

True Natural Health

SUMMER
2013/14
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The Magazine of the Natural Health Society of Australia



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Safe sunscreens

Mercury detoxification

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I HAVE BEEN EDITING Natural Health society magazines for 30 years and you would think that I would have seen just about every Natural Health topic that there is – but, no, there is still fascinating information pouring out that has me excited at times – and maybe you too.

We commence this issue with an easy topic to digest – how to forgive ourselves for things that we may have felt guilty about for possibly years. This is about gaining peace of mind, and is good, sound advice by a professional in the field.

I realise that fluoridation might be a 'ho-hum' topic for most of us – after all, Sydney's water has been fluoridated since 1968. However, the Queensland government has made it a big issue in recent years, and now the NSW government is pressing local councils to fluoridate, so it is time to present some critical facts. Apart from the

revelations of a huge scientific study by a world leading allergy specialist, the history is damning; it is so unethical, it is difficult to believe.

Doing some painting around the house? We are delighted to have discovered retailers of 'natural' paints who can supply people almost anywhere in Australia, and the freight is much less than would be expected. Natural paints have substantial health benefits over regular paints.

Two very major health issues are also presented in this issue – Alzheimer's disease and mercury detoxification. Alzheimer's is preventable and most of us would surely be keen to know how. Those of us who have or have had mercury amalgam fillings in our teeth stand to make great gains by getting the mercury out of our systems, especially our brains.

Then there is some remarkable information about reversing cancer, presented by a leading naturopath, Michael Sichel. It does use animal tissue, but no animal has to die for this method.

We present some nice salad recipes provided by qualified chef, Teresa Cutter, who demonstrated 'Fresh and Fast' recipes at our Annual Seminar in March.

And speaking of seminars – if you are within cooee of Sydney, keep the date free for our 2014 Annual Seminar – Sunday 30th March. It will be another enjoyable social and informative occasion.

Enjoy the reading!

Roger French,
Health Director and Editor



About Natural Health Society

The Natural Health Society is Australia's longest established organisation that is dedicated to informing people about issues that affect their health, happiness and quality of life.

Established in 1960, the Society is not-for-profit with no vested interests. Recognising that prevention is far better than cure, the Society's objective is to explain how best to achieve genuine long-term health and wellbeing, using drug-free self-help methods as far as practicable. The result can be greater enjoyment of life and enhanced peace of mind.

Natural Health guidelines have been influenced by the experience gained at the Hopewood Health Retreat at Wallacia, NSW, which is owned and operated by the Australian Youth and Health Foundation. The Foundation is a registered charitable organisation and the founder of both the Society and Hopewood.

Subscribers to the Society receive:

- * 4 issues a year of our vital magazine, *True Natural Health*;
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Subscription form

Turn to page 43 or use the telephone or website.

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Contents

- [02] Forgiving yourself
- [04] Natural paints
- [06] Your questions answered
- [10] Gotu kola - key to youthfulness
- [12] NHS notices
- [13] Report on Picton visit
- [14] Constipation nation
- [16] Water fluoridation reawakened
- [19] End plastic water bottles
- [20] Do you have gout?
- [22] Recipes - summer salads
- [24] Cancer can be conquered
- [25] Gerson diet - Part 3
- [26] Mercury madness
Part 4 - Detoxification
- [31] News bite
- myths about sunglasses
- [32] Alzheimer's disease
- [36] Electro-hypersensitivity & OH&S
- [38] Herbs for every reason - turmeric
- [40] New products
- [41] Tri Nature
- [42] Natural Health Society shop
- [43] NHS shop order form
- [44] Kindred organisations
- [45] NHS health products



Forgiving Yourself

By Lisa Phillips, Business and Life Coach

In my ten years working as a Life Coach, I don't think I have ever met anyone who wasn't still beating themselves up over something which may have happened years ago. So I would like to share with you the gift of self-forgiveness, so that, hopefully, you can choose to set yourself free!

Are you always criticising yourself? Do you find it easier to forgive others rather than yourself? Are you still beating yourself up about something you feel you should have done differently years ago? Many of us are willing to forgive others for hurting us, but we are not willing to spend the time forgiving ourselves.

When we stop to think about those people in our lives who we have forgiven, there is a good chance that we may also need to forgive ourselves for what we believe was our role in that situation. For example, you may be ready to forgive your partner for treating you badly or being cruel, but are you ready to forgive yourself for allowing someone to walk all over you or for not standing in your power?

Most of us beat ourselves up for doing something which we later regret. We often speak to ourselves cruelly or with little compassion. In fact, we are more likely to speak nicely about our friends than we are about ourselves. Let's get honest here; if we spoke to our friends like we speak to ourselves, I am sure we wouldn't have many friends sticking around!

Seriously, we all mess up at some time or other and it really doesn't help to be beating ourselves up in our mind or feeling guilty.

Have you ever cheated on your partner? Shouted at a child? Stolen something? Gone off the wagon? The list of potential misdeeds can be never ending!

However, if you choose to continue to punish yourself rather than giving yourself the gift of forgiveness, you are choosing to live a life of resentment towards yourself. This will also lead to unnecessary guilt and self-hatred.

Remember, we are not perfect – we are only human. It's a good idea to remind ourselves that in every situation, we were doing the best that we could with the knowledge we had. Really, we do deserve our own forgiveness.

The fact that we are human means that we will make mistakes. Unfortunately, life didn't come with an instruction manual! When we make an error of judgement or a mistake, the best thing to do is just take the time to correct it, make amends if possible and learn from it. It really doesn't help to spend months (or even years!) beating yourself up about that error or mistake or wishing things were different in some way. Let it go!

When you learn to forgive yourself, your body and mind will feel a new sense of freedom. You will learn how to accept yourself and stop beating yourself up for being human.

Try this great Self-Forgiveness exercise:

- Write down an event for which you wish to seek forgiveness from yourself.
- Write down the reasons for which that event happened. Were you doing the best that you could at the time, considering what was happening in your life?
- Look at the different ways that this lack of forgiveness manifests in your life. Do you feel bitterness or resentment towards yourself? Write down as much as you can.
- Recognise that the past is over and you cannot change it.
- Write down a few things you will do to make sure that this doesn't happen again in your life. How can you correct this event?

Lisa Phillips is a Business and Life Coach based in Sydney. To find out more about Lisa's work or to sign up for her free newsletter, see www.amazing-coaching.com.au

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Natural Paints

By Doris Hill, Graeme Hill and Roger French

Remember the days when painting was safe and simple! Well, times have changed and today we know that conventional paints – both solvent and water-based – can contain toxic ingredients like preservatives, solvents, additives, coal tar pigments, resins and other compounds.

Natural paint products are predominately made from chemicals found in food ingredients such as linseed oil, safflower oil and minerals.

So, for people concerned about their health or allergies in family and friends, natural paints have a lot to offer.

What is different about natural paints and oils?

Modern natural paints and oils are used in a similar way to regular chemical-based paints. Professional painters enjoy using natural finishes because of not having to deal with toxic fumes.

Good quality natural finishes:

- Are primarily based on clays, minerals and plant extracts and do not have an unpleasant smell or make you ill.
- Allow surfaces to 'breathe', so air and moisture can move through. You don't get as much condensation, and you don't have the same problems with mould.
- Avoid toxic Volatile Organic Compounds (VOCs), which means they do not make the air in our homes toxic. (See explanation of VOCs below.)
- Last just as long as conventional finishes.
- Are quite washable.
- Are generally available in a large range of colours.

What's wrong with oil-based and acrylics

Occupants of new Australian homes may be exposed to 20 times the maximum allowable limits of indoor air toxic chemicals, according to the Greenpainters Association. Studies conducted by the CSIRO show that the National Health & Medical Research Council's maximum limits of total VOC toxics may be exceeded in such houses for at least ten weeks after completion. The most potent sources were found to be paints, adhesives and some wood-based panels.

It has been estimated that in recently renovated buildings, approximately 70 % of the indoor pollutants emanate from the paints.

What is a VOC?

A VOC is an organic liquid that is volatile, which means it easily becomes a gas.

Think of a petrol station in summer – sometimes you can see the petrol 'haze' coming from the bowser nozzle. This is the petrol vaporising (or volatilising). Conventional paints are made from petrochemicals, most of which are toxic, and these toxins continue to volatilise long after the paint has been applied. You can't avoid the fumes when they are in the house you are living and sleeping in.

Many synthetic, or plastic, paints and timber finishes outgas for more than five years. By the time you get rid of the smell completely, it's usually time to repaint.

VOCs affect us in many different ways. Our bodies can usually tell when VOCs are bad for us – we recoil at the smell of methane, turpentine and car exhausts. And we don't usually delight at the smell of paint. Some manufacturers mask the smell of VOC's with synthetic perfumes, which may smell better but don't remove the hazard.

The VOCs in paint can cause headaches/migraines and nausea. More serious long-term problems can result, such as Painter's Syndrome (brain and central nervous system damage) and cancers. VOCs contribute to 'Sick Building Syndrome', and it is suspected that they may also trigger respiratory reactions. The problems are worst when we live and sleep with these harmful chemicals. Indoor air quality ranks among the top environmental risks to public health.

VOCs from solvent and paint emissions contribute to harmful *ozone* formation and *peroxyacetyl nitrate*. The Master Painters Association states that ozone irritates the eyes, nose, throat and lungs; reduces breathing capacity even in healthy adults and children; increases susceptibility to infection; and causes damage estimated to cost millions of dollars per year to crops and buildings.

Typical oil-based paint averages 350g/L VOCs, which is between 35 and 50% of the volume of the paint. Even water-based acrylics, which are much less toxic, still

contain 3 – 7% solvent. The VOC content of paints and the CO₂ emitted during manufacture are key contributors to their environmental impact, primarily in the form of air pollution (petrochemical smog) and to a lesser degree 'greenhouse gases'.

Even water-based acrylic paints typically include a range of biocides to protect the latex, which can include *arsenic disulphide, phenol, copper, formaldehyde, carbamates, permethrin* and *quaternary ammonium compounds*. "While biocide manufacturers claim that the formaldehyde in these products won't come out, EPA studies have shown that this is not the case", says Daniel Wurm, president of the Greenpainters Association. In addition, many metal pigments, such as cadmium, are highly toxic.

Are all 'green' paints and timber finishes equal?

No, there are many 'green' paints and timber finishes advertised, but most of them are not fully natural. Their claims are based on their 'improved' VOC content relative to their previously very high VOC content, or on recycled or reclaimed petrochemical content.

"Just because a paint claims it is low VOC, this does not mean that it does not give off hazardous vapours", warns the Greenpainters Association. Other chemicals in conventional paints include *glycols, toluene, xylene, other hydrocarbons* and *ammonia*. Mineral turpentine (used as a thinner and solvent) may contain up to 20% *benzene*, which is a confirmed carcinogen and mutagen in chronically exposed workers.

In order to comply with a low VOC content, it is only in regard to the solvents mentioned in the National Pollutant Inventory. If a solvent is not listed or is exempted, it can be added to the product without counting as a VOC in the contents.

Further, tints or pigments are exempted. Solvents in these products can pollute a low-VOC paint to the extent that it is not a low-VOC product anymore. Among those exempted are: *acetone, ammonia, PCBTF, methyl acetate, methylene chloride* and *methyl siloxanes*.

Ingredients

Plant-based paints are made using naturally occurring ingredients that are eco-friendly and non-toxic – plant oils, waxes, resins and pigments. They include plant-derived solvents and binders, and therefore do not require high levels of processing.

Many of the ingredients are made from renewable resources, such as linseed oil and citrus oil. This results in better health outcomes, and complies with sustainable living.

Natural paints contain no harsh chemicals. In particular, they are free of chlorinated hydrocarbons, methylene chloride, phenol and other harmful ingredients that occur in regular paints.

Brands – qualities, country of origin, etc

The most prominent brands of natural finishes are by Bio Paints, Volvox and Livos

All products in these brands:

- Use fully declared ingredients;
- Are low allergenic or allergen free;
- Are biodegradable as much as possible;
- Minimise contribution to greenhouse emissions;
- Are based on renewable raw materials

with the exception of some abundant minerals;

- Use natural ingredients or a synthetic material if no natural alternative exists;
- Are stringently manufactured and tested to high standards;
- Are able to be used by DIYers or professional painters;
- Can be applied with the usual tools such as brush, roller or spray;
- Are free of dangerous solvents, like toluene, xylene, glycol ether derivatives, etc.

Range

Together, these three premium brands present a comprehensive range of finishes. The range includes: wall paint; wall primer; timber oils; timber varnishes; enamel lacquers, both water-based and plant-oil-based, matt, semi-gloss and gloss; enamel lacquer undercoat; waxes; specialised cleaners and thinners.

Colour

Bio has a range of natural mineral pigments, which can be mixed to achieve a wide range of colours.

Volvox has a range of more than 130 designer colours and six natural clay colours.

You can buy the Bio pigments and mix your own colours, or, if you prefer, the supplier

can mix colours for you from either set of pigments, for which there is an additional charge. If required, the suppliers can match most colours from other colour charts.

Selected oils and varnishes are also available in a limited range of colours.

Paint and MCS – case stories

People with Multiple Chemical Sensitivities are most likely to be adversely affected by the chemicals in regular paints and the people most likely to benefit greatly by using natural paints. Two MCS sufferers have made the following statements:

Carrie R: "I have MCS. I had to find chemical-free paint, and specifically chose Clay Décor. I was able to sleep in the bedroom the night we painted, which is remarkable. A friend visited recently and said, 'You've painted, but we can't smell it!'"

Mary S: "I was looking for paint with no smell and all natural ingredients. I have MCS, and my sensitivity is to VOCs, especially petrochemicals. I use Volvox Clay Décor, which I've found can be applied over any other paint. I've been using this paint for about five years, and have no problems; it's very good. Whereas I normally carry an activated-charcoal filter mask everywhere I go, with this paint I don't even bother to wear a mask for breathing protection.



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YOUR QUESTIONS ANSWERD



By
**Roger
French**

Send your questions to Your Questions Answered,
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NSW 2750 or email rfrench@health.org.au

We regret that it is not possible to answer
questions personally, nor can all questions be
answered. Some may be answered in later issues.

Q. GETTING VITAMIN D FROM THE SUN:

1. The best way to get vitamin D is from sun exposure, but some vitamin D is formed on the surface of the skin and soap washes this off, so we lose some of the sun-produced vitamin. This view is presented in your book, *How a Man Lived in Three Centuries*, and also in the article in the Summer 2009/10 issue of *Natural Health and Vegetarian Life*, page 16. If this is true, we either have to shower every third day or not use soap.
2. Does shampoo have the same effect as soap?
3. Why do we need a daily dose of vitamin D, considering it is fat soluble and can be stored in the body?
4. Is it possible to tan the skin too much, so that the sun's rays can't penetrate it?
5. Irregular sunbathing is said to contribute to melanoma. If I sunbathe every third day, is this too irregular?
6. Can a person get enough vitamin D sunbathing during winter?
7. If eating vegan, the diet is cholesterol free. Would the liver be able to produce enough to enable adequate vitamin D synthesis?
8. Elderly people have less ability to synthesise vitamin D. Should they also take supplements?

– C. P., Zillmere Qld

ANSWERS

1. Soap washes away vitamin D

This subject has been studied by John Cannell, MD, of The Vitamin D Council, a not-for-profit organisation, educating the public on vitamin D and sun exposure. His account, given on 31st January 2012, is as follows

Professor N. Binkley and his colleagues

found that surfers and skate-boarders in Hawaii had lower blood levels of vitamin D than very dark-skinned hunter-gatherers in Africa. They wondered, why would light-skinned, sun-drenched outdoor sport enthusiasts, having 11 hours of full-body sun exposure per week with no sunscreen, have lower levels than the Africans who probably wouldn't be out in the sun in the middle of the day anyway? Latitude could explain some of the difference, but there is another likely explanation. (Binkley N, et al. 'Low vitamin D status despite abundant sun exposure'. *J Clin Endocrinol Metab.* 2007 Jun;92(6):2130-5.)

Researchers way back in 1937 had concluded that washing the skin by the usual methods removes vitamin D and its precursors from the outer layer of the skin (Helmer AC, Jensen CH: 'Vitamin D precursors removed from the skin by washing'. *Studies Inst Divi Thomae* 1937, 1:207-216).

What they showed is this. *Some* of the vitamin D we make is on the surface of the skin, and water can wash it off. How much humans make on the surface and how much inside the skin, no one knows. However, the vitamin D levels of the African tribesmen are consistent with the proposition that humans living in a natural state make a significant proportion of vitamin D on the surface of their skin for later absorption. Assuming the African hunter-gatherers did not take showers daily the way so many cosmetically brainwashed Americans and Australians do, then we can conclude that plain water, but especially with soap, routinely washes off the skin oils containing vitamin D, a fat-soluble steroid hormone.

Numerous authorities agree with the views of Dr John Cannell. One of them is the highly respected Dr Mercola.

Another group is the Skeptics Stack Exchange, a question and answer site for scientific scepticism (website skeptics.stackexchange.com). The view of this group is as follows.

When the skin is exposed to UVB radiation from the sun, a cholesterol derivative in and on the skin is converted into vitamin D₃. However, the vitamin D₃ formed on the surface of the skin is not absorbed immediately, but takes up to two days to be fully absorbed.

Therefore, a shower with soap will wash away much of the vitamin D₃ that was generated on the surface of the skin. So to retain most or all of the sun-generated vitamin D, we need to delay washing with soap for about two full days after sun exposure. But few people are going to go without bathing for two full days. The compromise is to use soap in armpits and groin area, but avoid soaping the larger areas of the body that were exposed to the sun.

Also, people who have very dry skin with little oil may make less vitamin D than people with oily skin.

Although the washing-and-soap theory has not actually been proven, and we don't yet know how much vitamin D is produced on the surface of the skin or inside it, this vitamin is so important for disease prevention that it might be a very good idea to assume that the theory is true.

This issue raises the question – why use soap at all, unless there is grease or dirt on the skin? About 40 years ago, a Texas dermatologist, Prof. Knox, warned that soap is a harsh, alkaline, irritating chemical that washes the natural oil off the skin and leaves it prone to becoming dry, cracked and scaly. Water alone is usually enough to get us clean and remove the source of body odour. If there is dirt or grease on the skin, such as after gardening, painting or working on the car, then soap is, of course, necessary, although only on the hands and other unclean parts.

2. Shampoo

This is designed to remove oil the same way as does soap, so it will have a similar effect.

3. Why do we need a daily dose of vitamin D?

We don't. The body does store it, the best evidence being that the vitamin produced in summer can complement our supply in winter. The fact that it is stored in body fat is why excess can be toxic.

4. Can we tan too much?

If an extreme tan could prevent the sun's rays penetrating the skin and preventing vitamin D production, then all tropical native people with dark skins would be deficient in D. If anything, the opposite is the case. Multiple sclerosis is prevented by vitamin D, and its incidence is lowest at the Equator – indicating plenty of D in tropical peoples – and highest towards the Poles.

5. What frequency of sunbathing is irregular?

I can only assume that sunbathing every third day rates as regular. Irregular sunbathing is when we have so little tan that when we sunbathe, we burn easily. Sunburn is the danger for melanoma and other skin cancers.

6. Vitamin D during winter

Can a person get enough vitamin D sunbathing during winter? In Qld yes, but in Tassie probably not. The solution is to take a supplement of vitamin D₃ but only after blood tests to ensure that a top-up is necessary. After taking the supplement for a number of months, *blood tests are virtually essential* to check that levels have not gone too high into the toxic range.

7. Vegan diet supplies no cholesterol

This doesn't matter a scrap because the liver normally makes all the cholesterol we need. In animal protein diets supplying cholesterol, the liver simply learns to make less.

8. Elderly people and vitamin D

Elderly people have less ability to synthesise vitamin D, so should they take supplements? The only sure answer is to do as above under 'Vitamin D during winter' – have blood tests and take supplements if the need is indicated.

Q. SAFE SUNSCREENS:

I remember reading an article a while back in your magazine about the pros and cons of sunscreen as well as a brand that is the least harmful. I'm quite dubious about sunscreens, but live in Alice Springs and my four-year-old daughter attends a pre-school which strongly encourages outdoor play. I would like to obtain for her an alternative to that used by the school. Would you please advise me how and where to obtain the safe sunscreen. – D. N., Alice Springs NT

A The issue that covered vitamin D, skin cancer and sunscreens was the Summer 2009/10 issue of *Natural Health and Vegetarian Life*. Here are the key points re sunscreens from that article.

Sunscreens can do us a disservice in three ways: they prevent vitamin D production; many still allow sun damage; and most of them contain toxic chemicals.

Because most sunscreens block out UVB, they effectively block the synthesis of vitamin D in the skin and contribute to the widespread vitamin D deficiency in Australia. Those with sun protection factor (SPF) of 8 or greater will block the UV rays that produce vitamin D.

When sunscreens mislead us. To make matters worse, many sunscreens allow UVA through and so don't stop sun damage from occurring. The only thing they stop is the burning. Worse still, a person wearing sunscreen and believing they are protected, is likely to stay out in the sun longer. If the sunscreen does not provide adequate UVA protection, this can further increase the risks of wrinkles and melanoma – *without the warning of sunburn to tell the person to get out of the sun*. Fortunately, more brands are now including UVA protection, although often at low levels.

