Breakspear Medical Bulletin

Issue 24 **Spring 2010**

New thoughts on multiple sclerosis

Multiple Sclerosis (MS) is an inflammatory disease of the central nervous system (the brain and spinal cord). There is a wide range of visual, sensory and motor signs and symptoms that vary considerably person to person.

According to **www.nhs.uk,** MS is the most common neurological condition among young adults in the UK, affecting approximately 85,000 people.

The symptoms can range from fatigue, visual problems, muscle spasms and spasticity, neuropathic and musculoskeletal pain, to overactive or underactive bladder, bowel incontinence, mobility, cognitive and emotional problems and depression.

Some people who have MS are nearly symptomless while others are wheelchair- or bed-bound.

There are several different classifications of the disease.

The 4 main types of MS are:

1. benign
2. relapsing remitting
3. secondary progressive
4. primary progressive

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New members of Breakspear's Clinical Team

At the end of April 2010, Dr Christabelle Yeoh started an 8-month sabbatical. During her leave, she will be visiting various specialist clinics around the world, learning their techniques and evaluating the latest treatments for environmental illness. She will return to Breakspear Medical Group in January 2011, bringing new perspective and knowledge.

Dr Margarete Segner and Dr Eberhard Schwarz at Breakspear Medical Group.

While Dr Yeoh is on sabbatical, Dr Eberhard Schwarz and Dr Margarete Segner will be joining our clinical team. Both doctors are our good friends and have worked closely with Breakspear Medical Group over the last 20 years. They both have many years of experience in the field of allergy and environmental medicine.

Dr Schwarz, a Consultant

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Inside:

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On the market: Lip Trainer PATAKARA®

The Lip Trainer PATAKARA® is a simple device, developed by a dentist in Japan, that appears to have beneficial effects on the autonomic nervous system by simply exercising the lips. It is registered for use as a medical device and is now being used by dentists and some doctors around the world.

.. a simple device, developed in Japan by a dentist, that appears to have beneficial affects on the autonomic nervous system by simply exercising the lips.

The inventor claims that, by exercising and strengthening the lips, the Lip Trainer:

- increases cerebral blood flow
- activates facial expression muscles
- coordinates movement of tongue and throat
- boosts parasympathetic nerves

Along with neurological improvements, the device exercises oral muscles, firming the muscles and skin of the mouth, neck and chin, which reduces the signs of ageing and also leads to facial slimming

By strengthening facial muscles, it will help change mouth-breathing into nose-breathing during sleep. This may have results such as reduced snoring and helping with sleep apnoea. The data provided by the Japanese show that changing mouth to nose breathing has numerous positive effects on oxygenation of the brain, bad breath, dry mouth and abnormal salivation, positively alters the bacterial counts in the mouth and reduces blocked nose. The have also reported improvements in bladder control at night and cold intolerance.

Dr Peter Julu, Breakspear Medical Group's Specialist Autonomic Neurophysiologist, hypothesises that the device may activate the seventh cranial nerve nucleus in the brain stem. This sits near the rostral ventrolateral medulla oblongata, which is the area that can modulate sympathetic and parasympathetic nervous systems and thus have effect on immunity as well.

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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.

New members of Breakspear's Clinical Team

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Psychiatrist and Neurologist, recently retired from his position as Medical Director of Fachkliniken Nordfriesland, a large psychiatric hospital in Northern Germany. Over 15 years ago, Dr Schwarz introduced allergy and environmental medical treatments for his psychiatric patients, utilising low-dose immunotherapy vaccines manufactured by Breakspear Medical Group.

Dr Margarete Segner has frequently worked at Breakspear Medical Group since the mid 1990s. Dr Segner, formerly a senior medical advisor to the Medizinischer Dienst, the governing body of the medical insurance organisations that fund healthcare throughout Germany, recently spent several months at a clinic in Spain helping to set up a new allergy treatment centre. Her role there was to supervise the introduction of low-dose immunotherapy, as used at Breakspear Medical Group.

Ask Dr Daniel Goyal

"My friends and I were discussing the increase in diagnosed cases of autism. Do you think it is genetic?"

