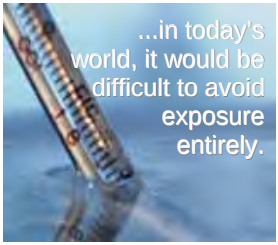
Breakspear Medical Bulletin

Issue 27 **Late Winter/Spring 2011**

Notes on magnesium deficiency and mercury

Mercury can heavily deplete one's body of magnesium, which is essential for a number of metabolic pathways that produce energy.



There are many common symptoms which may indicate that one's magnesium levels are too low. These symptoms include:

- confusion
- disorientation
- loss of appetite
- depression
- muscle contractions and cramps
- tingling
- numbness
- abnormal heart rhythms
- coronary spasm
- migraines
- seizures

Numerous illnesses have been associated with magnesium deficiency including multiple sclerosis, hypertension, insulin resistance, diabetes mellitus, gluten-sensitive enteropathy, premenstrual

(Continued on page 8)

Returning to Breakspear from sabbatical

Dr Christabelle Yeoh

I have just spent a fortunate and wonderful 9 months on sabbatical. It is great to return and see all the people I have missed, colleagues and patients alike!


Dr Christabelle Yeoh at Tiger's Nest, Bhutan

I have done a wide range of things over the past 9 months including reconnecting with my family abroad, travelling and visiting friends around the world, and learning about new things every day, which included many work-interest related experiences.

In May 2010, I attended Autism One in Chicago, which is an annual event held by a non-profit charity started by a small group of parents of children with autism. I have been to that conference a couple of times now and each time I go, I am impressed by how broad and progressive the range of knowledge presented is. It is a massive conference with multiple tracks of topics going on, so you can really pack in your day and come away with a bursting head!

This year, the biomedical

(Continued on page 4)

Inside:

Breakspear
Medical Group Ltd
Hertfordshire House
Wood Lane
Hemel Hempstead
Hertfordshire HP2 4FD
United Kingdom
Tel: + 44 (0) 1442 261 333
Fax: + 44 (0) 1442 266 388

On the market: stories about families and the MMR controversy

The MMR controversy refers to claims that autism spectrum disorders can be caused by the combined MMR vaccine, which is an immunisation against measles, mumps and rubella.

In 2007, the General Medical Council (GMC), which is the body responsible for licensing doctors and supervising medical ethics in the UK, began investigating the cases of Dr Andrew Wakefield, Professor John Walker-Smith and Professor Simon Murch. The investigation was not to assess the validity of scientific theories linking MMR and autism but to examine charges of serious professional misconduct in regard to their methods of dealing with the children.

...over the 3 years of the hearing, during which time Dr Wakefield's reputation was destroyed, nothing was said about the parents or their vaccine-damaged children...

At that time, many parents of vaccine-damaged children believed that the tribunal would explain to the world what had happened to them. However, over the 3 years of the hearing, during which time Dr Wakefield's reputation was destroyed, nothing was said about the parents or their vaccine-damaged-children.

The story of the children and the many parents who supported Dr Wakefield did not reach the public.

In the second year of the hearing, Martin Walker and Dr Carol Stott, both of whom had been campaigning in support of Dr Wakefield, asked parents if they would submit chapters to a book entitled 'Silenced Witnesses'. Over the next 2 years, they received and edited 16 chapters, which were turned into 2 volumes. Each of the chapters told the story of a family, a damaged child and the help they received from Dr Wakefield and others at the Royal Free Hospital. Each chapter also told the tragic story of a child in pain and suffering inflammatory bowel disease (IBD) and some degree of regressive autism. Many of the parents were sure that these conditions were consequent upon their child's MMR vaccination.

While the books recount the whole story from the parents' point of view, Mr Walker and Dr Stott wrote introductions to these 2 books that followed the GMC hearing and put the parents' cases in perspective. The first volume has 208 pages and the second has 290. The second volume is accompanied by a complimentary DVD of Alan Golding's hour-long film, *Selective Hearing: Brian Deer and the GMC*.

The books are available for sale on the internet at www.slingshotpublications.com or by post: CryShame, PO Box 677, Ixworth, Bury St. Edmunds, IP33 9WZ (cheques should be made payable to CryShame. Each book is £10 plus £2.50, within the UK, for postage and packing). All money from the sale of the books goes to CryShame, the parents' organisation.