To obtain vitamin D from the sun, we need to have some direct exposure, although not for very long. Sunburn must be avoided, as it really is dangerous for the skin. If a person must be out in the sun long enough to burn – as in the case of your child at school – then sunscreen use is appropriate, but it is necessary to use a product that protects against both UVA and UVB. Sunscreens based on titanium dioxide or zinc oxide reflect both types of rays, and have been used worldwide for over 75 years with relative safety.

The Environmental Working Group, a not-for-profit Washington DC-based organisation that researches skincare health hazards, reported in its 2009 *Sunscreen Guide* that three out of five brand-name sunscreens are ineffective or contain hazardous chemicals or both. (See the report at www.ewg.org/whichtosunscreenarebest/2009report).

Hazardous ingredients. The Environmental Working Group – after investigating almost 1,000 sunscreens – found that most contain toxic chemicals that are absorbed through the skin and add to the body's load of toxic chemicals. Some are powerful generators of free-radicals with the potential to damage health in many ways, including increasing the risk of cancer.

By following the standard recommendations to apply generous amounts of sunscreen every few hours, a person is likely to be absorbing a significant quantity of such chemicals.

In contrast, a safer brand of sunscreen, that was tracked down by the Natural Health Society, contains no nasty chemicals. It is *UV Natural*, which was rated by the EWG as being among the top ten most effective sunscreens. It contains most or all of the following ingredients: zinc oxide; oils of grape seed, safflower, macadamia nut and sesame; white beeswax; Candelilla wax; Carnauba wax; colloidal silica; extracts of green tea; grape seed extract; vitamin E; zinc stearate and iron oxides. *UV Natural* is *cruelty-free, vegan and Australian made and owned*.

To obtain *UV Natural*, inquire at your local health food store. Otherwise email the manufacturer, admin@uvnatural.com, or go to their website, www.uvnatural.com.

Q. CARRAGEENAN CARCINOGENIC?:

Is carrageenan cancer causing? If so, why does the Sanitarium Health Food Co. put it in a lot of their products? – K. F., Keith SA

A My neat little book, *Food Additives* by Sue Treffers (available in the NHS bookshop), states that this additive is used as a thickener, emulsifier and gelling agent. It has no nutritional value, and is used to improve the texture of ice cream, yoghurt, cottage cheese, soy milk, whipping cream, cream cheese, bakery products, cereals, salad dressings, sauces and snack foods. It is extracted from Irish Moss, a red seaweed that grows along the coast of Ireland near a village named Carrageen. It is a water-soluble fibre and is a vegetarian and vegan alternative to gelatin.

Sue Treffers states that "degraded carrageenan may be carcinogenic and associated with birth defects, intestinal ulcers and damage to the immune system."

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The authoritative natural therapist, Dr Andrew Weil, MD, reports that the Associate Professor of Clinical Medicine at the University of Illinois College of Medicine, Joanne K. Tobacman, MD, conducted studies that linked *undegraded* carrageenan – the form that is widely used in foods – with malignancies and other stomach problems.

(Degraded and undegraded carrageenan have slightly different molecular structures.)

Dr Tobacman has published 18 peer-reviewed studies on carrageenan and is convinced that it is harmful to human health. She recommends not using it in foods.

She found that carrageenan in both its forms causes inflammation, and that from processed foods containing it, we can ingest enough to cause inflammation. Chronic inflammation is a root cause of many serious diseases.

She also found that when laboratory mice are exposed to low concentrations of carrageenan for 18 days, they develop glucose intolerance and impaired insulin action, both of which can lead to diabetes.

There are concerns that the amount of degraded carrageenan (poligeenan) in food-grade carrageenan may lead to health problems. Tests of food-grade carrageenan have found that every sample contained at least some degraded carrageenan. Further, carrageenan can degrade in the gastrointestinal tract.

On the other hand, some studies indicate that carrageenan safely passes through the intestinal tract without adverse effect when it is a dietary ingredient.

In the United States carrageenan has been used in food processing for more than seventy years. It is classified as GRAS (generally recognized as safe) by the US Food and Drug Administration. More cautious Europeans prohibit the use of carrageenan in infant formula.

In Australia, according to a Sanitarium nutritionist, the ANZFA (Australia New Zealand Food Authority) regards carrageenan as safe. Any additive that Sanitarium Foods uses has been approved by ANZFA, so this is why the company is comfortable using carrageenan. If the ANZFA was to change its position on this, no doubt Sanitarium would reconsider its use.

As you say, K. F., this thickener is in a lot of San food products. For example, Tender Fillets, Tender Schnitzels, Veggie Roast, Spicy Peperoni, some of the sausage range, Chickpea and Masala Curry (canned), Almond Milk, Up-and-Go beverages and some frozen So Good desserts.

The safety of carrageenan is a classic case of 'who do you believe?'. With respected authorities saying it is safe while some researchers say it isn't, we are left right up in the air.

Until there is further evidence, it might

be wise to stick with moderation. Meaning, it would be wise to avoid regular, long-term consumption of foods containing carrageenan, especially by people with inflammatory bowel disease, but otherwise occasional moderate consumption may well be harmless.

Q. INTERSTITIAL CYSTITIS AND SALICYLATES:

I've been diagnosed with interstitial cystitis and told to keep off foods that are high in salicylates. Could you please explain how these cause interstitial cystitis, as this kind of cystitis is not an infection, but a chemical response of some kind. Also, are there other foods that can counteract the effects of the salicylates? They occur in many otherwise very nutritious foods, such as red summer fruits.

– C. D., Diamond Creek Vic

A Interstitial cystitis, or painful bladder syndrome, and irritable bowel syndrome often co-exist, indicating that the pelvic region is particularly prone to inflammation. In interstitial cystitis, the bladder is severely inflamed and very sensitive to any irritating substances.

Besides bladder pain, particularly when the bladder is full, another common symptom is urinary frequency, with 'urgency' to urinate perhaps every hour or less, and, of course, disruption to sleep.

In contrast to regular cystitis, which – as you say – involves bacterial infection, there are no organisms involved with interstitial cystitis, so doctors who understand the condition don't prescribe antibiotics.

They say that no research has been done yet on dietary causes of interstitial cystitis, but natural therapists have had plenty of experience with dietary factors. Allergies, food intolerances and acidity of the system account for many inflammatory conditions.

Many sufferers find that certain foods and beverages contribute to bladder irritation and inflammation. Common ones are coffee (including decaf), tea, wine and other alcohol, chocolate, caffeinated soft drinks, hot spices, highly acidic foods and many fruits, especially oranges, cranberries and tomatoes. Some people also find that their symptoms worsen after consuming artificial sweeteners (aspartame and saccharin) or even vitamins.

Other foods that have been found to exacerbate symptoms in some sufferers include: most fruits (except blueberries, honeydew melon and pears), tomatoes, nuts (except almonds, cashews and pine nuts), seasonings containing MSG, soya products and yoghurt.

Salicylates are prominent among the

many phytochemicals that can act as irritants or sources of intolerance. Research has found that when there is cystitis, the bladder wall is significantly more permeable to salicylates than normal. One theory is that injury to the bladder's inner protective mucous lining allows leakage of urinary chemicals into the bladder, resulting in pain and bladder irritation. Studies have shown that with interstitial cystitis there is damage to the bladder lining.

The famous Dr Ben Feingold connected salicylate intolerance to ADD/ADHD and also to irritable bladder, so there is some weight in the concern over salicylates. Just why salicylates irritate, no-one seems to know. It may be that they are among nature's natural pesticides and so are slightly toxic. Oxalic acid in spinach and solanine in potatoes, tomatoes and capsicum are other well known examples of natural pesticides.

The conundrum with salicylates is that avoiding them rules out, as you say, a lot of highly nutritious foods, especially many fruits and veggies, which keep the system from becoming too acidic. Excessive acidity in the system promotes inflammatory conditions, so this is a vicious circle.

Perhaps the best way through this challenge is to use trial-and-error. Test the high salicylate fruits and vegetables by consuming substantial quantities for a few days and watch for a reaction. If none, the food is probably OK. If there is a reaction, you just have to avoid it – at least for a while.

Here are lists of the high-and low-salicylate fruits and veggies:

FRUITS

High to very high salicylates: All dried fruits, oranges, grapefruit, mandarins, tangelos, pineapple, berries, cherries, grapes, apples, guava, kiwifruit, melons including watermelon, avocados, sugar bananas.

Low: Bananas, pears, limes, pawpaw, papaya, tamarillo.

VEGETABLES

High to very high: Alfalfa sprouts, tomatoes, zucchini, eggplant, chilies, peppers, capsicum, endive, watercress, radish, spinach, broad beans, broccoli, cucumbers, gherkins, sweet potato.

Low: Dried beans and peas, green beans and peas, Brussels sprouts, lentils, mung sprouts, onion, shallots, chives, Swede turnip, cabbage, celery, lettuce, asparagus, choko, potato.

NUTS AND SEEDS

High to very high: Almonds, Brazils, macadamias, pine nuts, pistachios.

Low: Cashews, hazelnuts, pecans, sunflower seeds.

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Gotu Kola – a key to youthfulness

Is gotu kola (botanical name *Centella asiatica*) the key to youthfulness? It is said that 'Two leaves a day, keeps old age away'.

Professor Li-Ching-Yun, a Chinese herbalist, is one of the most famous advocates of gotu kola. According to the Guinness book of records, Li-Ching-Yun lived to the ripe age of 256, passing away in 1933. Li-Ching-Yun attributed his longevity to his diet and martial arts practice. His diet included gotu kola leaves daily.

This super green herb, also commonly known as *Indian pennywort*, has a long history of use to speed healing of many skin conditions by strengthening skin and connective tissue. It is also believed to improve memory and mental health and to aid in longevity, hence touted as the 'Key to youthfulness'.

Wounds, scarring and stretch marks

Research has confirmed that the active constituents in gotu kola can work to reduce stretch marks, speed wound

healing, boost antioxidants at the wound site, strengthen the skin and increase blood supply to the wound area.

In a recent study, gotu kola significantly reduced the incidence of developing stretch marks. In a trial that included 80 pregnant women, 56% of the placebo group developed stretch marks compared with 34% in the active group. This is believed to be due to gotu kola's ability to promote collagen synthesis and maintain skin elasticity.

Improving memory

Elephants are known to have good memories, and they are certainly long-living animals. Of course, they eat a lot, including whole trees – and one of their favourite foods is gotu kola.

Gotu kola protects the blood vessels supplying oxygen to the brain which assist in normalising the brain's use of oxygen.

Current research supports a role for this herb in boosting memory, improving learning capabilities and possibly reversing memory loss. A clinical trial

with developmentally disabled children showed that gotu kola increased scores on tests of intellectual achievement.

Taking gotu kola

Gotu kola is a member of the parsley family. It is a culinary and medicinal herb that contains vitamins A, B, C and D as well as minerals including calcium, chromium, cobalt, magnesium, manganese, phosphorus, sodium, potassium, selenium, silica and zinc.

It can be grown at home, it can be found in topical creams and ointments, as well as found in supplements or herbal formulas. Gotu kola can easily be added to salads or green smoothies or dried and used to make tea. It goes especially well with vegetarian dishes, such as dhal and pumpkin curry.

Melissa Argiro, BHSc, ND, Business Manager,
Phytocare.com.au



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Thoughtful donations from members are making a big difference to keeping the Society's finances stable. For recent donations, we say a big 'thank you' to: *Jill Johnson, Kay Powell, Heather Fiddes, Gudrun and Doris Ockerlander, Pam Robinson, Catherine Harris, Arthur Scheikowski, Jean Westwood, Marianne Power and Linda Chewey.*

If other members would like to add their support – no matter how great or small – we would be very grateful. Simply call our office on 02 4721 5068 or send a cheque to Natural Health Society, 28/541 High Street, Penrith NSW 2750, or go to our website at www.health.org.au and click on the 'Donate' link. [Please note: donations not tax deductible.]



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MACARTHUR AREA NSW

Vegetarian group **meets monthly**, usually Sunday lunchtime, **at each other's homes**. Based in Campbelltown, includes people from the Southern Highlands to Liverpool. Each brings a plate and own crockery. Organiser, Glenys Hierzer, says, "We would love to meet new people whether you follow vegetarian or just enjoy the food." Phone Glenys on 4625 8480.

NHS ANNUAL SEMINAR 2014 ADVANCE NOTICE

Tentative arrangements for our 2014 Annual Seminar are:

DATE: Sunday, 30th March 2014

VENUE: North Ryde Golf Club, North Ryde, Sydney NSW

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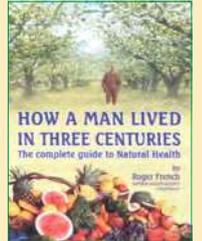
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FOOD PREPARATION DEMONSTRATION AND TALKS

5.00pm: **Organic food preparation and demonstration of vegan meals** followed by **buffet meal**. Recipes provided. **Talk** 7.00pm.

Sat. 18th January 2014 – Cecil Bodnar – 'Getting Your Natural Health and Healing Act Together'

Sat. 22nd February – John Ellerman – 'Strengthen Your Vital Gut Bacteria and Help Eczema, Asthma, etc'

Sat. 29th March – Doug Evans – 'Fasting and Cleansing for Optimum Health'

Bookings – phone 9606 2203 or 0410 627 556

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Bookings: Ling 0410 688 499 or email ling300ppm@gmail.com

COOKING DEMOS IN OTHER PARTS OF AUSTRALIA

READERS, if you know of other classes demonstrating healthy, plant-based dishes in cities and towns in Australia, would you please advise Editor Roger French, 02 4721 5014

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Cooking Up a Storm is unique to Adelaide. It was initiated in 2006 by Natalie to teach people how to cook nutritious, delicious vegetarian food. Natalie is a professional cook and trained teacher and has eaten vegetarian for over twenty years.

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- Cooking classes in your home;
- Cooking classes at venues, such as the WEA (in Adelaide);
- Fabulous, easy vegetarian cuisine.

"There is a big trend towards healthier, more plant-based eating," says Natalie. "People are wanting new ideas or simply a place to start. Or they may have health issues that have led them to require a more restricted diet. I create most of the recipes I use, and explain a lot about the nutritional aspects of the foods."

For more information, visit www.cookingupastorm.com.au or phone (08) 8386 1672 or 0403 555 011.

WHAT MANY MEMBERS MISSED ...

LUNCH AND FARM TOUR, PICTON NSW

Our NHS farm tour on Sunday 15th September turned out to be absolutely fascinating, with the visit to the vegetable farm being a huge hit.

The Peppercorn Creek Farm is run by the Twelve Tribes Christian group and they produce enough food to feed their families who live in the community, to supply their Common Ground Café nearby and for selling at various markets.

The gardener is an amazing man, named Yashar. We were over-awed by his knowledge of how to grow veggies from seed, how to control pests using nature's way instead of toxic chemicals, how to fertilise the soil organically and how to control weeds organically. A unique mobile chicken run allows hens and roosters to clear up and manure an area after harvesting is complete.

Yashar grows a large number of herbs for pest control, companion planting and human consumption. We learned that weeds – allowed to remain only at sparse levels – can flower and help maintain a continuous supply of flowers for bees, so that the bees can stay locally rather than fly off to chemically-grown crops. Also, if the seedlings are planted in furrows, the adjacent ridges tend to dry out, so very

few weeds grow, and those that do are easily cut out with a weed slicing tool.

Pest control was an eye-opener due to Yashar's observation and experimentation. For example, cabbage white butterfly caterpillars might initially devour most of the cabbage leaves, but if no toxic treatments are applied, a small wasp soon arrives and lays its eggs in the caterpillars. Before long, the wasp numbers increase sufficiently to control the grubs.

The Common Ground Café is country style with eating areas indoors and outdoors. The menu included adequate plant-based dishes to satisfy our group of 17; the dishes were tasty, abundant and super-reasonably priced.

A nutritional superstar was a green drink made from kale, silverbeet, broccoli, green tea, apple, orange, grapefruit, a little raw honey and flaxseed. A green bar on sale is made from the same greens and tea plus peanut butter, oats, honey, carob buttons, barley malt, butter, milk powder, rice crisps and vanilla.

We were so inspired that we plan to arrange another visit in the not-too-distant future. If you live within range of Picton, be sure to be in it!



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Constipation Nation



One in four Australians endures chronic constipation.

Doug Evans is an Osteopath at Hopewood Health Retreat, Australia's oldest and most respected Natural Health facility. He is amazed that the number is not higher.

"Constipation is not a disease but a symptom of *dis-ease*," says Doug. "In most cases it is the inevitable result of the MAD diet, which is the Modern Australian Diet."

WHAT'S CONSTIPATION?

If you tend to have only three bowel motions (BM's) per week, and/or pass hard dry stools, and/or find stools difficult to pass, you are definitely constipated. A healthy bowel motion is well formed, soft and passed approximately once or twice a day, without discomfort.

Simple constipation develops when the stool passes too slowly through the colon. This causes too much fluid to be absorbed from the matter in the colon, producing a small, hard, dry stool. Because it lacks bulk, it is difficult for the muscles of the colon and rectum to move the stool along and out.

The most common causes of constipation relate to lifestyle and an inadequate diet. Important lifestyle factors that may contribute to the problem include:

- Lack of physical activity;
- Habitually ignoring the urge to 'go' – for example when people are too busy or refuse to use a public toilet;
- Long-term laxative dependence, resulting in a reduction in the normal neurological reflex;

- True dehydration will cause constipation, but it has not been established that forcing yourself to drink extra water in normal circumstances is helpful.

An inadequate diet is the most common cause of constipation. Eating too many low- or no-fibre foods and not enough high-fibre foods will very likely result in constipation.

There are two kinds of fibre. We need to eat both:

Soluble fibre – found in vegetables, fruit, nuts, seeds, legumes, whole grains and psyllium. Soluble fibre attracts water, which allows the stool to become softer.

Insoluble fibre – found in the skins of fruit, vegetables, nuts, seeds and in the bran of whole grains. It is so called because it does not dissolve in water and passes virtually unaltered through the intestines. It adds bulk and promotes the rhythmic peristaltic contraction of the colon.

While the most common causes of constipation are diet and lifestyle related, factors there are other contributing factors, which can include:

- Health problems affecting the nervous system and metabolism, such as Parkinson's disease, hypothyroidism and diabetes;
- Medications such as painkillers, muscle relaxants, anti-convulsants, diuretics, blood-pressure drugs, anti-depressants, antacids and iron supplements;
- Constipation can accompany irritable bowel syndrome or occur during pregnancy due to hormonal changes

and because the uterus compresses the intestines;

- As we age, there is a diminution in nerve stimulation in the muscles of the colon.

WHAT'S THE SOLUTION?

A whole-foods, plant-based diet is a no-fail way to overcome constipation and improve overall health at the same time.

This is a diet containing very few low- and no-fibre foods (for example, avoids refined grains, refined sugar, cooking and salad oils and animal products), but is rich in high-fibre foods (for example, lots of legumes, nuts and seeds, whole grains, fruit and vegetables). Fresh fruits and vegetables, especially as salads, are the super foods for avoiding constipation.

No matter what the cause of constipation (various health problems, medications, pregnancy, ageing, dietary problems), all cases will benefit from this type of diet.

Doug says, "In my experience it's rare for anyone not to be totally free of constipation within just a few days of arriving at Hopewood – although it can take longer for long-term laxative users."

"Psyllium hulls, prunes or linseed meal may be of assistance, but are generally unnecessary, in as much as the use of laxatives (herbal or otherwise), enemas and colonics do not actually remove the causes of constipation, so they are usually not advised" he concludes.



A Hopewood Recipe

Carrot & Cranberry Salad

GLUTEN, DAIRY AND WHEAT FREE

INGREDIENTS

- 1 carrot
- 2 tsp cranberries
- 1 tbsp lemon juice
- 1 tsp lemon zest
- ½ tsp cumin seeds
- 1 tbsp fresh, chopped parsley

METHOD

Wash the carrots and use a lemon zester to produce small pieces of carrot as if you were zesting a lemon.

Place carrot pieces and zest in a bowl and add the lemon juice and zest and cranberries.

Roast the cumin seeds, heating them until they start to pop and the aroma is distinctive

Crush the cumin seeds in a mortar and pestle. Sprinkle over the carrots.

At the last moment, toss with parsley.



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The Water Fluoridation Issue Reawakened and kicking

By Roger French

Fluoridation of public water supplies became a big issue in 2013 with the Queensland government easing pressure on councils to fluoridate, while the NSW government increased pressure. Not one of the public statements by promoters indicated that they were aware of the meticulous scientific study that had been conducted by a world leading allergy specialist.

"The [NSW] government should not allow local councils to be swayed by fringe groups that peddle fear and conspiracy theories," declared Dr Karin Alexander, President of the Australian Dental Association (*Sydney Morning Herald*, 5-9-13, page 10).

Let us see just what fear and conspiracy theories that we 'fringe' people are peddling.

Let's start with one of the most thorough and detailed scientific studies ever conducted into a public health issue.

THOROUGH SCIENTIFIC STUDY BY WORLD LEADING ALLERGIST

The most thorough and comprehensive study of fluoride and water fluoridation ever conducted was carried out by a past-president of the American College of Allergists, the late Dr George Waldbott, who published his findings in 1965 in a fully-documented book, *A Struggle With Titans*. The hard facts in this book are entirely relevant today.

Dr Waldbott states, "Of all the problems encountered in medical science, the recognition of the cause of a chronic illness, especially of chronic poisoning, is one of the most difficult tasks, as demonstrated by our experience with smoking. Millions had been smoking for many years before its ill effect was recognised. If physicians are not looking for harm from fluoride, they cannot be expected to recognise it."