The short answer, which would be the wrong answer, is no.

There have been a number of small scale studies of the occurrence of autism between monozygotic (identical) twins. Monozygotic twins share exactly the same genetic material because they were derived from a single fertilised egg which splits into two embryos. The studies have found that when autism is diagnosed in one twin, it is not consistently occurring to the other. Therefore it is not a case of gene leading invariably to disease; it is the way the gene interacts with the environment that is crucial to the development (or not) of autism. These results suggest that it is more an environmental than a genetic disease.

"... when autism is diagnosed in one twin, it is not consistently occurring to the other. Therefore it is not a case of gene leading invariably to disease; it is the way the gene interacts with the environment that is crucial to the development (or not) of autism."

However, studies do not always fully represent reality. For example, one must consider that there are pure genetic conditions that present with symptoms similar to those of autism i.e. diseases that occur regardless of environment.

Inborn errors of metabolism can be discovered later in the life of a child diagnosed with autism. Some diseases caused by errors of metabolism are inevitable (and often treatable), and therefore true genetic conditions. In such children, the underlying diagnosis has to change from autism to a more descriptive term of whatever biochemical pathway is involved.

For example, there is a condition called methymalonic aciduria, which can present similarly to autism. This condition involves a defect in the pathway of vitamin B12. In those children who have this condition, treatment with B12 often leads to dramatic improvements.

Perhaps we should be asking "Is autism treatable?" or "Can autism be cured?"

The perception that genetic diseases carry a more morbid diagnosis is just a perception. The reality is that some genetic diseases are difficult to treat and some are not. If autism is genetic, then one might imagine it cannot be cured, but again it is imagination not reality that shapes such a view. It is true that one cannot change the gene and that hence the potential for disease remains. However, the expression of many genes can certainly be influenced.

The emerging field of epigenetics (the study of inherited changes caused by mechanisms other than direct changes to the actual DNA sequence) encompasses the 'individual meets environment' issue. It is based on the idea that we each have individual genetic strengths and weaknesses, and we can influence these.

Some experts suggest that over 95% of us have at least one polymorphism in one of the detoxification pathways. Polymorphism is an altered gene, which leads to abnormalities of enzyme function/protein function Some polymorphisms make one susceptible to certain types of infections, others to musculoskeletal problems, and still others to other factors. As each infection may vary considerably, one generic, standardised approach will not yield success for all patients.

This sense of applying shared knowledge to individuals underpins the successful treatment of "autism". Improving the outcome of such complex conditions does not mean simplifying to yes or no answers; it means engaging in the difficult (and rewarding) process of patient-centred medicine.

Dr Daniel Goyal is a member of Breakspear Medical Group's Autistic Spectrum Disorder (ASD) Team. With a diverse range of experience and a keen interest in diagnostics, Dr Goyal is the first point of medical contact for many parents and new autistic patients.

The possible causes of brain fog in CFS patients

"Brain fog" is the classical term for describing the cognitive state of many of Breakspear Medical Group's patients who suffer from fatigue.

Brain fog is a well recognised group of symptoms in chronic fatigue syndrome (CFS). Patients affected complain of poor memory, word-finding difficulty, inability to multi-task and/ or perform higher executive functions of the brain that they used to enjoy before falling sick.

There is evidence to support the theory that brain fog may be caused by a combination of lactic acidosis and bugs in the gut, called D-lactic acid intestinal bacteria.

There is evidence to support the theory that brain fog may be caused by a combination of lactic acidosis and bugs in the gut, called D-lactic acid intestinal bacteria.

Lactic acidosis is a condition where there is an increase of lactic acid in the blood, which then becomes acidic. It is known to occur in the tissues and muscles when there has been over-exertion and anaerobic metabolism, which leads to a build-up of acid which may lead to pain and tiring of the muscles. An example of this is when one completes a 100m sprint and later experiences a burning and fatigue in the thigh muscles.

In CFS, however, this pain and muscle fatigue can occur even with minimal physical exertion. Also, there is the question of what happens in the brain in someone who is not well enough to do very much.

