

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.

Another year has gone by and with the bombing of the Bali night club in October we are rapidly entering a different world. The Hypoglycemic web site has proved to be very popular with over 22,000 visitors so far. The same cannot be said with the actual paying membership of the Association. This means that we are heading for a difficult financial situation, which could well affect the very fate of the Association. Members are asked to renew their membership in time. The expiry date of your membership is shown at the top right hand corner of the address label. Members are also asked to recruit new members whenever the opportunity arises. It should be remembered that the majority of sufferers from hypoglycemia are young people. Depression possibly leading to suicide, drug addiction, anxiety attacks and phobias are all signs of hypoglycemia, which are often overlooked. The medical scientific community are now talking about **INSULIN RESISTANCE SYNDROME (IRS)** (see page 11 of this Newsletter), which we have known for all these years as 'hypoglycemia'. IRS does not yet include the 'psychological' aspects of hypoglycemia. Thus we still have a long way to go. It is to be expected that the alternative to drug treatment of emotional disorders will be vigorously resisted by the worldwide pharmaceutical companies who still control medical 'education' in the West. Thus your support is vital to humanize and modernize medical science by joining forces with this Association.

Our Next Public Meeting will be at 2.00 PM
on Saturday, the 7 December 2002
at **YWCA**

5-11 Wentworth Ave, SYDNEY

and our guest speaker is

Dr Jeff Jankelson

who will be speaking

on the subject of

***“A simple Guide to
Syndrome X in
Hypoglycaemia”***

DR JEFF JANKELSON is qualified as a Medical Practitioner at University of Witwatersrand and as a Homeopath at the British Faculty of Homeopathy in London. Dr Jankelson runs a private Integrative Medicine practice in Rose Bay and YourHealth Edgelif, Sydney. He is the Medical Director of the Green Medicine Company. He holds a Fellowship with ANTA and is registered with the General Medical Council of the U.K., the Health Professions Council of South Africa, The allied Health Council of S.A., South African Faculty of Homeopathy, The British Faculty of Homeopathy (with corporate membership of the European Commission on Homeopathy), and the Liga Internationale de Homeopatica Medicorum. He is a Lecturer/preceptor in the Department of Family Medicine at Wits Medical School and member of the Academic Committee at the Faculty of Homeopathy. He has held the position of National Secretary of the SA Homeopathic Medical Association and member of the South African Homeopathic Liaison Committee (the interim Professional Board for Homeopathy), which was responsible for the development of the Allied Health Professions Council of South Africa and the maintenance of Professional standards. Dr Jankelson has been a part-time complementary medical advisor for medical insurance companies. He has presented papers at Complementary Medicine conferences, published articles in professional and lay print and on-line publications and has appeared on national radio and television.

Previous Copies of the Hypoglycemic Newsletter

Back issues of the Hypoglycemic Newsletters are available at the NSW State Library, Macquarie Street, Sydney. They are filed under NQ616.466006/1 in the General Reference Library.

Other libraries holding copies are: Stanton Library, North Sydney; Leichhardt Municipal Library; The Tasmanian State Library; The Sydney University; The University of NSW and Newcastle University. The Association will provide free copies in PDF format to any library upon request to jurplesman@hotmail.com

The Association also has a web site at: www.hypoglycemia.asn.au where there are some Newsletters in PDF format, as well as articles on clinical nutrition and self-help psychotherapy.

Books for sale at the meeting

Sue Litchfield: **SUE'S COOKBOOK**
Dr George Samra's book

The Hypoglycemic Connection

(now out of print) is only available in public libraries).

Jurriaan Plesman: **GETTING OFF THE HOOK**

This book is also available in most public libraries (state and university). By buying this book at the meetings you are supporting

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

DISCLAIMER: The articles in this newsletter are not intended to replace a one-to-one relationship with a qualified health professional and they are not intended as medical advice. They are intended as a sharing of knowledge and information from research and experience in the scientific literature. The Association encourages you to make your own health care decisions based upon research and in partnership with a qualified health care professional.

the Hypoglycemic Health Association.

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

Entrance donations at meetings

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

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 Princes Highway, Kogarah, Phone 9553-0084 or Sue Litchfield at (litch.grip@bigpond.com).

At the meeting on the 7 September 2002, Helene Koechli won the lucky door prize again. Helene won the prize on 1 June 2002 too.

Fund raising activities

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

Raffles

Conducting raffles is an important source of additional revenue for the Association. Raffle tickets are available at \$2 each or \$5 for three tickets at Dr George Samra's surgery. Items to be raffled should be on display at the surgery and will be raffled at the next public meeting of the Association.

The Hypoglycemia support group meets every 3 months at 19 Princes Highway Kogarah (1st floor Dr. Samra's surgery) at 1.45 pm. 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 02-95209887 or Jeanette on 02-95259178

The Tasmanian Hypoglycemic support group. For members in Tasmania if you want to form a group or meet people with hypoglycemia phone Alison on 040 9966 385 A/hours or for more info (altenan@bigpond.com).

NEWS FROM THE KOGARAH SUPPORT GROUP

The Support Group has had a busy year. Attendances are building gradually. Some of our newer members have come at Dr Samra's suggestion.

As can be seen in Dr Samra's first book (excerpts of which we have handed out to our members) there are a great many ailments which seem to go hand in hand with Hypoglycemia. Within the Support Group we have several Coeliacs, who also have Diabetes. Others suffer from Osteoporosis, Irritable Bowel, Arthritis, Insomnia, Depression and Migraine (to name just a few). The BIG thing we all have in common is the SUGAR PROBLEM.

We recently handed out recipe sheets, for both sweet and savoury, with some suitable for Christmas. Copies of these are available at all our meetings.