Fluoridation of water supplies, explains the allergist, involves *adding a fluoride compound to the water at the rate of one milligram per litre of water* (one part per million), with the assumption that a person will drink four glasses of water or one litre per day, so that they ingest one milligram of fluoride per day.

However, people in hot climates habitually drink much more water than people in cold climates. Similarly, people working in strenuous occupations, such as farmers,

some factory workers and active soldiers, drink more than average.

We already ingest fluoride compounds from polluted air and from food. Drinking six cups of tea daily doubles the intended dose. Fluoride intake is unpredictable from one person to another.

Further, people with diabetes or kidney disease drink much more water than average. If a person happens to be allergic to fluorides, he/she cannot tolerate as much as average. In fact, there is no such thing as an 'average' individual, no two persons are alike.

In a comparison of the toxicity of various fluoride compounds, Dr Waldbott lists as extremely toxic *hydrofluosilicic acid* which is the compound that has been used to fluoridate Sydney's water; very toxic is *sodium fluoride* which is widely used in the USA; and moderately toxic is calcium fluoride which is the compound occurring naturally in groundwater (but in Australia at much lower levels than one part per million).

The toxicity of fluoride compounds is well understood. Sodium fluoride is used as rat poison, and the rabbit poison, 1080, is a fluoride compound. Even the dreaded sarin gas (notorious for its recent 2013 use in Syria to gas whole towns) is a compound of fluorine and phosphorous. It is, of course, indescribably poisonous.

When the pure element, fluorine, is produced, it is so reactive it can eat through steel, glass, iron, aluminium and most other substances. It rivals mercury for being one of the most poisonous substances on the planet. *Fluorides* are fluorine compounds, and are the only way that fluorine can exist outside a chemical laboratory.

The allergist concluded that fluorine is a "systemic poison", capable of affecting almost every system in the body. This is because every single one of the million or so chemical reactions every second in each of our bodies that are the basis of life depend on an enzyme to trigger it off. A 'enzyme poison' strikes right at the essence of life and is very dangerous. Consequently, the symptoms can be varied and inconsistent, and few medical practitioners would ever suspect fluoride toxicity. For this reason, fluoridation could be causing widespread sickness in Australia and nobody would connect it to fluoridation.

Fluorine accumulates in our bodies, sometimes in large quantities. Dr Waldbott found that, in addition to bones and teeth, fluorine also accumulates in soft tissues, including the aorta (main artery

from the heart), ligaments, skin, muscles, liver, kidneys and other organs. In the great fluoridation trials of the 1940s, in Grand Rapids, Michigan, deaths due to heart disease, cancer, diabetes and brain diseases rose 25 to 50% faster after four years than those of Michigan as a whole.

AMA and ADA are on Record Stating Fluoride is a Poison

Ironically, back in 1943, the American Medical Association stated that fluoride is a powerful protoplasmic poison, and because of its widespread occurrence in nature, toxic accumulation could be a major problem if the water supplies were fluoridated.

The following year the American Dental Association stated that the potential for harm from fluoridation far outweighed any public good, and that fluoride in concentrations as low as one part per million could cause osteosclerosis, spondylosis, osteoporosis and goitre.

Fluoridation almost certainly causes more harm than good. The fluoride compounds used are polluting waste products of the aluminium, superphosphate and other industries and are extremely toxic. Even at the one part per million used in public water supplies, toxic effects have been documented. In contrast, the fluoride occurring naturally in water is almost always buffered by calcium and is hundreds of times less toxic.

[Go to Amazon for *A Struggle with Titans*.]

REJECTED BY MOST OF THE WORLD

So America and Australia are all for this mass medication, but what about the rest of the world, in particular Europe and Israel?

After a 40-year trial of fluoridation in Basle, Switzerland, the trial was terminated in 2003 because:

- (a) Its effectiveness was not proven by any study;
- (b) Dental caries had been increasing;
- (c) The danger of fluorosis (fluoride toxicity) was significant.

Israel, after 15 years of fluoridation, very recently banned it outright. This government ruling came after groups brought to light numerous dangers associated with water fluoridation, including lowered IQ, brittle bones and teeth and damage to the thyroid gland. The Israeli Supreme Court concluded that fluoride is a public health threat and

provides minimal, if any, health benefit to society. All fluoridation programs in the country will have to end by 9th April 2014.

Ireland is one of the few countries in Europe that continues to routinely fluoridate, and yet tooth decay continues to rise. A recent study has revealed that 40 percent of Irish children have fluorosis.

“Zealous fluoridation promoters try to convince the American public that ‘everyone’ drinks fluoridated water. But the opposite is true,” says Dr Paul Connett, PhD, Executive Director of the Fluoride Action Network. “An overwhelming number of countries do not fluoridate, including 97 percent of the European population.

So only chemical-crazy United States and its puppet Australia, along with Ireland and a few other countries, have adopted fluoridation.

DENTAL FLUOROSIS AND CANCER

It is law in New Hampshire, USA, that all consumers of fluoridated water must be warned at least annually about the risk that fluoride poses to infants. The warning is this: “If your child under the age of six months is exclusively consuming infant formula reconstituted with fluoridated water, there may be an increased chance of dental fluorosis.” (*Fluorosis* is fluoride poisoning and shows up as damage (‘mottling’) to tooth enamel). (Source: American Dental Association position paper ‘Interim Guidance on Fluoride Intake for Infants and Young Children’).

In relation to cancer, there is now a substantial body of evidence indicating that fluoride can induce bone cancer in both animals and humans.

In 1965, *Saturday Review*, published research by Dr Alfred Taylor of the University of Texas showing that mice on fluoridated water developed cancer at an earlier age. Dr Taylor also found that some of the mice developed bladder stones, a condition which he had never before seen in his mouse colony.

Most notably, a recent study conducted at Harvard University found a significant relationship between fluoride exposure and osteosarcoma (bone cancer) among boys, particularly if exposed to fluoridated water between the ages of six and eight (the mid-childhood growth spurt). Bone is the principal site of fluoride accumulation, particularly during the growth spurts of childhood.

The Harvard study’s findings are consistent with a number of previous findings by the US National Toxicology Program (three studies), the National Cancer Institute (1990) and the New Jersey Department of Health (1992). The plausibility of a link between fluoride exposure and osteosarcoma is acknowledged by the US National Toxicology Program.

For more information, refer to ‘New Science on Fluoride and Bone Cancer in Boys’ – *Environmental Working Group*, June 6, 2005.

NOT SO PREVENTIVE AFTER ALL

The group, Fluoride Action Network Australia, has found some startling statistics held by ARCPOH (The Australian Research Centre Population Oral Health at the Adelaide Dental School). The statistics showed that the permanent teeth of children in largely unfluoridated Queensland (before 2009) were erupting, on average, two years earlier than the children in the rest of Australia, which is largely fluoridated. Any difference in tooth decay claimed to be due to fluoride is simply an effect of the delayed eruption caused by fluoride.

Fluoridation is not claimed to benefit adults’ teeth; however, even for children’s permanent teeth, there is evidence that conflicts the claims for benefit.

According to the Australian Child Dental Health Survey, published 12th Sept 2012, Tasmanian six-year-olds and 12-year-olds had, on average, essentially the same amount of tooth decay as did Queensland children. Tasmania was 83% fluoridated, whereas Queensland was only 5% fluoridated. (Tooth decay is measured as ‘decayed, missing or filled teeth’ (DMFT)).

In fluoridated Townsville, 12-year-olds had more tooth decay than similar age groups in the Gold Coast and North Brisbane which were unfluoridated – as found in the 2000, 2001 and 2002 Queensland Child Dental Health Surveys

A 2004 study in South Australia found “no significant difference” in decay in the permanent teeth of 10 to 15 year olds, regardless of whether they had drunk non-fluoridated or fluoridated water all their lives

WORLD DENTAL RECORD – WITHOUT FLUORIDE

In Australia a fully-documented world record for dental health was achieved by a group of children born during World War 2, known as the ‘Hopewood Children’. Sydney Dental Hospital studies found an insignificant level of fluoride in their drinking water and concluded that the reason for the children’s outstanding dental health was their diet of natural foods. In particular, the diet was free of refined sugar and other refined carbohydrates. [This scientific achievement provided major backing for the dietary guidelines of the Natural Health Society and the Hopewood Health Retreat, Wallacia NSW.]

MANY PROFESSIONALS OPPOSED

Water fluoridation is a ‘sacred cow’. After almost 70 years since it was introduced, the issue is still highly emotional and ignoring of the most thorough research ever conducted on the subject (by Dr George Waldbott).

Recently, 600 professionals have called upon the US Congress to bring an end to water fluoridation. Also, the Professor of Chemistry of St Lawrence University, Canton NY, Dr Paul Connett, has described water fluoridation as absurd.

AUSTRALIA FOLLOWS AMERICA

Why does New South Wales and some other State governments have policies of enforcing fluoridation? Firstly, they have apparently followed the American line of promoting benefits and never seen independent works such as the in-depth investigation by Dr George Waldbott. Secondly, it is possible that having endorsed fluoridation, if they reverse their stance, the governments could be swamped with law suits for harm done to health.

IN ANY CASE, IT'S EXTREMELY COSTLY

Documents, newly released in Australia under Right to Information legislation, show the costs of fluoridation to be extreme. After set-up costs, there are the running costs that councils and their ratepayers will be burdened with every year.

Fluoridation is not only extremely expensive to implement, it is extremely wasteful. Less than one percent of fluoridated water is drunk; 99% goes to showering, the laundry, the garden and other uses.

A TOXIC, UNETHICAL HISTORY

Riddled With Vested Interest

1930: In America Alcoa and some other manufacturers were in trouble because of law suits over the poisoning of cattle and other farm animals by sodium fluoride, a waste product that was polluting local environments. For example, Reynolds Metal Co. of Oregon was sued \$3,000,000 for damage to the dairy herd of ‘Fairview Farm’.

1933 – 40: A researcher, Dr Gerald J Cox, was studying the causes of tooth decay on a grant from the sugar industry and Alcoa, and was asked to find a use for sodium fluoride. Having in mind that decayed teeth had been found to contain less fluoride than healthy teeth, Dr Cox proposed putting the chemical in water supplies for the purpose of reducing tooth decay. He made his recommendations without any studies to suggest it would be safe or effective.

Interestingly, Dr. Cox was on the staff of the Mellon Institute, and the Mellon family owned the Alcoa aluminum company. Andrew Mellon, the founder of Alcoa, was also the US Treasury Secretary, and in the 1930s the US Department of Public Health was under the direct control of the Treasury Secretary.

Years later it was realised that data about fluoride levels in decayed and healthy teeth had been misinterpreted, but by then fluoridation was underway. Fluoridation had commenced its 'career' based on erroneous research.

1943: The American Medical Association stated that fluoride was a powerful protoplasmic poison, and, because of its widespread occurrence in nature, toxic accumulation could be a major problem if the water supplies were fluoridated.

1945: The 'great fluoridation experiments' began. Four cities in four North American states were artificially fluoridated and compared with four similar cities as controls. The investigations were planned to run 10 to 15 years.

1947: Oscar Ewing became Federal Security Administrator of the US, which put him in control of the US Public Health Service and the Food and Drug Administration. He had been Chief Attorney for the American Aluminium Co., which had been having fluoride pollution problems.

1948: The 'Donora Disaster' occurred. Donora in Pennsylvania, an industrial city with a zinc plant and steel mills, was covered by a thermal inversion for four days. The accumulation of polluted air caused 6,000 out of the 13,000 residents to become ill and 20 people to die. Investigation found acute fluorine poisoning in a population that already had high bodily loads of toxic chemicals.

1949: With such adverse publicity, and although the trials were barely half way through, Oscar Ewing decided that they could not risk waiting any longer, and launched a multi-million dollar promotion campaign. Its director was Edward L. Bernays and artificial fluoridation became the official policy of the US Public Health Service.

1950: The Sugar Research Foundation expressed that its aim in dental research was "to discover effective means of controlling tooth decay by methods other than restricting sugar intake."

1951: State dental directors held a meeting behind closed doors to develop a fluoridation promotion campaign. One of their most ardent campaigners, Dr Frank Bull, made the following statements:

"Don't say 'adding sodium fluoride'. We never do that – that is rat poison. We add 'fluorides'."

"This toxicity question is a difficult one. So when you get the answer on the question of toxicity, please write me at once, because I

would like to know."

"Now why should we do a pre-fluoridation survey? Is it to find out if fluoridation works? No. We have told the public it works, so we cannot go back on that."

The marketing ethics of campaign director, Edward Bernays, are revealed in his book, *Crystallising Public Opinion*, in which he states, "The subject matter of the propaganda need not necessarily be true."

1957: Concerned scientists began opposition to the promotion. The 'Medical-Dental Committee on Evaluation of Fluoridation issued a nine-point statement that included:

"Positive proof of the safety of fluoridation is required. None has been offered."

"The so-called therapeutic concentration of fluoride, arbitrarily established at 1 ppm in drinking water, is in the toxic range."

"Dental fluorosis, the first obvious symptom of chronic fluoride toxicity in children, is an inevitable result of fluoridation."

1965: The magazine, *Saturday Review*, published research by Dr Alfred Taylor of the University of Texas showing that mice on fluoridated water developed cancer at an earlier age. Also, some of the mice developed bladder stones, a condition which Dr Taylor had never before seen in his mouse colony.

1967: The FDA banned the sale of fluoride preparations for pre-natal use.

1967: In Great Britain 228 doctors, dentists and other scientists published a letter (the 'Cook letter') stating that it is wrong to fluoridate public drinking water supplies.

1968: Judge R. C. Tartar of the Kentucky Circuit Court, after reviewing the evidence for and against fluoridation, rejected an application to fluoridate Somerset, Kentucky, with the comment, "Like all nostrums, fluoridation will soon pass away. In 50 years' time it will be known as the greatest hoax in medical history."

1968: Fluoridation commenced in Sydney NSW.

2003: After 40 years of trialling fluoridation at Basle, Switzerland, the trial was terminated because:

- (a) Its effectiveness was not proven by any study;
- (b) Dental caries had been increasing in the children drinking fluoridated water;
- (c) The danger of fluorosis was significant.

2007: The Queensland Government under Anna Bligh adopts mandatory water fluoridation throughout the State.

2012: The Queensland Government under Campbell Newman resolves to give local councils free choice re fluoridation. "People were campaigning vehemently in opposition to having fluoride forced into their water supply at Kuranda and

Malanda," declared a local council.

2013: NSW Health urges all NSW Councils to fluoridate their drinking water supplies. Lismore Council initially refuses to fluoridate but is later persuaded to fall into line.

BUT WHERE ARE ALL THE SICK PEOPLE?

An Epidemiologist and Biochemist has answered this question in relation to any toxic substance. She is Dr Judy Carman, Director of the Institute of Health and Environmental Research, Kensington Park, South Australia. Website www.iher.org.au. A brief version of her explanation is as follows:

If You Don't Know What Disease to Look For, You Probably Won't Find It

The first challenge is to find which diseases to look for in people – and in the case of fluoridation, there are numerous possibilities because it is toxic to enzymes.

Pinning Down a Particular Toxic Substance Requires Funding and Time

It can require millions of dollars and many years to prove that a particular substance is causing health problems in a population.

And Industries Fight For Lucrative Products

Experience with the tobacco industry indicates that affected industries tend to argue and lobby against even sound evidence when it comes to their vested interests.

In the case of water fluoridation, the vested interests are the superphosphate and aluminium industries. Making people drink the fluoride wastes solves a huge disposal problem for them.

Suppose Only One in a Thousand People Is Made Ill

Suppose that the probability of fluoridation causing adverse health effects is found to be low. In Australia's 23 million people, if only one person in a thousand became seriously ill, then the result would be 23,000 Australians made seriously sick – virtually a health disaster.

But no investigation will be made ...

No authority in Australia has any interest in investigating fluoridation, especially in view of the many millions of dollars required to do so. In any case, it has already been done, although the experts and authorities are unaware of it.

As Judge Tartar declared in 1968, "... Fluoridation will soon pass away. In 50 years' time it will be known as the greatest hoax in medical history." And in Europe and most of the rest of the world – except for the US, Australia and Ireland – his foresight is proven correct.

No More Plastic Water Bottles in Schools

TURN BACK TIME – ALLOW NO MORE PLASTIC WATER BOTTLES TO BE SOLD IN SCHOOLS

By Karen Rivers of Cleanwater kits



Fill up wherever you are with water from the tap, be it filtered or not. This is one of the best ways to live responsibly – being at the top of the 'Waste hierarchy-avoidance' = zero landfill.

Landfill is at the bottom of the hierarchy, and sadly it is a misnomer that plastic bottles can be recycled, as this only happens to a very small proportion and is only possible for certain types of plastic. The rest all become landfill.

Children and young adults are the next generation who need to change *now* to develop good habits for their future. To completely stop plastic bottles filled with water being sold in the school canteens would be ground-breaking. Step by step, a huge change could be achieved in the overall effort with long-term health benefits for both individuals and our planet.

Look at this site: www.storyofstuff.org/movies-all/story-of-bottled-water/

I offer a solution by selling the best possible quality stainless steel bottles – 600 ml or 750 ml SS 304 grade (closest to medical grade) refillable drink bottles with unique

SS screwtop lids so there is no plastic in contact with the contents. These are plain steel with no dyes colouring them and no outer layer which can peel away to create more pollution. They are perfect, and your school could have their own logo or postcode printed on them.

The bottles cost \$7.50 each and must be ordered in minimum lots of 1,000. I will donate to charity 50c for each bottle sold. We can combine schools with different logos to make bulk orders. The funding could possibly be via P&F and become a class by class initiative to save to buy their own SS bottles. The school could sell the bottles for \$8.50 each to raise some cash for the school.

A “..... school plastic water bottle free” initiative could be invaluable as a curriculum-based exercise looking at the environmental aspects, use of freely available water as opposed to the water put into bottles, PDHPE, environmental science classes – pollution and waste disposal, the 'recycled story', and the toxicity of the plastic in the bottles.

Five water-filled plastic bottles purchased

from the canteen – which one person might buy in a week – would equal the cost of one long-lasting SS bottle. The SS bottles have a little handle on top, so it would be easy to attach each child's identification.

At Bicentennial Park in Sydney, 14 million tons of waste plastic bottles are collected annually. How many waste plastic bottle are collected from your local school? In 2014 there will be many grants available to purchase the SS bottles and filtration systems.

The future is in the hands of our young people. It takes only one month to change a paradigm through conscious thought and positive affirmations.

We can also help your school implement change with water fountains and bubbler systems supplying chilled water in the school playground. They are Australian made and at very reasonable cost.

Treat the Earth well. We do not inherit the Earth from our ancestors. We borrow it from our children.

Karen Rivers owns Cleanwater kits – pure simplicity – the solution

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VEG raw, fresh foods into your current
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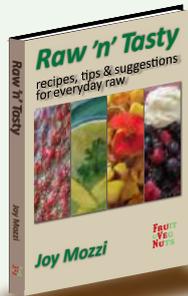
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Do you have gout?

By Lyn Craven

Gout – ‘arthritis gout’ or ‘gouty arthritis’ – is one of the most common forms of arthritis. It is caused by too much uric acid in the bloodstream and can cause extreme pain.

The condition occurs if the body either makes too much uric acid or cannot excrete it in large enough quantities.

Certain foods are high in *purines* which are the building blocks of DNA and RNA in the nuclei of cells. Purines are degraded by the liver into uric acid, which is removed from the body via the kidneys. Consuming excessive amounts of purines will result in high levels of uric acid in the blood – known as *hyperuricaemia* – and the risk of uric acid or urate compounds depositing as crystals in joints.

Foods rich in purines include organ meats, particularly liver and kidneys, shellfish, poultry, red meat, legumes and yeast. Yeast is particularly high in purines.

The more protein that is consumed, the more efficient is the conversion of purines to uric acid, so the risk spirals. Further, large amounts of the sugar, fructose, arising from the digestion of large amounts of refined sugar, also increase the uric acid level. Alcohol and deficiency of vitamin B₁ inhibit the excretion of uric acid. Liquid protein diets, low-carbohydrate diets, obesity and kidney disease can all increase the level of uric acid.

Uric acid tends to move to the extremities of the body, particularly to the tendon areas of joints that are low in the limbs. When the uric acid level reaches a certain point, uric acid or sodium urate precipitates out of solution to form minute, needle-like crystals which tear into the synovial sacks and cartilage between joints, causing inflammation, localised fever and pain that can be excruciating. A key role of the inflammatory process is to concentrate white blood cells to combat the uric acid intruder. The inflamed area also produces heat.

Gout should not be left untreated, since serious health issues can arise. Levels of pain will vary in intensity from mild discomfort to extreme pain and complete body immobility. Do not take these symptoms lightly.

GOUT IS A SERIOUS CONDITION

This disease has long-term effects on the joints and tendons, and if not treated can lead to heart and kidney diseases and other major problems.

Gout has been reported as occurring predominately in men, but more cases

among women are now being observed, and even in people who do not consume alcohol.

WHO IS MORE LIKELY TO DEVELOP GOUT?

- Up to 18% of people with gout have a family history of the disease;
- ‘Gender’ gout is more common in men than in women;
- ‘Age’ gout is more common in adults than in children;
- People who consume high-purine foods;
- Being overweight leads to excessive uric acid production;
- High alcohol intake can lead to *hyperuricaemia*;
- Enzyme defects can interfere with the way the body breaks down purines;
- Exposure to lead can cause gout;
- Poor digestion.

