



HIGHLIGHTS

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Diagnosis of ME/CFS is the first step but there is controversy over the current treatment methods.

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Lyme disease: Was it all in her head?

Gemma Harborne was a happy-go-lucky teenager who loved going out with friends and being sociable. However, in her late teens, she became extremely depressed and anxious, and then developed an eating disorder, which left her malnourished. She was confused, lonely and without any idea that she had Lyme disease.

My name is Gemma and I am a 23-year-old public relations university student currently living in Leeds. Before having Lyme disease, as a talented singer, performing was my biggest passion. During the worst times, before being treated for Lyme, I would wake up every morning and cry for hours because I just didn't want to be alive anymore.

It started at the age of 18 when I began to suffer from depression and I couldn't put it down to a specific reason. I began to experience random anxiety, which I

had never felt before. It was strange because people had always commented that I was such a relaxed and carefree person. Little did I know that these feelings of anxiety and depression were coming from Lyme.

Looking back, my first symptoms of Lyme were all psychological. When I started working at a pub the summer after leaving school, I remember my brain felt so foggy that I kept getting people's orders wrong. I would also spend a lot of time crying without knowing why

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Fulfilling the dream Running the London Marathon after ME/CFS

On 22 April 2018, Angeline Cottrill, our Quality Manager & recovered ME/CFS sufferer, completed the hottest London Marathon on record.



Few of us have dreamed to run a marathon and fewer still have suffered and recovered from ME/CFS and completed the London Marathon. Our Quality Manager, Angeline Cottrill, has accomplished both.

If you have visited the clinic, you have probably met Angeline. She is a gregarious personality who works part-time as our Quality Manager, ensuring that patients' needs are met and that the clinic operates efficiently while adhering to healthcare governing bodies' regulations.

You might not know that she is a 43-year-old working mum and is pleased to share her story of recovery from ME/CFS with the hope that it might help other people.

Her passion for running started five years ago when a friend persuaded her to run a 10k race. She was fairly fit from gym classes and after completing that 10k race, she progressed to half marathons and then after a couple of years, she decided to complete a full marathon. However, she then began experiencing debilitating symptoms, such as waves of fatigue, malaise, shortness of breath

and intensifying chest pains. The symptoms concerned her and she thought it best to go to the urgent care centre, where they diagnosed her with a viral infection and told her to rest.

The symptoms did not go away and when she returned to her GP, he was dismissive of her symptoms, suggesting they were the result of anxiety and prescribed an anti-depressant.

For her full story, visit:
www.breakspearmedical.com/angeline

It was not an easy journey of recovery from ME/CFS; however, just two years ago, she was able to start exercising again, re-join her running club and then win a place in the London Marathon 2018.

While preparing for the London Marathon, Angeline took advantage of some of the services available at Breakspear Medical, including completing a QIFT, which gives a comprehensive neurological and cardiovascular report, using the IRATHERM® whole-body hyperthermia bed to detoxify and to help speed recovery from lactic acid build-up accumulated during training and the Magnoter bed to help relieve aches and pains by reducing inflammatory response, as well as some body-wellness tests and advice on nutritional supplements to help her perform at her best.



Important facts about fats

Following on from the articles on carbohydrates and proteins in issues 41 & 42, we continue with our three-part series on the three macronutrients required by the body by explaining the importance of including certain fats in our diet.

The three macronutrients required by our bodies are:

- fats
- proteins
- carbohydrates

Fat is an essential part of every cell membrane in the body.

In a healthy diet, 20 to 35% of one's total daily calories can come from fats, with the majority from polyunsaturated or monounsaturated fats, less than 10% from saturated fats and none from trans fats.

Fatty acids are primarily derived from triglycerides ("fat") in foods and oils that are eaten.

While some fatty acids can be made by the body (biosynthesized), using ingredients present, others must be obtained from food, which are called essential fatty acids.

Essential fatty acids are extremely important nutritional components of the diet, and are deficient in many of the new patients at Breakspear Medical. In most cases, abnormalities can be corrected by dietary

changes and supplements.