See Dr Goyal's article on ASD on page 5.

Breakspear Medical Bulletin
Breakspear Medical Group Ltd
Hertfordshire House
Wood Lane, Hemel Hempstead
Hertfordshire HP2 4FD
United Kingdom

Editor:

Carolyn Northcote Monro

Contributing writers:

Dr Daniel Goyal
Dr Jean Monro
Angelette Müller
Martin Walker
Dr Christabelle Yeoh

Breakspear Medical Bulletin is a private publication that we aim to produce quarterly. It is for the promotion of environmental medicine awareness and Breakspear Medical Group Ltd. This newsletter is not intended as advice on specific cases but as a forum of information researched and stored at Breakspear Medical Group. We urge readers to discuss the articles in this bulletin with their health-care practitioners. Unauthorised reproduction of this newsletter, or quotation except for comment or review, is illegal and punishable by law.

Ask Dr Daniel Goyal

I've just turned 40 and I'm wondering if there is anything I can do to prevent getting common illnesses associated with getting older?

For many years, the medical team at Breakspear Medical Group has received requests to run a disease prevention service. Many groups and individuals, including patients' relatives, medical and nursing colleagues, and sports enthusiasts, have approached us for health improvement interventions. Most people wish to lessen the risks and improve their quality of ageing.

At Breakspear, our medical staff are certified in "Anti-Ageing Medicine". Recently we have taken on 2 nurses, 2 nutritionists and 2 student nutritionists and are now offering a comprehensive disease prevention program.

This new disease prevention clinic includes investigating the possibility for definitive interventions into such conditions as:

- hypertension
- diabetes
- high cholesterol
- suboptimal energy problems

We will also help individuals reduce the likelihood of the onset of potential disease, based on family history and current lifestyle choices.

The aim is not to force a drastic change of lifestyle, as this is a personal choice; our aim is merely to support your health in the lifestyle you choose, whilst, of course, contributing to your informed decisions regarding lifestyle choices.

The basic format is for a 30 minute consultation with one of our doctors and 30 minutes with one of our nutritionists. Following the consultation, a broad panel of tests for disease prevention will be conducted. The results will be discussed during a review consultation with the doctor and nutritionist, where interventions will be discussed. Most interventions will centre around nutraceuticals (food supplements) to achieve optimum health. Most start-up programs last about 3 months.

Some general anti-ageing recommendations are:

- Eat organic, whole foods.
- Use so-called "staple" foods as garnishes as opposed to using such foods as the dominant part of one's diet. For example, use a handful of rice with a curry or stir fry instead of making rice the main portion of the meal.
- Eat complex meals with fats, protein and complex carbohydrates. A roast dinner that is heavy on the meat and vegetables is a good thing, for most people.
- Slow cook food on low heat whenever possible.
- Snack on berries, nuts and seeds, oatcakes, houmous and dark chocolate.
- If you are going to have an indulgent day, make it a full day and only once or twice per week.
- Consider a good daily multivitamin and omega-3 oil. Generally, we have enough omega-6 and 9, so don't always believe all the packaging.
- For most people, an epsom salt bath once per week provides an excellent boost and relaxing intervention.
- Listen to music.
- Use, wherever possible, biodegradable beauty and cleansing products.
- Use unscented, biodegradable household cleaning products.

Pesticides linked to rheumatoid arthritis in women

MedPage Today reported 1 February 2011 that women's risk of developing rheumatoid arthritis and/or systemic lupus erythematosus (often abbreviated to SLE, which is considered a common autoimmune disorder) increased incrementally according to the frequency and duration of their exposure to insecticides.

This large observational study of almost 77,000 postmenopausal women found that those who personally mixed or applied insecticides had an adjusted hazard ratio for rheumatoid arthritis or lupus of 1.57. All the women in the study were free of autoimmune rheumatic disease at the start of the study.

After 3 years, there were 186 incident cases of rheumatoid arthritis and 35 cases of lupus, a total of 0.28% of the cohort. The majority of the women in the study group were white, as were those with autoimmune disease. Most cases (63%) reported their exposure to insecticides occurred in the home.

Returning to Breakspear from sabbatical

(Continued from page 1)

information was as good as ever. The highlights for me were talks by Dr Andrew Wakefield, the British former surgeon and medical researcher known for his claims of a link between autism and the combined MMR vaccine, and Dr Woody McGinnis, the director of research and education at Autism House in Auckland, who spoke on theories behind toxins and the brainstem.