Other Contributors

Certain medications or certain health conditions can cause high levels of uric acid. Some drugs can lead to hyperuricaemia, because they reduce the body’s ability to excrete uric acid. For example:

- Diuretics – these increase the rate of urine excretion;
- Salicylates – anti-inflammatory medicines made from salicylic acid, that is, aspirin;
- Niacin – nicotinic acid or vitamin B₃;
- Cyclosporine – an immunosuppressant drug;
- Levodopa – used to treat Parkinson’s Disease.

A person taking these medications would be wise to consult their doctor/practitioner about them.

Especially avoid high purine foods:

Hearts, kidneys, sweetbreads, bacon, liver, fatty red meats, mutton, veal, turkey, goose, pheasant, partridge, grouse, salmon, trout, herring, sardines, anchovies, haddock, mussels, scallops, yeast.

Common issues often overlooked in conventional medicine are inadequate digestive enzyme and hormone function and leaky gut syndrome. If you have experienced any illness affecting the function of your digestion, liver, pancreas or duodenum, there will usually be mal-absorption present, in which nutrients are not being assimilated and processed efficiently. This results in other gut-based symptoms and health disorders. Long-term

stress can also have an impact on your digestion.

If it is paramount that you have the ability to digest, absorb and assimilate all foods efficiently, especially protein sources. If this ability is compromised, one of the many symptoms and health issues you may experience could be gout.

HOW TO RESOLVE GOUT

Change your diet to minimise the production of uric acid in the body and to facilitate its elimination. Consult a practitioner to assess your digestive function and dietary requirements.

Drink one-and-a-half to two litres water daily plus vegetable juices.

Eliminate refined sugar, processed foods with additives, processed fatty foods and alcohol. Consume plenty salads, including green vegetables.

Herbal and homeopathic remedies have been demonstrated to clear up gout symptoms and reduce uric acid levels in the blood. Do not self prescribe here – it takes more than celery and parsley to clear up gout! This is a deep, systemic problem, which will usually require that you be on the remedies for a few months before symptoms clear up.

It could be recommended – since each case is different – that you take the remedy again within a couple of months for another one to two months, then take a break again. Some people find that they don’t need to repeat the remedies, except when any slight symptoms recur.

Patience and consistency are required for optimum results – depending on how chronic is your condition.

There are no short cuts with health. Taking medications is not a smart solution for genuine recovery. All drugs do create side effects – usually interfering with digestive function.

People with gout that was caused by diet need to change their diet – it is as simple as that.

Lyn Craven is a practitioner of naturopathy, Bowen therapy and Energy/Reiki therapy, with over 18 years’ experience. She runs a private practice in Bondi, Sydney, and conducts locum consultations in Noosa, Qld. She can be contacted on 0403 231 804 or lyncraven@bigpond.com. Website www.lyncravencorporatehealth-naturopath.com. And join her on Facebook.

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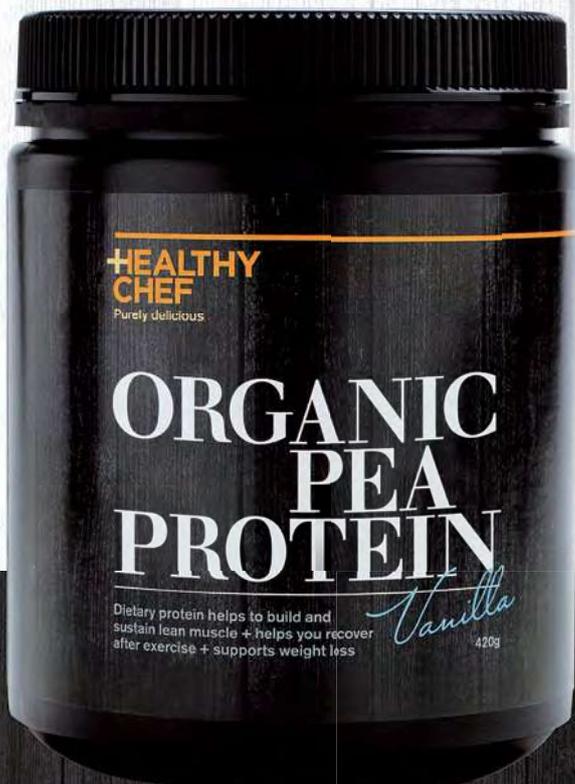
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Roasted Beetroot Salad with Fig + Smashed Raspberry Dressing [serves 4]

INGREDIENTS

800 g fresh whole beetroot
 100 g baby spinach leaves or rocket
 2 fresh ripe figs
 180 g raspberries
 2 tablespoons pomegranate molasses
 1 tablespoon cold pressed olive oil
 ground black pepper

Pomegranate molasses is available from greengrocers, supermarkets and Middle Eastern food markets. An alternative is to use an aged balsamic vinegar.

METHOD

Preheat your oven to 180 C.

Trim the leaves from the whole beetroot and wash well with the skin still on.

Wrap each whole beetroot in foil and place onto a baking tray.

Roast for about 45 minutes (large beetroot) or 30 minutes (small beetroot) until a skewer can easily be inserted through the core.

Remove from the oven and allow to rest in the foil for about 1 hour – this process allows the skin to be removed easily.

Remove the foil and peel the skin

off with your fingers – a good idea is to wear disposable gloves and the beetroot skin should slip off very easily when rubbed gently.

Cut beetroot into quarters if large or leave a few whole if small.

Arrange onto a serving platter or large bowl along with baby spinach leaves.

Top with fresh figs.

Smash raspberries with a fork – leaving a few whole berries for decoration.

Add pomegranate molasses, black pepper and olive oil.

Spoon the dressing over the salad. Enjoy.



The Secret to the Perfect Kale Salad [serves 4]



INGREDIENTS

500 g fresh kale (approx 2 large bunches or 17 oz)
 1 pomegranate
 2 tablespoons goji berries or cranberries
 2 tablespoons cold-pressed olive oil or flaxseed oil
 1 teaspoon honey or your choice of sweetener.

4 spring onions, finely sliced
 1 bunch mint, chopped
 1 bunch parsley, chopped
 2 tablespoons pumpkin seeds
 ½ teaspoon ground black pepper
 ¼ teaspoon sea salt
 1 lemon
 1 clove raw garlic, smashed
 1 cup micro greens (optional)

METHOD

Remove tough stems from the kale leaves and wash well.

Shred finely and place into a large bowl.

Combine garlic, pepper, salt, lemon juice, olive oil and honey into a small bowl or cup.

Mix the dressing ingredients well then pour over the shredded kale leaves.

Combine the dressing with the kale until mixed through.

Add some love and start to massage the leaves gently for about 2 – 3 minutes. The leaves will slowly start to soften and wilt, relaxing the kale so that the leaves become wonderfully tender.

Add the spring onion, parsley, mint, pumpkin seed, pomegranate, goji berries and micro greens.

Toss through gently and taste to adjust any flavours if necessary. Divide between serving bowls and enjoy or store in the fridge for up to 3 days.

BOOSTERS

Avocado, ground linseeds or walnuts, chia, goats feta or quinoa



Fatoush [serves 4]

INGREDIENTS

1 Lebanese cucumber – chopped
100 g (2 good handfuls) baby spinach leaves
60 g (1 good handful) sprouts or micro greens
2 capsicum (1 red + 1 yellow)
6 spring onions, sliced
½ red onion, sliced
250 g (1 punnet) cherry tomatoes, halved
Parsely bunch, chopped
Mint bunch, chopped
1 clove garlic, smashed

DRESSING

2 tablespoons pomegranate molasses (see notes)
2 tablespoons lemon juice
2 tablespoons cold pressed olive oil or flaxseed oil

Micro greens are delicate baby green herbs available from green grocers.

METHOD

Combine cucumber, spinach, micro greens, capsicum, spring onion, tomato, parsley, mint and garlic into a large bowl.

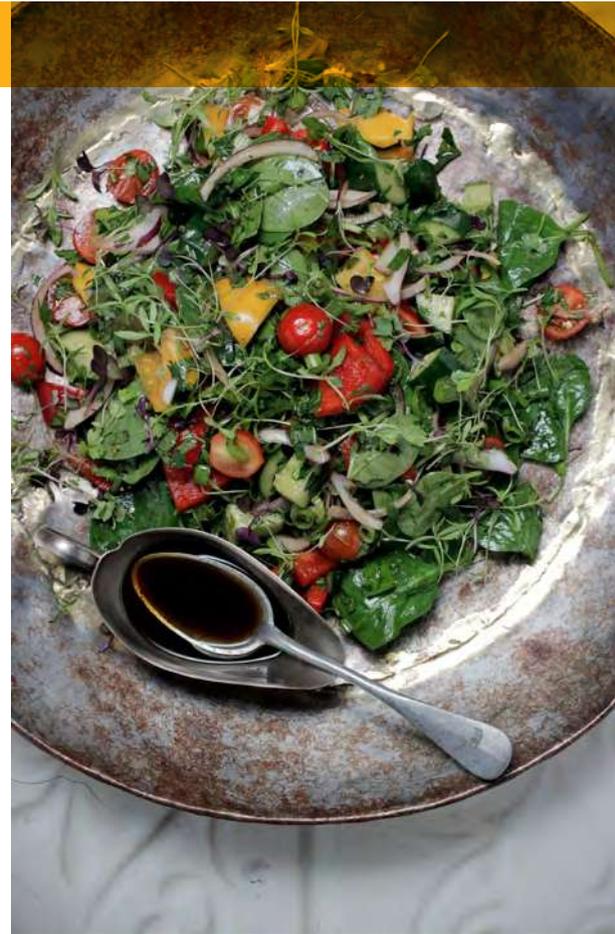
Mix the dressing ingredients in a separate small bowl.

Pour the dressing over the salad just before serving.

Season with black pepper.

Mix through until combined.

Enjoy and delight !



Blackbean + Sweetcorn Salad [serves 4]



INGREDIENTS

250 g (9 oz/2 cups) black beans, cooked and drained

180 g (6 oz/1 cup) sweet corn kernels (approx 2 whole corn cobs) raw or lightly steamed are both great.

160 g (6 oz/1 cup) sun-ripened tomato, roughly chopped or cherry tomato, halved

1 bunch coriander, chopped
4 spring onions, sliced

1 avocado, chopped
juice from 2 limes

1 clove garlic, smashed
1 small red onion

Good grind of black pepper
hint of chopped chilli – optional

METHOD

Combine black beans, sweet corn, tomato, coriander, spring onion, lime juice, garlic, red onion, black pepper and a hint of chili if using into a large bowl.

Mix well and combine the flavours.

Spoon into a bowl and top with chopped avocado.

Serve and enjoy.

TERESA CUTTER is a classically trained chef, qualified nutritionist, accredited personal trainer and founder of The Healthy Chef. Teresa has published five cookbooks, and opened a successful organic café at Avalon on Sydney's northern beaches, called 'The Healthy Chef'.

In November 2012, she launched The Healthy Chef Functional Food Range, free from chemicals, artificial sweeteners and made from wholefoods. Her Healthy Chef Organic Pea Protein is the first of its kind in Australia (see page 21).



'Yes' – Cancer Can Be Conquered – Simply!

By Michael Sichel

In my book, *Cancer – Three Months to live*, I describe over 50 'terminally ill' cancer sufferers who 'came good', many of whom are still alive today. In fact, I describe having dinner in Connecticut with an American couple in whom the husband was terminally ill, having been given three days to live due to a most deadly cancer, pancreatic – yet he was still alive 15 years later. This man was treated by the simple use of a substance called cartilage.

His case was not a 'one-off' – in fact, in his group of 32 terminally-ill sufferers, 33% treated in the trial had survived more than five years (two of these also being pancreatic cancer success stories).

Moreover, that group of 32 were part of a US Food and Drug Administration approved trial of terminally ill people⁽¹⁾ given-up by standard medicine, but validated by the results. My book contains dozens of Australian examples.

Two of these tell of success with advanced prostate cancer, and both cases have now been free of cancer for over six years (one was an ex-paymaster of the Gosford Hospital).

Modern medicine had failed these cases. What, then, had I, my doctor and naturopath colleagues done differently from orthodox methods? We had simply applied old but neglected knowledge that had been passed down to us, or applied knowledge that had been newly discovered in our own life-time. The latter is probably the most important, but some of the seeds had been sown over hundreds of years by highly intelligent herbal and naturopathic practitioners.

How this method was discovered

The person who brought us this exciting knowledge and largely began the revolution was Dr John Fletcher Pudden, MD, MedScD, a highly qualified surgeon, with whom I worked in New York. In my book, you will see how this knowledge came to him in the person of a Canadian pathologist working at Dr Prudden's hospital, the NY Presbyterian Columbus. This Canadian whispered in the ears of

Some readers my find the method described here unsavoury and some unacceptable. We publish this information because cancer is wreaking havoc in our population and also the method does not involve suffering by any living creature – Editor.

any surgeon who would listen that the many dangerous hemorrhages following surgery could be stopped by using cartilage powder. But nobody listened! That is, until a man dying from bleeding because his wound would not close was under the care of Dr Prudden.

Dr Prudden decided to try cartilage. He rushed to the mortuary and amputated a leg, separated the knee cartilage and sterilized it. He then sprinkled it over the wound and to his amazement the wound began to heal.⁽²⁾ This was the beginning of what has become a world-wide industry which has saved, or greatly healed, multitudes from many other health issues, including osteoarthritis, rheumatic arthritis, auto-immune diseases, herpes and alveolitis (dry socket in dentistry).

By delving into the history of natural medicine, you will find many such episodes that are more than 'just coincidence'. See, for instance, the spontaneous discovery of iris 'geography' in the eyes (mapping reliable indicators of health and disease from which significant diagnosis can be made) – by two doctors a thousand miles apart – one in Hungary and the other in Denmark.

The Healing of Cancer

Following this discovery, Dr Prudden used cartilage as routine. One day on his surgeon rounds, he came upon a woman with cancer who had had a breast amputation. Wishing to ease her pain, he sprinkled cartilage powder and repeated this daily. Within a week Dr Prudden saw, to his amazement, that the cancer appeared to have disappeared. And, in fact, it had. The cancer healed and the lady went on to live for several years, dying from natural causes.

Dr Prudden then began studies and collaborated with his peers and made preparations to prove his findings. By 1980, with FDA approval, he began a five-year

trial using terminally ill cancer cases – which is what you read about at the beginning of this article.

With further work and collaboration, prestigious laboratories like the Massachusetts Institute of Technology followed Dr Prudden's lead, and by 1995 their studies showed how it was possible for cartilage to do its work.

They found that the *interstitial cells* and *hyaluronic acid* (a gel-like substance in which our cells live) were able to signal aberrant cells to stop multiplying. Later, this ability was seen to be powerful and could stop the spreading of cancer (*anti-angiogenesis*).

Much of this work was done at Manitoba University, under team leader, Dr Eva Turner, who discovered the RHAMMs mechanism in 1992. It was her work that led the team in this latest finding, published in *Cell Magazine*, July 1995, a prestigious biomedical science journal.

The question we should ask is: Why have most Australians never heard of these simple natural ways to beat cancer? There are many natural and simple ways to treat cancer, and I hope in the future to write in this magazine about seven important examples of methods which we have used for many years.

REFERENCES

- (1) 'Treatment of Human Cancer with agents prepared from Bovine Tracheal Cartilage', *J Bio Resp Modifiers*, 1984
- (2) The Acceleration of Wound Healing, *Surg Gynecol Obst*, 1969

MICHAEL'S BOOK IS AVAILABLE

Cancer – Three Months to live was reviewed in the Spring 2013 issue of this magazine, page 42.

We introduced the review with, "The wonderful story of gentle, natural, low-cost, highly successful cancer treatments from around the world ... Hope for terminally ill cancer sufferers without chemo/radiation, including childhood cancers."

The book is available from the Natural Health Society. Price to members of the Natural Health and Vegetarian Societies is \$38.50 including postage.



The Gerson Diet

Part three of a four-part treatment protocol for Gerson Therapy Nutritional supplements (medications)

By Jo Thompson

There is great debate among many health professionals as to whether supplements are of value or a waste of money. Many argue that if your diet is sufficient, you don't require supplementation. Today's food is enzyme and nutrient poor, thus I would argue that there is a great need for supplementation to aid the body's systems in normal functioning. Pharmaceutical medications are synthetic and, as a rule of thumb, are there to suppress symptoms rather than deal with the cause. Thus they are not used in this treatment regime. However, as we know, pharmaceuticals can be invaluable in acute situations or emergencies.

The 'medications' used in the Gerson therapy are all natural, and their purpose is to make up for the deficiencies of the sick body until it recovers sufficiently to cover all its needs. These substances are so pure that even if they are incorrectly used by mistake or are in excessive or insufficient doses, they do no harm.

As we have discussed in previous editorials, disease comes about due to toxicity and deficiencies of the body. Whether you choose Gerson therapy for healing with diabetes, arthritis, Crohn's, cancer, melanoma or other conditions, it is imperative the all four parts of the therapy are followed: (1) The diet, (2) The juices, (3) The medications and (4) The coffee enemas. *Modified Gerson* can be implemented even if you have no diagnosed disease and just want to regain full health, energy and vitality.

The Nutritional supplements are as follows:

Potassium Compound

Dr Gerson found that the basic problem in all chronic degenerative diseases is the loss of potassium from the cells and the penetration of sodium into the cells. The average diet contains far too much salt (sodium) which brings about this syndrome. To correct this, large doses of potassium (a 10% solution of three potassium salts) are added to the juices. The organic vegetarian diet is already rich in potassium, so adding the potassium solution enables the sick body to release excess sodium together with oedema, while also reducing high blood pressure and in some cases pain.

Niacin

Commonly known as vitamin B₃, niacin assists in the digestion of protein and helps to open capillary circulation, thus

bringing freshly oxygenated blood to all bodily tissues. The dosage is 50 mg six times daily with meals on full Gerson.

Pancreatic enzymes

These are digestive enzymes, given four times daily, to digest fats, proteins and carbohydrates. Even though Gerson clients don't consume much of these, the enzymes are essential in the digestion and elimination of tumour tissue.

Acidol Pepsin

The majority of our population is low in digestive juices in the stomach. This is why we see so much reflux, oesophagitis and bloating. These tablets supply digestive stomach juices and digestive pepsin. Acidol Pepsin aids protein digestion and the absorption of iron, while helping eliminate gas and bloating.

Lugols Solution and thyroid tablets.

Most cancer clients have low basal metabolism – in other words, the body functions slowly. This problem is often caused by the chlorine and fluoride found in our water supply. Both remove iodine from the thyroid and stop absorption of iodine by the body.

Lack of iodine reduces the ability of the thyroid gland to function properly. Its main role is regulation of our metabolic rate and thermostat. It also affects the immune system as well as proper functioning of our hormones.

Iodine solution and thyroid tablets are given to activate the immune system, so that healing can commence. The metabolic

rate is increased, allowing the body to function adequately again and to heal.

Coenzyme Q10

An important nutrient in cell metabolism. It is essential in the pathways for making energy and bringing oxygen into the cells. As stated in previous articles, and proven by Nobel Peace Prize winner, Otto Warburg, cancer cells cannot survive in an oxygen-rich environment, as is found in an alkaline state.

Flaxseed oil

The therapeutic effects of flaxseed are as follows:

- It contains essential fatty acids high in omega-3;
- It attracts oxygen to the cell membrane which then transports oxygen into the cell;
- It is able to detoxify fat-soluble toxins and helps to dissolve and remove plaque;
- It is a carrier of vitamin A, which is important for the immune system;
- It removes excess cholesterol.

As you can see, the medications are specific and targeted. It is essential that you seek guidance and monitoring while on this therapy. I have seen countless lives improved, prolonged and saved by Gerson. It is not an easy therapy, it does require discipline and dedication to your own wellbeing.

If you would like more information, support or guidance, please contact me (see details below).



Joanne Thompson
Health Practitioner
RN BN



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MERCURY MADNESS

It's time to end the mercury age of dentistry

Part 4 – Detoxification

By **Dr Lisa Matriste, BDS Sc Hons (Uni of Qld)**

Director, Australians for Mercury Free Dentistry; Environmental Committee, International Academy of Oral Medicine and Toxicology

I am constantly amazed at how 'awesome' our bodies are! Mother Nature's cellular designs are fantastical. Long before the onslaught of industrial and chemical pollution, our cells were equipped with processes to cleanse us of metabolites and toxins, including heavy metals such as mercury from naturogenic (naturally caused) sources – volcanoes, bushfires and the aquatic food chain.

Enter the anthropogenic sources (from human activity) of mercury exposure in the timeline of our existence, and our natural detoxification systems have now become overwhelmed and exhausted.

The historic Minamata Convention on Mercury, enacted in Japan in October this year, will eventually protect our health and environment from modern-age mercury. However, it will take years for governments around the world to develop and implement policies to clean up our planet.

In the meantime, you can implement your own 'clean-up taskforce' for your cellular environment. Assessing the extent of your mercury exposure would be a logical starting point – see Mercury Madness (MM) Part 3, in the Autumn 2013 issue of this magazine. The next step is to find and work with a health practitioner who is specifically trained in heavy metal detoxification.

