

food and mood

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the Food and
Mood Project

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Histamine Hell

Amanda Geary

Histamine-containing foods can contribute to high histamine levels in the body. For histamine-sensitive people, this can be a problem. New research suggests that high levels of this essential neurotransmitter are associated with anxiety and panic attacks. Other research has shown that schizophrenia symptoms can arise from a histamine imbalance influencing brain functioning.

Emotional and mental health symptoms due to abnormally high histamine could be helped simply by reducing or avoiding the high risk, high histamine, foods, and choosing low histamine foods instead.

High summer can be hellish for hay fever sufferers as the body's immune defences go into overdrive and produce the irritating and disabling symptoms of red, itchy eyes, watering eyes, runny nose and sneezing. The chemical histamine is largely responsible for this familiar but unwanted response to high levels of pollens in the atmosphere. Therefore it is often antihistamine medication and nasal sprays that are used to gain some relief.

Research published earlier this year in the *Journal of Nutritional & Environmental Medicine* (Vol 11, no.4, 249-262) into the effects of a histamine-restricted diet on allergy symptoms of patients at Vancouver Hospital, Canada, showed some unexpected but interesting 'food and mood' findings.

Unlike an allergic reaction to a food, a food intolerance reaction depends on the individual's sensitivity threshold as well as how much of a problem food they consume. This study looked into the effects of a 4-week low-histamine diet that avoided histamine-containing foods and histamine-releasing foods (see next page) in order to reduce the total load of histamine in the body.

The research was primarily aimed at studying the effect on allergic symptoms such as urticaria (hives), angioedema (swelling) and pruritus (itching). 61% of the people in the study reported a significant improvement to these symptoms but, according to Dr Janice Joneja of the Allergy Nutrition Clinic at Vancouver Hospital, there was also another 'surprising report of considerable improvement'.

The unexpected finding was in the benefits experienced by all three of the 44 people taking part in the study who had also suffered 'panic-like attacks' as well as their other, more physical, symptoms. Prior to under-

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FROM THE EDITOR



You may have noticed that your copy of *Food and Mood* has been delivered to you a little later than planned. I hope you'll agree it was worth the wait but please also accept our apologies. The reason for the slight delay in putting together this issue is the huge response to the recent Food and Mood survey. A massive amount of data was generated by our questionnaire. This has now been analysed and a report is being prepared. More about this in future issues and also via the Project website.

Meanwhile, your summer read includes an article about histamine intolerance, a mother's account of a special diet for helping with autism, and a nutritional therapist's report of her food and mood work in a secure psychiatric hospital. So, with all the other usual goodies to tempt you, there should be something here for everyone!

Enjoy the sunshine!
Amanda Geary
Food and Mood Project Founder

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Explore the relationship between what you eat and how you feel

taking the diet, they had suffered feelings of overwhelming anxiety, increased heart rate, 'clammy' skin, feelings of 'I have to get out of here' or, in one case, even fainting.

After four weeks on the special diet all three of these research participants were completely free from such symptoms as long as they stuck to the histamine-restricted diet. These benefits were experienced despite the fact that they had suffered symptoms frequently (in one case daily) prior to starting the diet.

One possible explanation for the effect of histamine on feelings of anxiety is thought to be due to the vasodilation, or widening of blood vessels, that is associated with high histamine levels. This would lead to hypotension, or low blood pressure, which the body attempts to compensate for by increasing the heart rate, leading to feelings of anxiety.

Dr Joneja advises 'until a more definitive randomised, controlled trial can be completed, others who suffer similarly may achieve at least some degree of relief by following the histamine-restricted diet. The foods eliminated from this type of diet can be easily replaced with others of equivalent nutrient value and ... because the response will be observed quite quickly, a period of 4 weeks on the diet will be sufficient for an individual to determine whether dietary manipulation will help in the management of their symptoms'.

The small number of people involved means that these findings are not considered statistically significant. However, for the three people concerned there has been a 100% improvement in how they feel, apparently entirely due to a change in what they

Histamine and schizophrenia

Dr Carl Pfeiffer of the Princeton Bio Center in New Jersey, found that having treated over 20,000 schizophrenic patients using nutrient-based orthomolecular medicine, an imbalance of histamine could explain the symptoms of almost two-thirds of patients who had been diagnosed as schizophrenic.

Pfeiffer coined the term 'histapenia' to describe the low histamine condition and the term 'histadelia' to describe elevated levels of histamine.

