



Breakspear Medical Bulletin

Breakspear Medical Group Ltd, Issue 5

Autumn 2003

Notes on Multiple Sclerosis

Multiple sclerosis (MS) is a fairly common and generally progressive disease of the central nervous system. The onset of MS typically occurs between the ages of 15 – 40 years. The patient will have a great variety of sensory and motor disturbances, many of which are fleeting. There are altered sensations of many kinds, spastic paralysis of upper motor neurone type with exaggerated tendon reflexes and extensor plantar responses. Intention tremor and staccato speech may occur and patients may suffer an unsteadiness of the

eyes, difficulty with vision due to blurriness, loss of colour vision or weakness of the eye muscles. The condition has an episodic nature in that the symptoms may occur and be quite disabling but then they may clear up completely. Some patients have a slowly progressive condition without episodes of remission and some patients have static periods in the course of the disease.

Study on Multiple Sclerosis and Occupation

Deaths from multiple sclerosis were studied using data

over a 10-year period on occupational mortality. Excess deaths were found among farm workers, butchers, meat cutters and leather workers.

The excess deaths are consistent with the theory of either a transmissible agent or sensitisation to animal products or contaminants in them.

In addition, significant excess deaths are found in workers in the electrical industry and printing indus-

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New Wing Open for MMR Patients

Everyone has read the headlines regarding the tragedy arising from unregistered clinics giving Britain's children separate MMR (Measles, Mumps and Rubella) vaccinations.

Breakspear Hospital is registered to administer the separate MMR vaccines (*National Care Standards Commission Registration number 1020000037*). Our vaccines have been supplied by reputable companies in western countries, stored properly and administered as the pharmaceutical companies instruct.

Due to the recent closure of various clinics offering separate MMR jabs for concerned parents, we have been providing more and more families with as much information as possible, offering a blood test

which indicates whether children are immune to any or all of the diseases, and providing and administering the required separate vaccines.



With the increased volume of young patients at Breakspear, we have opened a new immunisation centre on the first floor. This separate area will ensure that the MMR patients are cared for in a comfortable environment, with a spacious

seating area and freedom to move around.

The separation of vaccination patients from our regular ward will ensure that the allergic and sensitive day patients will not be affected by the quick visits from the children and their parents.

Breakspear would like to thank our patrons for their patience during this busy time. In addition to opening the new ward, a new voice mail system has been installed to help handle the massively increased call volume effectively. Also, more staff specialising in immunisation have been recruited to handle the increased patient volume. We look forward to continuing to offer the alternative MMR vaccinations in our expanded facilities.

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On The Market: Ingredients for an Antioxidant Regime

As everyone becomes more aware of the pollutants and other environmental factors affecting our health, a lot of people are looking to programmes to help cleanse their bodies in the hopes of attaining a feeling of well-being.

Please find below a suggested supplement list for an Antioxidant Regime:

Vitamin C

Vitamin E

Beta-carotene

Selenium Picolinate

Reduced Glutathione

Basic Nutrients IV

Ginkgo Biloba

Quercetin

Silymarin

Zinc Citrate

N-acetyl Cysteine

GT-EX (green tea extract)

Grape Pip

Pycnogenols

At Breakspear, we offer a variety of brands that meet our high standards and requirements for our allergy and environmentally sensitive patients' special needs. For specific dosage requirements, please contact Breakspear Hospital.

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Breakspear Medical Bulletin is a private publication that we hope to produce quarterly. 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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New Thoughts On Myalgic Encephalopathy/Chronic Fatigue Syndrome

Myalgic Encephalopathy (ME) or Chronic Fatigue Syndrome (CFS) affects many thousands of people of all types and ages. Symptoms include debilitating low energy levels, painful muscles and joints, disordered sleep, gastric disturbances, poor memory and concentration. ME/CFS has attracted

"It was as though clouds had parted; for the first time in six years a doctor [Dr. Jean Monro] was telling me that she understood why I was feeling so ill." - Lady Clare Kerr

more than its fair share of controversy, as for many years there was a debate as to whether it was actually an illness at all.

ME/CFS effects may be minimal, but in a large number of sufferers' lives are changed drastically. Imagine a school-age child suffering from a condition that makes friends' names elude them and climbing a flight of stairs exhausting to the point of collapse. People in the workforce struggle each day as they try to remember the previous day's work, if they can summon the energy to get into the office at all.

Michael Ancram's daughter, ME sufferer Lady Clare Kerr, stated in recent articles in the national papers, "It was as though clouds had parted; for the first time in six years a doctor [Dr. Jean Monro] was telling me that she understood why I was feeling so ill".