PATHWAYS OF MERCURY ABSORPTION

The inorganic form of mercury in dental amalgam is inhaled as vapour, swallowed as particles and directly absorbed into the bloodstream via the mucous membranes. It ends up being stored mostly in the kidneys. The far more toxic organic form, *methylmercury*, from fish, seafood and the methylation of mercury from dental amalgam, is formed as a result of interaction with microorganisms in fish and the human gastrointestinal system. The extent of our internal methylation should never be underestimated. Methylmercury, being even more lipid (fat) soluble than inorganic mercury, is deposited mainly in the brain and liver.

Hair tissue mineral analysis (HTMA) usually shows that high levels of methylmercury are excreted through the hair follicles of amalgam bearers. If samples are taken three months following final mercury filling replacements, dramatic decreases are often observed. If there were no dietary changes during that time, such dramatic drops *must* be due to the removal of the major bodily stores of mercury (the fillings) and the end of the constant internal methylation.

Thirty years ago, in laboratory research, the teeth of a pregnant ewe were implanted with dental amalgam containing a radioactive isotope of mercury. The mercury was seen, by X-ray, to be concentrated in the various organs listed in the graphic on this page, as well as in the lamb foetus. As sheep do not eat fish, this experiment clearly demonstrated that mercury from amalgam fillings in the teeth lodges in the body and passes through the placental barrier.

Human autopsies and further animal studies have demonstrated the same pattern, plus mercury concentration in testicles. Mercury has an affinity for sulphur, more specifically sulphhydryl groups, and the fatty tissues where mercury concentrates in the body have higher levels of this sulphur-based substance. Mercury targets

and damages these vital organs, giving it the reputation of being a potent neurotoxin, nephrotoxin, hepatotoxin, cardiotoxin and reproductive toxin.

Mercury's interaction with sulphhydryl groups can be manipulated to our advantage when detoxification is instigated. In other words, knowing how mercury gets *in* and where it lodges provides us with the understanding of how to get it *out*.

PATHWAYS OF MERCURY EXCRETION

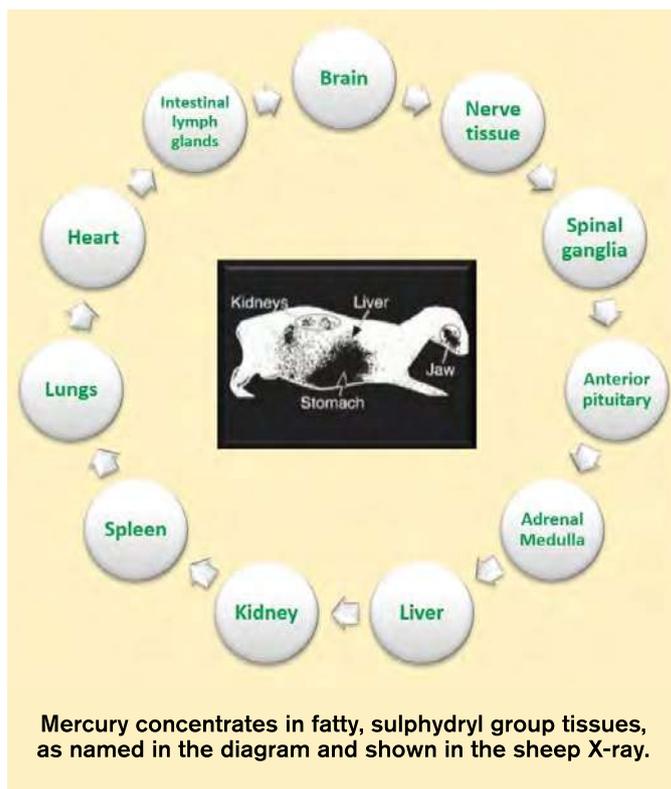
The two types of mercury have different exit pathways from our body, and our liver will handle them differently. Methylmercury is excreted via faeces and hair, while inorganic mercury is found in faeces and also excreted in urine.

There are three phases of detoxification. **Phase 1** involves the liver converting a toxin into another substance (reactive bioactive compounds), so that it becomes available for **Phase 2** conjugation (binding) with yet another substance and can then be excreted out of the cell membrane. **Phase 3** involves the transporting and excretion of the modified toxin out of the body. High levels of *glutathione* are needed to convert a fat-soluble mercury toxin into water-soluble *mercaptates*. *Only mercury that is bound to glutathione or selenium can leave the cells.*

In most people, especially amalgam bearers, the ability to excrete heavy metals will be impaired due to damage already done to the primary organs of detoxification (liver, kidneys, intestines) and an overloaded, congested lymphatic system. Many people have not inherited protective cellular mechanisms against heavy metal contamination, therefore early identification of DNA profiles is highly recommended, so that you can take specific supplements and modify your diet as necessary.

WHEN TO DETOX

The objective is to eliminate your total toxic burden, that is, what your body has absorbed over your lifetime (starting in-utero) as *safely* as possible, so that no more damage is caused. However, because of the omnipresent



nature of mercury pollution, detoxification of heavy metals at least once a year is an excellent idea. Personally, I find January to be the best time to release the past and its toxins, in order to start the new year cleansed and refreshed.

The very first mercury detox programme requires a disciplined three-month timeframe and should precede all other health initiatives such as weight loss, fasting or juicing regimes. Your heavy metal bioburden needs to be reduced first, otherwise these other regimes will release and circulate stored, fat-soluble toxins, creating even greater overload situations in blood, lymph and organs. Without adequate glutathione or selenium for transport and excretion, those toxins will eventually come back to 'rest' in the fatty tissues. In other words, detoxification will be counterproductive.

People who are most at risk for mercury detoxification complications I am calling Group A. Members of this group can generally implement Phase 1 of detoxification, which deals with cleansing mercury out of where it is circulating – primarily the gut and kidneys – before moving to the deeper stores in the body (Phase 2).

GROUP A includes: people who have symptoms of mercury poisoning (see MM Parts 1, 2 and 3 and the US EPA checklist link shown in 'Further Reading'), or pre-existing neurological, liver or kidney

disorders, or multiple chemical sensitivities (usually triggered by nickel and mercury); people who still have mercury fillings in their teeth; pregnant or breastfeeding women; children under 10 years.

People who have amalgam fillings should *never* move on to Phase 2, but rather focus on antioxidants and transport mechanisms in order to 'mop up' the mercury and get it out of the body quickly and constantly, bearing in mind that it will continuously be absorbed from the fillings.

GROUP B can be loosely defined as 'everyone else' and includes people who are not amalgam bearers and are asymptomatic. Members of Group B can accelerate quickly to Phase 2 protocols and then consider more robust and aggressive forms of mercury chelation.

Group B can also include people originally in Group A who have had their mercury fillings removed, have improved and are not demonstrating any signs of toxic overload. If mercury related symptoms appear at any stage, known as 'retoxification' or a 'detox crisis', it is necessary to revert to Group A protocols until symptoms are resolved, then reintroduce Phase 2 conjugation but at half strength and half duration.

It is important to 'pulse' Phase 2 detoxification, to allow for recovery of the organs and prevent their exhaustion, before mobilising more mercury out of the cells. Suggested

schedules are, say, Monday to Friday *on* a disciplined detox regime and the weekend *off*, not using any conjugating substances to mobilise more mercury on those two days, *or* three months *on* a detox and a whole month *off* before starting again with a more intense detox regime, for example, medical chelation.

It is crucial for Group A that you avoid activating the Phase 2 pathway and also avoid provoking natural chelation. Neither should you use electrical/magnetic field devices such as foot baths. Active chelation involves sending in substances, either natural or synthetic, to conjugate (bind) with mercury. These are usually sulphur or thiol based. *Warning:* Mobilising extra mercury when pregnant or breastfeeding is extremely dangerous. See MM Part 3 (*True Natural Health*, Autumn 2013, page 28).

HOW TO DETOX

The purpose of this article is to present a holistic approach to detoxifying your body from mercury. This involves using foods and concentrated nutritional supplements in combination with physical therapies.

Please note that medical intervention is available and strongly recommended if someone is suffering from severe mercury related symptoms or has any pre-existing disease and positive mercury blood tests. Initial medical management should be

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directed toward giving intravenous antioxidants (for example, vitamin C, glutathione) and minerals, especially during the period of mercury fillings replacement. Oral and/or intravenous chelation should be commenced only when functional liver detox profile serum electrolytes, urea, sulphur and creatinine levels have been established, and conducted by a medical doctor who has specific training in this field.

There are some extremely promising and powerful natural detoxification and chelation protocols and products being developed in America right now. However, it is far too early to provide information about them as they are not yet available in Australia and the products would require TGA approval, a lengthy process.

NATURAL WAYS TO ELIMINATE MERCURY

Here are some basic rules for enhancing mercury detoxification:

1. If you have been eating fish and seafood, stop. Likewise anything else from the sea, unless it is guaranteed mercury free.
2. Alkalisise your body.
3. Drink lots of filtered water – minimum 1.5 litres per day, more if using sweat sessions. The kidneys need to be flushed out. Listen to your natural thirst drive.
4. Avoid conventional dairy foods. Fermented products, such as yoghurt, kefir and some cheeses are allowed.
5. No fasting – in fact the opposite applies.

A high-protein diet is necessary for the production of glutathione.

6. Alcohol is allowed in moderation, as some studies show it assists in mercury detoxification.

7. Work towards a minimum of two bowel movements per day. A high-fibre diet is essential, as well as prebiotics and probiotics to rebalance your gut microflora. Transit time from chewing to defaecation must be under 24 hours, otherwise retoxification will occur (eat corn and see how long it takes to appear in your stool).

Dietary Choices

The following protective foods can be incorporated into your diet while planning your dedicated detox programme and can be continued lifelong if your mercury exposure is persistent or you have a compromised ability to detoxify heavy metals. These foods are high in the ingredients that support the body's intrinsic detoxification pathways, as backed by research, and contain concentrated levels of antioxidants, fibre, sulphur, zinc, selenium, glutathione, cysteine and methionine. N.B. Group A candidates should avoid foods rich in cysteine, sulphur and methionine until they are ready to transition into Group B.

It is always best to choose *certified* organic produce, especially as biosolid fertiliser (treated human sewage) is now being used on conventional farms. It is contaminated with mercury from dental clinic drains, an appalling situation that could be prevented by a law mandating the use of mercury separators in dentistry. At home,

an ozonated-water washing device will both kill microorganisms and 'mop up' any charged ionic metal contaminants on fruit and vegetables.

Glutathione rich foods: A crucial substance for enabling mercury detoxification, but often our internal ability to make it is compromised. The meat of young animals* and also avocados will boost your glutathione levels naturally. Vegetarians would be strongly advised to consider supplemental or intravenous glutathione. *Phase 1*

*[Not recommended by NHS.]

Selenium rich foods: Brazil nuts, sunflower seeds, wheat/rice/oat bran and liver.* Also high in lots of seafood – not recommended for obvious reasons! *Phase 1*

Zinc rich foods: Spinach, pumpkin and squash seeds, cashews, beans (legumes), wheatgerm, cacao powder, mushrooms, beef* and lamb* and, once again, seafood – avoid! Zinc from animal sources may be more bioavailable. *Phase 1*

Butter: Derived from A2 protein, for example, Jersey or Guernsey cow's milk. Rich in butyric acid, which is metabolised to glutamine and is essential for good colon function and detoxification. It also stimulates bile and cholesterol production – important for binding with mercury. *Phase 1*

Grapefruit: Has a unique and amazing feature that can stop extra free radical formation during Phase 1 detoxification. Eating the whole fruit – flesh, seeds, pulp and thoroughly scrubbed skin – is extremely beneficial. *Warning: Grapefruit may dangerously interfere with pharmaceutical medications.* *Phase 1*

Vitamin D foods: Vitamin D dramatically increases intracellular glutathione, assisting brain detoxification. It can be obtained from cod liver oil (*only* if distilled of mercury) and from mushrooms as vitamin D₂ which is then metabolised to D₃. *Phase 1*

Coriander/cilantro: Mobilises mercury from extracellular binding sites and facilitates transport and excretion. Cilantro tincture is more powerful than the fresh herb. *Phase 3*

Turmeric: An everyday detox superfood that influences detoxification processes, provides organ protection and should reduce the common side effects of any retoxification. *Phases 1 & 2*

Cruciferous vegetables: Kale, cabbage, broccoli, etc, are rich in the sulphurs – as is the **onion family**. *Phase 2*

Pea protein: A fantastic source of cysteine, which forms glycine and glutathione. We need high levels of cysteine to conjugate mercury across the blood-brain barrier. People with metal binding genotypes need lots of cysteine. *Phase 2*

Eggs: Rich in sulphhydryl groups – raw is best or slightly coddled. *Phase 2*

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Supplements

Antioxidants protect the liver during detoxification when there is increased risk of cell damage from free radical production. Avoid sulphur-based supplements if you are in Group A and focus on antioxidant protection and facilitating the transport mechanisms (Phase 3) for eliminating mercury from your body. With that proviso, it is possible to take all the supplements listed below, but again, professional guidance is strongly recommended.

Glutathione: The primary antioxidant for quenching free radicals and integral to our immune system, especially for resistance to viruses. Glutathione supplements are often poorly absorbed. Intravenous administration by integrative medical doctors overcomes this obstacle and is definitely optimal, but costly. *Phase 1*

Glutamine and glycine: High levels are needed to synthesise glutathione. *Phase 1*

Vitamin C: Essential for any detox program because it feeds the system that eliminates toxins and neutralises free radical production from the toxins. Massive amounts of antioxidants are needed to buffer the damage caused by mercury. One charged mercury atom creates one million free radicals! *Phase 1*

Vitamin D and sunshine: See benefits above. Twenty minutes of sunshine a day is recommended. Plant-derived vitamin D₃ is available, but most is synthesised from lanolin. *Phase 1*

Multi-mineral with trace minerals including zinc and selenium: To nurture the damaged nervous system. *Phase 1*

Molybdenum: Essential trace mineral needed to make cysteine and glutathione. *Phase 1*

Silymarin (milk thistle): Protects the liver. *Phase 1*

Microsilica: Phenomenal binding capacity with mercury; easily transports mercury out via faeces without stressing the kidneys and liver. *Phase 3*

Chlorella: Similar action to microsilica but has less binding capacity. *Phase 3*

Modified citrus pectin: Binds with mercury and also increases faecal excretion. *Phase 3*

Zeolite: A natural clay that traps and eliminates heavy metals; however it can draw out other minerals. *Phase 3*

Homoeopathics: Energise the excretory function of the organs; excellent for tonifying liver, kidneys and lymph system. *Phase 3*

Essential fatty acids: Udo's oil (by Flora), omega 3-6-9 blends, Algal DHA (by Bioceuticals) and 4:1 DHA/EPA all promote intra- and extra-cellular transport. *Phases 1 & 3*

R-lipoic acid: Enhances/upregulates the glutathione system and provokes cells to release mercury. *Phases 1 & 2*

Curcumin: Extracted from and more powerful than turmeric. *Phases 1 & 2*

Humic and fulvic acid: Both increase intracellular coenzyme Q₁₀; also bind mercury. *Phases 1 & 2*

Melatonin: Powerful antioxidant protecting the brain from mercury neurotoxicity (prescription only in Australia). *Phases 1 & 2*

MSM: Supplies additional sulphur to help with binding of mercury. *Phase 2*

Activated charcoal is not recommended because it *adsorbs* almost everything in its path. Its power is best reserved for 'drawing' poultices and certain types of acute poisoning.

DETOX DEVICES AND TREATMENTS

Sweating is a natural process designed for both temperature regulation and excretion of toxins. If safe for you, 'get up a sweat' regularly through vigorous exercise. Steam baths and saunas encourage sweating and also stimulate circulation, especially in the lymphatic system, which then transports toxins out of the body; likewise body wraps with clay muds, and herbal compresses or poultices. Applying skin creams overnight can hinder excretion via the skin.

Infrared saunas are a useful adjunct to detoxification. The wavelength of light penetrates the skin to about 4 cm. Porous timber saunas with additional heating panels must have a vigorous exhaust system to draw out the vaporised heavy metals released through sweating, plus a good inflow of clean air. The timber must also be free of lacquers and glues, which can off-gas toxic vapour. With ozone saunas, your head is out of the thermal box so there is little chance of breathing in toxic air. Ozone also disinfects the thermal chamber and neutralises ionic charged metal particles. People with MS and adrenal fatigue must be careful about copious sweating and the loss of sodium. 'Slow and steady' is the best approach.

Bathing in Epsom salts, an inexpensive source of magnesium sulphate, promotes relaxation and also, via transdermal absorption, supplements the body with sulphur (Phase 2). *Warning: use only pharmaceutical grade Epsom salts* – bulk forms can be contaminated with heavy metals from the fertiliser industry and this also applies to float tanks. Natural mineral oils (non-petrochemical) can also be used in the bath for absorption through the skin where there is mercury-caused intestinal inflammation and damage.

Interestingly, changes in pressure (flying, skydiving, scuba diving, hyperbaric chambers) may trigger a detox crisis and can even be used deliberately to enhance detoxification. Boost your antioxidants and elimination mechanisms and employ the strategies described above.

Acupressure, acupuncture, dry needling, specific massage techniques and shiatsu can shift energetic blockages, enhance circulation and stimulate lymphatic drainage.



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SUMMARY

1. Best to have naturopathic support while detoxing mercury.
2. Get a baseline assessment of mercury tissue levels and a DNA profile done beforehand.
3. Find a dentist who has been endorsed by Australians for Mercury Free Dentistry to remove the mercury dental amalgam in your teeth mechanically, using safe protocols. See MM Part 2 (*True Natural Health*, Summer 2012/13, page 29).
4. While undergoing the removal process, use foods and supplements that are rich in antioxidants to repair and protect the major organs, and also substances such as homeopathics that improve the Phase 3 transport and elimination of toxins. Utilise adjunctive therapies and avoid eating *anything* from the sea unless it is mercury free.
5. Once the dental phase is completed and relatively no symptoms of mercury toxicity remain, it is time to start mobilising the mercury that has been absorbed by the cells (Phase 2).
6. To activate conjugation (Phase 2), start eating sulphur-rich foods and taking Phase 2 supplements. Maintain this for three months. If you develop symptoms of a detox crisis, stop conjugating/mobilising mercury and return to the antioxidants/transport approach until symptoms have resolved, then start mobilising again. Be prepared to keep doing this – the 'pulse' process works.
7. These recommendations, if observed, are also an excellent foundation for more robust and aggressive heavy metal chelation, should you decide on medical intervention.

CONCLUSION

For some people, mercury detoxification will be relatively painless. For others, it will require time, persistence, multiple detox cycles and a willingness to go through the sometimes difficult and unpleasant aspects of cleansing and healing before the physiological and psychological damage inflicted by this most poisonous of metals is alleviated.

If you do persist, there's no doubt that getting the mercury out of your mouth and reducing your heavy metal bioburden will find your old self transformed into a lighter, brighter, happier and healthier NEW YOU!

Dr Lisa Matriste

Dr Lisa Matriste is a Melbourne dentist and founder of the Australian chapter of the World Alliance for Mercury Free Dentistry.

Practitioners

For information on detoxification or chelation specialists, contact:

Australians for Mercury Free Dentistry (see separate box below)

Research Nutrition: 1800 110 158 or support@researchnutrition.com.au
www.acnem.org; www.aima.net.au;
www.niim.com.au; www.atms.com.au;
australiannaturaltherapistsassociation.com.au;
www.anpa.asn.au;
www.naturaltherapypages.com.au

Supplements and Other Products

Sunray Health practitioner-only MCP+ (modified citrus pectin)

BioCeuticals practitioner-only UltraClean Algal DHA & Omega 7 (omega-3 and 7 product suitable for vegans and vegetarians)

Max International glutathione precursors: www.sciencebreakthrough.info; sue.barron@optusnet.com.au; Facebook: Glutathione Max-imum Resource (<https://www.facebook.com/GlutathioneMaximumResource>)

Pea protein: See page 21 of this magazine.

QuickSilver Scientific products (USA): <http://www.mhpvitamins.com/id154.html>

Ozonated Food Spa for washing fruit & veg: email info@encompasshealthclinic.com.au or phone 03 9720 6234

Testing Services

See Mercury Madness Part 3, *TNH*, Autumn 2013, page 31, as well as advertisements in this issue.

Sources and Further Reading/Viewing

www.mercuryfreedentistry.com.au

See interim Mercury Madness list of websites in *TNH*, Winter 2013, page 30.

www.epa.gov/hg/effects.htm

Andrew Hall Cutler, PhD, PE: Book *Amalgam Illness: Diagnosis and Treatment*; www.noamalgam.com

Dr Christopher Shade: www.quicksilverscientific.com; <http://articles.mercola.com/sites/articles/archive/2013/01/13/mercury-detoxification-protocol.aspx> – article and video on Dr Shade's protocol

<http://www.environmentalhealthnews.org/ehs/news/2013/the-minamata-convention-what-does-it-do>

Australians for Mercury Free Dentistry: THE NEXT PHASE

In October 2013, four years of UNEP negotiations culminated in the signing of the Minamata Convention on Mercury, a mandate to protect our health and environment from mercury pollution by the following sectors: dental, gold, coal, gas mining, plastics, paints, cosmetics, chlor-alkali, electronics and lighting. Never before has an international treaty addressed the adverse consequences of exposure to a heavy metal.

A global phase-down of mercury dental amalgam was agreed upon. The ultimate goal of Australians for Mercury Free Dentistry is to end the mercury age of dentistry by 2018. AFMFD founder, Dr Lisa Matriste, participated in the Diplomatic Conference in Minamata, Japan, witnessing Australia signing the groundbreaking treaty.