The Yeoh family: 1 father, 6 children and 10 grandchildren, together in Singapore.

At Breakspear, as many of you will know, Specialist Autonomic Neurophysiologist, Dr Peter Julu, measures brainstem functions non-invasively, which allows us to document huge amounts of autonomic dysfunction, which fit with the theories Dr McGinnis presented.

I was very excited about the new information about how to rehabilitate the brain using certain exercises. It seems the knowledge in this area is not well known and certainly not by traditional physiotherapists and neuro-rehabilitation centres. I heard 2 separate single-handed therapists speak on this and felt there was great potential in it. This work is being done in a larger fashion at the Family Hope Center in Pennsylvania.

In November 2010, I had the opportunity to attend a workshop held by the Family Hope Center, for parents and health care professionals who look after any child with brain injury, particularly those with neurodevelopmental problems and those on the autism spectrum. What they taught was very profound in understanding the areas of the brain that have been affected and thus how to rehabilitate it. This is no easy matter, for the program requires a full-time carer and many hours of practice a day. But the results speak for themselves. What I loved was the combination of treatment that we know is so important and that works, with the foundational neuro-rehab program. The program includes dietary intervention, biomedical treatment, environmental considerations, breathing techniques dealing with oxygen and carbon dioxide, cranial osteopathy and neuro-rehabilitation.

Also last autumn, I attended the annual ILADS Lyme Disease Conference in New Jersey. What I took away was an emphasis on what we already suspect: 'Chronic Lyme disease' is often a Multiple Co-infection Syndrome, with numerous pathogens mixed as a 'soup' in the body. The importance of lowering the total burden not only rests on a range of antimicrobials but also very importantly on detoxing. "Detox, detox, detox" is what I took away from a lecture by Dr Richard Horowitz, who is the current president of ILADS. I also spent a week with Dr Horowitz at his clinic in beautiful upstate New York.

Earlier in the year, I also spent time with Dr Ann Corson, a Lyme-literate physician in Pennsylvania. She is a family practitioner who is well known for treating children with Lyme.

(Continued on page 5)

The quiet pandemic of bed bugs

Bed bugs have been a known human parasite for thousands of years.

There are primarily 2 species of bed bugs: 1) Cimex lectularius, the common bed bug, and 2) Cimex hemipterus, which tends to exist in tropical areas.

In the USA, specially trained sniffer dogs are used to hunt for bed bugs and are reported to be 95% accurate in detecting live bed bugs and eggs.

Bed bug bites (or cimicosis) may lead to a range of skin symptoms and psychological discomfort. Bed bugs are not discriminating and affect all people regardless of ethnicity, age or gender.

According to a Sunday Times article, 90% of men and 40% of women do not manifest bites.

However, with some people, sores appear on the skin, which are caused by the person's immune system reacting to the bites, or because the bites have become infected. Anaphylactic reactions have been documented.

Bed bugs have long been a problem in poor regions of the world. According to medscape.com, "The rate of bedbugs (Cimex hemipterus) was 37.5% in children's beds from a rural region of The Gambia."

Bed bugs have notably been on the increase in developed countries for over 30 years, which is perhaps due to more foreign travellers, more frequent exchanges of second-hand furnishings and/or the possibility that the bugs are developing increasing resistance to pesticides.

They are transferred by people on clothing, furniture, walls, books, toys, luggage and by various other means. They also like to feed on pets, birds and mice and can be spread by these creatures and/or by things with which they have contact.

Sadly, detecting and getting rid of bed bugs is not simple.

Bed bugs are very small (5 –7mm long), brown to reddish brown, oval-shaped and flattened. They are nocturnal and have 5 stages of life. They feed exclusively on blood and can survive 18 months in a dormant state ie without feeding. Females can lay around 1 to 12 eggs per day. Their dung appears in speckle-like masses, which may be found on sheets, bed frames or mattresses. Spots of blood on bed sheets may be a sign, too.

Due to the unpleasant peculiar pungent almond smell, many building inspectors and tenement dwellers are familiar with the scent of bed bugs.