Though currently there is no widely accepted cure or universally effective treatment, at Breakspear Hospital we have found that the basis of prolonged ill health in CFS involves "cytokine shift". In this condition the protein messengers between cells (cytokines) work together to cause

allergy and increased reactivity by a mechanism involving antibodies instead of the normal activity against infectious agents, such as viruses. This is a cytokine shift from a "TH1" to a "TH2" pattern.

The situation is further complicated as these two patterns interact. Allergies are perpetuated and the

ability to wipe out viruses is compromised.

However, it is possible to reverse this shift with a number of treatment programmes that we offer at Breakspear Hospital. We start with a series of skin and blood tests for bacterial sensitivities, urine tests for microbial organism products and peptides (indolyl-acryloylglycine), as well as a stool test for lysozyme, a product of white cells called granulocytes, monocytes and macrophages. (This is a marker for damage to the gut lining by bacteria or by inflammatory bowel diseases, such as Crohn's disease and ulcerative colitis.)

Then we stabilise allergies by using a neutralising technique that stops allergic reactions, giving respite to the body. We also initiate a number of treatment programmes to stimulate the TH1 arm of the immune system that can deal with viruses. Amongst the treatments we use are mushroom products, and Transfer Factor, which we use as an injectable product. Other agents that can stimulate TH1 include some hormone products and bacterial agents such as Bacille Calmette-Guérin (BCG), normally used in protec-

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Ask Jean

I have read in the papers that, in pregnancy, women can get a condition called Pre-Eclampsia. Can you tell me what the correct treatments to prevent this could be? I understand that there is a high risk of problems for both mothers and babies from this condition and it worries me. CCE



A cluster of symptoms including raised blood pressure, abnormal swelling (oedema) and protein in the urine that can appear from the 20th week of pregnancy onwards has been given the name, "Pre-Eclampsia". It is quite common and affects about 1 in 10 pregnancies.

It has been shown that antioxidants can be helpful in dealing with the condition of Pre-Eclampsia. Please refer to the article in this newsletter, *On the Market*, for an Antioxidant Regime.

Doctors at three London teaching hospi-

tals have recently conducted a study of the role of anti-oxidants in Pre-Eclampsia. Tommy's, the baby charity, report on their website:

"[We] funded a pilot study, the VIP trial, to test if vitamin C and E sup-

plements can prevent women at high risk of Pre-Eclampsia from developing it. These women were given vitamin C and E supplements from 20 weeks of pregnancy, and this was found to reduce their risk of developing the condition by more than 50%. These results were encouraging and a larger, multi-centre trial is currently being planned."

Another Tommy's project, funded by Community Fund, is looking at the causes of raised blood pressure in women with Pre-Eclampsia. This research is examining blood vessels

within the placenta and investigating how abnormal development of these vessels may be related to Pre-Eclampsia."

An article in *What Doctors Don't Tell You*, August 2002, highlighted the importance of the mineral magnesium by stating, "A new, landmark study has shown that pregnant women with Pre-Eclampsia treated with magnesium sulphate can halve the risk of eclampsia (convulsions) and maternal death".

In this randomised study, dubbed the "Magpie Trial" (Magnesium Sulphate for Prevention of Eclampsia), 10,141, Pre-Eclamptic women from 33 countries received magnesium sulphate or placebo intravenously (iv) or intramuscularly (im). After it became clear that magnesium overwhelmingly reduced the risk of Eclampsia by 58% and maternal death by 45% vs. the placebo, the investigators called an early end to the trial.

The article describing this study appeared in the *Lancet* 2002:359:1877-90, 1872-3.

Notes on Multiple Sclerosis

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try. These workers are all exposed to heavy metals.

This indicates that sensitisation is a more likely explanation in view of the previously recorded association of sensitisation to allergens by electrical equipment and chemicals. A trigger factor of a transmissible agent or a compounding factor of a transmissible agent is not incompatible with this conclusion.

Patients managed with these causes in mind may be freed from exacerbations and may be maintained in remission.

Pathophysiology

Administration of Copolymer 1 (Copaxone) has been shown to rebalance the immune response in MS by encouraging the body to react differently immunologically.

Permeability of the blood brain barrier is an important factor to consider. For example, thiamine deficiency, heavy metal toxicity and heat stress should all be investigated.