Say NO to mercury!

Australians cannot only rely on government or bureaucracy to implement the Minamata Convention on Mercury quickly, nor to decide on a voluntary phase-out, which had already happened in many other countries before Minamata. By supporting the AFMFD campaign, you can make a significant contribution to changing the dental health policy of our nation and reducing global mercury pollution.

Go to www.mercuryfreedentistry.com.au and register as a member to show your support to end the mercury age of dentistry; encourage your friends and family to become involved too.

Register your protest to the Australian Government for allowing the continued use of mercury dental amalgam.

Contact the Australian Dental Association, the Australian Dental Industry Association and the Australian Medical Association to request that they support a phase-out of

mercury dental amalgam fillings by 2018 to protect dental health care workers and the Australian public from continued mercury exposure.

Contact all dental workers and medical practitioners you know to explain why they should support a phase-out.

Donate to support the work of our volunteers by boosting our resources and effectiveness.

Australians for Mercury Free Dentistry

The Australian Chapter of the World Alliance for Mercury Free Dentistry

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Modified Citrus Pectin

Practitioner Dispensing Only

According to "Modified Citrus Pectin" author Nan Kathryn Fuchs in New Living Magazine online, heavy metals such as mercury, lead, cadmium, and arsenic can build up in the body. These metals may contribute to harmful disorders and chronic conditions affecting health. Modified citrus pectin may bind to these heavy metals and assist in removing them from the body. Taking modified citrus pectin regularly encourages the urinary excretion of heavy metals due to its binding effects in the bloodstream.

Pectins are gel-forming polysaccharides from plant cell walls, especially apple and citrus fruits. Pectins are a type of viscous dietary fibre and vary in the length of their polysaccharide chains, from 300 – 1,000 monosaccharides. Although pectins are not digestible by humans, modified citrus pectin (MCP) is altered to increase their absorbability. Pectin from citrus rinds is depolymerised through a treatment with sodium hydroxide and hydrochloric acid. The resultant smaller molecule is comprised predominantly of D-polygalacturonates and may be more easily absorbed by the human digestive system.



www.nva.com.au

Common Myths About Sunglasses

Abridged from Dr Joseph Mercola, Mercola.com, 16-9-13

Just as a natural, non-toxic sunscreen can be beneficial when you're going to be exposed to excessive sunlight, sunglasses, too, have their place. If you're downhill skiing or out on the water or a glary highway, sunglasses can help to shield your eyes from sun damage.

However, on an average sunny day, wearing sunglasses is the last thing you want to do for your vision health, because you will be blocking potentially beneficial wavelengths of light from reaching your eyes. Our eyes need to receive the full spectrum of light to function optimally, and sunglasses block out some essential light waves.

Instead of sunglasses, I wear a hat to protect face and eyes from direct sunlight.

Another reason why you need to be careful about overly shielding your eyes from sunlight is that when full-spectrum light enters your eyes, it also goes to your brain's hypothalamus where it impacts your entire body. The hypothalamus controls your body's master hormone gland, the pituitary.

Studies have shown that poor lighting in the workplace triggers headaches, stress and fatigue and leads to inferior output.

NEWS Bites

Statins do more harm than good

[WDDTY, 17th September 2013]

Cholesterol-lowering statin drugs are doing more harm than good, and should be abandoned as the primary therapy for heart disease prevention, say researchers at University College Hospital in Galway. Instead, CoQ10 antioxidants are more effective and with fewer, or no, side effects,

Statins dramatically increase the risk of diabetes and cataracts in younger patients, and cancer and neuro-degenerative diseases in the elderly. Even for patients with advanced heart disease, the drugs may extend life by a mere nine months at best if the drug is taken for 30 years.

The researchers discovered that some studies had never been published because the results were so alarming. One shelved study discovered the statin drug increased the risk of cancer and sudden death. But it's unlikely the researchers will be heard – the statin market is worth \$A33bn a year worldwide and rising.

(Source: *J End & Met Dis*, 2013; 3: doi: 10.4236/ojemd.2013.33025).

Your 'body clock' is also housed in the hypothalamus, controlling your body's circadian rhythm. Anything that disrupts these rhythms, like inadequate sunlight exposure to your body, including your eyes, has a far-reaching impact on your body's ability to function. The best way to get exposure to healthy full-spectrum light is to do it the way nature intended, by going out in the sun with your bare skin – and 'bare' eyes – exposed on a regular basis, **but within safe limits.**

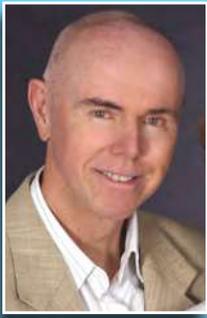
Remember, when you eat a high-quality nutritious diet, you load your body with antioxidant protection.

Eggs aren't bad for your heart after all

[WDDTY, 23rd July 2013]

Although eggs have been blamed for heart disease, even eating one egg a day doesn't increase your risk of cardiovascular disease. The problem is created by the amount of saturated and trans fats we eat, and these mainly come from red meat and processed foods such as breads, cakes and biscuits.

(Source: *Nutricion Hospitalaria*, 2013; 28: 868-77).



A REGULAR COLUMN
ALZHEIMER'S DISEASE



**'Diabetes of the Brain' or 'Diabetes Type 3'
 What You Put in Your Mouth May be Killing Your Brain**

By Greg Fitzgerald, Osteopath and Naturopath

The idea that Alzheimer's disease (AD) might be Type 3 diabetes has been around since 2005,⁽¹⁾ but the connection between poor diet and AD is rapidly gaining scientific credence, as summarised recently in a cover story in *New Scientist* entitled 'Food for Thought: What You Eat May be Killing Your Brain'.

Before we explore this fascinating connection, let's look at exactly what AD is.

AD is a debilitating and progressive neuro-degenerative disease that causes memory loss, dementia, personality changes and ultimately death. The mean survival time after onset is nine years, although the disease can linger as long as 20 years. There are two characteristic changes seen in AD brains:

1) Because the brain in AD loses its ability to dispose of a tiny protein fragment called *beta-amyloid*, this allows the protein to build up in the brain, forming protein clumps known as *plaque*. These clumps of beta-amyloid plaque are found in the spaces between the brain cells (extra-cellular spaces);

2) A brain cell has a microscopic network of tubules which transport materials in and out of the cell. These tubules become damaged and inflamed and also clump together to form *neurofibrillary tangles* (intra-cellular).

Thus, the brain develops beta-amyloid plaque outside the brain cell, and tangles within the brain cell, literally killing the cells and causing the brain to shrink. This shrinkage is particularly evident in the hippocampus, which is the brain's memory centre.

Alzheimer's disease is the most common form of dementia. The second most common is called 'vascular dementia', in which a series of small strokes damage the brain's blood vessels, leading to loss of brain function.

It is often said that the seriousness of, and difference between, AD and other dementias, is seen in the response to the question: "Did you turn the computer off?"

Those with dementia respond: "I can't remember". Those with AD respond: "What's a computer?". Alzheimer's disease is one of the most feared illnesses, and tragically, there is no medical treatment

which can slow down the progression, let alone stop it.

Other facts from The USA's 'Alzheimer's Association 2013 Facts and Figures Report' are:

- Death from AD increased 68% between 2000 and 2010;
- One in three seniors dies with AD or other dementias;
- AD is the sixth leading cause of death in the USA;
- Within the next three decades, AD is expected to reach epidemic proportions and become the greatest health impairment in the population;
- Diabetic people have a 65% increased risk of developing AD.

ARE GENES TO BLAME?

The APOEe4 allele (gene) is strongly linked to Alzheimer's risk. However, there are countless people with the gene who live into very old age showing no brain amyloid plaques or tangles and who experience no cognitive impairment whatsoever. How can this be?

Epigenetics is the fairly recent science which has shown that genes are not the sole cause of disease, but that *our genes just give us a tendency or predisposition to a disease*. This tendency needs a conducive environment for its expression (the 'epi' part of epigenetics means 'around' the gene).

In the case of the APOEe4 gene, it produces a protein that plays a key role in cholesterol transport. Those with the predisposed gene tend to absorb cholesterol more easily from their digestive tracts compared to those without the gene.⁽²⁾

Remember that your genes are *not* within your control. What *is* within your control, which has come to light through epigenetics, is the environment (food, exercise, sleep, sunshine, etc) that you provide for your genes. This determines whether the genes become 'expressed' or not.

Which brings us back to the Alzheimer's/diabetes link.

DIABETES AND ALZHEIMER'S ARE ESCALATING IN LOCKSTEP

It is a fact that over the past 25 years there has been a world-wide explosion in diabetes, paralleling the rise in obesity. Where once there was a clear-cut distinction between type 1 (juvenile onset) and type 2 (adult onset), this has now become blurred. Kids as young as eight are now being diagnosed with type 2 diabetes. "There is an epidemic of type 2 diabetes in youth," states Dr Lori Laffel, head of Boston's Joslin Diabetes Centre. "We have seen a ten-fold increase in the past decade."⁽³⁾ Indeed, Gen Y is now becoming Gen D ('D' for diabetes). Diabetes is not just one disease, divided into 2 types, as was thought until recently. Shockingly, more kids are being diagnosed with type 1 and type 2.

Insulin resistance is at the root of the problem. It so happens that insulin resistance also affects the brain. Insulin is a hormone that is secreted by the pancreas and regulates our blood sugar, allowing the cells to take in glucose for energy. Insulin is also produced by the brain itself.⁽⁴⁾ Insulin resistance means the cells resist the actions of insulin – either because the quantity and/or quality of insulin is compromised or the cell has lost its receptor ability – and do not take up sufficient glucose from the blood, thereby causing a rise in blood sugar and a host of metabolic problems.

Dr Suzanne de la Monte, a neuropathologist and Professor of Pathology at Brown Medical School in the United States, found that not only insulin, but also its receptors, diminished by up to 80% in the brain of AD patients. She states: "Many of the features of AD, such as cell death (*apoptosis*) and tangles, appear to be linked to abnormal insulin signalling. This demonstrates that the disease is most likely a neuro-endocrine disorder, or another type of diabetes".⁽⁵⁾

It has been known for many years that diabetes is a major risk factor for AD, but recent research goes even further.

Dr de la Monte's team of researchers and others over the past 10 years have found that there is a consistent association between elevated blood glucose levels

and the risk of dementia and Alzheimer's, even in those who do not have diabetes. *The New England Journal of Medicine* as recently as August, 2013, stated: "Our results suggest that higher blood glucose levels may be a risk factor for dementia, even among persons without diabetes".^(6,7)

So not only are liver, fat and muscle cells adversely affected by insulin resistance, but now we know the brain is also a target organ. This certainly makes sense.

We know that diabetes and insulin resistance can be reversed by dietary and lifestyle changes, as evidenced by the wonderful work of people like Drs Neal Barnard, Joel Fuhrman and John McDougall, who have been helping people reverse their diabetes without drugs for years. This also provides hope that AD and dementia are not inevitable consequences of ageing.

All chronic diseases have many causes (are multi-factorial). AD is no different.

OTHER RISK FACTORS FOR ALZHEIMER'S DISEASE

1) Heavy metals – copper and iron and, more controversially, aluminium.

Although involved in a number of enzyme systems at trace levels, when taken in excess, copper⁽⁸⁾ interferes with a special lipoprotein that helps clear the beta-amyloid plaque from the brain and also stimulates production of the plaque. Excess iron increases oxidation and free radical damage and therefore increases the risk of AD.

To minimise the intake of copper and iron, it is advisable to avoid all supplements containing copper, and only take iron under professional supervision. Water from copper pipes contains inorganic copper, which is even more difficult for the body to handle. This is yet another reason to consume filtered water.

It behoves all of us to avoid aluminium, commonly found in some cookware, antacids, baking powder, tea, many painkillers, deodorants and red meat, the last being rich in both copper and iron as well.⁽⁹⁾ Aluminium is also leached from soft-drink cans into the soft-drink.

It is well worth making sure that you eat enough zinc-rich plant foods, as zinc is copper's natural antagonist, helping to reduce copper toxicity. Zinc is found in beans and seeds, particularly pumpkin seeds (pepitas), among other natural wholefoods. It is important to avoid GE (genetically engineered) foods, as this technology, which allows increased use of a toxic herbicide called glyphosate, reduces the contents of minerals like manganese and zinc in GE crops by up to 90%.

2) High saturated and trans fat levels. Researchers with the Chicago Health and Ageing Project followed people over four years. Those who consumed the most saturated fat were up to 300% more likely to develop AD, compared with those who consumed much less. Those who consumed the most trans fat were 500% more likely!⁽¹⁰⁾ It should be kept in mind that saturated fats have the tendency to elevate cholesterol levels, and some studies have shown that elevated cholesterol levels are also associated with greater AD risk.

The greatest source of saturated fats today is animal foods, including dairy products. Trans fats are found in margarines and other partially hydrogenated snack pastries and fried foods.

3) Sedentariness. Studies in animals suggest that exercise increases brain tissue growth. Dr J Carson Smith, PhD, of the University of Maryland stated: "Exercise has been shown to increase the size of the hippocampus, the part of the brain that is affected in AD, and this could be the reason why exercise has been shown to improve memory".⁽¹¹⁾

4) Low Vitamin D. Researchers at the University of Wisconsin found links between low vitamin D and AD. There are vitamin D receptor sites in our brains, spinal cord and central nervous systems. The medical profession has for decades discouraged people from sun exposure because of their irrational association of melanoma with the sun. This has led to widespread Vitamin D deficiency.

5) ICU (Intensive Care Unit) stay. Recently published in the *New England Journal of Medicine*,⁽¹²⁾ a new study has found that one in four patients had cognitive impairment a year after release from an ICU that was similar in severity to having mild AD, and one in three had cognitive impairment similar to that seen with moderate traumatic brain injury. This was seen across all age groups, not just the elderly. The mechanism for this is believed to be the experience of delirium, brought on by the aggressive and routine use of sedative drugs.

Delirium is a form of acute brain dysfunction, where changes such as inattention, disorganised thinking, altered levels of consciousness and changes in mental status are observed. It is associated with inflammation and neuronal apoptosis (brain cell death).

6) Smoking and Alcohol. No elaboration is needed here, as both substances are toxic and best avoided.

7) Constricted Life-Space. Researchers have found that seniors who had a constricted life space were twice as likely to develop AD as seniors whose life space extended well beyond the home.⁽¹³⁾

8) Nitrates and Nitrites. Nitrosamine (N/S) compounds cause the liver to produce

toxic lipids that cross the blood/brain barrier and damage certain cells such that the brain develops insulin resistance.⁽¹⁴⁾ These N/S compounds have been known for a long time to be carcinogenic. They are found most often in preserved meats (ham, bacon, corned beef, salami, frankfurter sausages), hot dogs, ground beef and smoked meats.

9) High levels of damaging homocysteine in the blood. Increased homocysteine can be caused by excess animal protein and deficiencies of vitamin B₁₂ or folate (B₉). Recent research has shown that one popular anti-diabetic drug, called *metformin*,⁽¹⁵⁾ can significantly lower blood levels of vitamin B₁₂ and folate, which then increases homocysteine.

10) Deficiency of DHA (an omega-3 fatty acid). A number of studies have shown that there is a relationship between DHA, which is the chief omega-3 in the brain, and neurological disease including AD. The content of DHA in the brain decreases with ageing, and more so in patients with dementia. DHA stimulates growth of the branches that connect one cell to another. Also, recent studies have shown that DHA increases production of the protein that is found in reduced levels in Alzheimer's patients. This protein facilitates breakdown of the beta-amyloid plaques. Some studies have shown an inverse relationship between DHA levels and AD.⁽¹⁶⁾

SO HOW DO WE AVOID ALZHEIMER'S DISEASE?

It is apparent that there are many causal similarities between AD and other chronic diseases. Apart from avoiding smoking and alcohol, there are many things we can do to keep our brains healthy all our lives.

We cannot rely on modern medicine to provide drug answers to this problem, because they don't exist, so we must take the following nutritional and lifestyle steps ourselves.

1) Diet

Eat an anti-inflammatory diet rich in vegetables, fruits and other plant-based foods, with minimal or no animal protein and minimal or no processed and refined foods. This alkali-forming mode of eating is the basis of vibrant, disease-free health, which benefits the entire body, not just the brain. It also prevents obesity, insulin resistance and diabetes, and, as we have seen, the rise in these health issues has paralleled the rise in AD.

Make sure you include plenty of what Dr Joel Fuhrman calls G-BOMBS. This acronym stands for Greens, Beans (dried), Onions, Mushrooms, Berries and Seeds.

Eating lots of green vegetables provides plenty of folate (derived from the word foliage), and other phyto-micronutrients. These are the foods with the most powerful degree of protection. There is a multitude of studies showing that a diet rich in vegetables and fruits and other plant-based foods, and low in animal products, offers the best protection against AD.

Berries, especially blueberries, contain a group of purple compounds called *anthocyanins*, which have been shown to be particularly beneficial for the brain. In fact, September this year (2013) was World Alzheimer's Month, and purple was the colour theme, and this was not co-incidental.

The link between a plant-based diet and low risk of AD is now so compelling that Professor Suzanne de la Monte has stated that a plant-based diet with no nitrites/nitrates is one of her top keys for avoiding the disease (op.cit ref. 5).

Also important for proper brain function is to avoid known food allergens and be very cautious with foods to which you might be sensitive. Gluten is notorious for triggering not only physical symptoms, but also cognitive symptoms in those sensitive to it. Similarly with lactose, found in most dairy foods. These poorly digested molecules cause untold mischief when crossing into the blood. They then travel to target organs, including the brain, causing inflammation.

If you are a sensitive individual, it is wise to remember that a leaky gut also means a leaky brain!

Encourage elderly people to eat more plant-based foods

Many elderly people eat very poor diets, even if cared for in specialised facilities. Tea, coffee, biscuits, sweets and cakes, meat and other animal protein eaten more than once a day, with only a few vegetables and very little fruit, is a common diet. Combine this with the many drugs routinely given to elderly people, low vitamin D through little sun exposure, constricted life space and very little activity, and we have a recipe for metabolic dysfunction, including Alzheimer's and cognitive deterioration.

Those who develop AD or other dementias rarely have only one disease. They have co-morbidities (many illnesses) followed by poly-pharmacy (many drugs).

We need to make sure that we not only encourage ourselves to go more plant-based, but also the elderly. Their brains and minds depend on it!

2) Exercise

It is widely accepted that people who exercise regularly are at far less risk of

developing cognitive impairment and AD.⁽¹⁷⁾ Make sure you exercise with forms of activity you enjoy. Walking, running, cycling, rowing, tennis, golf, gardening, gym – the list goes on. Combine aerobic activity with some anaerobic (weight-lifting, pulling, etc), for a more complete health benefit. Regularity and consistency is the key, more so than the intensity. Make sure you avoid exercising if very tired, and read my article on my website www.healthforlife.com.au, entitled 'The Biggest Exercise Mistake People Make'.

3) Avoid Copper, Iron and Aluminium

These heavy metals have become increasingly implicated in the development of plaques and tangles in the brain, particularly when the diet is also high in cholesterol and saturated fat (op.cit ref.2). There seems to be an accelerated oxidative effect on cholesterol in the body when *inorganic* copper from the sources previously mentioned is present. The organic copper found in trace amounts in natural foods is, however, essential.

4) Use Your Brain

Like all other organs, the brain needs to be worked appropriately. Be engaged in life, and not just your own life. Read good books, do crosswords and listen to uplifting music. Watch thought-provoking movies. Engage in meaningful discussion at times. Show an interest in other people and the world around you.

Take up new hobbies and new interests. Do not continually constrict your life space. Explore new things. Ask questions.

Limit newspaper-reading and television time and be mindful of spending too much time on technology like mobile phones and computer games and screens. The current generation of screen-obsessed youth needs to be encouraged to limit this as well, as difficult as this might be! They seem to have developed a new condition called 'Facebook Addiction', or should I say 'In-Your-Facebook Addiction'!

The long-term effect on the brain of all this technology obsession remains to be seen.

Think critically, don't just follow the herd. As one great philosopher said, "Thinking can be harder work than hard work".

Remember the adage: *Use it or lose it.*

5) Manage Your Stress, Don't Let Stress Manage You

Many people's minds today are continually 'psychobabbling' – never still. It becomes

a drain on the nervous system, and that means the brain. This is a real problem.

Don't multi-task habitually. Multi-tasking really means multi-stressing! Focus on one thing at a time. As the famous business philosopher, the late Jim Rohn, stated, "Wherever you are, be there!"

Learn to meditate or learn relaxation techniques. Think more positively and less negatively. This happens as a matter of course when you read fewer newspapers, watch less television and listen less often to radio talk-back, all of which seem to thrive on negativity.

Learn to look at problems differently. Stress has been implicated in all chronic diseases including AD, so don't let stress go on without taking steps to manage it appropriately. Techniques like Emotional Freedom Technique (EFT or Tapping), meditation and Cognitive Behaviour Therapy are all excellent stress-relievers.

6) Fast

Fasting has been known by natural health practitioners for hundreds of years to provide a multitude of health benefits, and is nothing new. However, the medical community, which has been asleep at the wheel on this subject, is now realising this.