Fees for the new year will be \$2 per meeting. This helps defray printing and postage costs. We consider the providing of information sheets to be an important function of the group. Our Mailing List is now close to 50.

Meetings are held every 3 months at Dr Samra's rooms, 19 Princes Highway, Kogarah (upstairs) at 1.45pm. Afternoon tea is provided at the end of the meeting, so that sugar-free recipes can be tried.

To contact us, ring Jeanette (9525.9178) or Lorraine (9520.9887)

MEETING DATES FOR

2003 ARE AS FOLLOWS: Saturdays 8th February, 10th May, 9th August, 8th November.

We look forward to another successful year when we can all support each other and in so doing, improve our quality of life.

OUR WEB SITE now also include the *Nutrition Behavior Inventory (NBI)* questionnaire, which enables people to assess whether they have a metabolic disorder such as hypoglycemia. It is found under ARTICLES at www.hypoglycemia.asn.au.

This is a paper-and-pencil test, consisting of 50 questions. The article shows how you can score yourself, and if you score positive you have an option to follow this up with the special Glucose Tolerance Test designed by Dr George Samra.

The hypoglycemic condition can only be accurately tested by Dr George Samra's Glucose Tolerance Test. This test is also described at the web site and includes a letter addressed to your GP. It is also found under the article: "*Testing for Hypoglycemia and How the Doctor can Help*"

Ayurvedic Medicine

Excerpts from Secrets of Healing

by
Rama Prasad

AYURVEDA is the knowledge that indicates the appropriate and inappropriate, blissful or miserable conditions of living and what is auspicious and inauspicious for longevity. (Charaka Samhita 1.41)

Ayurveda literally means the art or science (veda) of living (ayur). The word Veda denotes arts, science, knowledge, wisdom, learning, understanding and ayu means life. Ayurveda is known as the mother of medicine, being the first healing management system evolved on earth.

It teaches us how to live in harmony with nature in order to attain maximum spiritual and material fulfillment and to avoid unnecessary suffering. This invaluable healing system is a part of ancient vedic culture and literature. The Vedas are the oldest literature on earth and deal with eternal truths. Ayurveda is a unit of Atharva veda - the last section of the four vedas which deals with therapeutic wisdom.

Origin of Veda

Principles and traces of Ayurveda are seen in the vedic descriptions originated 10,200 years ago. Ayurveda both predates and directly influenced Chinese and Greek medicine. Over time the invasion of different foreign powers in India threatened the existence and expansion of Ayurveda

especially over the last five centuries. Ayurveda was suppressed at all levels by foreign rulers. Looking at the origin of Ayurveda, we can see more than one source. A geographical and cosmic origin.

The geographical origin is India over thousands of years ago. The cosmic source is from the divine creator, according to Ayurveda's most prolific commentator, Vagbhata. "Brahma recollected ayurveda". The wisdom filtered through to us today via a lineage of adept disciples who eventually directly cognised the power of Ayurveda both in the microcosm of their bodies and the macrocosm of the universe. This is the essence of what Vagbhata meant by "Brahma recollected ayurveda". The message is that we can recollect our innate understanding of healthy living through constant observation, careful listening and learning from experience (i.e., contemplation, reflection and meditation).

Geographical Origin

Why is it that India is the origin of ayurveda? India has a rich history of culture, arts, science and spirituality. Although modern images of India often show poverty and lack of development, India was the richest country on earth until the time of the British invasion in the early 17th century, hence the phrase - "riches of the Indies". Sheltered by the Himalayan range

from outside influences for thousands of years its development in all areas are astounding. Their advance in medicine are merely one of the sciences that India has excelled in.

Secrets of Healthy Life

Life is about rhythm and evolution. The universe is full of cycles and rhythms such as day and night, hot and cold, left and right and yin and yang. When we follow the nature's rhythms, we enjoy health. Whenever we are disobeying nature, within or without, we fall into pain and suffering.

To be healthy and happy, we need to flow with nature's rhythms. This staying and flowing with the rhythm of the universe is known as **Brahma Carya** in Sanskrit (Brahma = cosmos, Carya = to follow). "Flowing with the universe" can be divided into the following categories;

Understanding our life - Catur-asrama - This involves prioritising our life, dividing it into four stages and taking responsibility for a fulfilling life. The phase of learning, family life, retirement and total spiritual practice are the four stages.

Understanding our personal pursuits - Purush-arthas - This involves the four steps towards success and happiness. These are interdependent. Nothing is possi-

ble without these four steps. The goal, the means, the right method and focus are these four steps.

Flowing with society - Sadvrttam - These are the simple rules we follow in our society, to promote good relationships with others, nature, ourselves and god.

Flowing with the day - Dinacarya - Daily routines are living life according to our external and internal universes. Our physiology is different during various times of the day and night. Health results from building a suitable lifestyle according to our mind and body.

Flowing with the season - Rtu-carya - The climate is different in different seasons. This affects our physiology. Eating healthy and seasonal food and maintaining our energy level during seasons are described here.

Sad-vrttam includes the social and personal conduct. Dinacarya outlines the right way of dealing with the day and night. Rtu-carya talks about the effects of seasonal changes in our physiology and how to be healthy through all seasons.

FIRE OF DIGESTION - Agni
Agni is a term for a group of biochemical factors behind digestion and metabolism. The relative strength or weakness of one's digestion is dependent on the balance of digestive fire. Agni is the element responsible for every transformation. It is similar to certain aspects of enzymes and hormones, when compared to modern physiology.

The root of all, these fires are the stomachic fire which is a combination of *pachaka pitta* and *jathara agni*. The gastrointestinal tract is regarded as one of the roots of the body as this is the site from which

we absorb all the nutrients.