In the USA, specially trained sniffer dogs are used to hunt for bed bugs and are reported to be 95% accurate in detecting live bed bugs and eggs. Dogs can pick up the scent from up to 5 feet and they indicate to their handler that bedbugs are present by scratching at a site.

There are numerous companies in the UK with skilled technicians who will treat homes on a room-by-room rate.

However, it only takes the introduction of one bed bug and a re-infestation can occur.

To prevent infestation, try not to bring infested items, such as second-had furniture, into your home. Be aware that visitors who have travelled from abroad may unwittingly bring an infestation with them.

To get rid of bed bugs, there is a product called Kleen-Free® (available at Breakspear's Pharmacy), which is an all-natural enzyme-based solution originally developed for the treatment of bed bugs, which can also be used to treat scabies. Kleen-Free® is non-toxic and pesticide-free, safe for frequent use on humans, pets and for the environment.

There are bed bug monitors available through the internet to provide early identification of bed bugs by using a passive device that requires no power or consumables.

(Continued from page 4)

Again, I saw that successful outcomes in treating chronic Lyme disease rest on a multi-regime approach of a range of antimicrobials, dietary intervention, detoxification and, at times, other therapies like cranial osteopathy and acupuncture.

During my sabbatical, I experienced and learned too much to elaborate on in just this Bulletin. If there are topics that you would like further education on, let our Editor know and perhaps I can write on these topics in future Bulletins.

Recommended recipe: quick almond milk

Quick almond milk

It can be made creamy or like milk. You can add strawberries or other fruits and blend it into a fruit & nut smoothie.

Ingredients:

1 cup of almonds
3 cups of water
few drops of vanilla essence (optional)

Equipment:

blender
sieve lined with muslin
jug or bowl

Instructions:

1. Put 1 cup of almonds in a bowl or jug, add enough water to cover all the nuts. Soak overnight. (Soaking improves the digestibility and flavour of the nuts.)
2. Drain the water and rinse the nuts.
3. Put the nuts and 1 cup of water into the blender and blend until completely smooth (about 1-2 minutes).
4. Add the remaining 2 cups of water and blend further. Add vanilla essence, if desired.
5. Place lined sieve over jug or bowl and pour almond mixture into muslin. Use a spoon to press the milk through the sieve.
6. The liquid is now ready to be used as an alternative to milk. Cover and store in the refrigerator for up to 5 days.

Angelette Müller

Almond milk is a nutritious alternative for individuals on a diet free from dairy, lactose or casein. It naturally contains good levels of calcium, potassium and vitamin E.

Almonds have many benefits, which are partly due to their healthy monounsaturated and polyunsaturated fats. Studies have shown that these fats may have anti-inflammatory effects.

A recent study[1] done at the Loma Linda University, California, reported that almonds' monounsaturated fats may lower markers of inflammation. This is good news, as chronic inflammation has been cited as one of the underlying contributors to many disease processes. This may also be why an almond–rich diet is also good for your heart!

---

1. Rajaram S, et al. Effect of almond-enriched high-monounsaturated fat diet on selected markers of inflammation: a randomised, controlled, crossover study. B J Nutr. 2010; 103:907-12.

Recipe appeal to readers

Share your favourite recipes

Do you have some favourite recipes that you'd like to share with other people who have common food allergies/sensitivities?

We are hoping to share favourite recipes that meet some or all of the following criteria:

Free from:
- added sugar
- grains (oats, wheat, corn, etc)
- dairy/lactose/casein

Easy to prepare

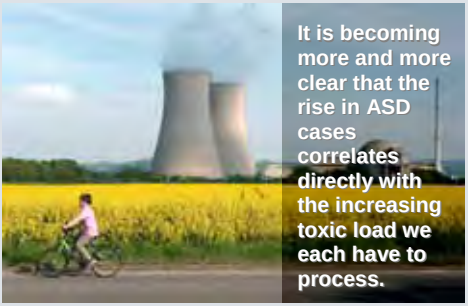
Recipes should include a brief description, a full list of ingredients and the method. Email your recipes to the editor: **cmonro@breakspearmedical.com** or send a copy in the post to the clinic, attn: C Northcote Monro.

New thoughts on autism

Dr Daniel Goyal

It is important that we realise that the autism spectrum disorder (ASD) represents a wide range of different diseases and that within the spectrum there are sub-groups that share similar causes and effects.

