

Breakspear Medical Bulletin

Breakspear Medical Group Ltd, Issue 1

Winter 2001

Notes on the Opportunistic Virus: Epstein-Barr Virus

Epstein Barr Virus (EBV) is a member of the herpesvirus family and is quite common. According to the US National Center for Infectious Diseases, as many as 95% of adults between 35 and 40 years of age have been infected.

EBV is a DNA virus responsible for glandular fever. It may occur in infants as the maternal antibody protection disappears and they inevitably put many foreign objects into their mouth. Frequently it occurs during adolescence or young adulthood and causes

infectious mononucleosis (the kissing disease). Transmission is through intimate mouth contact not through air or blood.

Symptoms usually resolve in 1 to 2 months and include fever, sore throat, swollen lymph glands, sometimes a swollen spleen or liver enlargement. Heart problems or involvement of the central nervous system sometimes occur. EBV remains dormant or latent for the infected person's entire life. Periodically the virus can reactivate and

often does without symptoms. It is commonly found in the saliva of infected persons. A late event in a very few carriers is lymphoma and rarely nasopharyngeal carcinoma.

EBV is latent in lymphoid tissue. Diagnostic markers for EBV are an elevated white blood cell count, an increased total number of lymphocytes and a positive Paul-Bunnell heterophile antibody test.

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Breakspear Hospital is moving

Breakspear is on the move! Having lived in leased premises for the last eight years, we have, with a little help (well, a lot really) from Barclays Bank, purchased a new freehold building of 12,000 square feet. This is approximately twice the size of our present unit at Lord Alexander House and is sited only a few hundred yards away in the nearby Paradise estate. A team of workmen are slaving night and day to complete our new home in time for a move early in the New Year 2002. As well as increased working areas, the new building will

incorporate a lecture theatre where we will be running seminars for patients,

the general public and health professionals.



Interior and exterior renovations underway at Paradise Estate.

Breakspear Medical Group Ltd



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On the Market: **Medicinal Mushrooms**

At Breakspear, we have undertaken trials of Coriolus in Chronic Fatigue Syndrome and shown that it can improve natural killer cells dramatically in a period of eight weeks.

Natural killer cells are required to deal with cancerous cells, as they are scavenging cells, and also can help to deal with bacteria, virus or fungus infected cells, which can be intracellular. They are stimulated by Coriolus to be produced and to support the Th₁ arm of the immune system. This is the arm that deals with cellular immunity. Glucans and proteoglycans are components of mushrooms. Two proteoglycans from Coriolus versicolor, (the Turkey Tail

	REISHI	MAITAKE	CORDYCEPS	CORIOLUS
Immune support	~	~	~	~
Anti-cancer/tumour	~	~	~	~
Anti-viral	~	~	~	~
Heart support	~	?	~	~
Lowers blood pressure	~	~	~	
Lowers cholesterol	~	~	~	~
Antioxidant	~	~		?
Liver support	~	~	~	Y
Nervous system support	~		~	?
Kidney support			~	
Lung support	~		~	>
Diabetes		~		~

Th₁ arm of the immune system to be activated. This has great potential in patients with either cancer or chronic viral diseases, in which the virus is living inside the host cells.

- Jean Monro, November 2001

mushroom) are PSK (Polysaccharide-K) and PSP (Polysaccharide-Peptide). PSK and PSP are able to stimulate the

Please call Breakspear Nutritionals for prices and ordering.

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Note From Editor: If you have any stories or suggestions for submission please mail or email to Breakspear Medical Group, Attn: Carolyn Northcote

Breakspear Medical Bulletin is a new private publication that we hope to produce bimonthly. It is for the promotion of environmental medicine awareness and Breakspear Medical Group Ltd. This bulletin is not intended as advice on specific cases but as a forum of information researched and stored at Breakspear. 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.

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This Month's Case Study: Baby M

Baby M was a healthy baby boy at birth but good health did not last long.