The most fundamental branch of Ayurveda, general medicine, is known as "*Kaya chikitsa*" in Ayurveda. "*Kaya chikitsa*" literally means "healing the fire". Life depends on the strength of the fire in our body, so the treatment should be to re-establish the balance of fire.

Types of agni

We saw the element of fire, one of five bhutas. Here we are talking about a substance, which is a secretion of the body, that takes part in our metabolism. *Agni* is a common term for flames, enzymes, lightening and conductivity in ayurvedic physics.

Three types and thirteen groups of agni

Agni exists at three levels in our body. At the subtle elemental fire level which causes a reaction between atoms and molecules, as metabolic fire in the tissues and as digestive fire, in the gastrointestinal tract.

Jathara agni
The stomachic fire
1 jathara agni

Bhuta agni
Elemental fire
5 bhuta agnis

Dhatu agni
The metabolic fire
7 tissue fire.

Essence of food is processed by the *jathara agni* (stomachic fire) first, then it is processed by *bhuta agni*, the elemental fires. Finally nutrients come into contact with the *dhatu agni*, the tissue fires.

Power of Self-healing

When a suitable environment is provided, the body heals itself. It eliminates unabsorbed nutrients

and toxins in its own way. Our body knows how to heal itself. Self healing takes place when we provide a positive environment for it. Through various medicaments and treatments we are supporting our body in its self healing process and making the process faster, easier and more comfortable. Here is the four phases of disease and natural healing.

Phase 1 - Ignorance

If a person indulges in wrong diet, lifestyle or mental activities knowingly or unknowingly, his body is exposed to an unwholesome climate and gradually its function start to derange.

Phase 2 - Collapse of tissues

Depletion of tissues + genesis of ama. When the metabolism is deranged, metabolites are going to be weak or malformed. Instead of *pakwa* (Mature) *dhatu*, *ama* (Immature) *dhatu* is formed. Now the person is unable to perform, as they could, as they have less healthy *dhatu* than required. The person is weak and is bed ridden.

Phase 3 - Self purification

The body now recognizes toxins and starts to expel them from the body. This continues until the elimination of the last molecule of *ama* disease is present. This is the stage of disease with main signs and symptoms. Mismanagement leads to complications and incurability. Suppression of the symptoms will drive the toxins deeper into tissues and no treatment will lead to its progression.

Phase 4 - Realisation and Return to Health

A person realises the root cause of the disease and acts to rectify the imbalances. When the body is free from impurities through gradual and careful management, one can bring it back to normal

health, gaining lost weight, abilities and strength. Here one realises the results of committing “crimes against nature”. One returns to a balanced diet, lifestyle and mental state, in order to regain health.

EMPOWERING TISSUES

Assimilating food of like (homogenous) nature builds up tissue. So theoretically muscles is built up by the protein rich sources. Blood by iron or other elements in the blood, which are suitable for building up each tissue.

It is good to remember that we should eat food that can be assimilated easily by our digestive fire. Ayurveda is primarily a science believing in *ahimsa* (active compassion). But it mentions non-vegetarian items in rare occasions, if crucial for life. It may be because a human being can look after numerous animals. The reverse is not easy. So after using meat as medicine, one is supposed to evolve spirituality and be more merciful and compassionate to fellow creatures.

Empowering your dhatus

Rasa: Fluids, moisture, fruits, fruit juices, soups from tubers, sweet, sour and salty tastes and milk. Generally any semi fluid can increase *rasa* which are prominent in water and earth elements.

Rakta: Leafy vegetables, iron containing food like molasses, black currants and grapes, carrots, beets and iron.

Mamsa: Grains, nuts, legumes / pulses / lentils and meat. Proteins of any kind can generate *mamsa*.

Medas: Vegetable fats and dairy products (except buttermilk) and animal fats. Fats of all kind increase *medas*.

Ashti: Seeds like sesame, nuts like almonds and other earth predominant foods. Mineral supplements (calcium, zinc etc.) and foods containing minerals are also good

to increase ashti. Shellfish of various kinds are indicated in certain bone and joint disorders.

Majja: Subtle oils/fat like butter, ghee, nuts and seeds, animal fats and marrow. Many blood purifying herbs and blood tonics are also good for *Majja*.

Shukra: Sweet foods and drinks, dairy products, seeds, nuts, unrefined sweeteners. Most *kapha* predominate foods are good for *shukra*.

Tips to improve agni

Particular herbs have strong agni which helps to augment our own digestive strength and facilitate ama neutralisation and elimination.

Irregular fire - Vishama agni

Herbs - Cinnamon, hing, fennel, cardamom, cumin, warm milk

Cleanse - Oil enema, castor oil laxative

Favour - Mindful eating, regulation, sweet, sour, salty tastes.

Avoid - Gassy, cold, dry heavy foods; irregular meals.

High fire - Tikshnagni

Herbs - Aloe, golden seal, triphala and ghee.

Cleanse - Purgation with herbs (senna, tivrt)

Favour - Eating in a relaxed, slow mode; bitter, sweet, astringent taste.

Avoid - Eating when upset, pungent, sour, salty food.

Low fire - Mandagni

Herbs - Ginger, long pepper, cayenne and honey.

Cleanse - Vomiting with herbs such as liquorice, calamus etc.

Favour - Fasting, pungent, bitter & astringent foods.

Avoid - Overeating, late dinners; sweet, sour and salty foods.

Boosting digestive fire

Before eating: 15 minutes before eating try the following recipe.

Mix half a teaspoon grated with ginger with half a teaspoon lemon juice and a pinch of rock salt.

After eating: Chew one teaspoon of equal parts of fennel seeds, cumin seeds, cardamom, black pepper and rock sugar. A yoga posture called “*Vajrasana*” is also excellent.