Lactic acid is normally broken down by lactate dehydrogenase enzyme, which is in the liver, brain and skeletal muscles. (These are all places where there is high energy turnover.) However, this filtering enzyme does not recognise D-lactic acid, and therefore does not break it down, which means that after production of D-lactic acid, the body will only slowly metabolise it away and it can potentially cause problems.

'D-lactic acidosis' is a unique form of lactic acidosis that is known to occur in hospitalised patients with jejunoileal bypass (a small bowel resection) or short bowel syndrome from other causes. In these settings, glucose and other sugars delivered to the colon can feed certain bacteria, increasing the production of D-lactic acid, which is then absorbed into the systemic circulation. Patients who experience this typically present with episodic metabolic acidosis (usually occurring after high carbohydrate meals) and characteristic neurological abnormalities including confusion, poor balance, slurred speech, and loss of memory.

In a review of 29 reported cases, all patients who suffered from D-lactic acidosis exhibited some degree of altered mental status. Some complained of feeling drunk in the absence of alcohol intake.

Many patients with fatigue states and gastrointestinal complaints are often labelled as having irritable bowel syndrome (IBS) or functional bowel disorders and will recognise this problem in a more chronic form.

The following conditions contribute to the development of the D-lactic acidosis syndrome:

1. carbohydrate malabsorption with increased delivery of nutrients to the colon
2. colonic bacterial flora of a type that produces D-lactic acid
3. ingestion of large amounts of carbohydrate
4. diminished colonic motility, allowing time for nutrients in the colon to undergo bacterial fermentation
5. impaired D-lactate metabolism

Everyone may have, or have had, some D-lactose in his or her circulatory system but it seems people with CFS develop an abnormal amount of it, which exceeds the usual manageable ratio.

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New thoughts on fish oils and mental illness

According to BBC News, a new study involving an international team from Austria, Australia and Switzerland concluded that fish oils appeared to be as effective as drugs in treating people deemed to be at particularly high risk of developing psychosis.

The research team tested the treatment in 81 at-risk patients, such as those with a strong family history of schizophrenia or those already showing minor symptoms. One group was given fish oil supplements and the other a dummy pill for 12 weeks.

...omega-3 fatty acids found in supplements may alter signalling in the brain with beneficial effects.

The results were that in the fish oil group, two people developed a psychotic disorder compared to 11 in the placebo group.

The researchers believe that the omega-3 fatty acids found in supplements may alter signalling in the brain with beneficial effects.

Many antipsychotic drugs can have serious side effects, which puts many patients off taking them. Fish oil supplements are generally well tolerated and easy to take.

(Continued from page 4)

A higher count of lactic acid bacteria in the gut can lower intestinal pH levels, which makes it very acidic, resulting in increased intestinal permeability (gut leakiness). This results in an increased absorption of microbial metabolites, such as D-lactic acid, into the circulatory system. Therefore increased D-lactic acid-producing bacteria could result in the changes of cognitive and neurological symptoms responses, as seen in the CFS patients. (See *A study of D-lactic acid in CFS patients.)*

A simple blood test can be used to test for D-lactic acid levels and a follow-up comprehensive stool analysis can show if there is a bacterial imbalance.

If D-lactic acid producing bacteria are detected in the stool test along with a finding of elevated D-lactic acid in the blood, it would suggest that this is a significant cause of neurocognitive symptoms such as headaches, weakness, severe lethargy, fatigue and cognitive impairment.

Editor's note: The next edition of the Breakspear Medical Bulletin will report on the implications and therapeutic options for patients who may be suffering from bacterial dysbiosis and D-lactic acidosis.

A study of D-lactic acid in CFS patients

A study of D-lactic acid intestinal bacteria in CFS patients confirms that there are significantly more bacteria that produce D-lactic acid in their gut compared to controls. Late last year in 'In Vivo', Dr Henry Butt, Dr K De Meirleir and colleagues demonstrated excess numbers of gram-positive bacteria (*Enterococcus faecalis, Streptococcus sanguinis)* and lower levels of gram-negative bacteria (*E.coli* ATCC25922) in 108 patients with CFS compared to 177 controls.