There is now evidence emerging from recent studies that fasting offers surprising benefits, not just for the body but also for the brain.⁽¹⁸⁾

Dr Richard Isaacson stated: "There's evidence that fasting (through ketosis) may have anti-ageing effects on the brain. The ketone bodies that are produced while fasting can actually be protective of the brain. You're doing something protective to slow ageing which can lower the risk of Alzheimer's disease".⁽¹⁹⁾

Further, from another source: "It is clear that fasting can change brain chemistry, mood and mental function to the point of reducing risk for neurodegenerative diseases".⁽²⁰⁾

Fasting is the voluntary and complete abstinence from all food, except water, while nutritive reserves remain intact.

It must be emphasised that fasting should be carried out under qualified supervision, especially if the person has a serious health issue or the fast is longer than a few days.

7) Avoid All Drugs as Much as Possible

This includes over-the-counter drugs and recreational drugs. Stay away from painkillers, anti-inflammatories and antibiotics as much as possible.

If you or a loved one is ever in an ICU for any time, make sure you do your best to minimise the intake of sedative drugs. Even



tell the staff about the links to AD from the delirium brought about by sedatives, as these drugs can scramble the brain and cause long-term physical and cognitive problems.

If you must spend time in an ICU, or even in hospital undergoing anaesthetic for surgery, consider fasting under supervision when discharged. Better still, consider fasting before surgery, and you might obviate the need for the surgery altogether. I have seen this countless times. Discussion with a therapist versed in the fasting process is essential.

THE OVERALL MESSAGE

Alzheimer's disease and cognitive decline are not inevitable consequences of ageing, just as heart disease, diabetes, arthritis, osteoporosis and most other chronic diseases are not.

We know as fact that arteriosclerosis (blocked arteries of the heart, brain and other organs) can be completely reversed without drugs or surgery when aggressive dietary and lifestyle changes are made. This has been scientifically documented by Drs Caldwell Esselstyn⁽²¹⁾ and Dean Ornish⁽²²⁾, among others over the past 20 years. Further, when these changes are made, new co-lateral arteries are formed which provides greater heart efficiency. This is called 'cardioplasticity'.

We know that the same principle applies to bone. Those with osteopaenia and osteoporosis can strengthen and rebuild bones – until recently thought to be impossible. This is called 'osteoplasticity'.

The same with muscles, called 'myoplasticity'.

Similarly, the science of neurology has recently discovered that the brain and nervous system can form new neural circuits and networks, enabling the brain to continually change itself. Dr Norman Doidge wrote a best-selling book in which he stated, "The brain can change its own structure and function through thought and activity ... children are not always stuck with the mental abilities they are born with; the damaged brain can often reorganise itself so that when one part fails, another can substitute; if brain cells die, they can at times be replaced. This recently understood fact means the brain is changeable, malleable and modifiable. This is called neuroplasticity".⁽²³⁾

This confirms what natural health and natural hygiene practitioners have been saying for centuries:

The body is self-healing when the causes of disease are removed and the conditions of health supplied.

The scientists can focus all they want on individual organs and systems.

They call it cardioplasticity! Osteoplasticity! Neuroplasticity! I prefer to call it Body-plasticity!

Our genes do not determine our destiny. Our choices do. Choose wisely!

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DO NOT LET STRESS AND WORRY RUIN YOUR LIFE!

An Evening with Petrea King and Greg Fitzgerald

Petrea King is renowned internationally as an expert in stress management, meditation and the attainment of inner calm.

A regular on radio and TV, Petrea founded the Quest for Life Centre in Bundanoon, NSW, after she overcame 'terminal' cancer, much to the disbelief of her doctors.

Through her Foundation, lectures, workshops, books and media commitments, she teaches millions

of people the same principles of inner calm, peace and health which she herself used and which literally saved her life.

These same principles and techniques can transform your life.

Greg Fitzgerald has been in practice as a naturopath and osteopath for over 30 years and has run the very successful 'Transform Your Health in 21 Days' Program.

When?

Friday 28th February, 2014

Where?

Kareela Golf Club, Bates Drive,
Kareela

Time?

Registration 6.30pm
Seminar 7-10pm

Time: To register for this event visit our website www.healthforlife.com.au

Or call Dawn at Health for Life Seminars
02 9540 1962

Electro-hypersensitivity and OH&S

By Maureen Kirsch



This article is a sequel to 'Are Smart Meters a Health Hazard' by Maureen Kirsch, that was published in the Spring 2013 issue of this magazine, pages 14 – 16.

Wireless communication is being implemented into our daily lives in a rapidly increasing and ubiquitous way. We are continually being 'bathed', or more accurately, 'saturated' in an escalating level of artificial, man-made radio-frequency (RF) microwave radiation – in our homes, our schools, restaurants, workplaces and on the streets of our cities and suburbs. So is it *safe*?

According to many international experts there is much cause for concern.

Swedish Professor, Olle Johansson of the Karolinska Institute, has written, "It is becoming more and more obvious that exposure to electromagnetic fields may result in highly unwanted health effects. This has been demonstrated in a very large number of studies and includes cellular DNA damage [which may lead to an initiation of cancer, as well as mutations that carry through generations]".

Canadian researcher, Dr Magda Havas, states that some 3 – 5% of the population are believed to be electrically sensitive and another 30% may have mild symptoms. She describes *electro-hypersensitivity* (EHS), sometimes called 'microwave sickness', as an environmental sensitivity that is similar to a peanut allergy or chemical sensitivity.

The consequences of exposure to RF radiation vary. Symptoms may range from mild to severe. These include headaches, difficulty concentrating, fatigue, nausea, dizziness and tinnitus. Some may be life-threatening, such as losing consciousness, sudden cardiac arrest or promotion of cancer growth.

For those who are most vulnerable, their lives can be totally debilitated. Many are unable to work, others have to uproot and live an isolated existence away from any sources of electro-magnetic radiation (EMR).

It should be noted that in Sweden, EHS is an officially, fully recognised functional impairment and sufferers are entitled to an annual government disability subsidy.

French researcher, Dr Dominique Belpomme, says, "Studies show that 10 – 50% of the population may become intolerant to EMFs [electromagnetic frequencies] over the next 25 to 50 years". He says he has seen two cases of multiple sclerosis triggered after prolonged use of

mobile phones, two breast cancer relapse cases after exposure to EMFs, plus another related to the use of computers, and evidence is building up regarding a connection between EMF exposure and autism and Alzheimer's disease.

In March this year, the French National Assembly (Lower House) banned Wi-Fi in their schools until it is proven 'safe for human consumption'. Instead, they agreed to install far safer, wired Ethernet cable connections.

Recently, on 22nd July 2013, the Israeli Supreme Court ordered the Israeli government to investigate the number of children suffering from EHS.

The most notable sufferer of EHS is Dr Gro Harlem Brundtland of Norway, a medical doctor and former director general of the World Health Organisation (WHO). She brought EHS to the forefront when she said in 2002 that she was sensitive to radio-waves from mobile phones.

For more information on this condition go to www.es-uk.info/info/reognising.asp.

Austria has compiled guidelines for the diagnosis and treatment of EMF-related health problems and illnesses.

The Women's College Hospital (WCH), a teaching hospital fully affiliated with the University of Toronto in Canada, is placing a growing focus on EHS. Dr Rina Bray, Medical Director of the Environmental Health Clinic at WCH says, "We need to create more awareness about this condition". The WCH is holding educational workshops on the subject, so that doctors and health-care practitioners can learn to detect symptoms and help their patients manage and prevent symptoms.

Dr Andrew Goldsworthy, a retired lecturer of the Imperial College London, which is renowned for its excellence in electrical engineering and health matters, has spent many years studying how living cells, tissues and organisms are affected by electrical and electromagnetic fields. In his article, 'The Biological Effects of Weak Electromagnetic Fields – Problems and Solutions' (March 2012), he explains how weak electromagnetic fields from mobile phones, cordless phones and Wi-Fi can have serious effects on our health. These include

damage to glands resulting in obesity and related disorders, chronic fatigue, autism, increases in allergies and multiple chemical sensitivities, early dementia, DNA damage, infertility and cancer.

Also concerned are Dr David O. Carpenter, founder of the University of Albany (NY) School of Public Health, along with some fifty international experts who contributed to a paper entitled, 'Smart Meters: Correcting the Gross Misinformation' and have together co-authored hundreds of peer-reviewed studies on the health effects of EMFs. They state emphatically that "Public fears about wireless smart meters are well-founded". They are backed by various medical authorities, such as the Santa Cruz County (California) Public Health Department. Dr Carpenter says, "These authorities are worried about the growing number of citizens who say they have developed EHS, especially since, for many of them, the symptoms developed after the installation of smart meters".

So who in Australia is looking after our health and wellbeing, where RF radiation is concerned? It would appear that Australia is dismally lagging behind when it comes to RF protection, to the point of complete denial that EHS exists.

ARPANSA is our Federal government agency responsible for protecting the health and safety of people and the environment from the harmful effects of ionising and non-ionising radiation. This agency, despite the many studies which show otherwise, continues to maintain that, "The great weight of scientific evidence does not demonstrate the existence of any deleterious health effects from the use of wireless technology".

- This in spite of the fact that the WHO has classified EMR from RF Radiation as a Group 2B carcinogen, that is, a possible human carcinogen.
- This in spite of the fact that many experts view the so-called 'standard' that authorities refer to as being outdated and obsolete. It was published in 2002, before our wireless revolution occurred, and is only related to safety issues concerning the heating effects of RF radiation. There is *no standard set by ARPANSA for safe levels of chronic, long-term exposure to non-ionising microwave radiation*.

- This in spite of hundreds of people contacting government authorities telling them that there is a problem.

A Melbourne doctor has recently completed a study entitled, 'Self-Reporting of Symptom Development from Exposure to Wireless Smart Meter RF Fields in Victoria, Australia'. This document is currently being peer-reviewed and is soon to be released. The study shows a repeated pattern of similar symptoms: headaches, insomnia, tinnitus, fatigue, cognitive disturbances, blurred vision, nausea and dizziness, and the impact these symptoms are having on people's lives.

Legal Victory for AN EHS Sufferer

On the 28th February 2013 the Administrative Appeals Tribunal of Australia ordered Comcare to pay compensation to Dr Alexander McDonald for 'Aggravation of an injury suffered in the course of his work'.

Employed at the CSIRO since 1994 as a senior research scientist, he suffers from sensitivity to EMF. This condition was diagnosed in 1993 by his GP and confirmed by a second doctor.

Before he began working at the CSIRO, Dr McDonald informed the selection panel that he had EHS and suffered headaches, nausea, migraines and dizziness when exposed to EMR emitted from equipment such as computers, televisions, mobile phones, microwave ovens, etc.

After being diagnosed with the condition, Dr McDonald followed medical advice and took steps to reduce his exposure to EMFs, including moving to the country and limiting his exposure to television and other electronic devices. After this, his health improved.

When he commenced work at the CSIRO, he was initially not required to do computer work.

In 2005, when he was required to use computers again, he experienced nausea, fatigue and very poor concentration.

Between April and July 2006, Dr McDonald was required by his employer to trial working with various pieces of electronic equipment, including a Blackberry and a PDA device, a desktop computer enclosed within a Faraday cage and an electronic projector. Over time, his symptoms increased and became worse than before the trial commenced.

In his findings, on the basis of Dr McDonald's evidence, the Tribunal Deputy President, James Constance, ruled, "That the trials which were carried out on him by CSIRO caused an aggravation of his pre-existing ailment and that the effects of this ailment are continuing".

The question arises – is this case the

precedent that other workers can use to argue a case for exposure in their workplace, even if the level of exposure is lower than the outdated ARPANSA RF 'safety' standard?

As a fellow EHS sufferer and a person who can no longer work in an environment filled with wireless technology, I certainly hope so.



Fiona's story

In a country like Australia you expect to feel safe in your home, you expect the Government and authorities to provide protection, and perhaps, above all, you expect to have a right of choice over matters both large and small that affect your life.

Unfortunately for me, these beliefs and my life have been turned on their head, courtesy of the Victorian State Government mandating the power companies to use their 'best endeavours' to install smart meters on my home and all the homes and businesses in Victoria.

Last night I lay in bed clutching my chest as electric shock-type sensations surged through me. This has been a normal occurrence since the installation of a smart meter onto my home. Previously my house had been my sanctuary, now it is my hell. I have become sleep deprived through regular painful shocks to my head, my heart and my bones. I have head pain, bone pain and chest pain, heart palpitations, burning eyes and so on. I start each day in a zombie-like state of tiredness, pain and disorientation, and the rest of the day is a struggle. These are all common symptoms for someone considered to be *electro-sensitive*.

My doctor told me to get out of my house even if I have to sleep in the park. While I have tried this, I ask, "Should I have to

leave my home to feel safe?!" The doctor said that I have a tremor on my brain and high levels of radiation, which matched my chronic symptoms.

Letters to local, state and federal politicians, the energy company and the energy minister bring the response that the authorities assure them that smart meters are safe. Meanwhile I have had to re-mortgage my home and spend most of my income to pay for protective devices and medical bills.

My request to have the 'smart' meter removed has been refused, and my rights to health and to live safely in my own home are ignored. I am now facing the only action I can take, which is to sell my home and join the many others who have already been forced to shift interstate to where this curse has – at least for the moment – not yet spread. The smart meter is making me ill and causing me to leave my job, my loved ones and my community behind.

The Government is actually creating refugees in our own country.

EXTENDED READING AND INFORMATION REFERENCES

THE SELETUN SCIENTIFIC STATEMENT 2011.

The Biological Effects of Weak EMF's – Problem and Solutions, A. Goldsworthy, March 2012.

Swedish EHS Society, <http://www.feb.se>

The Force by Lyn McLean.

YouTube Video 'Science 101 – Cherry Picking + Black Swans', Dr Magda Havas.

'Smart Meters – Correcting the Gross Misinformation', Dr David Carpenter.

The full transcript of Dr McDonald's case can be found at <http://www.austlii.edu.au/au/cases/eth.aat.2013/105.html>

MEASURE EMR AT YOUR HOME OR WORK

You can take your own measurements of electromagnetic fields by hiring an EMR meter from the Electromagnetic Radiation Association of Aust. for \$65 per week. Contact director, Lyn McLean, on 02 9576 1772 or at www.emraustralia.com.au.



Herbs For Every Reason

Part 4 – Turmeric

By Margie Hare

You might wonder why I have chosen turmeric as my herb for this edition. It is one of the healthiest herbs/spices readily available to us all.

I call turmeric 'the wonder healing herb'. With an ageing population and arthritis and cancer on the increase, with turmeric you can take charge of your health naturally

Turmeric comes from the root of the *Curcuma longa* plant which has a tough brown skin and deep orange flesh. Turmeric was traditionally called 'Indian saffron' because of its deep yellow-orange colour, and has been used throughout history as a condiment, healing remedy and textile dye. In China turmeric is *jiang huang* which translates as 'yellow ginger'

HISTORY

Turmeric is native to Indonesia and southern India, where it has been harvested for more than 5,000 years. It has served an important role in many traditional cultures throughout the East, many of the medicinal uses having come out of Chinese and Ayurveda medicines. While Arab traders introduced it into Europe in the 13th Century, it has only recently become popular in Western cultures. Much of its current popularity is owed to the recent research that has highlighted its therapeutic properties. The leading commercial producers of turmeric include India, Indonesia, China, the Philippines, Taiwan, Haiti and Jamaica.

It is still used in ceremonies, especially weddings, for bringing good luck, fertility and prosperity.

HEALTH BENEFITS

Turmeric has long been used as a powerful anti-inflammatory, in both the Chinese and Indian systems of medicine, for treating a wide variety of conditions, including flatulence, jaundice, menstrual difficulties, bloody urine, hemorrhage, toothache, bruises, chest pain and colic.

A potent, yet safe anti-inflammatory.

The volatile oil fraction of turmeric has demonstrated significant anti-inflammatory activity. Even more potent than its volatile oil, is the yellow or orange pigment of turmeric, which is called *curcumin*. This is the primary pharmacological agent in turmeric. In numerous studies, the anti-inflammatory effects of curcumin have been shown to be comparable to the potent drugs as well as over-the-counter anti-inflammatory agents. Unlike the drugs,

which are associated with significant toxic effects (ulcer formation, decreased white blood cell count, intestinal bleeding), curcumin produces no toxicity.

Effective, inexpensive treatment for Inflammatory Bowel Disease. Turmeric is well tolerated. In a recent study, although curcumin has been found to be safe at very large doses, this component of turmeric was effective at a concentration as low as 0.25 per cent – an amount easily supplied by simply enjoying turmeric in flavourful curries.

Relief for rheumatoid arthritis. Clinical studies have substantiated that curcumin exerts very powerful antioxidant effects, and is able to neutralise free radicals, chemicals that can cause great damage to healthy cells and cell membranes. This is important where free radicals are responsible for painful joint inflammation and eventual damage to the joints. Turmeric's combination of antioxidant and anti-inflammatory effects explains why many people with joint disease find relief when they use the spice regularly.

CANCER PREVENTION

The antioxidant actions of curcumin enable it to protect colon cells from free radical damage. Curcumin also helps the body to destroy mutated cancer cells, so they cannot spread through the body. A primary way in which curcumin does this is by enhancing liver function. Additionally, other suggested mechanisms by which it may protect against cancer include inhibiting the synthesis of a protein thought to be instrumental in tumour formation and also preventing the development of additional blood supply necessary for cancer cell growth.

Further studies found that curcumin inhibits cancer cell growth and metastases (spread). Together with onions, it may help prevent colon cancer. Teamed up with cauliflower, it may halt prostate cancer, may reduce the risk of childhood leukemia and may improve liver function and cardiovascular protection.

PROTECTION AGAINST ALZHEIMER'S DISEASE

Growing evidence suggests that turmeric may afford protection against neurodegenerative diseases. Studies show that in elderly Indian populations, who

commonly consume this spice, levels of neurological diseases, such as Alzheimer's, are very low. It has recently been found that in mice curcumin does appear to slow the progression of Alzheimer's.

There are so many good reasons to use turmeric in your daily diet.

HOW TO SELECT AND STORE

Even through fresh and dried herbs and spices are widely available in supermarkets, do shop locally. Ask for organic, since this will give you more assurance that the herb has not been irradiated. Some suppliers have organic, others not. Recently in Rozelle I asked for organic turmeric and the assistant looked at me as though I was asking for the ridiculous. She told me she did not stock organic spices because the quality was inferior and unhealthy. I told her I prefer produce free of chemical toxicity.

Farmers markets often feature a selection of dried and fresh herbs and spices that are of superior quality and freshness compared to supermarkets.

When making curry, be sure to use pure turmeric rather than curry powder. A study analysing curcumin content in 28 spice products labeled as turmeric or curry powder found that *pure turmeric powder had the highest concentration of curcumin*, averaging 3.14% by weight. The curry powder samples, with one exception, contained very small amounts of curcumin.

Turmeric powder should be kept in a tightly sealed container in a cool, dark, dry place. Fresh turmeric rhizome should be kept in the refrigerator.

TIPS FOR USE

Be careful when using turmeric since its deep color can easily stain. To avoid a lasting stain, quickly wash any contacted area with soap and water. To prevent staining your hands, you could wear kitchen gloves while handling turmeric.

If you are able to find turmeric rhizomes in the grocery store, you can make your own fresh turmeric powder by boiling, drying and then grinding it into a fine consistency.

Store dried turmeric in a cool, dry place or in the refrigerator vegetable crisper. It can last for two years.

- Add turmeric to egg salad to give it an even bolder yellow color.

- Mix brown rice with raisins and cashews and season with turmeric, cumin and coriander.
- Delicious on healthy sautéed apples, steamed cauliflower, green beans, onions, eggplant, lentils and spinach.
- For a creamy, flavour-rich, low-calorie dip, try mixing turmeric and dried onion with a little omega-3-rich mayonnaise, salt and pepper. Serve with raw cauliflower, celery, sweet pepper, jicama and broccoli florets.
- Give salad dressings an orange-yellow hue by adding some turmeric powder.
- For an especially delicious way to add more turmeric to your healthy way of eating, cut cauliflower florets in half and sauté in coconut oil with a generous spoonful of turmeric for five minutes. Remove from the heat and toss with olive oil, adding salt and pepper to taste.
- Combines well with chilies, cloves, coconut milk, coriander, cumin, garlic, ginger, kaffir leaf, galangal, lemongrass, mustard seed, paprika and pepper.
- Grate fresh into laksas, stews and vegetable dishes.
- Wrap food in the fragrant leaves to steam.
- Eat the new shoots as a vegetable.



NUTRITIONAL PROFILE

Turmeric is an excellent source of both iron and manganese. It is also a good source of vitamin B₆, dietary fibre and potassium. It has no calories!

GROWING TURMERIC

Turmeric is native to tropical South-East Asia, and is a member of the ginger family. The rhizomes are the part that is used and cured. Easy to grow, it needs temperatures between 20°C and 30°C and a considerable amount of annual rainfall to thrive. As a tender tropical plant, it needs well-drained, sunny or light shade position to thrive.

Easy propagation is by rhizome division in Autumn, just as the leaves change colour

and the maximum amount of nutrient is stored. You can also grow from seed.

When harvesting, use a fork to gently free the roots from the soil. Avoid hand pulling. Choose only the best ones to replant in late spring and summer. When washing off soil use a light brush with cold water as quickly as possible so as not to lose flavour.

When not used fresh, the rhizomes are boiled for about 30 – 45 minutes and then dried in hot ovens, after which they are ground into the familiar deep yellow powder.

CONTRA-INDICATION: Until more research is available, turmeric should not be taken therapeutically during pregnancy or while breastfeeding or by persons with bile duct obstruction or gallstones.