POTENT AYURVEDIC REMEDIES

The timeless wisdom of Ayurvedic healing has always had a prominent influence on the home remedies in Indian households. Grandma’s remedies and common sense advice often successfully alleviates countless acute illnesses, preventing them from developing into incurable chronic conditions. Try some of these simple home remedies and see the potency of Ayurveda for yourself.

ACNE Mix 12 parts chickpea flour: 1 part sandalwood powder: 1 part turmeric powder. Add to 1 level Tbs of this combination enough water to make a thick paste. Apply to affected areas once daily for 15 minutes then rinse off with cold water. Spray the face with equal parts Aloe Vera juice and Rose Water. Continue until acne clears.

Avoid: Dairy products, meat, hot spices, oils

ASTHMA Practice steam inhalation for 10 -15 minutes in the morning and evening, with a basin of hot water and a few drops of wintergreen oil or eucalyptus oil plus a few granules of camphor. Equal parts of licorice and ginger with a pinch of pepper and honey made into a tea are recommended for expectorating mucus and relaxing the bronchioles. Yoga postures and Pranayama are very effective, often giving long-term relief. **Avoid:** Cold foods/ drinks, dairy, smoke and stress.

BACK ACHE (Lower) Dip a

piece of muslin cotton about 5 cms long and wide in warm mustard or sesame oil with a few granules of camphor dissolved in it. Rest this on the affected area, covering with a hot water bottle and a warm towel for 20 -40 minutes. Finish with a warm Epsom salts bath for 10 minutes.

Pound 3 Tbs fresh ginger root. Mix into a thick paste with warm water and apply over the painful area, covering with a warm towel and leaving on for 20-30 minutes.

BURNS Mix equal parts ghee, honey and Aloe Vera gel. Apply to affected area at least twice daily until healed.

COLD/COUGH Steam inhalation with one or a combination of tea tree oil, eucalyptus oil, lemon grass oil, ginger oil for 5-15 minutes up to three times daily. The following tea can prevent fever and indigestion associated with colds, as well as promoting mucous expectoration. Mix together 2 cinnamon quills, 4 slices of fresh ginger, 2 cloves, a pinch of black pepper (or 2 peppercorns) and 1/2 tsp cardamom powder. Simmer in two cups of water until reduced to one cup. Strain, allow to cool and add one Tbs honey. Drink up to 4 cups daily. Avoid: Cold food/ drink, dairy, cold winds, lack of sleep and long journeys.

CONSTIPATION Food with lots of fibre, plenty of warm fluids and exercise often alleviates simple constipation. One glass of water boiled with a tablespoon of flax seed oil can be drunk at bedtime. Psyllium hulls may also be taken as directed. Avoid: Fatty foods, meat, white flour, soft drinks, aluminium cook ware, coffee and irregular eating habits.

DIARRHOEA Water boiled with arrowroot powder can be used to soothe the gastrointestinal tract, strengthen intestinal flora and rehydrate the body (250 ml water : 5 tps arrowroot powder). 1 litre of

pure water with the juice of one lemon juice, 1 Tbs of sugar or honey and a pinch of salt is another effective home hydration remedy. A mixture of boiled buttermilk with a little fresh ginger and hing calms the cramps. Charcoal tablets may be taken as directed until the stool turns black. Diet should consist of salted rice soup, miso soup, cooked unripe banana and yogurt, peeled and grated apple and soaked flat rice. All other foods should be avoided until the upset settles.

EARACHE Try 2 crushed garlic cloves in 1 Tbs olive oil. After a few minutes, strain and apply 3 drops into the painful ear. Block with a wad of cotton wool and leave in for at least an hour.

EYE -WEAKNESS OF To 5 cups of water add 5-7 tps of crushed coriander seeds. Simmer until reduced to 3 cups of water. Strain, allow to cool and add 8 drops of rosewater. Using an eye bath, wash your eyes in the tea for at least 2 minutes each eye. Dip herbal eye bright tea bags in hot water, squeeze out excess water and place over eyes for 5 minutes. Camomile tea can be effective alternative. Triphala is by far the most superior herb mix to strengthen cure and prevent many eye disorders. It is only available Ayurvedic physician.

FLATULENCE Mix equal parts hing powder, cumin seeds, fennel seeds, ginger powder, black salt and a peppermint tea bag. Boiling in 3 cups of water, reduce to 1 cup and drink 1/3 cup three times daily. Charcoal tablets are also very effective. Avoid: Leafy greens, legumes (dais), eggs and meat.

HEADACHE Take a steam inhalation or sauna and then drink 4 to 8 cups of lightly salted water right at the beginning of indigestion headaches. Induce vomiting by pressing the back of your palette with two fingers. Rest and take a rehydrating drink. Stress head-

aches can be avoided and relieved by a regular massage and stress management techniques such as yoga nidra. In sinus head aches Jala neti will be helpful. Anaemic headaches may be helped by taking 1 Tbs black strap molasses daily after breakfast. Perform daily scalp massage with sesame or coconut oil. Avoid: Eyestrain, bright lights, fatty foods, alcohol, coffee, tea, poor posture and stress.

INDIGESTION is generally due to poor dietary habits such as excessive eating, irregular eating or eating unhealthy food. General indigestion can be cured with herbal tea fasting for half a day or a full day. With the help of suitable digestive such as ginger tea, recovery is more rapid. If you have excessive sweat and tend to feel hot, bitter digestives are better for you, especially when you experience a burning sensation in your stomach or ulcers. Consider using slippery elm powder and cabbage leaf juice also. For general indigestion mix one clove of minced garlic with a pinch of salt and a pinch of baking soda 1- 3 times daily with a little warm water or herbal tea. Heat 10 cloves of minced garlic in 2 tps ghee and 1/4 tsp salt, for three minutes. Taking this every night before dinner for 3 days prevents worms, ignites the digestive fire and balances one's metabolism. A mixture of basil (5 tps), cumin seed powder (4 tps), asafoetida (1 tsp), rock salt (1 tsp), black salt (1 tsp), ginger (3 tps) and pepper (2 tps) is a good combination which can be prepared and kept in the kitchen. Mix 1 tsp of this combination with 1 tsp of lemon juice and 1 tsp honey in 1/4 cup of warm water, drinking 10 minutes before meals to prevent weak digestion.