Essential fatty acids are needed for the control of a wide range of metabolic functions and they influence the efficiency of many systems within the body, including immune response, endocrine (glands that distribute hormones), brain, and reproductive functions, to name but a few.

It is now believed that essential fatty acid deficiency may play a role in seizure disorders and dementias, such as Alzheimer's disease, and metabolic disorders. There are studies which show the benefit of increasing polyunsaturated fatty acid supplement (PUFA) in alleviating symptoms of attention deficit hyperactivity disorder (ADHD).

The two essential fatty acids in human nutrition are:

- alpha-linolenic acid (an omega-3 fatty acid)
- linoleic acid (an omega-6 fatty acid)

Several sources of information suggest that the optimal ratio of omega-3 and omega-6 is 1:1. This ratio is thought to be the ratio that the Palaeolithic diet provided. It is estimated

(CONTINUED ON PAGE 4)

Fats or fiction?

There are many misbeliefs about fats, as well as medical debate about some long-held scientific understandings. Because of this, many people avoid all fats without understanding that some are essential for regaining and maintaining good health.

Will cholesterol kill you?

Cholesterol is a lipid molecule that is essential for life. It is an essential structural component of all cell membranes, a precursor for steroid hormones like cortisol and a component of bile and vitamin D. There are two main types: LDL (low-density lipoprotein) and HDL (high-density lipoprotein). High levels of LDL cholesterol are linked to heart conditions, while HDL cholesterol is known as “good cholesterol” and integral to your health.

Does eating fat make you fat?

While all fats have about nine calories per gram, different types of fat have different chemical structures and nutritional implications. Some fats have no health benefit while others are essential. Eating the right kinds of fat is required for good health and can help you feel fuller for longer and reduce food cravings.

Does fat contribute to heart disease?

For decades, saturated fats had been linked to an increased risk of heart disease, but there is ongoing debate as research continues.

Some types of fats are essential for good health.

that today's average Western diet has a ratio of omega-6 to omega-3 of 15:1 to 16:1. This means the typical Western diet contains too much omega-6 acids, which impedes the effectiveness of the deficient levels of omega-3.

There are also trans-fatty acids, which are a type of unsaturated fat that can be harmful. These fats are linked to raising levels of the low-density lipoprotein (LDL), also referred to as “bad cholesterol”, and lowering high-density lipoprotein (HDL) or “good cholesterol”. The rising incidence of heart disease and diabetes has been linked to this type of fat. While some meat and dairy products do contain small amounts of naturally occurring trans-fatty acids, most of these harmful fats are man-made in a process where hydrogen is added to vegetable oil. Adding hydrogen causes the oil to become solid at room temperature and increases its shelf life. Examples of foods that may contain high levels of these fats are: crisps, fried foods such as chips and fried chicken, creamer and margarine, as well as premade doughs for rolls or pizza crusts. There are pathology tests available that analyse blood samples and measure the omega-6, omega-3, monounsaturated, saturated and trans-fatty acids that are present. The results show the percentage of the total fatty acids and ratios for the individual and also give a reference range, to show the range of normal levels. This can help develop the most effective diet and nutritional supplement programme to restore the appropriate balance of fatty acids and their regulatory metabolites.

If you have any questions or concerns about balancing your diet, arrange an appointment with one of our qualified nutritional therapists.



Pollution: the largest global risk to health

The Lancet Commission on Pollution and Health states that pollution is the largest environmental cause of disease and premature death in the world today.

According to the report, diseases caused by pollution were responsible for an estimated nine million premature deaths in 2015, which is 16% of all deaths worldwide. This equates to three times more deaths than from AIDS, tuberculosis and malaria combined.

The report also stated that chemical pollution is a great and growing global problem and the impact on human health is currently poorly defined. More than 140,000 new chemicals and pesticides have been synthesised since 1950 and fewer than half of those chemicals have undergone any testing for safety and toxicity. These new chemicals contain developmental neurotoxins, endocrine disruptors, chemical herbicides and engineered nanomaterials.

