritionists believe that to avoid a number of modern diseases such as diabetes, obesity, some cancers, hypertension or heart disease, we should lessen our fat consumption by approximately 25%.

Susceptibility to Heart Disease

The risk of death from heart disease brought on by atherosclerosis over many years is reduced by following a diet which is low in fat, or one offering a high proportion of polyunsaturated fats from plants or fish. These approaches lower cholesterol in the blood, although levels vary between individuals.

Lean red meat is not only a good source of protein and energy, but also has benefits in terms of the avoidance of heart disease. Consumption of fat however must be reduced. Public demand presents a challenge to farmers and scientists to jointly explore ways and means of producing this essential food efficiently.

Further reading:
Lean and fat-modified meat, CSIRO Division of Human Nutrition, Sixth Report, 1985/6 pp 25-26
Siebert BD et al. “Comparative effects of lean- and high-fat or cereal diets on plasma lipids in the pig”. Nutrition Research, 7, 1987, pp 877-881

DIETARY FIBRE
By CSIRO Division of Human Nutrition
Produced by J Stokes

The ancient Greeks and Romans had long recognised the laxative and satiety value of bran and wholemeal breads. A century ago, fibre in the diet was thought to be harmful to the body. It was believed to interfere with the absorption of essential nutrients from food and also increase bacteria in the bowel.

During the late 1960 - early 1970, British doctors noticed that African people, particularly those in Uganda who lived on traditional foods were high in dietary fibre, did not suffer any of the degenerative diseases of western civilisation. These diseases included diabetes, cardiovascular disease, bowel cancer - even constipation.

A healthy diet, with a high content of fibre foods, from early childhood will ensure a much healthier adult life regarding digestive problems. Simply adding a tablespoon of bran to an otherwise low-fibre diet does not confer all the health benefits of fibre. Now health enthusiasts have been encouraging people to replace white breads with more bran and wholemeal varieties as prescription for a healthy long life.

Dietary Guidelines

Australian Dietetic Guidelines recommend that the diet be more breads and cereals (preferably wholegrain) and fruit and vegetables. Dietary fibre (or ‘roughage’) is a complex mixture of different components including the carbohydrates cellulose, hemicelullose, gums, mucilages, pectins and the non-carbohydrate-lignin.

These components are found in cell walls and exudative matter secreted by plants. Fibre chemistry is a recently developed science - the metabolic effects of the isolated and purified fractions of fibre are yet to be adequately defined.

Food Sources of Dietary Fibre

Dietary fibre are found in foods of plant origin only - cereals, vegetables, fruit, dried peas, beans, lentils and nuts. Wheat bran contains 40-50% fibre, wholemeal bread about 6.5%, brown and most mixed grain breads (4.9%) and white bread (2.6% - if not enriched).

Because of their water content, fruits and vegetables are more dilute sources (1.5-5%). Legumes, nuts and dried fruits are higher in fibre (greater than 7%). Foods such as meat, fish, eggs, milk and cheeses, table sugar and alcohol do not provide dietary fibre.

Fibre in Prepared Food

Fibre plays an important role in the preven-
tion of a number of diseases. Fibre should be obtained by eating a variety of different foods. Second only to Americans, Australians are the most health conscious race and food manufacturers are increasingly improving the production of prepared foods in line with the results of latest research. Product now available on our supermarket shelves are essentially very high in nutritional value and buyers are also quite well informed on increasing fibre in their diet, eating less salt, less fat and lowering cholesterol.

What is Oat Bran?

Bran is the hard and rather woody protective outer coating of cereal grains which serve to protect the grain before it germinates. Brans are obtained from the normal milling process of commonly-eaten cereals such as wheat and oats.

What is the Difference between Wheat Bran and Oat Bran?

Wheat and oats are cereals but their grains are rather different. Both contain a germ and a large amount of starch. The starch provides the energy reserve for the germ as it sprouts to produce a new plant. The starch reserve is called endosperm which we use for energy when we eat oat porridge, muesli, or the flour from the wheat. Oat bran differs from wheat in that it contains about twice as much polyunsaturated fat. The most noticeable difference is the outer coat and in the fibre of the grain. Wheat contains a layer of cells called aleurone which separate the seed coat from the endosperm. During milling, the aleurone and the seed coat are broken apart and very little starch remains. In oats, the aleurone layer contains much more water-soluble fibre and the cells reach down into the endosperm. During milling the oat bran that separates contain aleurone cells, seed coats and starch.

Do Oat Bran and Wheat Bran have different Effects?

Wheat bran is a very good source of dietary fibre as it is not soluble in water. This gives wheat bran its main beneficial action of being a good (and cheap) laxative - because the fibre increases the mass of the stools. Wheat bran has few other actions that are considered important. Oat bran contain some insoluble fibre plus a larger amount of soluble fibre, both of which can help laxation. The soluble fibre component seems to give the oat bran its other major attraction - that of lowering cholesterol.

How can Oat Bran lower Cholesterol?

It has been known for many years that oats an oat products can help to lower blood cholesterol levels in the body. This probably occurs through the increased conversion of cholesterol to bile acids in the liver. Because oat bran binds bile acids in the intestines, more bile acids are lost when oat bran is eaten, therefore more cholesterol is used to replace the bile acids.

How much Oat Bran?

Raised plasma cholesterol is a major risk factor for early coronary artery disease. Studies in America have shown that a 1% reduction in cholesterol produces a 2% reduction in the risk. Feeding experiments in humans have shown that:

* about 60 to 90 grams of oat bran per day (depending on the type of bran) is required in order to lower blood cholesterol levels appreciably.

* this amount may provide up to 10 grams of the total fibre intake required per day.

The quantity of rolled oats needed to produce the same effect is larger because oat bran is a more concentrated product. However, both are pleasant foods which may be eaten with enjoyment. It is important to realize that one food product in the diet cannot be expected to lower cholesterol levels by itself. Consumers must also reduce the intake of saturated fat. The most noticeable difference in that it contains about twice as much polyunsaturated fat. The most noticeable difference is the outer coat and in the fibre of the grain. Wheat contains a layer of cells called aleurone which separate the seed coat from the endosperm. During milling, the aleurone and the seed coat are broken apart and very little starch remains. In oats, the aleurone layer contains much more water-soluble fibre and the cells reach down into the endosperm. During milling the oat bran that separates contain aleurone cells, seed coats and starch.

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**Reference for further reading:**

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