WORMS Heat 10 cloves of minced garlic with 2 tps ghee and 1/2 tsp salt for 3 minutes in a small pan or a large stainless steel spoon.

Strain and take every night before dinner. Children under 8 years should take half this dose. A combination of 1/2 tsp holy basil leaves, 1/4 tsp pepper, 1/2 tsp asafoetida, 1/4 tsp ginger, 1/4 tsp ginger, 4 cloves of grated garlic, three pinches of rock salt and 1 Tbs crushed pumpkin seeds should be boiled in 4 cups of water until reduced to 1 cup. Drinking this mixture with two teaspoons of

honey will relieve stomach ache caused by worms. Give it continuously for five days every month to children. If available, neem leaves are the best remedy for worms. Chew 3 leaves on an empty stomach every morning (half the dose for children)- under 7 years. Avoid: Sweets, walking barefoot, impure water and meat.

SORE THROAT Mix 1/2 cup of warm water with 1/2 tsp of salt,

5 drops of tea tree oil and 1 tsp of turmeric powder 3 times daily. Red Sage tea mixed with equal parts glycerine is another very effective gargle. Avoid: cold, raw foods and drinks and dairy products.

TOOTHACHE Soak cotton wool in 6 drops garlic oil and 3 drops clove oil. Apply to painful tooth for at least 1 hour.

ADHD and ADD. The Hyperactive Child

*by Dr Lendon Howard Smith
(3/6/21 to 17/11/01)*

From: <http://www.smithsez.com/ADHDandADD.html>

The “diagnosis” (pseudo- or quasi-) of hyperactivity or Attention Deficit Disability with and without hyperactivity has increased to the point that on any school day in the United States about 4,000,000 children receive a dose of Ritalin — the favored drug — so that they will settle down in the classroom and not upset the class routine and also allow these wild and disruptive children to concentrate and learn. The use of this prescription drug has increased exponentially in the last few decades.

The only diagnostic criterion we prescribing pediatricians and psychiatrists have is: “If the Ritalin works, the child needs it.” It suggests that the child has a Ritalin deficiency. There is no doubt that Ritalin or other stimulant drugs have a calming effect on these over-sensitive and hyper-responding children (and adults). As time went on in my practice, I realized that many of these children came from the same mold: they were often fair, ticklish, and had obvious food

sensitivities. As infants, many of them had ear infections and colic which turned out to be related to a cow milk sensitivity.

In an effort to make a more scientific diagnosis, I tested these children for nutrient deficiencies, and found that most were deficient in magnesium, especially, and calcium. Some also needed zinc, vitamin B6 (pyridoxine) and essential fatty acids. Supplementing the diets of these children plus removing dairy products and sugary nothings made a big difference in their ability to focus and sit still. *Many of these children have low blood sugar from eating “junk food.”* Diet changes were slow to accomplish the desired results; Ritalin works in about 20 minutes.

Dr. Billy Crook, Dr. Doris Rapp, and the late Dr. Ben Feingold have solved most of these children’s problems with diet changes and the addition of supplements. It is well known that our topsoil is deficient, and the foods that come from these soils are not giving most of our population what we all need for health, mental and physical. I

am beginning to believe that the condition of hyperactivity is at a comparable stage to the situation in 1950 when Dr. Hoffer and Dr. Osmond gathered enough information to show that much schizophrenia was a deficiency of vitamin C and B3 in people with a genetic need for huge doses of those nutrients.

The pharmaceutical industry and psychiatrists are making this condition of ADHD a **diagnosable disease**, like pneumonia. It is not a disease, but a multifactorial condition and nutrition can help these children function in the over-controlled classrooms.

I am a retired pediatrician who learned from Dr. Charles Bradley here in Portland of the paradoxical effects of stimulant drugs on hyper kids. *It has been assumed that these children do not have enough norepinephrine in their limbic systems.* This is the part of the brain that helps to screen out unimportant stimuli.

The global statement: These

children are unable to disregard unimportant stimuli. Everything comes into the cortex or conscious part of the brain with equal intensity. They are goosey, ticklish; they notice everything and have to respond to those incoming stimuli. Someone drops a pencil; he has to go pick it up. This distractibility is what gets him into trouble and makes the teacher report him to the parents. This message gets to the pediatrician or the psychiatrist who feels that medication is appropriate.

The science here is that the child is not making enough of a brain chemical that helps him ignore unimportant stimuli. **Is it a disease or a nutritional deficiency?**

In my practice I treated thousands of these children with stimulant drugs. I soon noticed a pattern. ***They were usually boys (5 to 1, boys to girls) and there was a strong history of obesity, diabetes, and alcoholism in the family. That suggested a sugar problem.*** My first therapeutic trial was to stop all foods with sugar. (That is tough) I then noticed that they were difficult to examine: ticklish, and sensitive. I could hardly do a hernia check, or look in their ears. With suitable blood and hair tests I found that all hyper kids were low in calcium and magnesium, despite excessive consumption of dairy products. They were not absorbing the nutrients they needed to correct their “neurological” problem.

