Dr John Briffa's Natural Solutions to Common Ailments

an A-Z guide to over 150 symptoms and conditions

drbriffa

Introduction

This A-Z guide is designed to offer practical advice about the management of the most common symptoms and conditions. It is partly based on pertinent research in the area of natural health. Most importantly, though, it is inspired by my clinical work with real people with real problems. In other words, the information and advice here represents what has been found to be of most value in *practice*.

Most of the advice here stands alone. For instance, advice here about treating cramp with more magnesium is likely to do the trick. However, some symptoms or conditions can be related to more complex mechanisms, such as food sensitivity, yeast overgrowth, blood sugar instability or weakness in the thyroid or adrenal glands. Where necessary, the advice here refers to relevant underlying processes. Detailed information about the management of these factors can be found in the e-book **'Six Physical Keys to Health and Wellbeing'** which is available from www.drbriffa.com

Dr John Briffa

Disclaimer:

Information and advice contained in this guide should not be used for the purposes of diagnosis or as a substitute for medical advice. Always consult your doctor or healthcare professional before beginning any new treatment. Dr John Briffa assumes no responsibility or liability for any consequence resulting directly or indirectly for any action or inaction you take based on the information contained in this guide.

Terms of Use:

All intellectual property rights in the web site drbriffa.com are the absolute property of Dr John Briffa. The information contained here is for personal use only, and cannot be used for any commercial purpose. The information provided here can be saved in electronic or printed form for personal use only. It may be forwarded, showed or sent to other parties provided that there is no commercial purpose or benefit to any party. The information must not be altered either in terms of content or format. Dr John Briffa accepts no responsibility for any and all of the consequences, direct or indirect, that may be said to come from the forwarding, showing or sending of this information to other parties.

Enquiries about the reproduction of the content in this guide in either print or electronic format can be made by contacting www.drbriffa.com by email (contact@drbriffa.com).

www.drbriffa.com

List of Conditions

Abdominal Bloating

Abdominal bloating can have several underlying causes, more than one of which can coincide in an individual. One of the most common causes of bloating is overgrowth of the organism Candida albicans. Food sensitivity is also a common factor in bloating. Wheat is often an offender here, but other foods, especially dairy products, can be implicated. Information and advice about the diagnosis and treatment of Candida and food sensitivity can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

The failure to properly digest the milk sugar 'lactose' is another common cause of abdominal bloating (see *Lactose Intolerance*). Abdominal bloating can also be related to poor digestion, with inadequate chewing, and low levels of stomach acid (hypochlorhydria) and/or digestive enzymes common factors here. Information and advice about how to treat poor digestion can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**

Finally, a more rare, but important cause of abdominal bloating is parasitic infection of the gut. Parasites can be hard to identify, though specialist laboratories that have expertise in this area do exist. If parasites are found to be present, their successful elimination usually leads to a reducing in bloating and an improvement general digestive function.

Acne vulgaris (see also Rosacea)

Acne vulgaris is the most common form of acne, and is caused by blockages in the glands responsible for making a skin-waterproofing agent called 'sebum'. Acne is generally more common in adolescence, when hormonal changes may alter sebum secretion.

In natural medicine, acne is often viewed as a problem of excess toxicity within the body. For this reason, sufferers are often advised to eat as 'clean' a diet as possible. This means avoiding foods which contain significant quantities of fat (particularly what are known as 'partially hydrogenated' and 'trans fatty acid' found in many margarines and most fast, baked and processed foods). Other food components to avoid include artificial colourings, flavourings, preservatives and sweeteners. More information about the how to identify and treat body toxicity can be found in can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**

A common factor in acne is overgrowth of the yeast organism Candida albicans. Identification and successful treatment of this problem almost always leads to a significant improvement in skin condition. More information about the diagnosis and treatment of Candida can be found can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. For some women, their acne tends to flare-up before a period (also known as 'pre-menstrual acne). This sort of acne is often helped by taking 50 mg of vitamin B6 each day (1). The herb Agnus castus, probably through its hormone-balancing effects, has also been found to be of benefit here (2).

Research has shown that a significant proportion of women with acne have high levels of 'male' hormones (androgens) such as testosterone in their systems. One study found that almost two-thirds of women with acne had raised levels of at least one type of male hormone (3). This study suggests that elevated levels of androgens is a much more common factor in female acne than was previously thought.

High levels of androgens in women are often, but not always, associated with a condition known as 'polycystic ovarian syndrome' (PCOS). As its name suggests, PCOS is associated with multiple cysts in one or both ovaries. Common symptoms of this condition include breast pain, menstrual irregularities, and excess facial and/or body hair. More information about how to treat this condition can be found in the section entitled *Polycystic Ovarian Syndrome*.

Certain nutrients may be useful in controlling acne. The mineral zinc has been found to help acne sufferers (4). One study found that zinc therapy worked as well as antibiotic medication (5). I generally recommend acne sufferers take 30 mg of zinc, three times a day for 3 – 4 months, after which the dose can be reduced to once or twice daily. Studies do show that zinc therapy takes time to work, with 12 weeks being the amount of time most people seem to need to get good results. My preference is to use a form of zinc, which is readily absorbed by the body such as zinc citrate or zinc picolinate. Because zinc can induce copper deficiency, 1 mg of copper should be taken for every 15 mg of supplemental zinc.

---

(1). Snider B, et al. Pyridoxine therapy for premenstrual acne flare. Archives of Dermatology 1974;110:130-131

(2). Amann W. Improvement of acne vulgaris with Agnus castus (Agnolyt™) Ther Gegenw 1967;106:124-126 (in German)

(3). Slayden SM, et al. Hyperandrogenemia in patients presenting with acne. Fertility and Sterility 75:5;889-892

(4). Hillstom L, et al. Comparison of oral treatment with zinc sulphate and placebo in acne vulgaris. British Journal of Dermatology 1977;97:679-684

(5). Michaelsson G, et al. A double blind study of the effect of zinc and oxytetracycline in acne vulgaris. British Journal of Dermatology 1977;97:561-566

Age Spots

In the body, energy is generated through reactions in which food is 'burnt' with oxygen. These reactions result in the manufacture of waste products called 'free radicals' which have damaging and destructive effects on the body. The damage caused by free radicals forms debris called 'lipofuscin'. Lipofuscin may accumulate in the skin, where it can give rise to brown spots (usually on the face and back of hands) which are commonly referred to as 'age spots'. The number and severity of age spots is thought to be an indication of the amount of free radical damage in the body as a whole.

Free radicals in the body are neutralised by substances known as 'antioxidants', which include the vitamins A, C, and E, and the mineral selenium. To help prevent age spots, it is therefore wise to take a good quality antioxidant supplement each day. A good example of such a supplement is NutriGuard Forte which is available from VitaTech on 0121 433 8729. 1 – 2 capsules of NutriGuard Forte should be taken each day. In addition, it can be helpful to rub a vitamin C-containing cream into the affected areas twice a day. The direct antioxidant effect this may have in the skin can help break down the lipofuscin in time. One suitable such cream is Derma-C cream (also available from VitaTech).

Alcoholism

Alcoholism, like other chemical addictions, is generally viewed as a psychological problem. However, addictions generally have a biochemical and physiological component too, and addressing this usually makes overcoming any psychological component easier. As with perhaps all health issues, a holistic approach is usually the most successful.

From a biochemical standpoint, there is some thought that alcohol craving can be associated with fluctuations in blood sugar. When blood sugar levels drop, the body tends to crave foodstuffs that replenish sugar quickly in the body. For some people that might be chocolate or biscuits, but for others it is alcohol. I have seen many patients successfully reduce their alcohol consumption by taking steps to balance their blood sugar. More information about this can be found can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**

Alcoholism may respond to supplementation with certain nutrients. Alcoholics are very often nutrient deficient, and studies in animals suggest that nutritional deficiency, particularly in the B vitamins, can increase the desire to drink alcohol (1,2,3). More importantly, work in alcoholics has shown that nutrient supplementation does have the ability to reduce alcohol consumption (4,5). Individuals wanting to stop or reduce their alcohol consumption might do well to take a good quality multivitamin and mineral, combined with a B-complex supplement which provides 25 – 50 mg of vitamins B1, B2, B3, B5, and B6 each day.

Other nutrients, which might be deficient in alcoholism, are the essential fatty acids (EFAs). One of the final breakdown products of EFAs is a hormone-like molecule known as 'prostaglandin E1' (PGE1). PGE1 is believed to have mood enhancing and antidepressant action in the brain. Short-term alcohol consumption appears to increase PGE1 levels, while longer-term drinking appears to have the opposite effect. It has been theorised that alcohol craving is sometimes related to low PGE1 levels. Studies do suggest that supplementation with EFAs can be beneficial in terms of reducing alcohol intake and preventing symptoms of withdrawal (6,7).