In humans the large intestine contains many trillions of bacteria, comprising over 500 different bacterial species. However, the organisms E.coli and Enterococcus are the most common aerobic bacteria in the gastrointestinal tract of humans, with E.coli being the predominant species (90-95%) and Enterococcus occupying 1-10% of the total enteric flora. Enterococcus is regarded also as an opportunistic invader of the intestine. Streptococcus has been found to represent 1-10% of the total aerobic flora. This study found that the imbalance of aerobic bacteria comprised 52% as Enterococcus and Streptococcus for the CFS group compared with 12% seen in control subjects ($p < 0.01$).

Notes on dizziness and the causes of dizzy spells

Dr Terence Daymond
Consultant Specialist in Rheumatology

Feeling dizzy is a common experience and we all feel dizzy at one time or another. It is defined as a sensation of vertigo in the head, with a tendency to fall.

Vertigo is a medical condition associated with feelings of one's body, or one's surroundings, spinning or rotating. Dizziness is a personal experience and is sometimes difficult to define. However, it may be related to more serious medical conditions and should therefore be taken seriously, if it persists.

"Dizziness should be taken seriously, as illustrated by the case of a friend of mine who, after dinner, felt rather dizzy and faint and subsequently collapsed. This was an initial sign of an internal bleed and he was later found to have cancer of the colon. Therefore, it is important that if your dizziness is a problem, it is investigated."

- Dr Terence Daymond

Common causes of dizziness include near-fainting experiences, standing up quickly, weakness of the legs, motion sickness, weariness, fatigue and tiredness.

The following are medical conditions that need to be addressed if the dizziness becomes prolonged or recurrent.

Circulatory disturbances – blood pressure changes; either a rise or fall in blood pressure is particularly important. A fall in blood pressure on standing or rising to a vertical position is known as postural orthostatic tachycardia syndrome (POTS). It is common in elderly people and associated with illness such as chronic fatigue and also disturbances of the autonomic nervous system. Heart conditions such as heart attack, irregular pulse and heart failure may also be associated with dizziness.

Neurological problems – dizziness may form part of a stroke or it may be a straightforward vasovagal stimulus leading to a faint. This may be a simple event such as a shock, becoming overheated, or sometimes the sight of abnormal objects or smells can trigger these events. Head injury or trauma, such as being involved in an accident, can trigger dizziness.

Metabolic changes – decreased oxygen supply, being in a confined space, or going up a mountain can lead to dizziness. Lowering or elevating of blood glucose can also be triggers. Hypoglycaemic attacks are due to excessive medication in patients with diabetes mellitus, which can cause a fall in blood glucose, dizziness and fainting. Feeling hungry or being dehydrated can also cause dizziness.

Age – dizziness is more common in elderly people due to disturbances of their nervous system, caused by reduction of blood supply to the brain associated with atherosclerosis, mini-strokes and neuropathies. Infections are a common cause, particularly if associated with ear infections giving rise to labyrinthitis (inflammation of the inner ear) and vertigo. Chest infections cause a rise in temperature and lack of oxygen. Patients with Ménière's disease, which is a disorder of the inner ear that can affect hearing and balance, often have quite significant dizziness and occasionally it may be a variant of migraine symptoms, with headaches, dizziness, nausea and disorientation.

Dizziness may be as a result of over-indulgence in alcohol. Some drugs may also cause a fall in blood pressure and dizziness. Sometimes taking drugs makes people dizzy and nauseated, but certain drugs, including those that lower blood glucose in patients with diabetes and those that lower blood pressure, can also give rise to dizziness.

At Breakspear Medical Group, we can examine dizziness and give advice on its management. We have equipment for investigating autonomic nervous dysfunction and a Specialist Autonomic Neurophysiologist who can undertake tests for postural hypotension.

Another dictionary definition of the word 'dizzy' is foolishness, so you would be dizzy not to have your dizziness investigated!