Stimuli to re-insulate the nerves include growth factors, such as platelet derived growth factor, triiodothyronine (T3) and vitamin B12. Thiamine also plays a role in myelination, which is the covering of the nerve. Deficiencies of other nutrients, such as copper, also cause demyelination, which is loss of nerve sheath.

The roles of mast cells in central nervous system (CNS) inflammatory processes are very important, especially in MS. Substances released from mast cells can attack myelin, and myelin breakdown products can stimulate release of inflammatory chemicals from mast cells. It has been suggested that "down-regulation" of mast cell activation could be a therapeutic strategy in neuro-inflammatory conditions. This can be achieved by neutralisation therapy.

Gut Function in MS

Constipation is a common complaint of MS sufferers. Fat malabsorption and protein maldigestion is also frequent aspects of gut function impairment in MS. Absorption of fat-soluble vitamins A and beta-carotene is often impaired and atrophic changes, gastritis and ulcerations consistent with achlorhydria

have been noted. There also is evidence of malabsorption of other nutrients such as zinc and copper.

Considerations

- Possible role of carnosine and thiamine
- Possible viral connection

Supplements for MS

Antioxidants, including vitamins C and E, beta-carotene, multivitamins and minerals, and essential fats such as polyunsaturated fatty acids (PUFAs) – linseed, sunflower, safflower, blackcurrant – are a small part of a good supplemental programme for MS patients. For a complete list, please request a supplements list from Breakspear Hospital directly.

Treatment for Multiple Sclerosis

- Treatment of Chlamydia pneumoniae infection with Doxycycline
- Soy isoflavones
- Neutralisation therapy
- Chelation therapy
- Oxygen therapy

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How To Find Us

By Road From M25—(clockwise) Exit Junction 20, take A41 to Hemel Hempstead. Exit and follow signs for Town Centre. At large (Plough) roundabout, take Exit A414 (M1). Take second left turning (Wood Lane). **From M25**—(anti-clockwise) Exit Junction 21 and take M1 Northbound, then exit Junction 8, Hemel Hempstead. Follow the dual carriageway towards Town Centre, across 4 roundabouts. Then at the fifth roundabout, U-turn back up the dual carriageway and take second turning left (Wood Lane). **From M1**—Junction 8 Hemel Hempstead, as above.

By Rail There are regular trains from London Euston on the Northampton Line to Hemel Hempstead (approximately 25 minutes from London). There is a taxi rank at the station (approximately 2 miles).

NEWSFLASH: Sadly, long-time Breakspear volunteer, Mrs. Joyce Keller died on 10 August 2003. She was known to all of us, patients and staff, of the hospital and its antecedents, as our most loyal supporter. Please watch for a tribute to Joyce in an upcoming Bulletin.

Notice Board

Final year BSc Health Science degree in Nutritional Therapy students from Westminster University spent 9 June – 6 August 2003 at Breakspear Hospital as part of their external placement in clinical or related practice.

Dr Jean Monro lectured on *Treatment of Cancer with Mushroom Products* as a guest speaker at the American Environmental Health Foundation in Dallas, Texas, 16 – 20 June 2003.

On 7 June 2003, Dr Jean Monro lectured on *Pathology Tests and their Interpretation: A Review of Diagnostic Testing in Medical Practice* at South Thames University to approximately 150 students. She returned to present a paper on the *Use of Mushroom Nutrition in Oncology* on 14 June 2003.



On 30 November 2002, Breakspear nurse, Michelle Carnegie, married Mark Wallington at Bluntswood Hall, Throcking, Herts. The reception dinner was held in The Oak Hall, a 17th Century converted barn, and the dance in the adjoining Cedar Room. The couple were whisked away to Loch Lomond, Scotland, for their honeymoon.

New Thoughts On ME/CFS

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available a bacterial product, known to help modulate the immune system. This high potency probiotic preparation can induce a TH2 response. Lactobacillus, Escherichia coli, Bifidobacteria and others have a local effect, protecting against gut mucosal injury through both TH1 and TH2 responses. Combination therapies are more effective than single agents.

For more information on the treatment of ME/CFS, please contact Breakspear Hospital.

Did you know...?

A paper in *International Pediatrics* (2003;18:108-13) by Mark Geier and David Geier entitled '*Pediatric MMR Vaccination Safety*' found that there are statistically significant increases in the incidence of serious neurological disorders following paediatric combined triple MMR vaccine, in comparison to diphtheria, tetanus and a whole cell pertussis vaccine. They concluded that the potentially global destructive effects of natural Measles, Mumps and Rubella infections mean that continued vaccination is necessary, but improvements in combined triple MMR vaccinations are needed to improve its safety.