Because of its high EFA content, taking evening primrose oil (1 g, three times a day), might help to control drinking in the long term.

One other nutrient, which appears to help reduce alcohol craving, is the amino acid glutamine. In one study, 9 out of 10 alcoholics thought that glutamine at a dose of 1 g per day reduced their desire for alcohol. In this study, glutamine was also found to help reduce nervousness and improve sleep (8).

---

(1). Pekkanen L. Effects of thiamine deprivation and antagonism on voluntary ethanol intake in rats. Journal of Nutrition 1980;110:937-944

(2). Brown RV. Vitamin deficiency and voluntary alcohol consumption in mice. Q J Studies Alcohol 1969;30:592-597

(3). Williams RJ, et al. Dietary deficiencies in animals in relation to voluntary alcohol and sugar consumption. Q J Studies Alcohol 1955;16:234-244

(4). Smith JA, et al. The treatment of alcoholism by nutritional supplements. Q J Studies Alcohol 1951;12:381-385

(5). Trulson MF, et al. Vitamin medication in alcoholism. JAMA 1954;155:114-119

(6). Horrobin DF. A biochemical basis for alcoholism and alcohol-induced liver damage including the fetal alcohol syndrome and cirrhosis: interference with essential fatty acid and prostaglandin metabolism. Med Hypotheses 1980;6:929-942

(7). Horrobin DF. Essential fatty acids, prostaglandins, and alcoholism: an overview. Alcoholism: Clin Exp Res 1987;11:2-9

(8). Rogers LL, et al. Glutamine in the treatment of alcoholism. Q J Studies Alcohol 1957;18:581-587

Alzheimer's Disease

Alzheimer's disease is caused by the gradual destruction of nerve cells in the brain, which ultimately leads to senility and dementia. The condition is characterised by a reduction in mental function, loss of short-term memory, and mood problems such as irritability or childish behaviour. Alzheimer's disease can occur at any age but is most common after the age of 50.

What causes Alzheimer's disease is not known, but there is at least some evidence that a proportion of cases are linked to the toxic effects of the metal aluminium. More than one study has found accumulations of aluminium in the part of the brain affected by the disease (1,2). In one study, using aluminium-containing deodorants appeared to increase risk of Alzheimer's disease by 60% (3). However, some studies have not found a link between aluminium and Alzheimer's disease (4). Clearly, this is a controversial area, but it does seem prudent for people to do what they can to avoid aluminium exposure. In general, aluminium-containing antacid medication, and food packaged in aluminium cartons or cooked in aluminium pans should be avoided. The use of aluminium-free deodorants is another wise precaution, and these can usually be found in health food stores.

There does seem to be some important links between diet and Alzheimer's disease. A high fat diet seems to increase the risk of the condition, while a diet rich in oily fish (e.g. salmon, trout, tuna, mackerel, herring) and other 'omega-3 fatty acids' such as flaxseed oil seem to protect against the disease. A high level of monounsaturated fats (e.g. extra virgin olive oil) has also been found to slow brain function decline. A diet rich in cereals and grain also appears to be protective (5).

There has been a lot of recent interest in the role of damaging molecules called 'free radicals' in Alzheimer's disease. Interestingly, vitamin E (an important 'antioxidant' nutrient which can help reduce damage due to free radicals) at a dose of 2000 IU per day has been shown to help protect against Alzheimer's disease (6). High levels of the blood chemical 'homocysteine' have also been found in Alzheimer's disease sufferers, and there is potential for reducing this with vitamins B6 and B12 and folic acid. A raised homocysteine (as ascertained by a blood test) can often be

successfully treated with supplements of vitamin B6 (at least 10 mg per day), vitamin B12 (at least 50 mcg per day) and folic acid (at least 400 mcg per day) (7,8,9).

There are a few natural treatment options for Alzheimer's disease, one of which is acetyl-L-carnitine. This substance can increase the production of the important brain chemical acetylcholine. Acetyl-L-carnitine has been shown to improve memory, and slow progression of the disease (10). The normal recommended dose is 500 – 1,000 mg, three times a day.

Another natural substance that can be very effective in improving mental function is the herb Ginkgo biloba. This can improve circulation to the brain, and appears to enhance memory and quality of life. Four double-blind studies have found Ginkgo biloba to be of benefit in the early stages of Alzheimer's disease (11,12,13,14). The normal recommended dose is 40 - 80 mg of standardised extract, three times a day.

---

(1). Candy JM, et al. Aluminosilicates and senile plaque formation in Alzheimer's disease Lancet 1986 Feb 15 354-357

(2). Good PF, et al. Selective accumulation of aluminum and iron in the neurofibrillary tangles of Alzheimer's disease: a laser microprobe (LAMMA) study. Ann Neurol 1992;31(3):286-292

(3). Graves AB, et al. The association between aluminum-containing products and Alzheimer's disease. J Clin Epidemiol 1990;43(1):35-44

(4). Landsberg JP, et al. Absence of aluminum in neuritic plaque cores in Alzheimer's disease. Nature 1992;

(5). Grant WB. Dietary links to Alzheimer's disease: 1999 update. J Alzheimer's disease 1999;1:197-201

(6). Grundman M. Vitamin E and Alzheimer disease: the basis for additional clinical trials. Am J Clin Nutr 2000;71:630S-636S

(7). Glueck CJ, et al. Evidence that homocysteine is an independent risk factor for atherosclerosis in hyperlipidemic patients. Am J Cardiol 1995;75:132-136

(8). Ubbink JB, et al. Vitamin B12, vitamin B6, and folate nutritional status in men with hyperhomocysteinemia. Am J Clin Nutr 1993;57:47-53

(9). Ubbink JB, et al. Vitamin requirements of hyperhomocysteinemia in humans. J Nutr 1994;124:1927-1933

(10). Calvani M, et al. Action of acetyl-L-carnitine in neurodegeneration and Alzheimer's disease. Ann NY Acad Sci 1992;663:483-486

(11). Le Bars PL, et al. A placebo-controlled, double-blind, randomized trial of an extract of Ginkgo biloba for dementia. North American EGb Study Group. JAMA 1997;278:1327-32

(12). Hofferberth B. The efficacy of EGb 761 in patients with senile dementia of the Alzheimer type, a double-blind, placebo-controlled study on different levels of investigation. Hum Psychopharmacol 1994;9:215-222

(13). Kanowski S, et al. Proof of efficacy of the Ginkgo biloba special extract EGb 761 in outpatients suffering from mild to moderate primary degenerative dementia of the Alzheimer type or multi-infarct dementia. Pharmacopsychiatry 1996;29:47-56

(14). Maurer K, et al. Clinical efficacy of Ginkgo biloba special extract EGb 761 in dementia of the Alzheimer's type. J Psychiatr Res 1997;31:645-655

Anaemia - iron deficiency (see also Anaemia - Pernicious)

Oxygen is transported throughout the body by the red blood cells. The substance in the red blood cells responsible for carrying oxygen is called 'haemoglobin'. Iron is essential for the manufacture of haemoglobin, and any lack of iron (either through blood loss or inadequate intake) may lead to anaemia. Common symptoms of anaemia include physical fatigue, mental sluggishness and low mood. While anaemia is a relatively common cause of fatigue, it should be borne in mind that fatigue is not always caused by anaemia, and anaemia is not always caused by iron deficiency. See **Fatigue** for more information on the common causes of fatigue.

To complicate things further, it is possible that despite **not** being anaemic, individuals can be fatigued as a result of iron deficiency and may respond to iron supplementation. Other symptoms of iron deficiency include itching of the skin, 'spooning' (concavity) of the fingernails and, in women, diffuse thinning of the hair. Pregnant women and those who experience heavy periods are especially prone to iron deficiency. Other individuals at increased risk of this condition include vegetarians (their intake of iron is generally lower than that of meat-eaters), and those taking long-term painkillers such as aspirin or non-steroidal anti-inflammatory drugs (these can induce bleeding in the gut).

While an individual's symptoms can point to low iron as a problem, iron does need to be handled with some care. Iron is what is known as an 'oxidising agent', having quite the opposite effect of 'antioxidant' nutrients such as vitamins C and E which protect against disease. Some research suggests that high doses of iron induce changes, which, at least theoretically, would increase the risk of heart disease. One study found that men with high levels of iron in their bodies have an increased risk of heart disease (1). Also, a small percentage of the population suffer from a condition known as 'haemochromatosis' in which iron tends to accumulate in the body, depositing itself in various organs. More common in men than women, haemochromatosis can lead to problems with diabetes, cirrhosis of the liver, and heart rhythm abnormalities.