Notes on energy saving light bulbs

The European Commission has recently adopted new regulations which require that standard light bulbs be phased out across the European Union in favour of more energy-efficient bulbs.

There are several different kinds of energy saving bulbs available. These bulbs are:

- Compact fluorescent lamps (CFLs)
- Energy saving halogen light bulbs
- Light-emitting diode (LED) lights

CFLs are the most common form of energy-efficient bulbs. They come in stick shape or candle shape in small or medium screw or bayonet fittings. All CFL bulbs contain a level of the toxic metal mercury.

Energy saving halogen light bulbs consume approximately 30% less electricity than standard halogen bulbs.

LED lights apparently now can be used to replace existing halogen spotlights.

But while the energy saving bulbs may be using less electricity, there are numerous concerns regarding the disposal of the new bulbs as well as the effects on people's health and the increased cost of these new bulbs.

Some people complain of flickering light from any fluorescent bulb, although manufacturers claim that their latest products do not flicker. Critics also complain that the low-energy bulbs are either "cold" or "green" and take up to a minute to warm up.

For a long time, health experts and charities have received complaints that fluorescent bulbs cause headaches and migraines, dizziness, loss of focus and feelings of discomfort in epilepsy sufferers. There have also been complaints from sufferers of lupus - an autoimmune disease causing many symptoms including pain.

An article in the Daily Mail January 2008 entitled "Environmentally friendly light bulbs can give you skin cancer" explained that some people with photosensitive skin eruptions may find that the lights exacerbate their condition, which could lead from eczema-like reactions to skin cancer. The article also stated that some doctors warn that the fluorescent devices produce more intense light, which can aggravate a range of other existing health problems.

Across the Western world, people are hoarding standard light bulbs because they do not want to switch to the energy efficient bulbs due to numerous health and environmental concerns.

Your thoughts on energy saving light bulbs

The following figures are the results of our latest online survey:

Of respondents who were asked if they had already replaced their inefficient light bulbs in their household with energy saving ones:

- 56% have replaced some
- 38% have not replaced any
- 6% have replaced all their bulbs

Of the people who had replaced some or all of their bulbs:

- 50% said they were satisfied with the colour and brightness while 50% were not
- 67% have or intend to purchase CFL and/or halogen bulbs while 22% favour LEDs
- 94% of respondents are aware that there are concerns over the disposal of energy saving light bulbs, which contain mercury

Half of the respondents have stocked up or are planning to buy spares of the standard bulbs before they are no longer available

Just over half of the respondents believe that they, or other people in their households, suffer from various symptoms as a result of the low energy bulbs. Of these respondents:

- 89% believe the energy saving bulbs cause headaches/migraines
- 44% claim the bulbs produce dizziness
- 33% feel the bulbs cause loss of focus
- 22% claim that the bulbs bring on pain

New thoughts on multiple sclerosis

(Continued from page 1)

For some time there has been evidence to suggest the cause of MS is a combination of genetic and environmental factors.

In a seminal paper published in the Journal of Neurology, Neurosurgery and Psychiatry in 2009, researchers described the association between MS and reduced blood flow from the brain.

The research project used a technique called venography, which is a procedure in which a special dye is injected into the veins and then an x-ray is taken. The special dye shows up in the x-rays and this helps in evaluating vein problems.

The study found that patients with MS have a very strong likelihood of having a venous blood flow condition called chronic cerebrospinal venous insufficiency (CCSVI).

The study found that patients with MS have a very strong likelihood of having a venous blood flow condition called chronic cerebrospinal venous insufficiency (CCSVI).

From the study's tests, there is a 95% association of CCSVI abnormalities with MS.

However, although there is a link between CCSVI and MS, this study did not determine whether it is a causative factor in the development of MS, a result of the progression of the disease or coincidental.

A small pilot study using balloon angioplasty is underway to treat MS patients who had been diagnosed with CCSVI and had their cerebral veins stenosed (abnormally narrowed).

Hypertension has been hypothesised as a cause of MS, but blood pressure was not found to be significantly different from that measured in controls.

Two recent American trials have also shown a link between CCSVI and MS.