Six months after Baby M was born, his mother returned to work and Baby M was put on a formula. He became

irritable, fidgety, difficult to feed and was suffering from malabsorption, evident by his excretion of fat (4 times the average). To ensure he received some nutrients, his parents waited until he was asleep to give him a bottle. (Sleep feeding is possible because babies have strong innate suckling reflexes.) Baby M suf-

fered colic, numerous ear infections, respiratory tract infections and continued to be bad-tempered and restless. Often the only way to get him to pram and allow the sleep-inducing effects of motion to kick in.

Baby M was not thriving and his behaviour was taking its toll on his parents. His concerned mother took him to a GP. The GP claimed that the cause of the child's ill health was an overly attentive mother.

Fortunately, his mother began to

research infant illnesses. Baby M's mother had been a practising associate physician in geriatrics and spent years in part-time study of migraines and MS research. She soon discovered that many babies are intolerant of gluten and that most baby formulas contain rusk (a

wheat derivative). She removed gluten from Baby M's diet and his health improved significantly immediately. Baby M was later diagnosed with Coeliac Disease (an inability to digest grains, which is often hereditary). Baby M's mother also learned about "elimination and challenge" dieting and started isolating foods and monitoring the different foods' effects. By con-

trolling his food sensitivities, his health steadily improved and the various infections he had been suffering from stopped.

sleep was to take him out in the car or Not all babies are as fortunate as Baby M to have had Dr. Jean Monro's full attention from before birth. Today Alister Monro is the Managing Director of Breakspear Medical Group and clearly understands the dietary limitations of Coeliac Disease and keeps his various allergies and sensitivities under control. Dr. Monro's work and Breakspear Hospital allow Alister to live a normal life, completely free of the poor health of his childhood.



Ask Jean

Question: Every couple of months I get a cold sore that hurts and looks exceptionally unsightly. Are there any dietary changes I can make to reduce my flare-ups? Or perhaps some nutritional supplements or creams that will help them to heal faster?

Answer: Herpes Simplex Type 1 is the virus responsible. This is, like all other Herpes viruses (including Epstein Barr Virus), often latent in the tissues. Herpes "lesions" usually manifest when the host is "run down." Any of the following can cause immuno suppression so that the infection is untrammelled: exams and similar stresses in employment, mortgage worries, sleep deprivation, irregular meals and any other concurrent infection.



Prevention

- 1. Include 5 fresh fruits and vegetables in your diet every day.
- 2. Take Lysine.*
- 3. Consider Coriolus, Maitake and Cordiceps.*

4. Consider anti- herpes nutritional support HPX.*

Treatment

- 1. Take Immunovir.*
- Take Vitamin C combined with the Breakspear infection remedy.*

*All available from Breakspear Nutritionals.

If you have any queries please submit them by mail or email < info@breakspearmedical.com>. Please understand that we cannot possibly cope with telephone calls as Jean's day is filled with patient consultations that cannot be interrupted. We will try to pick items of general interest. However, a member of our medical team will do their best to answer your individual queries in writing whenever possible.

New Thoughts on Progesterone

A recent report in the British Medical Journal suggests that progesterone treatment for pre-menstrual syndrome taken by thousands of British women is "useless". In the sixties a theory emerged that the syndrome is caused by a deficiency of the female sex hormone progesterone. Taking this hormone in the second half of the menstrual cycle was thought to combat many of the PMS symptoms such as depression, irritability and in the worst cases aggression. Researchers at Keele University and North Staffs Hospital found no evidence of this

after reviewing several trials involving over 500 women. They con-

"Today's study confirms the BNF's longstanding view that there is no convincing physiological basis for progestogen treatment to alleviate premenstrual syndrome." - Professor Martin Kendall, Chairman of the BNF's Joint Formulary Committee

cluded that PMS women did not experience a drop in progesterone in the latter half of their cycle but that their nervous system was more sensitive than women without PMS, the problem being due to the lack of the brain hormone serotonin. Whilst drugs can be taken to boost serotonin levels in the brain, drugs were in most cases considered the last resort.

At Breakspear we use neutralisation drops to activate heightened sensitivity. We also use Vitamin B6, essential fats and evening primrose oil. We can measure levels of foreign oestrogen mimics, progesterone and phytooestrogen in the urine. There are many nutritional remedies that can then be implemented, depending on the results of these tests, which will then rebalance the hormones.

EBV Continued...