There are historical examples of chemicals which were developed to achieve a specific purpose and were so effective that they were being used around the world within a few years. However, then the health issues surfaced, a process of evaluation was undertaken, and then it was determined that the chemical was harmful to not only human health but the entire planet's. Examples of this are asbestos and DDT, which still exist today.

It is clear that an environmental approach to health is becoming more and more important, with detoxification being fundamental to a longer, healthier life.

DEFINITIONS

Developmental neurotoxins

Toxic chemicals which can cause brain development deficits. The recent increase in conditions such as attention-deficit hyperactivity disorder (ADHD), autism and dyslexia have been linked to exposure to these harmful chemicals.

Endocrine disruptors

Primarily manmade chemicals that interfere with hormones, which can lead to birth defects, developmental disorders, cancerous tumours and sexual development disruptions.

Engineered nanomaterials

Chemical substances or materials that are manufactured and used at a very small scale. While the numbers of new nanomaterials increase week by week, the potentially harmful environmental impact and toxicity are not yet fully understood, particularly regarding biodegradation.



Is going gluten-free safe?

Gluten is a dietary grain protein found in wheat, rye, barley and other grains. It is an ingredient in many prepared foods which are thickened, have a chewy texture or elasticity during the baking process.

Sales of gluten-free foods are on the increase and more and more restaurants are offering a gluten-free menu to keep up with demands.

While many people find going gluten-free challenging, the difficulties are often connected to frequent consumption of processed foods. Generally it is recommended to avoid processed foods, but perhaps it is particularly important to be very careful if choosing gluten-free alternatives which often have more calories and sugar than their gluten-containing counterparts. Also, these substitutes use processed alternative flours which lack fibre and various important vitamins and minerals that the original products contain.

Following a healthy diet with plenty of whole, fresh foods, such as fruits, vegetables and essential oils is important to meet adequate fibre and nutrient needs. Nuts, seeds and some pseudocereals, such as quinoa and buckwheat, can be used to substitute standard grains to help with getting enough fibre.

Wheat is known to provide two types of carbohydrate that promote growth of helpful gut bacteria. Fortunately there are other sources of these bacteria-promoting carbohydrates and it is important to make dietary changes to include more of these foods when going gluten-free. For example, hazelnuts and lentils provide pre-biotics.

Going gluten-free can be beneficial for a variety of health conditions, however, it is recommended to get professional nutritional advice to ensure an optimal gluten-free diet.

COELIAC DISEASE

- It is estimated that one in every 100 people in the UK has coeliac disease.
- People with coeliac disease cannot digest gluten and there is no cure for this condition. However, if an entirely gluten-free diet is strictly adhered to, complications are unlikely to be present.
- If gluten is consumed, even in very small quantities, sufferers may experience an array of symptoms, including abdominal cramping/pain, vomiting, nerve problems, diarrhoea, constipation and weight fluctuation.
- Some sufferers may experience an immune response to oats, maize/corn and rice proteins similar to those occurring due to gluten.

RECOMMENDED RECIPE:

Summer vegetable curry

Healthy, tasty, gluten-, dairy-, soy-, nut- and egg-free vegan recipe for 4 servings

**INGREDIENTS:**

- | | |
|---------------------------|-----------------------------|
| 1 large aubergine | 6-8 curry leaves |
| 1 red onion | 1 tablespoon ground cumin |
| 2 garlic cloves | 1/4 teaspoon chilli powder |
| 1 tablespoon fresh ginger | 1 tablespoon tomato puree |
| 1 handful fresh coriander | 125 grams red split lentils |
| 3 tablespoons avocado oil | 480 millilitres water |
| 250 grams cherry tomatoes | salt and pepper |

METHOD:

1. Prepare the fresh ingredients by cutting the aubergine into chunky bite-size pieces, finely chopping the red onion, garlic and ginger and roughly tearing the coriander.
2. Heat half of the oil in a frying pan over medium-high heat. Add the aubergine pieces to the pan and cook for approximately 5-8 minutes, turning occasionally, until golden colour and cooked soft throughout. Remove from pan and set aside. (If preferred, steam the aubergine for a few minutes first so that it does not absorb so much of the oil.)
3. Add the remaining oil to the frying pan and return to medium-high heat. Add the onion, garlic and ginger and cook for 5 minutes.
4. Add the cherry tomatoes on top of the mix for a minute or so until they soften and then remove the tomatoes and set them aside.
5. Add the curry leaves and cumin to the onion mix and cook for a few minutes until the curry leaves pop and crackle. Then add the chili powder, tomato puree, water and lentils and let simmer for 20 minutes or until the lentils are tender but retain some 'bite'.
6. Stir the cooked aubergine into the mixture and cook for a few minutes to warm through.
7. Season to taste, toss the coriander with the mixture and serve with the cherry tomatoes on top.