The idea that an ASD is exclusively a brain disorder seems to be giving way to the notion that the majority of autistic children are suffering from a disorder affecting the brain. This distinction is important.



Dr Martha Herbert, a paediatric neurologist and Assistant Professor of Neurology at Harvard Medical School, is leading an extensive research project that focuses on the biological parameters of autism. It is by far the largest and most comprehensive study ever undertaken into the processes behind this diverse group.

Already Dr Herbert has published a review of the literature in relation to autism, "Autism: a brain disorder or a disorder that affects the brain?". The paper is a testimony to all who have endeavoured to apply thought and knowledge to their autistic patients. It highlights the variability in presentation and pathological processes that occur in ASD. It also goes further and questions the reasons why it has taken the medical community so long to catch on.

Let us not get into the reasons for institutional fatigue; however, one cannot blame big pharmaceutical companies for failing to seek more definitive treatments as that is a medical responsibility. At Breakspear, as part of our responsibility, we are constantly reviewing our approach to autism. In part this involves keeping up to date with the research and emerging treatments. In a greater part, it involves improving our management of autism and reviewing the order of treatment modalities.

It is becoming more and more clear that the rise in ASD cases correlates directly with the increasing toxic load we each have to process. Autism is now the commonest chronic childhood illness in the Northern Hemisphere. The evidence suggests that the exponential rise in ASD stems from humankind's inadequate relationship with environment. It seems our children are the first to suffer the consequences of environmental pollution.

We are discovering that whilst it is more often than not toxicity that disrupts the system, it is the secondary effects of the toxin that cripple. An inability to keep yeast at bay shows correlation with the impairment mercury causes to white cell function; chronic toxicity together with antibiotic use can lead to Clostridia overgrowth; mercury and aluminium can impair a healthy response to childhood infections or routine infectious challenges (Streptococcus infection and viruses); antimony can disrupt sugar metabolism; fat-soluble toxins can impede the autonomic system from achieving a consistently useful dynamic state (the fight and flight response often predominating and hence impeding the ability to learn).

In adults who have survived the initial developmental period without much impairment, it makes sense to clear out the toxin first and then, if the recovery of immune and/or neurological function is inadequate, we step in and treat the consequences. In children, however, in those who are missing the opportunity to learn and develop, we must go for the aspect of illness that is causing the greatest degree of impairment.

For example, it is thought that Clostridia overgrowth (an overgrowth of certain bowel bacteria) can occur either as a consequence of toxicity or indeed as an attempt to deal with excessive toxicity. In fact, it may be that the gut flora overgrows in a bid to aid detoxification. In certain autistic cases, it is the Clostridia overgrowth that causes the majority of sluggishness, hyperactivity and reduced capacity for learning. Detoxifying in such a case may or may not resolve the Clostridia issue, however,

(Continued on page 8)

New thoughts on autism

(Continued from page 7)

dealing with the Clostridia issue first may help resolve the sluggishness, hyperactivity and reduced capacity for learning. Of course, one would then support the detoxification process, but only once the major driver of the neurological impairment has been adequately dealt with.

What are the most common causes of autism?

Literature suggests that there are a few distinct groups within the wide spectrum of disorders. Professor Simon Baron-Cohen and colleagues highlight the straightforward misdiagnosis of autism in 11-32% of cases. That is, in up to one third of cases an underlying metabolic, neurologic or immunological disease fails to be identified. The message here is to insist on specialist reviews and adequate investigations.

Other commonalities include high oxidative stress (~90%), dysautonomia (~80%), autoimmune disorder (>70%), allergy disorders (~70%), inflammatory bowel disease (~60%), viral reactivation (?%), chronic Streptococcus infection(~30%), neurotransmitter abnormalities (~30%), mitochondrial dysfunction (~30–50%) and mitochondrial disease (~6%). The role of metabolic disease, such as the detox pathways or enzyme deficiencies, is thought to represent the vulnerability factor ie the individual make-up that may lead to disease, but will not invariably cause disease.

Prevention is relatively straightforward in principle. In principle, it may help to:

- reduce toxic exposure
- ensure the body has the resources to eliminate toxins adequately
- eat a well balanced organic food diet

Essentially, if it is good for the planet then it is probably good for each individual within it.

Notes on magnesium deficiency and mercury

(Continued from page 1)

mood changes, migraine, rheumatoid arthritis, and sudden coronary death.