My results: 60 to 80 percent of these children were 70 to 100 percent better and did not need stimulant drugs when the whole family followed these diet and supplement rules: *Eat six to 10 small meals daily, consume no sugar, eat fruits and vegetables, chicken, fish, soy; take 1,000 mg of calcium daily (no cow milk), and most important, 500 mg of magnesium daily.* A Mars bar for lunch is guaranteed

to make the child hyper or put him to sleep.

The use of Ritalin might be used as a therapeutic test. If it works, the child needs more of that chemical (norepinephrine) in his limbic system. Essential fatty acids, zinc, B6 and other nutrients may all be necessary to help the body produce its own neurochemicals.

There seems to be a monetary motivation for diagnosing ADD. The psychiatrist labels this a “disease.” He gets paid and the school gets federal funds for counseling the “diagnosed” child.

Doctors make diagnoses. This is not a disease; it is a nutritional deficiency. Children are not eating foods that have magnesium in them.

It is not like pneumonia, a disease, in which case a shot of penicillin might resolve cure it. ADD is multifactorial in origin and can last a lifetime. Taking measures to control the problem during childhood should help prevent the all-so-common bad self-image — which could last a lifetime. Teachers and parents try to help control the behavior of these children with constant calls to “Sit still,” “Pay attention,” “Don’t do that,” and “What are you doing now?” Questions and commands are downers to children, who eventually get to hate themselves. It is easy to see why many hyper children end up in crime. Or police work. Or as talk show hosts.

Parents need to be advocates for their children, and work with the professionals in the school system and wherever a referral takes them. The treatment for the child usually involves counseling, nutrition, and finding an activity in which the child will succeed and then be able to feel good about himself. Home schooling may be the best choice for the affected child.

Who is the best person to diagnose the problem?

The mother may realize that something is amiss even before birth. As the child grows she can usually sense that a child is not responding to discipline, does not seem to “take” to suggestions or commands, and she is the one who notes that the child does not have a good built-in stabilizer or timer. She sees that the child either over- or under-reacts to his environment. The father may not quite understand what is going on and feels that the child was not disciplined properly as he was maturing. The pediatrician may notice that the child is a terror in the office, over-reacts to the exam, and is very touchy and goosey. “What’s that? What are you going to do? Will it hurt?” The teacher has the opportunity to compare the child with the thirty or so others in the classroom. The neighbors may figure that the child is a “Dennis the Menace.” The psychologist and the psychiatrist may evaluate the history from the others. They want to try Ritalin or some stimulant. “If it works, he needs it.”

What are the hereditary factors?

My study of these hyper children indicates that most — at least in my practice — are blue-eyed blondes or green-eyed redheads, Nordic types. I had the feeling that the Northern Europeans were restless in the old country, and when faced with the prospect of marrying the girl next door and farming for rest of his life, he decided to emigrate to the United States. Their restlessness forced them to keep on moving West until the Pacific Ocean stopped them. But American Indians are commonly affected. They are usually boys; the ratio is 5:1, boys to girls. **There is a higher than usual proportion of diabetes, obesity, and alcoholism in**

the families of these children so afflicted. That suggest that sugar metabolism is part of the picture. Migraine headaches, allergies, and anti-social behavior are well represented in these children's families.

How about pregnancy and birth factors?

Dr. Charles Bradley who studied this phenomenon in the 1930s discovered that most of his clients had a difficult birth, had been born prematurely, had the cord around their necks, a collapsed lung, or suffered from a bilirubin excess, or other insults. These stressors can hurt the "self-control" part of the brain, but do not necessarily interfere with cognitive or intellectual functions. He was the one who stumbled on the paradoxical effects of stimulant drugs on these children. No one had ever thought of using a stimulant on children who already seemed over-stimulated. (*His nurse made a mistake and gave a child Benzedrine instead of a bromide, and the child went to sleep!*)

We also know that if a pregnant woman tries to lose weight during the pregnancy or gains less than twenty pounds during the nine months, the child is more likely to have the problem. Similarly if she has mercury/silver amalgam fillings either put in her cavities or removed, the child is at greater risk for this problem. *Lead, cadmium, toluene, paint fumes, formaldehyde, pesticides, tobacco smoke, aspartame, etc. are dangerous for the fetus.* Less than one year spacing from the next older child may not have allowed the mother to regain her nutrient and psychological health from the stress of the previous pregnancy.

Genetics are a factor, but attention problems and academic difficulties will only show up if nutritional, visual, auditory, traumatic,

or emotional insults are added to the compromised nervous system. Just as Abram Hoffer discovered with his schizophrenic patients. It is multifactorial.

Sickness or injuries during childhood.

The mother was unable to breastfeed him. He is sensitive to **cow milk**, leading to ear infections with prescriptions for many antibiotics, and subsequent yeast infections. He might have had dehydration, high fevers, inhaled objects, and meningitis. He had all the vaccines, which adversely affects some children. He has eczema, or dry skin. He was put in a walker as an infant, so did not crawl and creep in those early months of life. (Important for later reading skills.) Head injuries are common in the history of these children. He might have had fainting spells or convulsions. He complained of muscle cramps or growing pains. He awakened with night terrors. He has Jekyll and Hyde behavior.

Were there developmental delays?

He might have been slow to smile, turn over, sit without support, crawl, stand, walk alone, feed self, use spoon, understand "no-no." Is he clumsy? Cannot catch a ball, accident-prone, has odd gait, stutters, stammers, lazy eye, keeps head close to paper, cannot understand what is said, handwriting atrocious, right-left confusion, gets lost frequently, and is forgetful but not necessarily.

There may be sleep abnormalities: cannot get to sleep, awakens frequently, deep sleeper, bed-wetter, or restless sleep with the bed torn up.

Were there problems with food?