People with high levels of histamine, or histadelics, tend to suffer obsessions, compulsions, phobias, drug, alcohol or sugar addictions, extreme depression and can be compulsively suicidal. Marilyn Monroe and Judy Garland are examples of likely high histamine types who died a suicidal death.

Once a diagnosis of histamine excess or deficiency has been made using a blood test, histadelia and histapenia can be modified using appropriate nutritional supplements.

Some signs of high histamine

The more of the following that apply to you the more likely you are to be a high-histamine type. High histamine types tend to:

- Cry easily
- Hear their pulse in their head on the pillow at night
- Itch and scratch a lot
- Have seasonal allergies
- Have a low pain threshold with regular headaches and other aches and pains
- Produce excessive mucous
- Feel nauseous easily
- Have a high sex drive and easy orgasm
- Experience inner tension or 'driven' feelings
- Have episodes of 'blank mind'

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High histamine foods

How to use this table

When considering restricting your diet it is essential to make sure that you are

still eating a varied diet with a minimum of five portions of fruits and vegetables per day. Also, it is important to remember that the histamine level of foods varies consid-

erably, as does individual sensitivity. The information in this table is based on the histamine-restricted diet used at the Allergy Nutrition Clinic at Vancouver Hospital in Canada.

Meat, poultry, fish

All fish and shellfish (unless caught, gutted and cooked within 30 minutes)

Eggs (a small amount in baked products may be tolerated)

Processed, smoked and fermented meats (such as luncheon meat, salami, pepperoni, smoked ham, cured bacon)

Dairy

All types of cheese, yoghurt, buttermilk and kefir

Fruits

Apricots
Bananas
Cranberries
Cherries
Citrus fruits (oranges, lemons, limes, grapefruit)
Currants
Dates
Loganberries
Pineapple
Prunes
Raisins
Raspberries
Strawberries

Vegetables

Aubergine (eggplant)
Avocados
Olives in vinegar or brine
Pickles, relishes, sauerkraut and other foods containing vinegar
Pumpkin
Red beans
Soy and soy products
Spinach
Tomatoes, tomato sauces, ketchup

Seasonings

Anise
Cinnamon
Cloves
Chilli powder
Curry powder
Nutmeg

Additives

Colourings such as Azo dye colourings such as tartrazine (E102).
Preservatives such as sulphites, benzoates, BHA and BHT

Other

Tea (regular or green)
Chocolate, cocoa, cola
Alcoholic and 'de-alcoholised' drinks

- Suffer with depression and sometimes suicidal thoughts
- Have abnormal fears, compulsions, rituals
- Be a light sleeper or experience severe insomnia
- Appear to tolerate a lot of alcohol or drugs
- Have a fast metabolism with high body temperature.
- Be of lean build with little body hair
- Have a large nose or ears, long fingers and toes (and often a longer second toe than the first)
- Have excellent teeth.

Histamine fact file

Histamine

- is a neurotransmitter that has an important role in the immune response
- is concentrated in 'mast' cells and when released causes itching, increases the permeability of blood vessels and produces swelling and skin reddening
- plays a regulatory role in muscle contraction and gastric acid secretion
- increases vasodilation causing symptoms such as hypotension (decreased blood pressure) and tachycardia (increased pulse rate), and causes constriction of the bronchi in the lungs
- is made from histidine (an amino acid or protein fragment)
- intolerance is due to an excess of histamine, which results in a variety of symptoms (see above).

How to reduce your histamine load

- 1 Histamine is present in most foods so it's more a question of reducing your total load of histamine containing foods rather than avoiding it completely. Use the table provided to see if you are eating a lot of high histamine foods that could be eaten less often or avoided altogether.
- 2 Throw out the left-overs in the fridge and ensure your food is as fresh as possible, as histamine is formed from the bacterial action that takes place as food starts to rot.
- 3 Avoid eating overripe fruits and vegetables as histamine levels rise as these foods ripen.
- 4 Take steps, such as increasing water intake, to prevent constipation. Food can start to ferment in the gut and add to the histamine burden in the body.
- 5 Cut down on additives that, although they don't contain histamine themselves, can contribute to histamine being released in the body and lead to a 'pseudo-allergic reaction'.
- 6 Avoid fermented foods such as cheese, wine, vinegar, fermented sausages, soy sauce and sauerkraut as these naturally contain high levels of histamine.
- 7 Vitamin C is a natural antihistamine, so supplementing 2000mg per day can be beneficial. Folic acid (particularly in amounts over 200mcg per day) increases histamine levels and therefore should be avoided in those people whose histamine levels are already high.