The study at the University of Buffalo, New York, is testing 1600 people for the presence of CCSVI in 3 phases. The 1600 people include 950 with MS, 100 who experienced an initial demyelinating event (IDE, which is a known predictor of later development of MS), 300 with other central nervous system diseases, and 350 healthy controls.

The first phase of this study, which involved 500 patients, reported the following:

- 56% of people with MS had CCSVI
- 22% of healthy controls had CCSVI
- 30% of those with IDE had CCSVI
- 80% of those with more advanced MS had CCSVI

The other study, at Georgetown University, Washington DC, is investigating the nature and origin of the venous malformations responsible for CCSVI. The vascular researchers found that the venous malformations were of congenital origin (happening in the developing foetus) and not the product of post-birth environmental insults or the MS disease process itself. This information leads to the conclusion that CCSVI occurs before MS develops.

These two American trials allow us to draw 3 main conclusions:

1. Given that 25% of healthy controls and only 56% of those with MS have CCSVI, it would appear that CCSVI is probably not the primary cause of MS
2. CCSVI is definitely associated with MS and, given that CCSVI precedes MS onset, this means that CCSVI must contribute to the MS disease process
3. Having CCSVI makes MS worse

A 2009 article by Professor Michael P Pender, University of Queensland, Australia, concluded that "late primary infection with the Epstein-Barr virus (EBV) in adolescence or young adulthood can account for the epidemiology of multiple sclerosis (MS), including the association with higher socio-economic status, the latitudinal variation in prevalence, the effects of migration on the risk of acquiring MS, and the occurrence of clusters and epidemics." According to his article, virtually all (>99%) of people with MS are

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Rising levels of self-diagnosed allergy to wheat

According to www.patient.co.uk, "Coeliac disease affects about 1 in 100 people in the UK" and it often runs in families.

A new report by the University of Portsmouth, which was commissioned by the Flour Advisory Bureau, concluded that too many people are self-diagnosing wheat allergies and could be restricting their diet unnecessarily.

In 2009, wheat was the most commonly self-reported food allergen for both men and women.

According to the report, in 2009, wheat was the most commonly self-reported food allergen for both men and women. Those living alone and those aged 35-44 were most likely to report such an allergy or intolerance.

The report concluded that medically confirmed wheat allergy is less common than other food allergies such as peanut and other nuts, egg and milk.

It explains the current standard difference between wheat allergy, wheat intolerance and coeliac disease, which, according to the report, are frequently confused.

According to the report:

> Wheat allergy is a reaction to wheat involving an antibody called Immunoglobulin E (IgE). Typically symptoms occur within 2 hours of eating wheat and range from mild to severe, including hives, itching and gastrointestinal symptoms.
>
> A wheat intolerance does not involve the immune system but symptoms are often similar to those of allergy although they are usually less severe and tend to occur after a longer period of time and after ingestion of a larger amount of food.
>
> Coeliac disease is immune-mediated but different antibodies are involved from those in wheat allergy and there is a wide variation in symptoms experienced, which can include weight loss, diarrhoea, stomach cramps and iron deficiency.

The definition provided for wheat allergy in the Wheat Hypersensitivity Report is commonly referred to as "classic allergy". The report states that over half of the British population believes that wheat allergy is a common illness. It would seem likely that the Brits polled for this study placed classic allergy, intolerance, sensitivity and perhaps coeliac disease under the umbrella of the term "allergy".

Wheat sensitivity may be defined as a non-immune modulated acute response. That means that someone might experience undesirable and uncomfortable symptoms but not have measurable IgE or IgG (associated with intolerances) immune responses, which are used to classify the response as an allergy or intolerance respectively. Without a measurable response, it is difficult to classify the condition. Wheat sensitivity was not included in the summary of the report.

The Wheat Hypersensitivity Report is being disseminated to health professionals and key media.

Tell us your thoughts on wheat allergy, intolerance and coeliac disease

Visit www.breakspearmedical.com/survey to tell us your thoughts on this topic.

(Continued from page 8)

EBV seropositive. He proposes that vaccination against EBV will prevent MS and that effective antiviral drugs will inhibit MS progression.