Probably the best way to determine iron levels in the body is with a blood test. The most commonly used test is known as the 'serum iron', which essentially measures the level of iron in the blood stream. However, a better test for assessing the overall level of iron in the body is something called 'ferritin'. If a blood test shows a low ferritin level, then iron intake should be increased.

One way to do this is to increase consumption of iron-rich foods such as red meat, oysters, fish, dried fruit and green leafy vegetables. Coffee and tea should be avoided, as these can reduce the amount of iron absorbed from the diet. In addition, it usually helps to take iron in supplement form. A typical recommended dose is 100 mg of iron per day, though this may need to be adjusted according to changes in the ferritin level. Quite often, iron supplementation can cause gastrointestinal symptoms, the most common of which is constipation. It is well known that vitamin C enhances the absorption of iron, thereby reducing the amount of iron that needs to be taken in the long term. The less iron is taken, the less risk there is of side effects such as constipation. 250 - 500 mg of vitamin C should be taken with each dose of iron. The most commonly prescribed form of iron is iron sulphate (ferrous sulphate) which is not very well absorbed and notorious for giving rise to gastrointestinal symptoms. Sometimes, it is a good idea to use a more absorbable and less irritating form of iron such as iron fumarate.

Not uncommonly, individuals with iron deficiency fail to respond to supplementation. Despite using large doses of iron, the ferritin level may not increase much, and the individual may not feel much better. In this situation, it is important to consider the possibility of low stomach acid secretion (hypochlorhydria), as stomach acid is important for iron absorption. More information on the diagnosis and treatment of hypochlorhydria can be found in can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

---

(1). Salonen JT, et al. High stored iron levels associated with excess risk of myocardial infarction in western Finnish men. Circulation 1992;86:803-811

Anaemia - pernicious

'Pernicious anaemia' is a particular form of anaemia caused by a chronic deficiency of vitamin B12. Classically, sufferers of this condition are said to lack the ability to make a molecule in the stomach called 'intrinsic factor' which is necessary for B12 to be absorbed by the body. As a result, dietary sources of B12, even in supplement form, are generally not well absorbed. B12 deficiency can occur even when there are adequate levels of intrinsic factor, and the term pernicious anaemia is often used in these situations too. Common causes of low B12 absorption include Crohn's disease, coeliac disease and low stomach acid secretion (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about this). Because the principle B12-containing foods are of animal origin (meat, fish, eggs and dairy products), vegans can sometimes become deficient in B12. Tempeh (a soybean product), spirulina and nutritional supplements are alternative sources.

Generally, only a small amount of vitamin B12 (say 3 - 4 mcg per day) is required to prevent a deficiency. However, if there is some problem with absorption, vitamin B12 injections (given into the muscle) may be recommended. After a course of injections, it may be possible to maintain B12 levels in the body by giving 1,000 – 2,000 mcg per day as an oral supplement (1,2).

---

(1). Kondo H. Haematological effects of oral cobalamin preparations on patients with megaloblastic anaemia. Acta Haematol 1998;99(4):200-205

(2). Berlin R, et al. Vitamin B12 body stores during oral and parenteral treatment of pernicious anaemia. Acta Med Scand 1978;204(1-2):81-84

Aneurysm - aortic

The aorta is the main vessel, which emerges from the heart to transport blood around the body. In some individuals, the wall of the aorta can balloon out, leading to a condition known as an 'aortic aneurysm'. The concern with aortic aneurysms is that they may burst, a situation that often proves fatal. Because of this, some individuals are advised to have the aneurysm repaired by having a piece of synthetic tubing stitched inside the aorta.

There is some evidence to suggest that the development of aortic aneurysms is related to copper deficiency (1). Much of the aorta is made up of elastic tissue, the normal production of which depends on copper. Also, one study found very low levels of copper in the bodies of aneurysm sufferers compared to normal subjects (2). Although, the effect of copper supplementation on the development of aortic aneurysms has not been studied, taking additional copper may help. While it is unlikely to reverse the aneurysm, it is possible that extra copper may slow or prevent further development of the problem. The normal recommended dose of copper is 3 mg per day.

---

(1). Tilson MD, et al. Deficiencies of copper and a compound with ion-exchange characteristics of pyridinoline in skin from patients with abdominal aortic aneurysms. Surgery 1983;94:134-141

(2). Tilson MD. Decreased hepatic copper levels: a possible chemical marker for the pathogenesis of aortic aneurysms in men. Arch Surg 1982;117:1212-1213

Angina

Angina is the result of reduced blood flow to the heart, and is normally felt as a dull, heavy sensation felt in the centre of the chest, neck or left arm, when the heart muscle is starved of oxygen. Angina is usually related to narrowing of the vessels, which supply blood to the heart muscle itself known as the 'coronary arteries'. A common cause of coronary artery narrowing is a condition known as 'atherosclerosis' (see *Atherosclerosis*). Another cause of reduced blood supply to the heart muscle is spasm in the lining of one or more coronary artery. Usually, angina comes on during exercise but may also come on at rest.

Blood sugar balance is often important in the control of angina. When blood sugar levels fall, the body often attempts to correct this by secreting the hormone adrenaline, which can help top up sugar levels by stimulating its release from the liver. Adrenaline may trigger angina, partly because it increases the oxygen demands of the heart muscle, but also because it may induce spasm in the coronary arteries. **See** Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about balanced blood sugar levels.

Certain nutrients may help to control angina symptoms. One of my personal favourites is the mineral magnesium. This nutrient is important for energy production in the body, enhances muscle function (including the heart muscle), and reduces the risk of spasm in the coronary arteries. Magnesium injections appear to help control angina (1,2). 1 g of magnesium sulphate might be given weekly for several weeks, with lower doses after this. I am not aware of any research that has looked at the effect of oral magnesium supplementation on angina, though it does seem sensible for individuals to consider this, especially when they do not have access to magnesium injections. I generally recommend 500 – 1000 mg of magnesium per day.

Another natural substance, which may help relieve angina, is Coenzyme Q10 (CoQ10). This nutrient is essential for the production of ATP - the basic unit of energy in the body. One study showed that 150 mg of CoQ10 per day significantly

lengthened the amount of time it took for angina to come on during exercise (3). Benefits may also be obtained from supplementation with the compound L-carnitine. L-carnitine has the ability to help transport fat into parts of the body's cells called the 'mitochondria', where it can be burned for energy. Studies show that L-carnitine can increase exercise tolerance and reduce angina attacks (4,5). A typical dose would be 1 g of L-carnitine, once or twice a day.

One other 'natural' treatment to consider in angina is what is known as 'chelation therapy'. A chemical known as ethylenediaminetetraacetic acid (EDTA) appears to have the ability to open up clogged arteries when given intravenously. There is a wealth of anecdotal evidence to support the effectiveness of this treatment, and one review study concluded that it appears to help symptom control in more than 80% of individuals (6). However, there still have not been any large double-blind studies on chelation therapy, and its use remains controversial. Nevertheless, it is my feeling that chelation therapy might be considered by anyone suffering from significant arterial disease because it does appear to help control and reverse artery blockage, and may prevent further disease. Details of chelation therapy services can be found at the back of this e-book.

---

(1). Cohen L, et al. Magnesium sulfate in the treatment of variant angina. Magnesium 1984;3:46-49

(2). Cohen L, et al. Prompt termination and/or prevention of cold-pressor stimulus-induced vasoconstriction of different vascular beds by magnesium sulfate in patients with Prinzmetal's angina. Magnesium 1986;5:144-149

(3). Kamikawa T, et al. Effects of coenzyme Q10 on exercise tolerance in chronic stable angina pectoris. Am J Cardiol 1985;56:247-251

(4). Kamikawa T, et al. Effects of L-carnitine on exercise tolerance in patients with stable angina pectoris. Jpn Heart J 1984;25:587-597

(5). Cherchi A, et al. Effects of L-carnitine on exercise tolerance in chronic stable angina: a multicentre, double-blind, randomized, placebo controlled, crossover study. Int J Clin Pharm Ther Toxicol 1985;23:569-572

(6). Chappell LT, et al. The correlation between EDTA chelation therapy and improvement in cardiovascular function: a meta-analysis. J Advancement Med 1993;6:139-160

Angular Stomatitis

Angular stomatitis is a condition characterised by cracking at the corners of the mouth. It is often a painful condition that can make talking and eating quite uncomfortable. Occasionally, this condition is related to yeast infection (thrush) around the mouth. More often than not, however, angular stomatitis is related to a vitamin and/or mineral deficiency.