While almost everyone knows that mercury is one of the most toxic metals to mankind, and contact should be avoided, in today's world, it would be difficult to avoid exposure entirely.

Some sources of exposure to mercury are:

- amalgam fillings
- vaccines with the preservative, thimerosal
- some contact lens solutions and eye drops
- some diuretics
- contaminated fish
- coal-fired power plant emissions
- old latex paints

Unfortunately, testing accurately for mercury levels is difficult because of its tendency to settle in the internal organs instead of circulating in the blood or being flushed out in urine.

Levels can be measured with the use of a chelating agent, which bonds to the mercury, allowing it to pass through urine, where it can then be measured.

According to recent surveys by the United States Department of Agriculture (USDA), the average intake of magnesium by women 19 to 50 years of age is about 74% of the Recommended Daily Allowance (RDA). Approximately 50% of women had intakes below 70% of the RDA. Men of the same age had intake of about 94% of the RDA. Similar suboptimal levels occur in the UK.

In 1991, the UK Department of Health replaced the term "RDA" with DRVs (dietary reference values) to benchmark intakes of energy and nutrients, and these recommended amounts of vitamins and minerals do vary from the American RDAs. The UK Department of Health recommends that healthy women 19-50 years of age consume 270mg of magnesium per day, while men of that age should take in 300mg.

The DRV of magnesium varies for children of various ages and it also varies between males and females. In addition, pregnant or breast feeding women have higher DRVs.

There are a number of foods that are considered rich in magnesium. For example, 220g of cooked spinach provides 157mg of magnesium, which is 58% of a woman's DRV. One may also consider taking magnesium supplements to ensure that one's DRV is met.

For more detailed information about the metabolic pathways and DRVs, ask for Dr Monro's paper, "Magnesium deficiency and mercury". If you suspect you may be low in magnesium, speak with your Breakspear doctor or nutritionist about the correct amount of supplementation for you.

New thoughts on the harmful effects of Bisphenol A

Bisphenol A (BPA) is an organic compound used to make polycarbonate plastic and epoxy resins and has other commercial applications.

In the last 10-15 years, concerns have been raised over BPA safety and, in the last year, it has been highlighted as being a major problem for humans.

BPA was developed in the 1930s and commercial uses increased in the 1950s after scientists discovered its ability to make plastics more durable and shatterproof.

More than 200 studies have connected it to a range of health concerns...

BPA is a chemical that is used in plastic water bottles, baby bottles and canned food containers because it has been found to protect the metal against corrosion and bacterial contamination. These uses will be the most direct food contaminants but BPA is also present in thousands of consumer goods including compact discs, dental sealants, paper used for receipts and for food packaging.

Health advocates say they are most concerned about BPA's presence in food and drink containers because it can leach into the contents of the containers. It has been estimated that it may be found in the urine of more than 90% of the US population.

More than 200 studies have connected it to a range of health concerns including, specifically, coronary heart disease, cancer and developmental and reproductive problems.

Past studies have shown that BPA is elevated in women who have had recurrent miscarriages.

BPA is a known hormone disruptor and associated with higher levels of male hormones in the blood of women with polycystic ovary syndrome (PCOS) compared to healthy women.

These findings held true for both lean and obese women with PCOS, in a study by Professor Evanthia Diamanti-Kandarakis, at the University of Athens Medical School, Greece.

The new study found that as the BPA blood level increased, so did the concentrations of the male sex hormone testosterone and androstenedione, which is a steroid hormone that converts to testosterone. Although BPA is a weak oestrogen (which is a female sex hormone), excessive secretion of androgens (which stimulate/control the development and maintenance of male characteristics), as seen in PCOS, interferes with BPA detoxification by the liver, leading to accumulation of blood levels of BPA.

Whilst studying foetal development in 1997, Professor Frederick vom Saal, University of Missouri at Columbia, became aware of BPA and has spent 10 years researching its effects during pregnancy and on young children. He reported that the foetus and infant are exquisitely sensitive to bisphenol A and has stated that one hit during a brief window of time can influence future development.

Professor vom Saal found that BPA passes through the placenta from mother to baby, mimicking the behaviour of the natural hormone oestrogen. Even low levels of exposure while the foetus is developing can cause lasting changes in reproductive and metabolic development.