EU legislation cuts nutritional supplements

The Food Supplements Directive to be introduced into UK law this year will soon dramatically restrict the right of consumers to purchase safe and effective vitamin and mineral supplements and many herbal remedies. Hundreds of nutritional supplements are set to disappear from health store shelves as the UK is obliged to fall in line with restrictive European legislation. A nationwide campaign is being organised by Consumers for Health Choice, which urges consumers to write as soon as possible to their MP and MEP. Email enquiries@healthchoice.org.uk.

St John's wort unfairly criticised

Research published in the influential *Journal of the American Medical Association* compared St John's wort with the prescription antidepressant sertraline. Media emphasis has been on the finding that the herbal remedy was shown to be less effective than placebo in alleviating moderate to severe depression. However, St John's wort's previously demonstrated effectiveness was for the treatment of mild to moderate depression (not severe depression). Interestingly, in this study sertraline was also less effective than placebo, but for some reason this fact did not appear to be as newsworthy.

Remember your oats

Children who start the day by having oats for breakfast perform better in memory tests than children who have other cereals or no breakfast at all, according to new research. The explanation offered for this effect is that oats promote a prolonged release of glucose into the blood stream, and the brain is dependant on a constant supply of glucose to satisfy its energy demands.

Food and good behaviour

Research published in the *British Journal of Psychiatry* shows that nutrition can have an impact on crime. Inmates of a maximum security institution in Buckinghamshire who, whilst serving their sentences, took a supplement of vitamins, minerals and fatty acids normally found in a good diet, committed over 25% fewer disciplinary offences than those who were unknowingly taking dummy pills. The study was conducted by the charity Natural Justice and led by Bernard Gesch of Oxford University.

Oiling the brain

An on-going study led by educational psychologist Dr Madeline Portwood into the benefits of oil supplements for children with learning disabilities is showing promising results on concentration and learning ability. After 12 weeks many have had their reading age boosted by 1-2 years, apparently through taking the £10 a month capsules containing a combination of fish oils, vitamin A and evening primrose oils. The trial which is using Equazen's Eye Q supplement is being conducted in primary schools by Durham County Council and is funded by the Dyslexia Research Trust. The study is also testing a non-invasive breath test which hopes to be able to identify those children most likely to benefit from the supplement.

Eating well, feeling good

by Anne Hodgson

The message that good food is essential for good mental health is beginning to filter through to hospitals, where improvements to food provision are long overdue.

I was asked to teach a series of eight workshops at Thornford Park psychiatric hospital near Newbury, a secure unit with 84 patients. This came about as one of the psychotherapists had read *Mental Illness, not all in the mind* (a booklet put together by nutritionist Patrick Holford) and he had made the link between food and mood. I was contacted because I am a practising nutritionist with a particular interest in brain function and behaviour. I have also written a dissertation on the nutritional management of delinquent adolescents, and worked with them in prison.

I decided to make the sessions as visual and interactive as possible

I devised eight one-hour workshops that were held weekly. We decided that about ten patients would be a good number, two from each ward. And we were keen to include people who have plenty to say – so that they would tell the others what they had learnt! Whilst most patients had to be accompanied by nurses, all staff were invited to attend. I worked most closely with the head chef at the hospital who was very interested right from the start. He attended all the workshops, and I helped him devise new menus.

I was aware that the group would present challenges such as a short attention span, the possibility of difficulty concentrating and retaining information, and low motivation, until they had better knowledge and began to see results. So I decided to make the sessions as visual and interactive as possible.

I took along food samples or products, or food that I had cooked

For each subject that we covered, I took along food samples or products, or food that I had cooked. For example, when I talked about essential fatty acids, we tried various nuts and seeds, houmous on oatcakes, avocado spread on rye bread, and nut butters. We would then have a discussion, as the chef and I needed to determine what patients would like to see on the new menus. We also considered what could be stocked in the tuck shop that was currently selling sweets, fizzy drinks, crisps and cigarettes.

The hospital provided each patient with a file, and each week I gave them handouts on what we had covered, and perhaps articles of interest that I photocopied, or recipes if they had been discussed or sampled. For example, one session covered the importance of drinking water, with an explanation of dehydration and its effects. We then talked

through everyone's drinking habits, which were mainly coffee, tea and fizzy drinks. I had taken along a large selection of alternatives, so, with hot water and cups provided, we then had a taste session.