Sometimes, angular stomatitis is associated with iron deficiency. The best test for iron deficiency is a blood test for a substance known as 'ferritin'. Because iron can have damaging effects in the body at high levels, it is advisable to have a ferritin test before supplementing with iron. Another factor, which seems to be common in angular stomatitis, is a deficiency in the B group vitamins, particularly vitamins B2 and B6. In general, the diet should be rich in foods, which contain vitamins B2 and B6 such as wholemeal bread, green leafy vegetables, eggs and fish. In addition, it can help to take a B complex supplement each day containing 25 - 50 mg of the major B vitamins B1, B2, B3, B5 and B6. On this regime, angular stomatitis usually clears within a few weeks.

Anorexia Nervosa

Anorexia nervosa is a form of eating disorder characterised by extreme weight loss, a morbid fear of becoming fat and an altered body image. Typically, anorexics are painfully thin, but actually 'see' themselves as overweight. Anorexia may be related to emotional issues such as problems with relationships in the family, feelings of deprivation and abuse. However, physiological and biochemical factors appear to play their part too.

It comes as no surprise that anorexia can lead to severe deficiencies of dietary elements such as protein, iron, calcium, B-vitamins, folic acid and vitamin C. It is impossible to define the impact of such deficiencies on emotional and physical health, but it is likely that they will compound the health issues seen in anorexia. Taking a potent multivitamin and mineral supplement is one simple thing that sufferers can do to help themselves by reducing the risk of these deficiencies.

One nutrient, which appears to have particular benefit in anorexia, is the mineral zinc. Zinc has many important functions in the body, and one of these appears to be the normalisation of brain function and perception. In one study, a daily dose of 45 - 90 mg of zinc led to weight gain in 17 out of 20 anorexics after periods ranging between 8 and 56 months (1). In a double-blind study, 14 mg of zinc per day doubled the speed of weight increase in a group of anorexic women (2). I generally recommend that in addition to a good quality multivitamin and mineral, anorexics also take 90 mg of zinc per day. Because zinc can induce copper deficiency, about 6 mg of copper should be taken with this dose of zinc. Once improvement is seen, the dose of zinc may be reduced, and more emphasis may be placed on a nutritious, varied diet.

---

(1). Safi-Kutti S. Oral zinc supplementation in anorexia nervosa. Acta Psychiatr Scand Suppl 1990;361:14-17

(2). Birmingham CL, et al. Controlled trial of zinc supplementation in anorexia nervosa. Int J Eat Disord 1994;15:251-255

Anxiety

Occasional feelings of anxiety and tenseness are a normal response to some of the events and situations life can throw at us. However, in some individuals, quite extreme feelings of unease can be experienced even when there does not appear to be any particular reason for this. From a natural health perspective, anxiety may be related to biochemical or physiological imbalance. One factor, which is commonly seen in conjunction with anxiety, is blood sugar imbalance. When blood sugar levels fall, the body often attempts to correct this by secreting the hormone adrenaline, which can help top up sugar levels by stimulating the release of sugar from stored forms of fuel. Adrenaline is well known to promote feelings of anxiety and sometimes panic. Information about blood sugar regulation and adrenal health can be found can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

A very important dietary factor that often features in anxiety is caffeine. Caffeine is a stimulant, and certainly has the ability to provoke nervousness. In one study, the severity of individuals' anxiety and depression correlated with the amount of caffeine they consumed. Interestingly, patients suffering from panic attacks seemed to be sensitive to the amount of caffeine found in just one cup of coffee. It seems, for those individuals who are prone to anxiety, the safest amount of caffeine to consume is none! (1).

The conventional pharmacological treatments for anxiety revolve around beta-blockers and tranquillisers. Beta-blockers reduce the heart rate and the force of contraction of the heart, and may give rise to side effects such as cold hands and feet, fatigue, dizziness and impotence as a result. Tranquillisers such as diazepam (Valium) and chlordiazepoxide (Librium) can help reduce anxiety, but may also induce unwanted symptoms such as dizziness, drowsiness and impaired co-ordination. Another downside to these drugs is that they can be addictive if taken in the long term.

---

(1). Boulenger J-P, et al. Increased sensitivity to caffeine in patients with panic disorders: preliminary evidence. Arch Gen Psychiatry 1984;41:1067-1071

Asthma

Asthma is a chronic lung condition characterised by recurrent attacks of breathlessness, often accompanied by wheezing. Asthma is due to inflammation in the air passages of the lungs, causing constriction of these passages (bronchospasm), which makes breathing difficult. Asthma can be classified into two main types: extrinsic, in which attacks are triggered by an allergy, and intrinsic, in which there is no obvious external cause for attacks. Extrinsic or 'allergic' asthma tends to come on during childhood, while intrinsic asthma usually develops later in life. However, either condition can appear at any age.

Allergic asthma is often set by an inhaled trigger such as animal fur, dust, feathers and air pollutants. However, there is also good evidence that asthma attacks can be linked to certain foods, especially in childhood asthma. One study showed that 90% of children with asthma or allergic rhinitis (runny nose due to allergy) improved on a food elimination programme (1). The most common offenders in this respect are dairy products, eggs, chocolate wheat , corn, citrus fruits and fish. More information about the detection and elimination of problems foods can be found can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

.

It is well known that certain foodstuffs may promote inflammation in the body, which can then perhaps contribute to asthma and other allergic conditions such as eczema. Some of the foods that may do this are what are known as the omega-6 fatty acids. Omega-6 fats are generally found in quantity in margarine and vegetable oils such as sunflower, safflower and corn oil. Omega-6 fats are known to be converted in the body into substances, which tend to encourage inflammation in the body. On the other hand, fats of the omega-3 type, such as those found in oily fish, appear to have the ability to reduce inflammation in the body.

There is an idea that an increased consumption of omega-6 fats (found in many margarines and vegetable oils), coupled with a decreased consumption of omega-3 fats, might increase the risk of asthma. One study has report that in Australia, the increased rates of asthma coincided with a five-fold increase of polyunsaturated fats, particularly of the omega-6 type (2). This research also noted the increased

consumption of these fats in New Zealand, United States and the UK, all places where asthma rates are rising significantly. In contrast, countries where consumption of omega-3 fatty acids is high and omega-6 fats is low (such as Mediterranean and Scandinavian nations) have low rates of asthma. Research has also found that asthma symptoms appear to be better controlled in children who consume oily fish (3). Avoidance of margarine and vegetable oils, and the inclusion of oily fish such as salmon, trout, tuna, mackerel and herring in the diet may possibly help control asthma symptoms in time.

There is some evidence linking salt consumption with asthma. Salt appears to heighten the airways' response to histamine, causing increased constriction here (4). Asthmatics should therefore avoid adding salt to their food during cooking or at the table and minimise their consumption of processed foods, which tend to have a lot of salt already added. Other substances that seem to have the ability to provoke asthma include tartrazine (a yellow colouring found in some processed foods) and sulphites (used as a preservative in many alcoholic drinks and processed foods).

The mineral magnesium can be a useful supplement for asthmatics. Magnesium can help prevent the bronchi going into spasm and might also help to prevent histamine release (5). I recommend that adult asthmatics take about 500 mg of magnesium a day, with dose adjustment for children according to weight. Vitamin B6 is often deficient in asthmatics, and supplementation with this nutrient has been found to be beneficial in children (6) and adults (7). The dose in the study in children was 200 mg per day. Because there is a slight risk of neurological symptoms at this dose, I recommend children on this regime be monitored by a medical practitioner. The dose used in the adult study was 50 mg, twice a day, which is a safe dose to take in the long term.

A herb which might help in cases of asthma is Ginkgo biloba. Ginkgo appears to have the ability to block the action of a substance called 'platelet activating factor' (PAF), which is believed to be involved in the processes that trigger asthma. At least one study has found Ginkgo to be effective in reducing asthma symptoms (8). The normal recommended dose is 120 – 240 mg of standardised extract per day.