They often have a history of

colic and formula changes and often gas, cramps, sloppy stools. He prefers candy and sweets, eats a lot and stays thin, loves chocolate and peanut butter (may indicate a magnesium deficiency), loves pickles and sour food (may indicate alkalosis), Jekyll and Hyde behavior (**good and bad behavior indicates blood sugar fluctuations**).

Food allergies and sensitivities are often indicated by gas and abdominal pains, a red ring about the anal opening, a rash at the corners of the mouth, red ear lobes, dark circles under the eyes, hives, and constant stuffy nose, and a frequent throat clearing noise (zongking).

When the **blood sugar** bounces around, the person may have disorders of thought, feeling and behavior. The brain is dependent upon the sugar that is flowing through it. If the supply cuts down, the person operates from the reptile part of the brain — which is selfish, mean, and anti-social. The cortex of the brain has the conscience and is the center for learning. *Eating sugar* or foods to which one is sensitive may lead to aggression (like road rage?), irritability, tantrums, sleeplessness, and poor ability to concentrate.

Is the problem due to a psychological condition?

The following conditions are often thought to be emotional or psychogenic, but could all come from a hurt to the nervous system triggered by a food sensitivity, low blood sugar, or lack of the vitamins and minerals that allow for the optimal nervous system connections. They are never satisfied, they are frustrated easily, blame others, lie, cheat, steal, light fires. The world owes him a living, he wants revenge, he has no friends, is a bully, surly, laughs at discipline, does bad things, says "Sorry," then does it again. He

may run way. He has anxiety for no obvious reason. He may be a worrywart.

These should disappear after a few weeks if the proper nutritional therapy has been initiated. Psychotherapy always helps (it can help most of us), but may not be necessary

What are the chief symptoms of the ADD condition?

Hyperactivity: easily stimulated in crowds or classroom, or with stress. Motor driven. Responds to stimuli with a motor action. Often needs to touch things.

- Short attention span;
- Distractible, unable to disregard unimportant things;
- Ticklish;
- Impulsive;
- Foot or finger tapping, sucks thumb, picks nails, twists hair, chews on buttons;

These rhythmical activities and hair tests indicate that these children are low in calcium and magnesium. Many drink quarts of milk daily, as if their bodies are crying out for the calcium, but because of a sensitivity to dairy, they cannot absorb the calcium from those products. Their *craving for peanut butter and chocolate* suggests that they are low in magnesium, which is found in these foods. (Chocolate has more magnesium than any other food on our planet.) Magnesium deficiency is the chief cause of muscle cramps, over-sensitivity to noise, insomnia, anxiety, and an inability to disregard unimportant stimuli, which causes his distractibility. **Magnesium is important for enzyme production**, and here, especially, for the enzyme that manufactures the *norepinephrine* these people lack in their limbic, filtering system. He may be focused when in a one-to-one situation, but in a classroom

full of kids just breathing, passing gas, and dropping pencils, they are unable to concentrate on the task at hand.

Mood swings are the cardinal symptom when the **blood sugar** shoots up and then plummets. This can come from the eating of sugar, but is also observed if a person is eating foods to which he is sensitive. *Sugar cravings are associated with alcoholism. (Ninety percent of alcoholics have this hypoglycemia.)* The person so touched with this varies between sweet compliance and surly disobedience. If he is involved in a fight on the school grounds it is usually just before lunch because he only ate a candy bar and a bottle of pop for breakfast. Some get headaches, some fall asleep, and our hero of this story will become hyper. The brain is a busy organ; it is the busiest one of the body. It has no storage for energy like the muscles or the liver. It is dependent upon the sugar flowing through it at the time. When the blood sugar plummets, the cerebral, thinking, social conscience part of the brain nods off, and the reptilian part of the brain takes over. It is easier to learn if the brain lights are on.

What is the parent supposed to do?

If the teacher notes the hyperactivity — or hypoactivity — plus the distractibility and the short attention span, the hallmark of the ADD child, the parents must take the evaluation seriously.

The child needs a check-up and a search for anemia, pin worms, allergies, and some evidence of a neurological or psychological disturbance that may explain the academic failure. Before the child is put on some drug, like Ritalin, Dexedrine, Cylert, or caffeine, an effort must be made to evaluate and treat the more blatant manifestations.

If there is any evidence of episodic periods of consciousness lapses, an electroencephalogram might be worthwhile. (**Epilepsy?**)

If there is any history of **food sensitivities**, the dairy, corn, soy, wheat and eggs must be proscribed for at least three weeks.

If there is evidence of **mood swings**, sugar and white flour products are not to be allowed. Twelve small meals daily are the solution.

Ticklishness and distractibility can be combated with magnesium, 500-mg. daily.

Without the milk, the child needs 1,000 mg. of calcium daily.

If he has trouble with **dream recall**, he needs 25 to 50 mg. of vitamin B 6.

If he has **dry skin** and any evidence of eczema, he needs flaxseed oil, one tablespoon daily. This helps the brain, also.

If he has **white spots** on his nails, he needs zinc, 15 to 25 mg. daily.

If he has more than a cold once a year, he needs vitamin C, 1,000 mg. daily. This would be increased to several times a day if he gets sick with anything.

All the B complex vitamins should be given daily at the 50-mg. level. Folic acid and B12 at the 1 mg. level. Pantothenic acid, at about the 500 mg. level daily will help control allergies.

Homeopathic remedies are safe and can work wonders.

Phytochemicals from fruits and vegetables are producing good results. (The Mannatech Company has some positive research in this regard.)

How long before you see results?

Two to three weeks should see some response. The distractibility and the mood swings should be under control. If **dyslexia** continues, then he needs reading therapy.

Some children are hyper because they are frustrated because of their poor reading skills.