I gave everyone a list of the drinks and asked them to make a note of the ones they liked. These included coffee substitutes, organic de-caff (produced using a water method – no chemicals) various herb teas and natural alternatives to refined sugar. For this particular session, there were extra handouts on coffee and caffeine, and water.

Other topics for workshops included blood sugar balance, alternatives to wheat and dairy, meals and recipes – all with the emphasis on how mood and behaviour can be affected. I also compiled a recommended reading list and the hospital purchased a selection of books and a video for the library.

Most patients made the effort to make some changes and seemed to enjoy coming back to discuss them with me

The feedback from patients and staff was very positive. One comment was about the consistently high attendance – I was told that the numbers usually dropped off to two or three after a few weeks with most workshops, but this was not the case. Most patients made the effort to make some changes and seemed to enjoy coming back to discuss them with me.

The tuck shop is now stocked with seed bars, nuts, dried fruit and other goodies including coffee substitutes

One patient told me that he used to have a bowel movement once a month, and was now going every day. Along with feeling brighter in himself, his arthritis and mobility had also improved. The majority of the patients now drink more water and less coffee and fizzy drinks. The tuck shop is stocked with seed bars, nuts, dried fruit and other goodies including coffee substitutes, and the new hospital menus have been very well received.

The director of the hospital is very pleased with the results. Patients have been stopping him in the corridor with positive comments, and I have been asked to run the workshops again so that more patients can benefit. I think everyone is pleased at this positive initiative for change that has taken place, and I felt proud to share my knowledge in an environment that can put it to good use.

Anne Hodgson has a clinic in Windsor and can be contacted on 01753 842793 or email: annehodgson@life-changing-nutrition.co.uk

Fennel feelgood soup

This recipe was kindly provided by Jane Sharp

3 tablespoons olive oil
1 cup (100g/4oz) diced fennel root
1 cup (100g/4oz) diced carrots
1 cup (100g/4oz) diced potatoes
4 cups (1 litre/2 pints) beef or vegetable stock
2 small red chillies, dried
1/4 cup (25g/1oz) diced sun-dried tomatoes
(best if soaked in water overnight)
1 cup (100g/4oz) white rice
3 tablespoons low sodium soy sauce
1 tablespoon fresh rosemary
2 tablespoons fresh oregano
1 tablespoon balsamic vinegar

Sauté fennel, carrots and potatoes in olive oil. Add stock, chillies, tomatoes and rice. Bring to a boil, then simmer for 15 minutes. Add soy sauce, balsamic vinegar. Adjust taste with salt and pepper. Serve and enjoy!

- Fennel contains phytoestrogens which have a hormone-like action and can help redress imbalances associated with the menopause. Fennel is also an excellent food to help with digestive complaints such as cramps or excess gas.

Selenium rich bread

Following the selenium and depression article in issue no. 3 of *Food and Mood*, Andrew Whitley founder of The Village Bakery was inspired to develop several new selenium rich products. As a result, brazil nut shortbread, brazil nut and apricot bread and brazil nut and linseed bread are now available. A delicious way to obtain your recommended daily requirement of this essential mood enhancing mineral!
www.village-bakery.com

New supplement combo boosts memory

A combination of Lipoic acid, in combination with acetyl-L-carnitine may be able to improve memory in humans. Research on rats looks promising and some clinicians are reporting benefits in humans. Lipoic acid is a potent antioxidant that helps protect cells from damage by unstable oxygen molecules called free radicals. Acetyl-L-carnitine is thought to improve the functioning of mitochondria (the energy powerhouses in each of the body's cells).

'Alpha' containing both Acetyl-L-carnitine and Lipoic acid is available mail order from Higher Nature on 01435 883702 price £13.90 for 30 caps.

Research bites

Eat fish, stay happy

Silvers, K.M. & Scott, K.M. (2002) **Fish consumption and self-reported physical and mental health status** *Public Health Nutrition* 5 (3): 427-432.

A national survey of nearly 5,000 New Zealand adults found that fish consumption was significantly associated with a higher self-reported mental health status. Survey respondents were categorised into those who consumed no fish of any kind and those who consumed some kind of fish, at any frequency.