1. _____

(1). Ogle KA, et al. Children with allergic rhinitis and/or bronchial asthma treated with elimination diet. Ann Allergy 1977;39:8-11

(2). Hodge L, et al. Increased Consumption of Polyunsaturated Oils May Be a Cause of Increased Prevalence of Childhood Asthma. Australian New Zealand Journal of Medicine, 1994;24:727

(3). Hodge L, et al. Consumption of Oily Fish and Childhood Asthma Risk Medical Journal of Australia 1996;164:137-140

(4). Burney PG, et al. The effect of changing dietary sodium on the bronchial response to histamine. Thorax 1981;44(1):36-41

(5). Durlach J. Magnesium and allergy: experimental and clinical relationships between magnesium and hypersensitivity. Rev Franc Allergol 1975;15:133-146

(6). Collipp PJ, et al. Pyridoxine treatment of childhood bronchial asthma. Ann Allergy 1975;35:153-158

(7). Reynolds RD, et al. Depressed plasma pyridoxal phosphate concentrations in adult asthamtics. Am J Clin Nutr 1985;41:684-688

(8). Li M, et al. Clinical observations of the therapeutic effect of ginkgo leaf concentrated oral liquor on bronchial asthma. Chinese J Integrative & Western Medicine 1997;3:264-267

Atherosclerosis

'Atherosclerosis' is a term used to describe the blockages that occur in the body's arteries as part of the ageing process. Ultimately, atherosclerosis can lead to the conditions heart disease (and heart attack), cerebrovascular disease (clogging of the arteries supplying blood to the brain which may ultimately lead to stroke), and peripheral vascular disease (usually characterised by blockage in the arteries of the legs which may lead to gangrene and possibly the need for amputation).

The substance that causes blockage in the body's arteries is essentially composed of fat, so it makes sense to control fat consumption. However, there is good evidence to suggest that the type of fat we eat has an important bearing on the progression of atherosclerosis. The omega-3 fatty acids found in oily fish such as salmon, trout, mackerel, herring, tuna and swordfish have a number of beneficial effects on the cardiovascular system including protection from atherosclerosis. One study showed that supplementation with fish oil (6 g per day for 3 months followed by 3 grams a day for 21 months) led to regression of atherosclerosis, and fewer complications (1). Other dietary fats, which appear to have a protective effect, are those found in raw nuts and seeds, avocado and extra virgin olive oil.

While a lot of emphasis has been placed on the need to avoid saturated fat in the diet (red meat, diary, eggs), there is mounting evidence to suggest that the fats known as 'partially hydrogenated' and 'trans fatty acids' also are a cause for concern. These fats, found in many fast foods, baked goods, processed foods and margarine, have been found to cause atheroslcerosis in animals (2), and are associated with an increased risk of heart disease in humans (3).

Studies show that consumption of homogenised milk correlate well with heart disease, while butter and cheese consumption does not appear to increase risk (4). The critical factor seems to be a substance called xanthine (pronounced zan-theen) oxidase. This enzyme appears to have the ability to damage the lining of the body's arteries, predisposing them to atherosclerosis. Homogenised milk contains appreciable quantities of absorbable xanthine oxidase, while cheese and butter do not.

Sugar is another dietary element that might increase the risk of atherosclerosis. Sugar induces a variety of changes, which might predispose to this problem such as a reduction in 'healthy' high-density lipoprotein (HDL) cholesterol in the blood stream and an increase in 'unhealthy' triglyceride levels (5). What is more, sugar consumption has been shown to be closely correlated with an increased risk of heart disease (6).

Atherosclerosis is associated with high levels of a substance known as 'homocysteine'. Homocysteine is a break-down product of the amino acid methionine, and is normally converted in the body to a harmless substance called cystanthionine. However, this conversion is dependent on certain nutrients, namely vitamin B6, B12 and folic acid. A deficiency of one or more of these nutrients might cause homocysteine levels to rise. Anyone with a raised homocysteine level (as ascertained by a blood test) should take at least 10 mg of vitamin B6, 50 mcg of vitamin B12 and 400 mcg of folic acid per day. Studies show that supplementation with these nutrients can bring homocysteine levels down (7,8,9).

In recent years, much attention has been focused on the need to control cholesterol levels in the bloodstream. However, studies suggest that cholesterol *per se* is not the problem. It is when cholesterol becomes damaged through a process known as 'oxidation' that it then has the propensity to settle on the inside of the body's arteries. Vitamin E helps protect cholesterol from oxidation, thereby reducing its damaging effects in the body. Studies show that men and women supplementing with 100 IU (international units) or more of vitamin E each day reduced their risk of suffering from a fatal or non-fatal heart attack by about a third (10, 11). In another study, individuals with diagnosed heart disease were given either vitamin E (400 or 800 IU) or placebo (12). This study showed a massive 77% reduction in risk of non-fatal heart attack in individuals taking vitamin E. However, the results of the study also indicated that there was no difference between the two groups in death rates. Further analysis of this study found that of the 59 deaths due to heart disease in this study, only six were in individuals actually taking vitamin E (13).

Vitamin E may have side-effects such as digestive discomfort and reduced blood clotting, but the dose needed to produce significant problems is likely to be 1500 IU or higher. However, because vitamin E can thin the blood at doses of 400 IU or more each day, individuals on an anti-clotting medication such as warfarin are advised to use vitamin E with some caution and under medical supervision. While vitamin E can be found in the diet in sunflower seeds, hazelnuts, almonds, avocado and vegetable oils such as olive oil and safflower oil, the average daily intake is probably only between 10 and 20 IU. For individuals wanting to reduce their risk of developing heart disease, I generally recommend that they supplement with 400 IU of vitamin E each day. For those with a history of heart disease, I usually advise higher doses be taken (about 800 IU per day). Vitamin E comes in two forms; d-alpha-tocopherol (natural) and dl-alpha-tocopherol (synthetic). The natural form of vitamin E appears to work better in the body and is therefore preferred.

---

(1). Von Schacky C, et al. The effect of dietary omega-3 fatty acids on coronary atherosclerosis. A randomized, double-blind, placebo-controlled trial. Ann Intern Med 1999;130:554-62

(2). Kummerow FA, et al. Swine as an animal model in studies on atherosclerosis. Fed Proc 1975;33:235

(3). Willett WC, et al. Intake of trans fatty acids and risk of coronary heart disease among women. Lancet 1993;341:581-585

(4). Oster KA, et al. The XO Factor. Park City Press, New York, 1983, pp. 44-45

(5). Gaby AR. Nutritional factors in cardiovascular disease. J Natural Med 1983;5(2):107-120

(6). Yudkin J, et al. Sugar intake and myocardial infarction. Am J Clin Nutr 1967;20:503-506

(7).Glueck CJ, et al. Evidence that homocysteine is an independent risk factor for atherosclerosis in hyperlipidemic patients. Am J Cardiol 1995;75:132-136

(8).Ubbink JB, et al. Vitamin B12, vitamin B6, and folate nutritional status in men with hyperhomocysteinemia. Am J Clin Nutr 1993;57:47-53

(9). Ubbink JB, et al. Vitamin requirements of hyperhomocysteinemia in humans. J Nutr 1994;124:1927-1933

(10). Stampfer MJ, et al. Vitamin E consumption and the risk of coronary heart disease in women. N Engl J Med 1993;328:1444-1449

(11). Rimm EB, et al. Vitamin E consumption and the risk of coronary heart disease in men. N Engl J Med 1993;328:1450-1456

(12). Stephens NG, et al. Randomised controlled trial of vitamin E in patients with coronary disease: Cambridge heart antioxidant study (CHAOS). Lancet 1996;347:781-786

(13). Mitchinson MJ, et al. Mortality in the CHAOS trial. Lancet 1999;353:381-382

Athlete's foot

Athlete's foot, also known as 'tinea pedis', is a fungal infection that normally causes cracking and itching of the skin between the toes. Some people experience a problem with persistent athlete's foot that often recurs and maybe resistant to treatment. In this situation, it is usually the case that there is an underlying problem of yeast (fungus) overgrowth in the gut. My experience is that by controlling the overgrowth of the organism Candida albicans in the gastrointestinal tract, it is usually possible to get long term and even permanent relief from athlete's foot. Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** contains details on how to diagnose and treat Candida infection. Topical relief from athlete's foot can often be had from preparations containing tea tree oil (a natural anti-fungal agent).

Atrial Fibrillation

The healthy heart beats in a consistent rhythmical fashion to pump blood around the body. In atrial fibrillation (AF) the heart can sometimes go out of sync and start to beat irregularly. When this happens, the heart is temporarily unable to pump blood around the body as efficiently as normal. Commonly, AF is not continuous, but comes in fits and starts. This condition is called 'paroxysmal atrial fibrillation'. Common symptoms during an attack include palpitations, flutters in the chest, faintness or dizziness.

Caffeine has been linked to abnormal heart rhythm. Some individuals may be susceptible to as little as one cup of coffee (1). A reduction in or complete elimination of caffeine from the diet may help to control heart rhythm. Deficiencies of both magnesium and potassium have been linked to an increased risk of heart rhythm disturbance such as atrial fibrillation (2). Magnesium and potassium rich foods should be emphasised in the diet. Nuts, seafood, seeds, green leafy vegetables and whole grains such as wholemeal bread and wholewheat pasta are rich in magnesium, while potassium can be found in fresh fruits and vegetables, especially bananas. In addition, I generally recommend that individuals with arrhythmia take 500 mg of magnesium a day.