It has been shown that EBV can be treated with a variety of existing antiviral drugs over an extended period of time and that this could potentially be curative for MS patients.

In conclusion, the latest studies provide evidence to suggest that the 2 major aspects to consider when treating patients with MS are CCSVI and EBV.

For more detailed information about the references and conclusions of the studies, please ask Reception for a copy of Dr Jean Monro's paper, Multiple Sclerosis: Update of findings.

Did you know…?

Treatment for plants to clear themselves of pesticides

An article in ScienceDaily reported that "Scientists in China have discovered that a natural plant hormone, applied to crops, can help plants eliminate residues of certain pesticides."

The scientists experimented with cucumber plants using the plant hormone group brassinosteroids (BRs) and various pesticides including the commercial insecticide chlorpyrifos (CPF).

They concluded that BR reduced the plants' toxicity and residues and the substances do not appear to be harmful to people or other animals.

Has Dr Wakefield been proved right in MMR debate?

The magazine What Doctors Don't Tell You (WDDTY) reported in the same week that Dr Andrew Wakefield was called, "dishonest, irresponsible and callous" by the General Medical Council, which is the British medical disciplinary board, that a new American study was published that suggests his research findings were correct.

Researchers at the New York University School of Medicine reported discovering that children with an autism spectrum disorder (ASD) also had inflammation in the ileum, which is part of the small intestine. This is the same conclusion that Dr Wakefield had made.

The ASD children on whom Dr Wakefield based his conclusions had all had the combined MMR vaccine and he speculated that this might be the cause.

The new research found that the study's 143 children with ASD also suffered from chronic gastrointestinal symptoms and inflammation in the small intestine. As the combined vaccine is compulsory in the USA, it was assumed that most, if not all, were vaccinated.

The case report was published in Autism Insights 2010:2.

Milk during pregnancy might reduce risk of MS in child

The Telegraph 10 February 2010 reported that women who drink milk daily while pregnant may reduce the risk of their child developing multiple sclerosis (MS) later in life.

MS is a fairly common and generally progressive disease of the central nervous system. Women are affected more often than men, with approximately 3 women to every 2 men diagnosed.

The researchers had found that the risk of MS was lower among women born to mothers who drank 3 to 4 glasses of milk per day compared to just a few glasses per month.

The link emerged from a study of 35,794 female nurses whose mothers provided information about their diet during pregnancy. Over a 16-year period of the study, 199 nurses developed MS.

The American researchers presented their findings at the American Academy of Neurology's annual meeting in Toronto, Canada.

Linking pesticide use and thyroid disease among women

An American Health Study provided evidence of an association between organochlorine exposure and the risk of hypothyroidism and hyperthyroidism among women.

The thyroid controls how quickly the body uses energy, makes proteins and controls how sensitive the body should be to other hormones. Hypothyroidism is the term for insufficient production of thyroid hormone while hyperthyroidism is the term for overactive tissue within the thyroid gland.

Use of the organochlorine chlordane, the fungicides benomyl and maneb/mancozeb and the herbicide paraquat was significantly associated with hypothyroidism. Maneb/mancozeb was the only pesticide associated with both hyperthyroidism and hypothyroidism. It was found there was no association with use of herbicides, fumigants, organophosphates, pyrethroids or carbamates.

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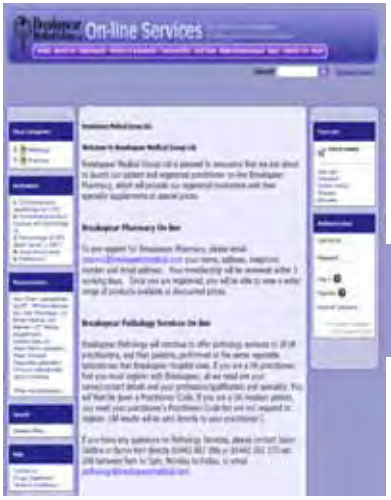

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* Free postage and handling applies only to UK orders placed and paid for online and does not apply to orders placed in person, by fax or over the phone. Republic of Ireland registered customers will be charged £15 for parcels up to 2kg. Offer expires 30 June 2010.