TV viewing linked to eating disorders

Becker, A., Burwell, R.A., Herzog, D.B., Hamburg, P., Gilman, S.E. (2002) **Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls** *The British Journal of Psychiatry* 180: 509-514.

A major study has examined the impact of the introduction of television into two towns in the Pacific islands of Fiji and has found there to be a profoundly negative impact on the lives of teenage girls. Three years since they were first exposed to television, levels of poor body image and incidents of eating disorders have increased. The percentage of girls who said they self-induced vomiting to control weight has risen from zero to over 11%.

Depression help

Nemets, B., Stahl, S., Belmaker, R.H. (2002) **Addition of omega-3 fatty acid to maintenance medication treatment for recurrent unipolar depressive disorder** *American Journal of Psychiatry* 159: 477-479.

Twenty patients with major depression who still had symptoms despite the best conventional drug treatments were randomly allocated to receive either fish oil or a placebo for 4 weeks. Neither patients nor doctors knew which treatment was being provided. Those receiving the EPA fish oil were significantly less depressed compared to the placebo group, and the differences were already clear by the third week of treatment.

The gluten-free, casein-free diet: a parent's view

Following a GFCF diet can be both difficult and time-consuming but it can also be life-changing. Deborah, mother of Charlie, describes her experiences...

The GFCF diet is an intervention advocated by parents who believe that their child's autistic symptoms are the result of problems arising in the gut rather than as an inherent, genetic condition. I am one of those parents and my son has been gluten and casein free for 18 months.

Briefly, the theory is that one of a number of factors results in damage to the lining of the child's gut. Once the gut becomes damaged it leaks and allows certain proteins, principally casein (from milk) and gluten (from wheat and some other grains) to seep into the bloodstream. Once there, they travel as caseomorphine and gluteomorphine through the body to the brain where they do untold and continuing damage. Through the removal of these foods from the diet many parents have seen extraordinary improvement in their child's behaviour and abilities.

This whole theory is controversial because of the means by which parents believe their children's digestive systems to have been damaged. These include, but are not limited to, Thimerosal (Mercury) in all childhood immunisations, high use of antibiotics (often as a result of persistent ear infections) and, of course, the MMR vaccination.

Will my child benefit?

There are a number of symptoms which may give an indication that your child is likely to benefit from this diet. They include some or any of the following:

- Craving for certain foods (particular favourites include milk, pasta, cheese, cereals, yoghurts, bread, apple juice and blackcurrant juice)
- Night waking / hot and sweaty at night
- Inappropriate giggling
- Bowel problems (constipation, diarrhoea, loose stools, wind)
- Dark circles under eyes / pale complexion
- Red ears
- Hyperactivity
- History of glue ear

Introducing the diet

Starting the diet can be daunting, and to begin with it can be difficult to get to grips with, but hopefully you should start seeing some benefit for your hard work within weeks. Many children go through a period of worsening behaviour and symptoms before they start to show any signs of improvement. At first they will also often refuse the GFCF alternatives to their favourite foods. This is a good indication that they are craving the feeling they get from eating their usual foods rather than the foods themselves. As the proteins hit their brain they are in a form similar to morphine and the child can become very hooked on this

'high'. Some children (like mine!) may initially refuse ALL the offered alternatives and that can be worrying and disheartening. Fortunately, it does not usually last long and I regarded this behaviour as confirmation that, whatever was driving Charlie's food choices, it was not 'normal' hunger or 'pickiness'. If you do choose to give the diet a try it is important to allow a reasonable period of time to measure results – casein takes three weeks to leave the body, gluten three months!

'I have seen magic happen and my son came back to me'

When I started I was the only person I knew who was trying the diet. I was regularly told by both medical and education professionals, as well as family and friends, that it was nonsense. It was very lonely, if character building! Now there are thousands of parents using the diet and many, many sources of information available if you are interested.

Fortunately I now have the support of my GP who prescribes GFCF products for Charlie, and I am also supported by a paediatric consultant who believes that dietary intervention is an important treatment and who helps us with Charlie's supplements and nutrition.

The good news

When Charlie went gluten free I had NO IDEA what I was doing and made lots of mistakes, yet he showed slow and steady improvement. When I (finally) took him off casein as well, he toilet trained and slept through the night for the first time ever – within the week. Then I found out about aspartame, E-numbers and Candida. Since excluding the first two and treating the third, Charlie has improved again – with his language development in the last two months being quite extraordinary. I am in contact with many mothers whose children are improving beyond recognition, some having special needs labels withdrawn.

