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 degenerative 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.

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.
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 Princes Highway, Kogarah, Phone 588-5290.

Lyn Grady won the Lucky Door Prize and

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.

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.

NAME OF THE ASSOCIATION
This is the last chance to write in for suggestions for the new name of the Association. It is intended to vote on the final name at the next Annual General Meeting in March 1996.

Here are some new names for our Association suggested by members;
By Mrs Helen Wiggott
1) Advancement of Better Health Association (ABHA)
2) Advancement of Nutritional Medicine Association (ANMA)
3) Advancement of Total Health Association (ATHA)
By Steve Duff
4) Holistic Health Association
By Sue Litchfield
5) THAT Society (The Healthy Approach To Society)

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.

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

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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 deficit, short term attention 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 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. The artificial colours are phosphate rich. Sugar ingestion may also cause hyperactivity. The artificial flavours and preservatives that come along with sugars are also phosphate rich. Sugar ingestion, and preservatives that come along with sugars, increases urea synthesis and amino acid oxidation. Also hyperkinesis (hyperactivity) is associated with the amount of destructive-aggressive and restless behaviours observed during free play.

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. Observers then tested their ability to recognise 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 nitrogen 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. 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
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result of marketing and improvements in transportation. Prior to this time there is little evidence of calcium related disorders. Ninety per cent of the world population hardly consume milk, and yet osteoporosis is a serious disease in Australia. We should and Australia 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 implicated 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 vegetables, 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, vegetables (beans and lentils), nuts, seeds, grains, fish and eggs. You don’t need a lot of raw iron from meat in the diet, although lean meat is a bad food source as the brain depends on iron 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 offenders - 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 cannot have pasta, cakes, wheat and bread, are often lost as to what to eat. Looking at alternative grains such as rice, rye, millet, corn and others, we realize that we have indeed a broad range from which we can choose our nutritional needs. We should be exposing our children to these alternatives and I believe children should not be given any nuts before the age of six. Of course, I am aware of the authorities advise that children should not be fed any nuts before the age of six. I think 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 pesticides, 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 expensive, you are limiting the amount of chemicals 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 hypertensive 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 development of ADD. Sugar is not necessarily 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, perhaps in the form of nuts.

**Nuts and speech therapy**

Speaking of nuts, the other day I was talking 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 children 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 chunky foods by the age of eight months. Of course, I am aware of the 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.
case. Tartrazine was taken off the market as a preservative in England, but in Australia you can go to any news-agent and buy as much as you like in drinks. I suggest that every parent has a food decoder to find out what chemicals are used in foods. It does not take long to get to know the numbers and what they do.

Sugar in drinks and television

It is amazing what children are drinking. A can of Fanta contains 20 teaspoons of sugar, a can of Coke 14, and lemonade contains 12 teaspoons of sugar. That is a lot of sugar. Fruit juices should always be diluted, at least in the ratio of one to three. Potato chips contain preservatives and is hard to handle by young children, not to mention the salt.

We have to be careful about “health-bars”, they contain often a lot of sugar. We should also minimize television exposure not only for psychological reasons, but images are a series of dots which can hypnotize children. Television advertising to children makes it harder for parents to say: “No, you cannot have”. Eating before a television set seriously interferes with the ingestion and digestion of foods.

So the very simple conclusion as to what you feed your children are: fruits, vegetables, unadulterated grains, nuts (mashed when under the age of six), lean portions of proteins such as meat, chicken, and above all “love them”!

References

1) Osiecki, Henry (1990), The Physicians handbook of clinical nutrition, Biconcept 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.
3) Conners, CK (1987) George Washington University School of Medicine, reported in New Medical Science, Dec 1987
6) Tamborlane, WV (Prof of Pediatrics, Yale School of Medicine), Jone TM (Visiting Scientist from Australia), reported in The New York Times, 1990
7) 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 patients 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.
8) 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 chicken pox. 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 medications. 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.
10) Also called linseed oil.
Thus reducing the risk of tardive dyskinesia.

12) Progressive reduction or phased out with time, schizophrenia is highly successful when coupled with 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. Reading has observed that the need for major tranquillizers is halved in certain patients with schizophrenia when tobacco/cigarettes.

This condition commonly affect patients with schizophrenia 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/treat this doctor induced condition.

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

Dopamine 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 and renal blood flow but does not cause inflammation of the joints but do get through the blood-brain barrier to the brain itself.

14) Synovitis, inflammation of the synovial membrane or lining of a joint capsule. It results from food. Dopamine increases cardiac output and renal blood flow but does not cause inflammation of the joints but do get through the blood-brain barrier to the brain itself.

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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 of 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.

Work within the Division of Human Nutrition has shown that red meat diets low in fats are effective in lowering cholesterol. It is not the meat but the fat of the meat that is the cause of concern.

Atherosclerosis can lead to death by causing coronary occlusion and irregular beating of the heart. Such arrhythmia can also occur spontaneously leading to sudden cardiac death. Susceptibility to this latter form of heart disease has also been associated with the consumption of animal fat. Research at CSIRO has found that plant oils and marine (fish) oils reduce this risk.

It is believed that polyunsaturated fatty acids found in these oils are instrumental in reducing arrhythmia of the heart. To some degree similar fatty acids are found in the structural fats of red meat. Their concentration is greater in lean meat, however, and for this reason it appears possible that lean red meat could diminish the susceptibility of humans to sudden cardiac death.

Lean Meat - Consumption and Production

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
Thorton RF et al. “Fat content of popular cuts of meat: cooked and raw” CSIRO Food Research Quarterly, 47(2), June 1987, pp 30-37
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.

Wheat bran is a very good source of dietary fibre as it 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.

**Summary**

- An important component of a healthy diet
- Not one substance, but a mixture of various components
- Difficult to measure due to its complex nature
- Some health benefits which still need to be clarified - more research is still necessary
- Present in processed food as well as in fresh food
- 30-35 grams of fibre daily is desirable
- Drink plenty of fluids each day as his assists the action of fibre.

Reference for further reading:

AIFST; CSIRO Division of Human Nutrition; CAPTA “Dietary fibre” *Food information Service*, North Sydney 1988, p 1-11

Baghurst, KL, Improving our lifestyle through diet” *Genesis* 7(5) Sept-Oct 1990 p 10-11

Beckmann, R, The good that fibre does - new findings” *Ecos*, Autumn 1987, pp 3-6


Topping, DL, “Dietary fibre...essential for good health”, *Genesis*, v71(1) Jan-Feb 1990, p 4-5


“Increasing fibre” *Nutrition fact card, SA Health Commission.*

Everything is big in the USA and southern plantations were often known for their elaborate meals:

A Charleston 'preserve of foul' was created by stuffing a dove into a quail, then the quail into a guinea hen, the guinea hen into a duck, then that into a capon, which in turn is stuffed into a goose, the goose goes into a turkey, and the whole is roasted and sliced in transverse section.
Nearly 1 in 3 children in America is overweight or obese. Whether you have a toddler or a teen, nutrition is important to his or her physical and mental development. Here's what children need no matter what the age. Why is Nutrition so Important for Children?

The relationship between nutrition, health and learning is undeniably strong: nutrition is one of the three major factors that impact a child’s development. Throughout their early childhood, it’s important to monitor your child’s nutrient intake for the sake of their later performance. For instance, breastfeeding appears to lead to higher IQ, while iron deficiency correlates with reduced cognition and achievement at school age.