Oral immunotherapy for children's egg allergy proved successful in trial

The Johns Hopkins Children's Center recently released a press statement which stated that children with egg allergies who consume increasingly higher doses of egg protein, using oral immunotherapy, appear to gradually overcome their allergies, tolerating eggs better over time and with milder symptoms.

The findings from the 11-month study of 45 children ages 5 to 18 were from a multi-centre trial, including The Johns Hopkins Children's Center, which had previously completed similar research into treating children with milk allergies using oral immunotherapy. Some of the children in the milk allergy study overcame their condition completely, and many experienced less severe allergic symptoms as a result of the therapy.

According to the press release, "At the end of the study, during a final food challenge, more than half of the children who had been consuming eggs (21 out of 40) could tolerate 5 grams of eggs without having an allergic reaction. None of the children who received placebo were able to tolerate eggs during the final food challenge."

The criteria that the researchers used to define whether an allergic reaction was occurring were observing the symptoms, such as itching and swelling, measuring IgE antibodies, which are the immune markers that rise during an allergic reaction, and measuring levels of egg-specific basophils, which are a type of blood cell that multiplies during a reaction.

Breakspear Medical Group offers sublingual (oral) immunotherapy to children for numerous different food and inhalant allergies, intolerances and sensitivities.

Fighting against government for pesticide ban

Georgina Downs, age 36, has spent over 10 years campaigning for a ban on the spraying of pesticides near homes, schools and workplaces.

Ms Downs grew up alongside a farm in West Sussex that regularly sprays pesticides which she believes lead to a string of health problems, including sore throat, blistering and muscle wastage.

While there are many laws and safety requirements for the tractor driver, it is not a requirement to inform nearby homes, schools and workplaces of pesticide sprayings and so they do not have any protection.

In November 2008, a High Court judge ruled that Ms Downs had produced enough solid evidence that rural dwellers facing repeated exposure had suffered harm. Sadly, 8 months later the landmark ruling was overturned when judges decided that the government was doing enough to protect its citizens.

Ms Downs continues to present a wealth of evidence to government bodies and the press, including cases of other residents suffering from problems such as cancer and Parkinson's disease, which are both chronic conditions that the European Commission has recognised can be caused by pesticides.

She now plans to take her case to the European Court of Human Rights and to write a book on the subject.

Bulletin board

Dr Monro lectures in Australia

In March 2010, Breakspear Medical Group's Medical Director, Dr Jean Monro, was invited to speak at the Australasian College of Nutritional and Environmental Medicine (ACNEM) in Melbourne, Australia.

Dr Monro presented two lectures; the first was about provocation/ neutralisation and the second explained the neural pathway for allergies.

Immunisation Clinic's new hours

The Immunisation Clinic (on the first floor) is now open for appointments on Wednesdays and Saturdays.

The vaccinations offered are as follows:

- Chicken pox
- Hepatitis A
- Hepatitis B
- Influenza
- Meningitis C
- Measles
- Pneumonia
- Pneumococcal meningitis
- Rubella
- Tetanus, diphtheria & polio
- Typhoid

To make an appointment, telephone 01442 261 333 and select Option 1 during Breakspear Medical Group's opening hours (9:00am-5:00pm, Monday-Saturday).

Help others by sharing your experience

Raising awareness about Lyme disease or chronic fatigue by publishing articles in magazines, newspapers or blogsites is important to bring people's attention to the under-diagnosis and under-treatment by doctors, the NHS and the government.

If you suffer or have suffered from Lyme disease, chronic fatigue syndrome or came to Breakspear with a variety of symptoms that had not been diagnosed elsewhere, we would like to hear about your experience on the road to recovery.

Simply post your story to the editor, Carolyn Northcote Monro, email: cmonro@breakspearmedical.com and you will be contacted if your story is to be published. If you are interested in writing about your experience but do not know where to start, please contact the editor who can help you with some basic guidelines on getting started.