Another useful natural substance for the treatment of arrhythmia is the herb hawthorn (Crataegus). One study showed hawthorn to be of value for treating arrhythmia in animals (3), and I have often found it to be of benefit in practice. The normal recommended dose is 80 – 300 mg of herbal extract or 3 –4 mls of tincture, three times a day.

---

(1). Dobmeyer DJ, et al. The arrhythmogenic effects of caffeine in human beings. N Engl J Med 1983;308:814-816

(2).Tsuji H, et al. The associations of levels of serum potassium and magnesium with ventricular premature complexes (the Framingham Heart Study). Am J Cardiol 1994;74:232-235

(3). Al Makdessi S, et al. Protective effect of Crataegus oxycantha against reperfusion arrhythmias after global no-flow ischaemia of the rat heart. Basic Res Cardiol 1999;94:71.77

Atrophic Vaginitis

Vaginitis (inflammation of the vagina) can be caused by a number of factors including infections with Candida albicans or some other organism. After the time of menopause, the reduction in oestrogen levels in the body can give rise to a particular form of vaginitis called 'atrophic vaginitis'. Here, the vaginal tissue can become thin and weakened, with a tendency to become inflamed. This condition often causes considerable discomfort, and can make intercourse difficult and painful. Taking natural steps to reduce the impact of menopause on the body (see M*enopause*) can help to control this condition. However, there is a natural remedy that does seem to be of particular value in atrophic vaginitis – panax ginseng. 100 mg of standardised extract should be taken three times day until symptoms improve. After this, a once or twice daily dose is often enough to maintain health in this area.

Back Pain (disc degeneration)

The spine is made up a column of bones, which are called the 'vertebrae'. Between the vertebrae lie discs of spongy material (known as 'intervertebral discs'), which act as shock absorbers and allow the spine to bend and twist more easily. Each intervertebral disc is composed of a hard outer layer with a soft jelly-like centre. As we age, one or more discs can start to break down, usually causing pain and a degree of immobility. If a disc becomes very damaged, surgery may be necessary.

Each disc in the spine contains a substance called 'collagen'. Collagen is largely responsible for the strength and resilience of the intervertebral discs. Vitamin C has a very important part to play in the formation of collagen, and taking this nutrient in supplement form does seem to help prevent further disc damage. It has been reported that vitamin C (1,500 – 2,500 mg per day) can often alleviate their pain and spare them the need for surgery (1). Another useful agent in the treatment of disc problems is glucosamine sulphate. Glucosamine is the basic building block in sort of tissue of which intervertebral discs are comprised. Taking 500 mg of glucosamine sulphate, two or three times a day, should also help to stimulate healing and repair in the damaged disc.

---

(1). Greenwood J Jr. Optimum vitamin C intake as a factor in the preservation of disc integrity. Med Ann D.C. 1966;33:274-276

Bad Breath

Bad breath is often believed to relate to a problem with oral hygiene. While this may be the case, the real cause of their bad breath - also known as 'halitosis' - lies lower down in the digestive tract. Common causes of halitosis include problems with digestion and/or the elimination of waste from the bowel. Either of these factors can cause toxicity within the gut, and these toxins may come to be eliminated in the breath. More information on internal toxicity, and how to clear this, can be found in can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Bedwetting

Bedwetting, the medical term for which is ‘enuresis’, affects about one in ten five year olds. However, the problem is also known to persist after this age, even into a child’s teens.

It is best to limit a child’s fluid intake during the evening. The more a child drinks in those few hours before bedtime, the more likely he or she is to wet. Caffeinated soft drinks should be especially avoided because caffeine is known to stimulate urine production, and is therefore likely to increase the risk of bedwetting.

In my experience, a very common and frequently missed factor in bed-wetting is food sensitivity. While the mechanism for this is unclear, it does appear that unwanted reactions to certain foods and drinks in the diet can cause bedwetting. Other symptoms to look out for that suggest food sensitivity include the presence of dark bags under the eyes (sometimes referred to as ‘allergic shiners’), red ears, behavioural problems and frequent colds or other infections. Some of the most common problem foods are milk, cheese, wheat, egg and citrus fruits. However, it is also worth bearing in mind that children tend to crave the foods to which they are most sensitive. More information on food sensitivity, and how to identify culprit foods, can be found in can be found in Dr John Briffa’s e-book entitled **‘Six Essentials to Physical Health and Wellbeing’.**

Benign Prostatic Hypertrophy

The prostate is a walnut sized gland that surrounds the first part of the tube that takes urine from the bladder to the outside (the urethra). As a man ages, the prostate gland may enlarge, and this can impede the flow of urine from the bladder. Prostate enlargement is normally due to a condition called 'benign prostatic hyperplasia' (BPH) which is a common condition after the age of 50.

Like every gland in the body, the prostate has nutritional needs. Probably the most important nutrients in this respect are the mineral zinc and healthy fats known as essential fatty acids. Zinc can be found in fish, seafood (especially oysters) and seeds. Essential fats can be found in raw nuts and seeds, oil fish such as salmon, trout, mackerel and herring and extra virgin olive oil. Eating an abundance of these foods is likely to help maintain health in the prostate gland and may possibly reduce the risk of enlargement. Interestingly, essential fat consumption may help protect against prostate cancer. One study found that men consuming moderate or high amounts of oily fish had about a 70% reduced risk of prostate cancer compared to men consuming no oily fish at all (1).

Linseed oil is rich in essential fats, particularly the omega-3 variety, which seem to be important in maintaining prostate health. One study showed significant improvements in the symptoms and signs of prostatic enlargement (2). One tablespoon of linseed oil should be taken for several months, after which the dose can be reduced to 1 – 2 teaspoons a day. The mineral zinc is found in very high concentration in the prostate and supplementation with it (often in conjunction with linseed oil) seems to help reduce prostatic enlargement. 30 – 60 mg of zinc should be taken each day. Because zinc supplementation can induce copper deficiency, 1 mg of copper should be taken for each 15 mg of zinc taken.

The herb Saw palmetto has been found to be effective in controlling prostate symptoms. A review of the available studies that looked at the effect of Saw palmetto in BPH found that it is just as effective as the most commonly used drug for this condition (finasteride) (3). The normal recommended dose is 160 mg, twice a day, or 320 mg, once a day. Another herb that may help in BPH is African Pygeum.

The herb contains a variety of compounds, which appear to help combat BPH (4). 50 – 100 mg of standardised extract should be taken twice a day.

---

(1). Terry P, et al. Fatty fish consumption and risk of prostatic cancer. 2001;357:1764

(2). Hart JP, et al. Vitamin F in the treatment of prostatic hypertrophy. Report Number 1, Lee Foundation for Nutritional Research, Milwaukee, Wisconsin, 1941

(3). Wilt TJ, Ishani A, Stark G, et al. Saw palmetto extracts for the treatment of benign prostatic hyperplasia: a systematic review. JAMA 1998;280:1604-1609

(4). Andro MC, Riffaud JP. Pygeum africanum extract for the treatment of patients with benign prostatic hyperplasia: a review of 25 years of published experience. Curr Ther Res 1995;56:796-817.

Blepharitis

Blepharitis is a condition characterised by inflammation of the eyelids. Typical symptoms of this condition include redness, irritation and scaliness around the margins of the lids. Sometimes the roots of one or more lashes may become infected or the surface of the eye may become inflamed. The conventional medical treatments for blepharitis are based around lid hygiene and eye-drops. Despite these measures, the condition often recurs.

A natural remedy, which may well help to reduce symptoms, is the herb Oregon Grape (Mahonia aquifolium). This plant extract has traditionally been used to treat a variety of eye disorders including blepharitis and conjunctivitis. Oregon Grape contains a substance called 'berberine' which has anti-microbial action, and can therefore help to combat the bacterial infection that is often a feature in blepharitis. Oregon Grape is also thought to strengthen delicate membranes around the body, including the eyelids.

Oregon Grape should be applied topically and taken internally for best effect. To make a soothing eyewash, 10 g of the herb can be simmered in a pint of water for 20 minutes. The resulting fluid should be strained and allowed to cool. This mixture can then be applied via an eye bath or cotton wool balls. The eyes can be bathed for 10 minutes, twice a day. In addition, it usually helps to take a tincture (alcoholic extract) of Oregon Grape internally. The normal recommended dose is 5 mls (1 tsp), three times a day.