To try it or not?

This, of course, is up to you. I have seen great and continuing improvement in my child and I would urge you to try. But this diet is not for everyone, nor will it help every child. It is, however, safe, non-invasive and has no side-effects. It may even give your child additional health benefits (Charlie's eczema cleared up). But I admit I am biased – I have seen magic happen and my son came back to me. Good luck!

Deborah would like to record her special thanks to Allergy Induced Autism and to Marilyn Le Breton for the inspiration, information and support they provide:
Allergy Induced Autism tel: 0845 1300004 www.AllergyInducedAutism.com

Diet Intervention and Autism: a guide for parents by Marilyn Le Breton (Jessica Kingsley Publishers)

Email support group: GFCFkidsUK@yahoo.com

Motivated

Thank you for sending me the *Food and Mood Handbook* and the questionnaire. I am very much interested in the relationship of diet to physical health and curious about its effects on mental health. So far the book has served to open up the subject but has not led to any action. I find the subject can only be approached obliquely because the people I know who might be candidates are highly resistant to the notion that diet could make a difference to the way they feel.

My mother and I are converts to the exclusion diet ever since we successfully used it to heal her three year old leg ulcers and resulting grotesque and foully itchy eczema ... Because of that we're very ready to believe that food plays a major role in mental disorders as well. We also have an autistic child in our family whose parents are beginning to feel that they might be ready to try testing his responses to changes in diet. Since it took us so many years to come to the conclusion that we would have to take responsibility for my mother's illness ourselves, we can understand the reluctance of other people to come to the same conclusion.

We just leave *The Food and Mood Handbook* lying around and try not to nag. I must say though, when I first saw it, I found it daunting. There is a lot to take in and it looks like hard homework. With the eczema we were driven by terrible need. One would have to be motivated by a great sense of need to endure the tedium of keeping a food and mood diary. So far, the people I wish would try the method are not willing to go to all that trouble. Maybe they need to get even crazier before they will want to think about it...

We found that 'cutting down' was impossible. Much better just to cut out altogether for a few weeks than try to cut down on a questionable food. We set ourselves a target of 6 weeks arguing that it might take that long to clear the system. My mother improved with startling speed. We then re-introduced, one by one, the things she had missed most and monitored the results. I suppose it can't be that simple with food and mood because mood is more complicated than skin.

It is very good to know that your project exists; I hope you are able to get the funding to go on. This is a vital area of study and we, the non-scientists, need more information about your findings.

Catharine Forbes, Carradale, Argyll

Why change?

I just started reading *The Food and Mood Handbook*. I am very excited about reading it and applying some more healthy principles to my life. As I was reading p.8 on the 'Why change?' section I immediately thought how important it is, indeed, to learn to recognize the longer-term benefits.

In my mind I was transported to a few years ago when I was training for a triathlon. One of the exercises I was encouraged to do in my training was to write a list of every single reason I could think of as to why I wanted to

complete a race like that. That list helped me so much. It helped deepen my commitment to my training. And it encouraged me when I was tired of training.

What does this have to do with the book? I just thought a really good exercise would be to have the readers compile the same type of list. Since eating is a lifetime activity I think we really need a million clear personal reasons about our desires to change and the potential benefits.

Krissie Skepton, Maryland, USA

Manic Depression

I suffered from depression on and off for about 10 years which turned into manic depression. The manic periods were so bad – psychotic thoughts and actions – I had to be sectioned several times. My depressive periods were equally bad: never going out of the house: sleeping most of the day. This went on for about another 15 years – the manic periods getting worse.

I have been on a nutritional trial for the last 5 months with the National Schizophrenia Fellowship in Bangor, North Wales, where I referred myself. I am now on no medication, feel really well and have been signed off by the psychiatrist. I can now look forward and get on with the rest of my life.

Enclosed are the details of the trial that I am sure would be a great help to many people. It took a couple of months for the vitamins to work and the balance to return.

Kirunal EPA – Fishoil
 Lamberts Vitamin B12 (1000ug)
 Lamberts Folic Acid (400ug)
 Lamberts Thiamin (Vitamin B1)
 Lamberts Chewable Vitamin C
 Lamberts Vitamin B100 Complex
 Lamberts MagAsorb (150 mg)
 Lamberts Selenium plus Vitamins (100 tabs)

PC, Wales

The National Schizophrenia Association of Great Britain can be contacted on 01248 354048 email: info@sagb.co.uk www.sagb.co.uk

Just as bad as sugar?