Questioning UK diagnosis & treatment methods for ME/CFS

“CFS/ME is a relatively common condition affecting around 190,000 people in the UK. It comprises a range of symptoms that includes tiredness, headaches, sleep disturbances, difficulties concentrating and muscle pain.” - NICE*

It was not long ago that practitioners of mainstream medicine were sceptical of the existence of a condition called myalgic encephalomyelitis (ME) or chronic fatigue syndrome (CFS).

Terms like “Yuppie flu” were used in the 1980s to disparage sufferers. It most frequently affected young professionals who found themselves too tired to concentrate and too weak to get out of bed and go to work.

There was good news in 2015 when a study at Columbia University, USA, showed that the condition does trigger a distinctive immune response, which could lead to development of the first diagnostic test and new treatments.

However, in the meantime, there is ongoing controversy about the Pacing, graded Activity, and Cognitive behaviour therapy (PACE) trial, which started in 2005, with data collection completed in 2010.

The PACE trial presented findings that show that graded exercise therapy (GET) and cognitive behaviour therapy (CBT) are the best treatments for recovery. The study was funded by the UK Medical Research Council, Department of Health for England and other government bodies and has been highly influential in NHS clinical policy, as well as in other countries with national healthcare.

There are quite a few areas of controversy regarding the findings of the PACE trial, including a conflict of interest, procedures not consistently following the original published protocol and the patients’ self-reporting of symptoms.

Fortunately, in September 2017, the National Institute for Health and Care Excellence (NICE) began a review of its 2010 guidance on the diagnosis and treatment of ME/CFS following a public consultation with patient and professional groups.

*NICE to begin review of its guidance on the diagnosis and treatment of CFS/ME, 2017. Taken from: <https://www.nice.org.uk/news/article/nice-to-begin-review-of-its-guidance-on-the-diagnosis-and-treatment-of-cfs-me> [2018 May 14].

How Breakspear Medical tests & treats ME/CFS

There is no single universal diagnostic test for myalgic encephalomyelitis (ME) or chronic fatigue syndrome (CFS).

ME/CFS is characterised by profound fatigue, cognitive dysfunction, sleep abnormalities, autonomic manifestations, pain and other symptoms made worse by exertion of any sort.

As you can imagine, these symptoms are not specific to just ME/CFS and, as a single diagnostic test does not exist, it can be difficult for a doctor to diagnose. While the patient may be presenting with the fatigue symptoms which have occurred for over six months, the doctor should be prudent and investigate an assortment of possibilities to ensure the best and most appropriate care is given.

ME/CFS and other conditions causing prolonged fatigue have been shown in studies to be associated with abnormalities of immunity. The conditions often arise as a result of a viral infection which may or may not be identified at the time. Other infections and non-infectious agents may also trigger the syndrome.

The most common virus identified in ME/CFS patients is the Epstein-Barr virus, which is known to cause glandular fever (infectious mononucleosis).

Lyme disease can present with similar symptoms. It, too, does not have a single universal diagnostic test, which makes it difficult to diagnose and requires the doctor to be familiar with the symptoms and have

access to the limited tests that are available.

It has also been found that patients with ME/CFS have mental and physical functions frequently affected by allergy/sensitivity to foods and chemicals. When someone's diet is limited by allergy/sensitivity and their immune system is burdened, vitamin and mineral deficiencies, abnormalities of digestive function and defects in the ability of affected

...Breakspear Medical is not restricted to the clinical policies which limit the tests and treatments doctors can prescribe while working within national healthcare programmes.

patients to break down toxic chemicals and waste products for metabolism may occur. This means that along with

testing and treating the initial cause, these aspects of the syndrome must be investigated and addressed to ensure that there is appreciable improvement of the condition.