Bone Spur

Sometimes, bones in the body may develop small pointed projections known as bone spurs. This commonly occurs under the heel of the food and can cause considerable discomfort, and surgery may be deemed necessary. Supplementing with calcium and magnesium can help to improve the symptoms caused by a spur. I generally use 1,000 – 1,500 mg of calcium along with 500 – 750 mg of magnesium. This treatment takes time, but benefits are often apparent after 3 – 6 months.

Breath Holding Attacks

Breath holding attacks are most common between the ages of one and two, and are often accompanied by an expression of pain, anger or frustration. Often, a child will go red or blue in the face during an attack, and may even faint if it is very severe. Fortunately, an instinctive reflex invariably restarts the breathing mechanism. Although breath-holding attacks are thought to be harmless, they can nonetheless be disturbing for parents and child. It is not clear what causes breath-holding attacks, but one theory is that children unconsciously bring on the attacks as an attention seeking mechanism.

Some research casts some doubt on the thought that children bring on breath holding attacks themselves. There is now a theory that the condition may be associated with low levels of the mineral iron in the body. In one study, almost 90% of children treated with iron suffered no more attacks or had the frequency of attacks cut by at least half (1). The form of iron used in the study mentioned above was ferrous sulphate (the most common form of iron). The dose used was 5 mg for each kg of weight, per day. While iron may be effective for controlling breath-holding attacks in many children, I would be cautious about using this approach until low iron status has been shown in the child. The best blood test to assess levels of iron in the body is something known as the 'serum ferritin'.

---

(1). Daoud AS, et al. Effectiveness of iron therapy on breath-holding spells. J Pediatr 1997;130:547-550

Bronchitis

Bronchitis is caused by inflammation in the airways of the lungs. There are principally two sorts of bronchitis; acute and chronic. Acute bronchitis is usually caused by a viral or bacterial infection, while chronic (long term) bronchitis is usually related to prolonged exposure to an inhaled irritant such as cigarette smoke. Common symptoms of bronchitis include coughing (often with the production of phlegm), wheezing and shortness of breath.

For acute bronchitis, it is important to take steps to enhance immune system function. Three of the most important agents in this respect are vitamin A, vitamin C and the herb echinacea. Both vitamins A and C can boost immune function and vitamin A seems to be particularly beneficial in preventing lung infections. I generally recommend that individuals take 50,000 – 100,000 IU of vitamin A per day along with 1 g of vitamin C, several times a day during an acute attack. This large dose of vitamin A should not be taken in the long term because of the risk of toxicity. However, it is safe to take for a week or two. Echinacea, which has a widespread reputation as an immune-enhancer, may also be able to help to control an infection. There are two main species of echinacea used therapeutically – purpurea and angustifolia. Because each form of echinacea has slightly different properties, it is probably a good idea to combine them for maximum effect.

For chronic bronchitis, it is important to avoid foods that tend to increase mucus formation in the airways. The classic offenders in this respect are dairy products, though other foods can cause problems too. For more information about food sensitivity, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

In addition, it may help to take certain nutrients. Of particular merit here is N-acetyl cysteine (NAC). This agent has the ability to break up and 'loosen' the secretions which commonly cause problems in chronic bronchitis. One study showed NAC had real benefit at a dose of 600 mg per day, three days per week (1).

(1). Grassi C, et al. A controlled trial of intermittent oral acetylcysteine in the long-term treatment of chronic bronchitis. Eur J Clin Pharmacol 1976;9:393-396

Bruising - easy

Bruises are caused by the leakage of blood from the very smallest blood vessels in the skin known as the ‘capillaries’. The blood that collects in the skin appears purple or blue at first, but then turns yellow as it is broken down by the body. In some individuals, often young women, bruises can occur after the slightest bumps or knocks. Rarely, this problem may be due to some problem with the blood clotting system in the body. Despite the fact that such disorders are uncommon, it is nevertheless good practice for individuals with easy bruising to have appropriate blood tests.

Most commonly, individuals with easy bruising have weakness and fragility in the capillaries. Strengthening the capillaries is often effective in reducing bruising. Vitamin C and related nutrients known as ‘bioflavonoids’ found in many fruits can improve vessel strength and reduce the risk of bruising. 1000 mg of vitamin C and 500 mg of mixed bioflavonoids, taken twice a day, normally control the problem within a few weeks. Half the initial dose is usually effective in the long term.

Bulimia Nervosa

Bulimia, the full medical name for which is 'bulimia nervosa', is an eating disorder characterised by bouts of food bingeing, after which sufferers may make themselves sick or take excessive amounts of laxatives. There is good evidence that physiological and/or nutritional factors often underlie the condition, and that dietary management can be very effective in controlling symptoms.

Blood sugar imbalance seems to play an important role in the condition. In one study, a group of bulimic women were put on a diet which was designed to maintain a stable level of sugar in the blood stream (1). The diet excluded all alcohol, caffeine, refined sugar, white flour products, monosodium glutamate and flavour enhancers. All the women in the study stopped bingeing while they were on this regime, and were still binge-free two and a half years later. More information about the management of blood sugar instability can be found in can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Another factor which may be at play in bulimia is low levels of the brain chemical serotonin. Serotonin which generally induces happy, feel-good emotions. Serotonin is manufactured in the brain from an amino acid called 'tryptophan' which itself is found in foods such as meat, tofu, almonds, peanuts, pumpkin seeds, sesame seed and tahini (sesame seed paste). Tryptophan is absorbed into the brain more efficiently when there is carbohydrate present. This might explain why certain individuals gravitate towards sweet or starchy foods when upset or stressed. In one study, bulimic women were treated with tryptophan (3 g per day) or placebo for about a month (2). Those taking tryptophan were also given vitamin B6 (45 mg per day) as this nutrient is thought to help the conversion of tryptophan into serotonin. Those taking the tryptophan/B6 combination were found to have significantly improved measures of mood, eating behaviour and feeling about eating compared to those taking placebo. Unfortunately, tryptophan is not available over-the-counter in many countries including the UK and the US. However, 5-hydroxytryptophan (5-HTP) - the substance tryptophan is converted into before it is made into serotonin – is a good alternative. 50 mg of 5-HTP should be taken, two or three times a day.

(1). Dalvit-McPhillips S. A dietary approach to bulimia. Physiol Behav 1984;33:769-775

(2). Mira M, et al. L-tryptophan as an adjunct to treatment of bulimia nervosa. Lancet 1989;2:1162-1163

Burning Feet Syndrome

Burning Feet Syndrome is a condition characterised by a burning sensation in the feet and sometimes the hands. It can often cause considerable discomfort and disturb sleep. There is no established medical treatment for this problem other than painkillers, which may cause side effects in the long term. Burning feet syndrome is related to a deficiency of vitamin B5 (pantothenic acid). Other potential symptoms of B5 deficiency include depression, fatigue, weakness and loss of appetite.

It is important to increase the consumption of foods that are rich in vitamin B5 including liver, kidney, eggs, nuts and whole grains such as wholemeal bread. In addition, 250 mg of vitamin B5 should be taken twice each day until the symptoms subside. After this, it is usually a good idea to take a B complex supplement, which contains 25 - 50 mg of the vitamins B1, B2, B3, B5 and B6 every day. This will help to prevent any deficiency in vitamin B5 in the future.

Burns

The most important thing to do after a burn is to run cold water over it. This will take much of the heat out of the burn and is likely to help limit its severity. For maximum benefit, the burn should be kept under cold running water for several minutes and ice should be applied if possible. While minor burns can be treated at home, a doctor should look at large or severe burns just in case there is a need for medical treatment.

A few natural agents can be beneficial for helping burns to heal and to reduce scarring. My favourites are pure essential oil of lavender, aloe vera gel, and vitamin E squeezed from a soft gelatine capsule. Applying one or more of these soothing and healing agents several times each day does seem to reduce discomfort and often seems to have a dramatic effect on the speed at which a burn heals.

Bursitis

'Bursae' are fluid-filled pockets which occur on or around the joints. Their function is to reduce friction. Sometimes a bursa may become inflamed, giving rise to a painful condition known as 'bursitis'. Physiotherapy, analgesics and steroid injections may all be tried in an attempt to control the pain of this condition. One study has showed that a useful natural treatment for bursitis is vitamin B12 injections given into the muscle. The typical dose was 1,000 mcg of B12 given daily for 7 - 10 days, followed by injections three times a week for 2 – 3 weeks, followed by once or twice weekly injections for another 2 – 3 weeks. The majority of patients experienced considerable relief with this treatment (1).