I would like to thank you for writing *The Food and Mood Handbook*, which was a revelation. It was easy to read, clear and well designed, the recipes simple. I had suspected that I had a problem with food/mood but did not know how to attack it.

I am still puzzled, however, by the difference between sugar products and molasses/honey. I have heard reports (one from a psychiatric nurse) that honey and molasses are just as bad as sugar in raising blood sugar levels – could you throw some light on this for me?

AS, Wiltshire

The glycaemic index (GI) of honey (how much it raises blood sugar compared to pure glucose) depends on the blend of sugars it contains and, in particular, how much of the slower energy releasing fructose sugar it contains. Unfortunately, honey's GI value is usually very similar to that of sucrose (table sugar) and if it is glucose-enriched it will be even higher.

Book/tape corner

Non-Pharmaceutical Approaches to Mental Disorders

This groundbreaking US conference held in June 2002 is now available on tape. Tapes can be purchased for individual lectures or as a complete set. All prices include prints of slides accompanying lectures. Order online at www.AlternativeMentalHealth.com.

How can you expect to stop smoking if you eat tomatoes? by Robert Brynin

This proposes that because tobacco is a member of the nightshade food family, which also includes tomatoes, a tomato-free diet will help with nicotine cravings.

- Research is now showing that smoking may be a cause of mental illness, as well as lung cancer and heart disease. While it has long been known that people experiencing mental distress are more likely to smoke, this has thought to be a consequence rather than a cause of their suffering. There is now evidence to suggest that tobacco can contribute to panic attacks, anxiety problems and schizophrenia.

Natural Healing for Schizophrenia and other common mental disorders

by Eva Edelman

An excellent manual for professionals and the general public who wish to investigate, in depth, the links between diet, nutrition and diagnosed mental health problems. The layout is attractive and easy to read, yet it also manages to pack in a wealth of nutritional information. Of particular interest with regard to schizophrenia are the sections on the 'biotypes', which relate symptoms to histamine imbalances, pyrroluria (an excess of urinary kryptopyrroles depleting zinc and vitamin B6), blood sugar imbalances and allergies.

Webwatch

www.foodandmood.org

FOCUS ON SPECIAL DIETS

www.scd.org Home of the specific carbohydrate diet which can help digestive disorders such as Coeliac and Crohn's disease, ulcerative colitis and diverticulitis. The gut-brain connection is part of this approach.

www.feingold.org Based on avoiding foods that contain salicylates, a natural aspirin-like substance and used to help symptoms of attention deficit disorder and hyperactivity.

www.dadamo.org This diet requires you to follow the detailed recommendations for your particular blood group. For example, blood type O are the original hunters who apparently function best on a diet that is high in animal protein and low in grains.

Food and mood survey

A very big thank you to all who took part in the food and mood survey. In the end, with additional funding from the Cyril Corden Trust we were able to send detailed questionnaires to 436 members of the Food and Mood Project database. Precisely 200 questionnaires were returned giving a very impressive response rate of 46%. The findings have now been analysed in some depth and *Food and Mood: the Self Help Report* will be available from the Food and Mood Project in September. Information on the survey will be published in future issues of *Food and Mood* and posted on the Project website. In the meantime, all those who took part in the survey will be contacted, by post, with a summary of the key findings.

Prize draw winners Survey participants had the opportunity to win cash or prizes from a total prize fund of £500, and the three lucky winners were:
Misgana Berhane of Eastbourne, East Sussex
Jenny Sandler, London
Trude Stacey of Brighton, East Sussex

Diary dates

Wednesday 18th September 2002

Food and Mood Conference

ORT Conference Centre, 126 Albert Street, Camden, London NW1. Contact Pavilion Publishing 01273 623222 info@pavpub.com. www.pavpub.com

Thursday 14th November 2002 1.30-5.00pm

Food and Mood seminar with Amanda Geary

Britannia Street Conference Centre, London WC1
Contact Mole Conferences 01273 242634
enquiries@mole-conferences.com
www.mole-conferences.com

food and mood

The Food and Mood Project was started in 1998 with a Millennium Award from Mind, the mental health charity. The aim of the Project is to empower individuals to explore the relationship between diet, nutrition and emotional and mental health, and to share this information with others.

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