Some people will try a prescription of **Ritalin** for a few days. If there is immediate improvement, it means that the child does not have enough norepinephrine in his limbic system. This is the neurotransmitter that is responsible for a person's ability to screen out unimportant stimuli. But many children are able to concentrate better when they are given Ritalin. If every sensation comes into the thinking part of the neocortex with equal intensity, the brain cannot focus on the most important one, the teacher. *I believe that the drug should only be used as a diagnostic test*, and not as long term therapy. But the results may lead to a false conclusion.

The diet that serves these children best consists of grazing, or nibbling, on raw fruits and vegetables. Chicken and fish, along with whole grains will balance out the diet. Breakfast might be a soft-cooked egg, or a bowl of hot oatmeal with rice, soy, or goat milk, along with some applesauce or

banana. Some raisins and a few almonds as a mid-morning snack should keep the blood sugar at the right level for cerebral efficiency. Lunch might be whole grain bread with old-fashioned peanut butter along with some fruit. Another snack of raw vegetables in mid afternoon might carry the child over until supper.

Dr. Ben Feingold found that many children are hyper or non-functioning because they are sensitive to **salicylate-containing foods**. Apples, apricots, blackberries, cherries, cucumbers, grapes, oranges, peaches, plums, raspberries, strawberries, tomatoes, and BHT and BHA. If the diet is rotated these might be less of a problem.

If a child has had a number of infections requiring **antibiotics**, he may be harboring the yeast, *Candida*. It could hurt his immune system, and even contribute to his ADD. It can be treated.

My results show that if a child has these symptoms mentioned above, and the parents follow the outlined diet, he/she will be 60 to 100 percent better in a few short weeks.

Florence Scott, RN, who works in Woodburn, Oregon, has discovered that children who have been hurt can be helped to regrow nerve fibers to repair the "break" in the central nervous system wiring. Many of these children did not crawl or creep as infants. This activity is necessary to help myelinate the nerves so critical for reading. Even at his advanced age, crawling and creeping for several minutes daily will improve his reading skills.

As you can see, the problem is multifactorial: hereditary, pregnancy factors, birth trauma, oxygen deprivation, food sensitivities, emotional, poor teaching, crowded classrooms, low blood sugar, nutrient deficiencies, heavy metal poisoning, and even boredom. Some children do much better with home teaching.

Start with the diet and the supplements, and then go stepwise until you find the right combination for your child. Stimulant drugs would be the last thing on the list. These children do not have a Ritalin deficiency.

Insulin Resistance Syndrome

by Jurriaan Plesman

At long last the views of traditional medicine and complementary medicine are coming closer together, although we have still a long way to go. For years, sufferers of hypoglycemia have complained that doctors dismiss their hypoglycemic symptoms as just an illusion, resulting very often in them being referred to a psychiatrist for psychiatric medication.

If you surf the net one would have noticed that a series of articles have appeared under the title of "**The Insulin Resistance Syndrome**" by Jennifer B Marks¹, Raos Goutham², American Academy of Family Physicians³ and Healthnotes⁴.

They describe the syndrome as a cluster

of signs linked to diabetes, hypertension, dyslipidemia, cardiovascular disease and other abnormalities. The syndrome has also been described as **Syndrome X**. These abnormalities constitute the insulin resistance syndrome.

One article states that, "*If you have insulin resistance, your body will make more and more insulin, but because the tissues don't respond to it, your body won't be able to use sugar properly.*" Thus we are talking about a prediabetic condition.

Well this is very familiar territory to hypoglycemics as we have been talking about hyperinsulinism for many years. Thus now patients should be encouraged to talk to their doctors about a possible insulin resistance syndrome instead of hypoglycemia when complaining about their hypoglycemic symptoms.

It is pity that the authors have not been able to link hyperinsulinism with

hyperadrenalinism or excess secretion of adrenaline resulting from rapidly descending blood sugar levels. This would have lead them to a better understanding of the many 'psychological' symptoms of hypoglycemia.

Of course, the term "hypoglycemia" gets a new meaning, and it is clear that the term is a misnomer, of which many writers on the subject have been aware for some time.

One of the signs of the Insulin Resistance Syndrome is a tendency towards obesity. In fact some scientists have made obesity or the abdominal bulging waist a central feature of the syndrome and called it **Syndrome W**.⁵

Scientists recommend regular daily exercise to reduce weight as an essential part of treatment of the Insulin Resistance Syndrome. There is no doubt that regular exercises do not only serve the need to lose weight, but it also helps to reduce

depression.⁶

It is interesting that endogenous depression is said to be due to an error in serotonin synthesis. Serotonin is also related to the appetite mechanism, and a dysfunction in its production could be also related to obesity and other eating disorders. The treatment of obesity still centres much around exercise and rebalancing the energy intake and output. But there are rumblings in the scientific community that obesity may be much more influenced by hormones and neuro-

transmitters such as leptin and serotonin, than is generally believed.

A strong case can be made for the hormonal model of obesity, especially because of the link between serotonin synthesis and hypoglycemia, as a possible forerunner of the Insulin Resistance Syndrome.⁷

It is clear that in the not too distant future the Insulin Resistance Syndrome, known to us as hypoglycemia, will be linked to the many 'psychological disorders' generated by abnormal production of adrenaline and serotonin.

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By Editor

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Publicity Officer

The Association is looking for a person with a computer and internet access who is willing to become our Publicity Officer. The main job would be to advertise our meetings and prepare pamphlets for distribution to libraries, Universities, clubs and other organisations with the aim of attracting members of the public to our Association. It is not well known that many young people suffer from hypoglycemia, leading to depression and addiction. The person should be able to create a data base of editors of local newspapers and advertise our meetings under "Community Events" in local newspapers.


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