Breakspear Medical uses a multidisciplinary approach to help those with ME/CFS, which may require a patient to complete a number of pathology tests in order to receive the best care for their condition and to rule out infections, which may or may not present with distinguishable symptoms.

As well as treating confirmed infections, other recommendations may be made, such as nutritional support, both as nutritional supplements and dietary advice from a qualified nutritional therapist, and complementary services, such as a series of sessions on the UK's only IRATHERM® whole-body hyperthermia bed, as part of a detoxification programme.

Upcoming lecture: Revolutionary detoxification using whole-body hyperthermia, Monday 13:00-16:00, 13 August 2018 at Breakspear Medical, HP2 4FD. Tickets available online: www.eventbrite.co.uk

Lyme disease: Was it all in her head?

(CONTINUED FROM PAGE 1)



“I want to let anyone who may have Lyme know that it takes a lot of time and effort, but persevere and it is possible to get better. I promise it is worth it.”

- Gemma Harborne

and started to develop an eating disorder, which left me weaker.

The following year, I went to study in Oxford and my psychological symptoms worsened. I became extremely depressed and began to isolate myself due to social anxiety, which led to my eating disorder developing further because I was lonely.

The next year, I moved to Leeds to study and this worsened my relationship with food. I tried my best to keep it all a secret, not

wanting anyone to know what was really going on.

Confusion

and brain fog was affecting me almost all the time. Frightened that people would tell me to eat more, I lied and pretended that I felt fine, although they could see something was wrong.

I began to experience severe chest pains on a regular basis and often I would lie in bed unable to breathe properly. I remember thinking that my heart was going to stop. I was incredibly underweight and malnourished, creating the perfect breeding ground for *Borrelia*, the bacteria that causes Lyme, and co-infections. At this time, I had no idea I had Lyme, and I don't think I could think clearly enough to figure out what was happening. My brain became too foggy to do university work, so I really struggled.

Soon after, physical symptoms came on and within a short amount of time, I constantly had little to no

energy, almost always felt sick and had pains all over my body. I didn't like to admit that I was struggling, as I didn't want to be told to eat more, so I continued to go out with friends and work in clubs. I would drink huge amounts of alcohol, which then made my health worse. I took a year out of university because I knew I had to improve my health for my final year.

During the year off, I improved my diet and put on weight but still experienced fatigue, anxiety,

depression and body pains, which was confusing and discouraging. I was hit with

shingles and labyrinthitis at the same time and this is when alarm bells began to ring quite literally. There was a constant, loud ringing in my ears and I was frequently crying hysterically because of the pain. I was too weak to sit up, with excruciating pain all over my body, and was constantly shaking from low energy.

I knew something was seriously wrong and I wanted to do something about it, but when I opened up to people, no one believed me. I went to various doctors in London and they all rolled their eyes and sent me away, assuming because of the huge variety of symptoms that I must be a hypochondriac.

To be fair, I had diagnosed myself with every illness under the sun, but that was because I was experiencing every symptom under the sun,

To be fair, I had diagnosed myself with every illness under the sun, but that was because I was experiencing every symptom under the sun, because Lyme was affecting everything.



because Lyme was affecting everything. I was taken to hospital with severe neck and stomach pain and they tested me for meningitis, which came back negative. They told me I must have something else, but they didn't know what, so they sent me away. Doctors, family and friends would tell me that my symptoms were all in my head, so I stopped socialising because I didn't have the energy to talk and no one understood. Conversations began to feel like such a struggle and I became so quiet, never wanting to speak. I was told by one doctor I had Post Traumatic Stress Disorder (PTSD), and even though I found it hard to believe this, I began to think something traumatic had happened to me without knowing. I was confused, and I was searching for answers everywhere.

My body felt like it was giving up and I felt like I wanted it to. I frequently had out-of-body experiences and when I looked in the mirror, I didn't feel like I recognised myself.