(from front page)

Laboratory tests for EBV are for the most part accurate but must be interpreted by a physician familiar with EBV. An experienced physician will be more likely to recognise a possible connection to a current illness or separate the treatment of the various illnesses as necessary. The investigation programme undertaken at Breakspear Hospital includes the following:

1. After an initial consultation with a physician, haematology and biochem-

istry screens are performed.

- 2. The Paul-Bunnell heterophile antibody test. (Over 95% of typical cases are heterophile antibody-positive).
- 3. Chronic fatigue syndrome panel, which includes tests for capsid and diffuse antibodies.
- 4. Tests for EBNA and capsid reactivated antibodies.
- 5. Infection screen for the following antibodies:
 - Toxoplasma IgG latex
 - CMV IgG latex antobodies
 - Toxoplasma EIA
 - Aspergillus antibodies
 - C.Trac/Psittaci CFT
 - Epstein Barr IgG and IgM

- Legionella antibodies
- CMV IgM EIA
- Enterovirus
- Coxsackie IgM
- · Borrelia burgdorferi ELISA
- 6. Tests for the actual virus (its DNA or genome) by the PCR (polymerase chain reaction) technique from blood, throatswab and saliva, with or without antibody tests, for the following organisms:
 - Coxsackie
- EBV
- CMV
- Herpes

Toxoplasma

• Brucella

Contact Breakspear Medical Group for further information on the Epstein Barr Virus.

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We're currently developing www.breakspearmedical.com

How To Find Us

By Road

M25: Leave M25 at junction 21, onto M1 Northbound towards Hemel Hempstead. Then follow directions as from M1.

M1: Leave motorway at junction 8, and follow the dual carriageway over four roundabouts proceeding towards The Plough roundabout. There take the second exit to the right - the A4146. Continue along the A4146 and turn right at the first roundabout, then right at the next mini roundabout into Waterhouse Street. Proceed along Waterhouse Street, going straight over the next mini roundabout - if required two free public car parks can be accessed by turning right at this roundabout instead.

Breakspear Hospital is on the ground floor of Lord Alexander House, the last building fronting onto Waterhouse Street on the left hand side.

Do not attempt to park behind or to the side of Lord Alexander House since spaces there are not related to the hospital and wheel-clampers operate in the area. There are free public car parks nearby.

Ry Rai

There are regular trains from London Euston to Hemel Hempstead. There is a taxi rank at the station.

Notice Board

Breakspear Medical Group is holding a series of seminars at our new premises in Hemel Hempstead.

The principal speaker will be our Medical Director, Jean A. Monro, MB, BS, MRCS, LRCP, FAAEM DIBEM, MACOEM.

The programme for the first half of 2002 is as follows:

Saturday 2 February 2002

Non-invasive Tests for the Practitioner— A Valuable Tool for Every Practice

Saturday 2 March 2002

Saturday 6 April 2002 Anti-aging, Hormones and Diet

Saturday 4 May 2002

Cardio-vascular Risk Management and the Prevention of Heart Disease, Strokes and Diabetes



Saturday 1 June 2002

Food Allergies and Irritable Bowel Syndrome

Saturday 6 July 2002

Eczema and Asthma

Each seminar will commence at 9:30 am and finish at 4:00 pm

The cost for each seminar is £25 and includes lecture notes, a buffet lunch and morning and afternoon refreshments.

There is adequate free parking on site. Hertfordshire House is approximately 2 miles from Junction 8 and the M1.

Please contact the Breakspear Medical Seminar Organiser for a booking form and precise directions.

Did you know...?

PEX is a support group for anyone whose health has been affected by exposure to pesticides. PEX releases a quarterly newsletter in the UK and can be contacted at Pesticide Action NetworkUK, Eurolink Centre, 49 Effra Road, London SW2 1BZ UK. Tel. +44 (0)20 7274 6611 Fax +44 (0)20 7274 9084 Email <alioncraig@pan-uk.org>

The Organic Gardening Catalogue 2002 is available. All purchases help directly fund HDRA's work in researching and promoting organic gardening. Visit



<www.OrganicCatalog.com> or tel. +44 (0)1932 253666.