SIX TIPS TO KEEP YOU BUSY

1) Mulch your herbs when you do the rest of your garden. Mulch keeps down weeds, and helps maintain the moisture in the soil. It also helps stop the soil from setting like concrete.

2) Pick your herbs often, especially in the cases of basil, coriander, chives and sage. This small frequent pruning is really the best care you can give them. It's great to have fresh herbs for your daily salad. With larger herbs like rosemary, lavender and lemon verbena, snip them back by about a third every summer.

3) Herbs like thyme, lawn chamomile and pennyroyal can be topdressed – scatter new soil around the base of the plant, so that the bottom branches can take root and rejuvenate the whole plant.

4) Water established herbs once a week throughout the warm summer. Don't over water sage; it will not thank you, it will slowly turn brown and die.

5) Don't dig around the base of tarragon. This is a herb with attitude: "Do not invade my space, please".

6) Parsley, feverfew, basil and other herbs that have self-seeded will start sowing their wares. These tender new seedlings can be thinned and replanted when they are about the height of your middle finger. Water daily for two weeks when newly planted, then every second day until established. This is the perfect time to pot-up plants for gifts later in the year.

FROM ME TO YOU

I have had a few inquiries for the perennial basil. If you are having trouble sourcing it, just pop \$15 and your name and postal address in the post to:

Margie Hare, P.O. Box 3189, North Turramurra, NSW 2074

and I will post you two young plants ready for planting into your herb or veggie garden.

If you have tomatoes this is the perfect companion plant. This variety will keep you in basil leaves throughout the winter



and support bees throughout the summer.

Host a summer herb workshop in your own garden with guest speaker Margie Hare. Invite some friends for a group workshop in your garden. Learn landscaping tips, easy propagation tips and gourmet cooking. The host/hostess receive a free herb garden design consultation. Contact me for details.

To contact me for more information on any of the above, email me at:

margiehare18@gmail.com or phone 0407 187 159.

Enjoy using herbs for every reason!

Margie



BEAN SUPREME VEGETARIAN FOODS

One in six Australians is a 'meat-reducer', actively pursuing either a vegetarian diet or close to it.

This ethical brand has released seven gourmet meat alternatives onto the Aussie market, all GM-free, meat-free and tasty.

The seven products are: Bean Supreme Gourmet Burger, Mushroom Burger, Meatballs Pomodoro, Mince in Bolognese Sauce, Marinated Tofu Ginger & Honey, Roasted Garlic Sausage and Falafel Kofta. The ingredients of three of these are:

Bean Supreme Mushroom Burger: Mushroom (Button Mushroom, Shiitake Mushroom), Potato, Onions, Cheese (with vegetarian rennet), Vegetable Oil, Couscous (Wheat), Soy Protein, Herbs, Corn Starch, Egg White, Wheat Fibre, Salt, Vegetable Gums (Carrageenan, Guar gum), Yeast Extract, Lemon Juice Concentrate, Garlic, Black Pepper.

Bean Supreme Roasted Garlic Sausage: Tofu, Onions, Water, Coconut Fat, Potato Fibre, Potato Starch, Salt, Gelling Agents (Methyl Cellulose, Carrageenan), Egg White, Sugar, Yeast, Herbs and Spices, Parsley, Yeast Extract, Garlic, Onion Flakes, Caramelised Sugar, Roasted Garlic, Food Acid (Citric).

Bean Supreme Falafel Kofta: Chickpeas, Broad Beans, Onions, Vegetable Oil, Water, Burghul Wheat, Couscous (Wheat), Wheat Gluten, Rice Starch, Sea Salt, Spice, Garlic, Parsley

Availability. Bean Supreme products are produced by New Zealand company, Life Health Food, and distributed by Life Health Food Australia to all major supermarkets.



DARI'S TABLE HUMMUS



Dari's Table is a new range of garnished hummus that we announced in the preceding Spring issue of this magazine. We have since sampled most of the range of flavours and rate them as the smoothest and most delectable hummus that we have ever tasted.

There are seven varieties to suit a wide range of tastes – Olive, Roasted Garlic, Mediterranean, Almond, Pine Nut, Beetroot and Harissa. Each is free of gluten, dairy, egg and animal fat; in fact, they are vegan and kosher. There is a mild preservative, but all are free of artificial colours and flavours, and all but the Roasted Garlic are also free of garlic, making them suitable for most people who have food allergies and intolerances.

The basic ingredients are chickpeas, sunflower oil (vitamin E added), water, tahini, extra-virgin olive oil, sea salt, acidity regulator (citric acid), herbs, spices, preservative (potassium sorbate). Added to these are olives, roasted garlic or almonds, etc, for the different varieties.

DariKay soups were also described in the Spring issue. In brief, they come in single or double-serve containers and are super tasty and outstandingly wholesome. All are vegan and free of preservatives. They are also gluten free, except for the Italian Minestrone.

Availability. The soups and hummus are in supermarkets and some other shops Australia-wide. RRP hummus is \$4.99, and the soups are single serve \$4.99 and double serve \$6.99.

A NEWS Bite

Monsanto super unpopular

Monsanto executives, insiders and hedge funds are dumping Monsanto stock in record volumes, most likely due to sharply increased 'negative sentiment.' This means people increasingly don't like Monsanto, and that's a direct result of all the growing realisations about the dangers of GMOs, Monsanto's predatory business practices, the company's dangerous experiments that have already unleashed genetic pollution, and the fact that GM corn has been experimentally found to cause widespread cancer tumors in rat studies.

Just the fact that Monsanto's GE wheat trials got out of control and contaminated a wheat field in Oregon – causing Japan and South Korea to ban U.S. wheat imports – has resulted in 150 groups now demanding the USDA keep a tighter lid on Monsanto's GMO experiments.

These groups are fed up with seeing the market value of their crops destroyed by sloppy "open field" experiments being conducted by Monsanto that spread genetic pollution across the country and contaminate non-GMO crops.

Classifieds

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Summer Sizzlers

Christmas Candles



These pretty designs contain fragrant and essential oils blended within slow and clean burning, non-toxic soy wax.

Red mosaic **Christmas Spice** fills your home with a wonderfully warm blend of cinnamon, vanilla, orange and clove.

\$20.00 Order Code: NHS-SU1314-1

Green mosaic **Christmas Tree**, with cedarwood, spearmint, juniper and spruce, smells just like its name!

\$20.00 Order Code: NHS-SU1314-2

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LAUNDRY LITES

Light on your pocket and light on the environment, this great special contains **Alpha Plus Laundry Powder** 2Kg soft pack, **Alpha Plus Pre-Wash Soaker** 1Kg soft pack and **Enhance Express** stain spray 500ml, premixed for convenience, plus 50ml of **Angelica Fabric Softener**, with fresh new scent and easy dispersal.

\$49.00 Order Code: NHS-SU1314-3

Pamper Pack



The slightly sweet, lightly tangy scent of **Pomegranate, Lime & White Tea** in this latest silken duo is simply delectable!

Golden Silk Shower Balm 250ml and **Silk Ambrosia Body Moisturiser** 250ml, plus blissful **Kyphi Bath Salts** 400g.

For personal pampering or presents, this is luxury at a fantastic, affordable price.

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Code	Product	Qty	\$	Total	Code	Product	Qty	\$	Total										
KITCHEN PRODUCTS					KYPHI HAIR AND PERSONAL CARE														
1	Chamomile Dishwashing Liq. (1,4-D-free) 1lt		19.95		840	Family 2in1 Shampoo/Conditioner 500ml		21.95											
2	Citrus childsafe Machine D/W Pwdr Bkt 2kg		40.95		841	F.Sh. 500ml Qty 17.95 841A F.Cdr 500ml		17.95											
2F	Refill 1kg Qty 18.95	2A	Refill 2kg	34.95	845	Affinity Shampoo – Sulphate Free 250ml		17.95											
2D	Citrus Rinse Aid 500ml		15.95		Also 250ml Shampoos & Cdrs for •Normal/Oily •Dry/Damaged •Sensitive														
LAUNDRY CARE					21	Golden Silk Shower Balm (regular) 500ml		21.95											
13	Alpha Plus Pre-Wash Soaker Bucket 2kg		37.95		21C	Orange 250ml Qty 12.95	21D	Citrus 250ml	12.95										
13D	Refill 1kg Qty 17.95	13A	Refill 2kg	31.95	700	Antibacterial Hand Gel (moisturising) 100g		5.95											
14	Alpha Plus Laundry Powder Bucket 2kg		38.95		See full price list for all products and sizes in Kitchen, Laundry, Cleaning, Car, KYPHI Skin/Body/Hair/Aroma, Little One, Pet, pumps & accessories.														
14D	Refill 1kg Qty 18.95	14A	Refill 2kg	32.95	TOTAL FOR ALL ITEMS														
15	Angelica Fabric Softener 1lt		23.95		Less 10% subscriber discount if applicable														
16	Alpha Plus Laundry Liquid 2lt		31.95		SUBTOTAL														
17	Alpha Plus Gentle Wash 2lt		29.95		Plus Freight (flat rate)														
61	Enhance Pre-Wash Spray concentrate 500ml		13.95		TOTAL AMT to pay by: CHQ <input type="checkbox"/> M/O <input type="checkbox"/> C/C <input type="checkbox"/>														
CLEANING PRODUCTS					Payment by C/C: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>														
3	Sphagnum Moss Disinfectant 1lt		21.95		<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>					<input type="text"/>									
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4	Supré Multi Purp.Clnr Grapefruit/Palmarosa 1lt		19.95		Signature _____ Exp.Date ____ / ____														
4D	Supré Multi Purpose Cleaner Eucalyptus 1lt		19.95		NAME _____														
39	Optimate Floor Cleaner (light citrus scent) 1lt		19.95		ADDRESS _____														
5	Ultra Cream Cleanser 500ml		11.95		_____ Postcode _____														
6	Excel Bactericidal Cleaner/Destainer 500ml		12.95		Phone H _____ Alt.Ph. _____														
37	Maxim Cleaner & Descaler 1lt		18.95		First Tri Nature order <input type="checkbox"/> Please send full product/price list <input type="checkbox"/>														
7	Hyaline Glass & Window Cleaner 500ml		10.95		IF I'M OUT, please leave at: Front door <input type="checkbox"/> Back door <input type="checkbox"/>														
8	Heritage Furniture Polish 500ml		15.95		Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other <input type="checkbox"/>														
40D	Blitz Hotplate/Stove/Oven/BBQ Clnr 500ml		10.95																
67	Illumina Stainless Steel Polish 500ml		15.95																

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VEGETARIAN COOKING WITHOUT

Recipes free from added gluten, sugar, yeast, dairy products, meat, fish, saturated fat

By Barbara Cousins

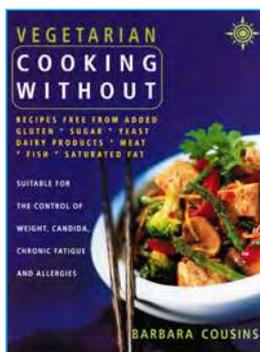
\$36.50

Barbara decided to write this vegetarian recipe book because so many vego books rely on dairy products, sugar and so on. These are the kinds of recipes that are now in great demand – and this book is one we have been waiting for.

There are only a few colour plates, but the dishes still taste just as good regardless.

There are a stack of recipes – Soups (16 in number), First Courses, Salads (16), Dressings, Main Courses (37), Desserts (26) and Baking.

The recipes are hugely creative! For example: SOUPS – Sweet Corn and Potato Chowder; Continental Lentil and Mushroom Soup; SALADS – Roasted Sweet Pepper, Artichoke and Olive Salad; Fennel, Walnut and Mango Salad; MAIN COURSES – Chick Pea and Cashew Korma; Lentil and Vegetable Curry; Creamy Butter Bean, Aubergine (Eggplant) and Potato Casserole; Creamy Cashew and Almond Roast; Vegetable Lasagne; Sweet and Sour Green Lentils; DESSERTS – Poached Pears with Carob Sauce; Pumpkin Pie (sweetened with dates); Apple Tart Tatin; Baked Banana and Coconut Cheesecake; Cashew and Coconut Ice Cream.



LOW GI DIET SHOPPER'S GUIDE 2014

By Jennie Brand-Miller and Kaye Foster-Powell

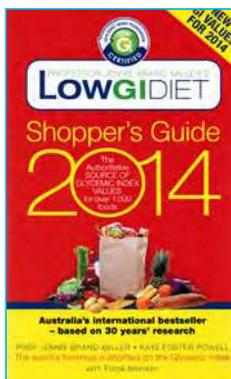
\$20.50

High glycaemic index foods can lead to rises then falls in blood sugar level, which after many years of eating this way can result in hypoglycaemia and then hyperglycaemia (diabetes). By choosing low-GI foods, we can reduce obesity and lower the risks of type 2 diabetes and heart disease.

This small shopper's guide of 214 pages, with index, gives us this vital information in an easy-to-use way. The key chapter, 'GI values', gives the values for over 1,000 foods and pre-prepared meals. The tables are arranged in food categories alphabetically for very easy reference while out shopping, commencing with 'Beverages', then 'Biscuits and Crackers', 'Breads', 'Breakfast cereals', 'Dairy products', 'Fruit' and so on.

The earlier chapters are 'Understanding GI', 'Low GI eating', 'Low GI shopping', 'Low GI eating out', 'Low GI gluten-free eating' and 'Sugars and sweeteners'.

Jennie Brand-Miller is Professor of Human Nutrition at Sydney University and a world authority on the glycaemic index of foods. Kaye Foster-Powell is the senior dietitian at the Wentworth Area Health Service.



Existing Titles

HOW A MAN LIVED IN THREE CENTURIES

By Roger French \$34.00

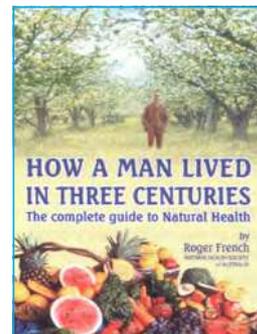
Sub-titled 'The Complete Guide to Natural Health', the fully revised and updated Second Edition REPRINT is scheduled to be available before Christmas. Could be an ideal gift for a health-minded person.

Special offers for multiple copies:

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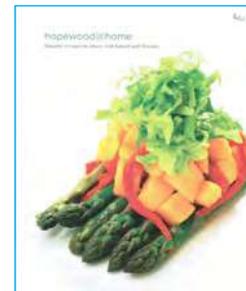
hopewood@home

By Hopewood Health Retreat

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A collection of the favourite recipes of Hopewood Health Retreat. Includes Breakfasts, Healthy Drinks, Soups, Salads, Main Meals, Light Snacks, Sweet Treats and Healthy Entertaining Ideas.

Attractive colour plates; print is on the fine side.



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By Laura Theodore \$41.00

The recipes replicate the tempting creations demonstrated on Laura's very successful television shows in the US. Laura presents meatless versions of a wide range of recipes, which look awesome. Included is a wide range of menus for every occasion.

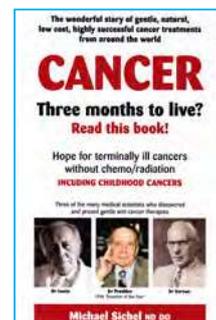


CANCER – THREE MONTHS TO LIVE?

By Michael Sichel, ND, DO \$38.50

The wonderful story of gentle, natural, low-cost, highly successful cancer treatments from around the world

Along with six proven immune system boosting therapies, the key therapy employs bovine cartilage, which has been found to reverse some of the most aggressive cancers, without side effects. (Please note that we are not normally interested in animal tissue therapy, but cancer is an exception.)



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LadyShip Organic Essence Juicer, Blender LS588	\$224		
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TOTAL \$			

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Kindred Organisations

These not-for-profit societies are closely affiliated with the Natural Health Society



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Web www.veg-soc.org

VEGETARIAN/VEGAN SOCIETY OF QLD Inc

1086 Waterworks Rd, The Gap QLD 4061

Phone 07 3300 9320
Email vegsocq@tpg.com.au
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VEGETARIAN AND VEGAN SOCIETY (VegSA) Inc

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Email info@vegsa.org.au
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Clapham SA 5062

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The Vegetarian/Vegan Society of Qld Inc. Books and Products

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Fairytale Food Safari – A Wholefood Family Cookbook (NEW)

Written and illustrated by Angela Stafford, Author of Wild Vegan. \$49.50. Postage up to \$12

Immerse yourself in the MAGIC of creative cooking and in doing so, you and your children will experience greater happiness and wellbeing.

Whole – Rethinking the Science of Nutrition (NEW)

Co-author of the international bestseller, The China Study, T. Colin Campbell PhD with Howard Jacobson PhD \$35 with up to \$12 postage.

Whole makes a convincing case that modern nutrition's focus on single nutrients has led to mass confusion with tragic health consequences. Dr Campbell's paradigm will change the way we think about food and, in doing so, could improve the lives of millions of people and save billions of dollars in health care costs. (Brian Wendell)

The China Study Cookbook (NEW)

Official companion to The China Study By Leanne Campbell PhD, Photos by Steven Campbell DISLA \$27.50 with up to \$12 postage.

Over 120 whole food, plant-based recipes. Quick flavourful meals. Combines the best and healthiest of the plant-based movement with no-oil dishes you and your family will love.

Power Foods for the Brain (NEW)

By Neal D. Barnard, MD, with recipes by Christine Watermyer and Jason Wyrick. \$33 with up to \$12 postage.

An effective 3-step plan to protect your mind and strengthen your memory. Dr Barnard is one of the most responsible and authoritative voices in American medicine today. (Andrew Weil. MD)

Plant-Powered Men (NEW)

Compiled by Kathy Divine. \$15 postage \$1.80

Inspirational men share their secrets of optimal health and boundless energy. This is a collection of interviews and essays by men from around the world who are passionate about living a plant-powered lifestyle.

500 Vegan Dishes

By Deborah Gray. \$19.95 + up to \$12 postage

The only compendium of vegan dishes you will ever need. Some recipes are vegan adaptations of familiar dishes. (Not to be confused with *500 Vegan Recipes*)

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\$23 + \$1.20 postage

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Veganist

Kathy Freston \$23.50 Postage \$6.65

Lose weight, Get Healthy, Change the World

Becoming Raw: The Essential Guide to Raw Vegan Diets

B. Davis and V. Melina \$35 Postage up to \$12

This is the definitive book on health & the benefits of adding more raw fruits and vegetables to your diet. A treasure chest of easy-to-read, well-researched information on raw food.

Why Animal Suffering Matters (Hard Cover)

By Reverend Professor Andrew Linzey \$45 plus Postage \$6.65

Philosophically astute, theologically sensitive and eminently readable. Andrew Linzey's innovative thesis is that, far from granting a secondary significance to animals, their (alleged) lack of reasoning and linguistic capacities argue for treating them with the care and concern that we extend to our very young.

Peaceable Kingdom: The Journey Home

(DVD 78 mins) \$18 with postage of \$1.20

Five farmers, an animal rescuer and a humane police officer each embark on a riveting journey of awakening conscience in this artful tapestry of memory, music and personal truth. A life-changing film.

Raw Food: A complete guide for every meal of the day

E.Palmcrantz & I.Lilja \$35 postage up to \$12

Proof that eating raw food can be simple, healthy, inexpensive and delicious.

Sweet Gratitude

M.Rogers & T.A.Tamborra \$36 Postage up to \$12

A new world of raw desserts. This book contains fresh takes on old favourites like Pumpkin Pie & Tiramisu plus ingenious new creations including Goji Berry-Chocolate Cheesecake & Brazil Nut Ganache Truffles. Beautifully illustrated.

The China Study

By T. Colin Campbell PhD & Thomas M. Campbell \$25 Postage up to \$12 Special price RRP \$35

Startling implications for diet, weight loss and long-term health. Findings from the most comprehensive large study ever undertaken of the relationship between diet and the risk of developing disease are challenging much of American dietary dogma.

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* NB 'Members' means financial members of the Natural Health Society and the Vegetarian Societies

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- Extracts pure concentrated juice.
- Juices vegetables, fruits, sprouts, ginger, wheatgrass, etc
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Posted price to members* \$279
non-members \$299

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- Converts ordinary toilet so that you can squat instead of sit
- Prevents injury to pelvic-floor nerves caused by straining while sitting
- Has been found helpful for constipation, incontinence, prostate problems, haemorrhoids, diverticulitis, bed-wetting in children under 10 years
- Extremely strong plastic; white, stylish design
- A once-in-a-lifetime purchase; an excellent investment

Phone Natural Health Society for price

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LS-588F PRICE including freight
Members \$249, Non-Members \$274

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5 Trays – Expandable to 15

The EZIDRI SNACKMAKER makes delicious dried fruit, roll-ups, sweet and savoury snacks, muesli and health bars, corn and potato chips. You'll be amazed at how quick and easy these snacks are to produce, and the family will just love the results. Because dried food is light weight and space saving, it is perfect for backpackers, campers, boaties and school lunches. 'SOFT TOUCH' temperature settings with visual indication make for easy, user-friendly control.



Posted price to members* \$179
Non-members \$199

ReboundOz

Rebounding on a 'mini-trampoline' is super convenient aerobic exercise. It speeds lymph drainage, improves heart performance and improves coordination and balance.

- Strong mat and springs designed for the right bounce
- Heavy-grade all-steel frame, UV-resistant mat
- Tapered springs mounted on pins to avoid fatigue cracks
- Folding legs, spring-loaded for ease of use
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Package 2 \$260 or \$240;
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