I remember my dad telling me about his friend who had previously suffered from chronic fatigue syndrome and received treatment from Breakspear Medical, which changed his life and allowed him to return to full-time work. I immediately agreed to go.

At Breakspear Medical, I had blood tests done, which showed that I had numerous vitamin deficiencies, five active viruses and a huge toxic build-up. For eight weeks I went to the clinic three times a week for antiviral and cell repair infusions to build up my immune system to fight off the viruses. I had an autonomic nervous system test, which showed I had vascular endothelial dysfunction (an early sign of cardiovascular disease), which is typical of Lyme. At one point at the beginning of my treatment, I

remember lying on one of the hospital beds at the clinic, doing IV infusions and overhearing three patients discussing Lyme disease. It was the first time in my life I had ever heard of Lyme, and I remember listening to them describing their symptoms and I was thinking "That is EXACTLY how I feel". No one had understood or believed me for so long that overhearing this conversation honestly felt like a part of me was being healed. I cried with relief, as I knew I had Lyme.

A few weeks later, the Lyme test result came back positive. I spent the next month at the clinic six days a week on antibiotic drips, as well as antiviral drips, a cell repair programme and various vitamin drips. I spent my days either sleeping or crying from the pain. At first, it seemed to be getting worse but once I got stronger, I began IRATHERM® hyperthermia treatments. My symptoms were finally improving and I wanted to start living a "normal" life again, so much that I moved back to Leeds to go back to university.

After completing all of my assignments, including a 13,500-word dissertation, I got 2:1 in my degree whilst having Lyme and I am now travelling in Central America before I start my postgraduate diploma at Leeds College of Music in singing performance this autumn.

I am enjoying life again and I feel a happiness in my heart, which I longed to feel for so many years.

I am so grateful to Breakspear Medical for everything they have done for me; I don't know what I would have done without them. I am not fully recovered yet, but I continue on my Lyme recovery journey and I hope that one day I will be completely Lyme-free.

What Breakspear Medical is

Registered, licensed, qualified professionals

As a resident of the UK, when you go to the NHS for medical care, you know you are visiting one of the most impressive healthcare systems in the world, which is responsible for caring for more than 64.6 million people.

Did you know that as a registered private medical clinic in the UK, to ensure we effectively treat and safeguard patients, Breakspear Medical is also subject to the rules and regulations of the Care Quality Commission (CQC), General Medical Council (GMC), Medicines and Healthcare products Regulatory Agency (MHRA) and Nursing and Midwifery Council (NMC)?

Doctors who practice in the UK are required to work in CQC registered premises. Being registered with the CQC means that we must meet their carefully designed national care standards and facility safety requirements in order to operate. The CQC publishes their rigorous inspection reports online and allows everyone to access their evaluations.

It is highly recommended that you check CQC reports before visiting any healthcare facility, to be assured of the standard of care provided.

Our clinic is also registered with NHS England as a designated body and we have our own in-house Responsible Officer (RO). The RO is responsible for our doctors' revalidation, which involves practice development, improvements in clinical governance and ensures their skills are up to date.

All of our doctors are registered and licensed with the GMC to practise in the UK. This means that they have appropriate training and accreditation to practise in their field of medicine and are held accountable.

You can check whether a doctor is registered to practise on the GMC's List of Registered Medical Practitioners (LRMP), which is available online.

In the UK, doctors need to be registered with the GMC to work as a doctor, prescribe drugs (the sale of which is restricted by law), and sign certificates (such as sick notes) required for statutory purposes.

PROFILE



Professor Guisepppe Genovesi

In January 2018, Prof Guisepppe Genovesi passed away at his home in Rome, Italy, after experiencing a brain aneurysm bleed. Prof Genovesi was internationally recognised for his expertise in the field of environmental medicine and referred many patients to Breakspear Medical for treatment. He was a Specialist in Endocrinology and Metabolic Diseases, Psychiatry, Immunology and Allergology. He fought for the rights of many patients with multiple chemical sensitivities (MCS), including Colonel Carlo Calcagni, the Italian gold medal cyclist.

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