Several studies on rats have found that bisphenol A at extremely low levels causes structural changes in the brain and also behaviour abnormalities. The same reactions have been mooted in humans.

Recommendations on how to reduce BPA exposure include the following:

- Water - drink filtered water and use stainless steel bottles that are not lined or plastic bottles that are clearly marked 'BPA-free'. Avoid old or scratched plastic bottles.
- Meat - avoid meat containing antibiotics or added hormones, charred and processed meat.
- Canned foods - avoid where possible and use frozen fruits and vegetables; buy soups and beverages in glass or cardboard containers.
- Cooking - avoid microwaving foods or liquids in polycarbonate plastic containers; use glass or ceramic containers instead.
- Infant formula - choose powdered versions when possible.
- Plastics - avoid polycarbonate plastic food containers marked PC or recycling number 7. Plastics with recycling numbers 1, 2 and 4 do not contain BPA.

Did you know…?

Obesity tables: which Western European nations have the highest average BMIs? *(As published in the Lancet; figures for 2008)*

	Average BMIs	Men	Women	Difference between
Malta	27.4	27.7	27.0	0.7
Israel	27.2	27.1	27.3	-0.2
Cyprus	27.2	27.4	26.9	0.5
Ireland	27.2	27.7	26.6	1.1
UK	27.2	27.4	26.9	0.5
Andorra	27.0	27.6	26.4	1.2
Spain	26.9	27.5	26.3	1.2
Luxembourg	26.8	27.4	26.1	1.3
Iceland	26.6	27.2	26.0	1.2
Germany	26.5	27.2	25.7	1.5
Portugal	26.5	26.7	26.2	0.5
Greenland	26.4	26.0	26.7	-0.7
Norway	26.3	26.9	25.7	1.2
Finland	26.2	26.7	25.6	1.1
Belgium	26.0	26.8	25.1	1.7
Austria	25.8	26.5	25.1	1.4
Netherlands	25.8	26.0	25.5	0.5
Sweden	25.8	26.4	25.1	1.3
Italy	25.7	26.5	24.8	1.7
Denmark	25.6	26.1	25.1	1

Evidence of gluten intolerance in patients without coeliac disease

On 11 January 2011, the American Journal of Gastroenterology published a study carried out at Monash University, Australia, which was conducted to investigate whether there was evidence that individuals who did not have coeliac disease could have symptoms induced by gluten.

The double-blind, randomised, placebo-controlled study was conducted on 34 male patients and it was concluded that non-coeliac intolerance may exist; however, no clues to the mechanism were revealed.

Pesticides could be behind honeybee demise

The Telegraph 20 January 2011 reported that new American research links a new group of chemicals to the recent collapse in the bee population.

The US Department of Agriculture's Bee Research Laboratory determined that even tiny doses of neonicotinoids made bees more susceptible to disease.

Neonicotinoids have been used for at least the last 10 years in the UK on both ornamental garden plants and crops such as wheat and rapeseed.

Eating more fruit and vegetables could cut risk of heart disease

MedPage Today 18 January 2011 reviewed a European study which explained that consuming 8 or more portions of fruit and vegetables each day was associated with a 22% reduction in the risk of fatal ischaemic heart disease compared with eating fewer than 3 portions.

When the data were analysed according to sex, there was a significant reduction seen only in women, whose risk of dying of ischaemic heart disease fell by 15% with higher intake of fruit and vegetables. In men, the risk of dying decreased by 2%.

Simply increasing one's daily intake of fruit and vegetables by just one portion may lead to a decrease in the risk of death from heart disease.

The nature of the study was observational and cannot prove the cause. The researchers concluded that the biological mechanism by which fruit and vegetables may lower ischaemic heart disease risk remains unclear.

Available at our Pharmacy

www.breakspearmedical.com/shop

Visit Breakspear Pharmacy's online shop anytime of the day or night to order and pay securely for:

- nutritional supplements
- alternative foods
- toiletries
- household cleaners

UK patients and practitioners who have accounts with us can register and order any time of the day or night from our website and receive their order with no additional postage fees. (Free postage and handling applies only to Mainland UK orders placed and paid for online which do not require special delivery and does not apply to orders placed in person, by fax or over the phone. Republic of Ireland registered customers will be charged £15 for parcels up to 2kg. Offer expires 1 May 2011.)

2011 VAT and price change announcements

As the UK's VAT went up to 20% on 4 January 2011, VAT registered businesses across the nation had to adjust prices.

Breakspear Medical Group is a VAT registered business and although some of the services and items supplied are subject to different healthcare services tax laws, there are many standard purchases that have recently changed in price, due to the VAT rate change.

For example, the price of prepared meals has been adjusted, along with the price of accommodation at the guesthouse. Most products from Breakspear Pharmacy also had the price increased.

In addition to adjustments being made for the VAT increase, the pricing structure for consultation fees has been modified and will come into effect on 1 April 2011.

This new pricing structure will primarily affect new patients, although there have been other changes.

To sum up the new first consultation changes, the cost of an initial consultation (with most of the doctors) will include a follow-up 15 minute telephone consultation, which will be booked for within 5 days of the initial one. This follow-up will allow new patients to ask any questions that have arisen since the first visit and/or ask for further explanation about the proposed treatment plan.

For returning patients, our services are mainly as they have been for many years, with a few small adjustments to the allocation of follow-up appointment times and some minor fee changes.

For new autistic spectrum patients, a joint consultation with a doctor and nutritionist will also include a follow-up telephone consultation with a nutritionist.

This new method of including follow-up consultations in the price of the initial consultation will also apply to initial consultations with both our nutritionists. However, the follow-up consultation will be booked 2 weeks after the initial appointment, which will allow people to try the new diet programme and discuss any questions arising.

As announced in 2010, Breakspear Medical Group reviewed the way in which the appointments system operated and incoming calls and emails were responded to. On 4 January 2011, it became policy for patients to book a telephone consultation through Reception if they wanted to speak directly to a doctor (professional fees will be charged).

Emails are routed to the doctor's medical secretary, who will forward the email to the appropriate individual for response. If an email requires a lengthy response, the patient may be asked to book a consultation.

If you have any questions regarding pricing structure, please ask a member of our staff.

Time to start a hay fever treatment programme

Editor's note: this is a condensed version of an article which first appeared in Issue 19 of the Breakspear Medical Bulletin.

The incidence of hay fever has steadily increased since the industrial revolution. It now affects almost 20% of the population in the UK.

Hay fever can occur at any time between February and September depending on the pollen(s) responsible. The commonest problem is with grasses and these pollens are produced from April to the end of September.

Traditionally treatments for hay fever have involved the use of antihistamines, steroids and decongestants. Breakspear Medical Group offers a low-dose immunotherapy hay fever programme, which is available for a basic package cost of £287.91.

The hay fever package includes:

- An initial consultation with a Breakspear doctor. After this, the doctor will make recommendations concerning treatment, where appropriate
- Some printed information and data on hay fever, including tips on how to change your environment and diet to improve your condition, and a listing of the allergens for which you will be tested including such items as histamine, various moulds and pollens
- A specific allergen testing session in our testing ward, which will take approximately half a day. *(Should you require any additional items to be tested, an estimate for this will be provided.)*

Telephone Reception 01442 261 333 Option 3 to make an appointment.

Bulletin board

Christmas in January...again

As in 2009, snow caused the cancellation of the Breakspear Medical Group staff Christmas party, which was to be held on 18 December 2010. The party was postponed until 8 January 2011.

Most of the staff attended the belated evening of dinner and dancing at The Noke, in St Albans.

On 15 December 2010, the staff at Breakspear enjoyed a Christmas lunch at the clinic and many people participated in a Secret Santa present exchange.

Fire safety training

As part of her new role of Quality Manager, Joni Caswell recently coordinated the fire safety training for all staff. Each staff member was issued a certificate of attendance.

Patients and visitors of Breakspear Medical Group are reminded that once a month the fire alarm is tested. Staff will be aware that it is a test.

In the event that the alarm sounds continuously while you are at Breakspear, a member of staff will advise you that it is not a drill, and that you should evacuate the building.

Please leave all your belongings in the clinic, and walk calmly to the exit to which you will be shown. All patients should assemble outside near the entrance to the car park and should remain there until advised that it is safe to re-enter the building.

Patient Liaison officer on maternity leave

On 31 January 2011, Patient Liaison officer, Emma Roberts, gave birth to a baby girl, Maddie May Roberts, who weighed 7 lbs 3 ounces. The entire family is doing well, including proud older brother, Jamie.