---

(1). Klemes IS. Vitamin B12 in acute subdeltoid bursitis. Indust Med Surg 1957;26:290-292

Carpal Tunnel Syndrome

Carpal tunnel syndrome (CTS) is a condition characterised by numbness, tingling or pain in the thumb and first three fingers of one or both hands. CTS is caused by the compression of one of the major nerves to the hand (the median nerve) as it runs through the wrist. Symptoms tend to be worse at night and can be especially bad on waking. Sometimes, CTS can be related to low thyroid function (hypothyroidism). If symptoms such as sensitivity to cold, cold hands and feet, dry skin and lethargy are also present, it may well be worthwhile considering this possibility. **See** Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about the diagnosis and treatment of low thyroid function.

One nutrient that seems to be very effective in the treatment of CTS is vitamin B6. B6 reduces inflammatory reactions in soft tissues and some doctors believe that deficiency of this nutrient is a major factor in the development of CTS. There is good evidence that demonstrates significant relief for a large proportion of CTS sufferers with B6 supplementation (1,2). 100 mg of B6 should be taken three times a day for three months, followed by a good B-complex containing at least 25 mg of B6 daily.

---

(1). Ellis JM. Vitamin B6 deficiency in patients with a clinical syndrome including the carpal tunnel defect. Biochemical and clinical response to therapy with pyridoxine. Res Comm Chem Pharm 1976;13(4):743-757

(2). Ellis JM, et al. Survey and new data on treatment with pyridoxine of patients having a clinical syndrome including the carpal tunnel and other defects. Res Comm Chem Pharm 1977;17(1):165-177

Cataract

Cataract (cloudiness in the lens of the eye) is a surprisingly common visual problem: almost everyone over the age of 65 has some degree of cataract formation, and most people over the age of 75 will experience some visual deterioration as a result of this condition. With an increasing ageing population, the incidence of cataracts is set to treble in the next 50 years. Fortunately, there is increasing evidence that cataracts can be prevented through dietary change and the use of nutritional supplements.

It is well established that cataract development is related to damage caused by destructive molecules in the body called 'free radicals'. The cloudiness induced in the lens by free radicals is similar to the change evident when an egg white is cooked. While a raw egg white is transparent, it becomes opaque when the protein within it is damaged during the cooking process. One lifestyle factor that is well known to increase free radical damage in the body is smoking. Stopping smoking cuts the risk of cataract by about 20 – 25% in the long term (1).

Free radicals are quenched in the body by 'antioxidant' nutrients such as beta-carotene, and vitamins C and E. Theoretically, increasing our intake of antioxidants should help protect our eyes from developing cataracts. Research has showed that individuals taking a multivitamin and mineral, which contained vitamin C and/or E, enjoyed a 60% reduction in the risk of cataract (2). However, because cataracts develop slowly over many years, supplementation does need to be long term to get real benefit. This particular study showed that the benefits of taking nutrients were only apparent after 10 years of supplementation. Another study showed a 27% reduced risk of cataracts through taking a multivitamin containing vitamin C and/or E for five years (3). Yet another study found that taking vitamin C supplements for 10 years or more reduced the risk of cataract development by 70%. (4). On balance, this evidence suggests that taking 500 mg of vitamin C in addition to a multivitamin and mineral supplement each day is very likely to substantially reduce the risk of cataract formation in the long term.

While nutrient supplementation is of proven benefit in reducing cataract risk, making informed dietary choices also help here. Research shows that eating foods rich in nutrients known as 'carotenoids' was associated with a reduced cataract risk (5,6). While beta-carotene is perhaps the best-known carotenoid, its less famous relatives lutein (pronounced loo-teen) and zeaxanthin (pronounced zee-ah-zanthin) appear to have significant antioxidant properties. Spinach, which is quite rich in beta-carotene, also contains significant quantities of lutein and zeaxanthin. Interestingly, of the range of food items that were studied, spinach was the one, which seemed to be most consistently associated with a reduced cataract risk.

---

(1). Christen WG, et al. Smoking cessation and risk of age-related cataract in men. JAMA 2000;284(6):7123-716

(2). Mares-Perlman JA, et al. Vitamin Supplement Use and Incident Cataracts in a Population-Based Study. Archives of Opthalmology 2000;118:1556-1563

(3). Seddon J, et al. The use of vitamin supplements and the risk of cataracts among U.S. male physicians. Journal of Public Health 1994;84(5):788-792

(4). Jacques PF, et al. Long-term vitamin C supplement use and prevalence of early age-related lens opacities. American Journal of Clinical Nutrition 1997;66:911-916

(5). Hankinson SE, et al. Nutrient intake and cataract extraction in women: a prospective study. BMJ 1992;305:335-339

(6). Chasan-Taber L, et al. A prospective study of carotenoid and vitamin A intakes and risk of cataract extraction in US women. Am J Clin Nutr 1999;70:509-516

Cellulite

Cellulite is the commonly used name for the dimpled, orange peel-like appearance that can affect skin at the back of the thighs. It seems to be an exclusively female problem. Cellulite is often related to toxicity in the body. See Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about toxicity, and what to do about it. I have found that skin brushing (described in this the e-book mentioned here) is often of particular value in clearing cellulite.

Cerebrovascular Insufficiency (see also atherosclerosis)

The brain is supplied with blood via two main vessels known as the ‘carotid arteries’. As we age, these arteries may become gradually clogged with a fatty substance in a process known as ‘atherosclerosis’. If this is so severe that the brain is starved of blood, symptoms such as short-term memory loss, dizziness and ringing in the ears (tinnitus) may arise. The medical term for this condition is ‘cerebrovascular insufficiency’.

Eating a diet low in saturated fat should help reduce further clogging of the carotid arteries. For this reason, consumption of red meat, dairy products and processed foods should be limited. In addition, certain natural agents may help. By protecting it from damage due to oxidation, vitamin E reduce the risk of cholesterol depositing itself on the inside of the artery wall, and also has a natural blood-thinning effects. 400 – 800 IU should be taken each day per day. Another useful natural substance for cerebrovascular insufficiency is Ginkgo biloba. This herb can improve circulation, including that to the brain, and may therefore help relieve the symptoms such as poor memory, dizziness or tinnitus. The recommended dose is a total of 120 – 240 mg of standardised extract per day.

Cervical Dysplasia

The term ‘cervical dysplasia’ is used to describe potentially cancerous changes in the cells of the cervix (the neck of the womb) in women. Another term used to describe changes in the cervical cells is ‘cervical intraepithelial neoplasia’ (CIN). CIN is classified according to severity. CIN1, CIN2 and CIN3 denote mild, moderate and severe dysplasia respectively. If CIN is allowed to progress unchecked it will ultimately develop into early localised cancer (called ‘carcinoma *in situ*’) and then finally full-blown cervical cancer. Any woman found to have cervical dysplasia will normally be advised to have a repeat smear or an examination of the cervix with a viewing instrument (colposcopy). During colposcopy, samples of tissue are sometimes removed (biopsy) or the affected area is treated with laser or electro-coagulation (both of which use heat to destroy abnormal tissue) or cryosurgery (freezing of abnormal tissue).

The development of abnormal cervical cells is related to the number of sexual partners a woman has had; the greater the number, the greater her risk. However, some women develop abnormal cervical cells despite only having one or a small number of sexual partners. Risk is also increased if there has been contact with the virus that causes genital warts (the human papilloma virus). Using condoms during intercourse may reduce risk in the long term. Smoking also increases the risk of cervical dysplasia.

Studies show that cervical dysplasia is associated with low dietary or body levels of the antioxidant nutrients beta-carotene, vitamins A, C and E and the mineral selenium (1,2,3,4,5). Eating a diet rich in these antioxidant nutrients (fresh fruits and vegetables, avocado, and Brazil nuts) may help to prevent cervical dysplasia or keep it in check. Of particular importance here may be the nutrient lycopene, which is found in tomatoes. One study suggests a diet high in lycopene might help protect against cervical dysplasia (6). It might be that taking an antioxidant supplement each day, which includes some lycopene (say 10 mg) might help to prevent or control cervical dysplasia. A good example of such a supplement is NutriGuard Forte which is available from VitaTech on 0121 433 8729.

(1). Palan PR, et al. Plasma levels of antioxidant beta-carotene and alpha-tocopherol in uterine cervix dysplasia and cancer. Nutr Cancer 1991;15:13-20

(2). Ho GY, et al. Viral characteristics of human papillomavirus infection and antioxidant levels as risk factors for cervical dysplasia. Int J Cancer 1998;78:594-599

(3). Dawson EB, et al. Serum vitamin and selenium changes in cervical dysplasia. Fed Proc 1984;43:612

(4). Wassertheil-Smoller S, et al. Dietary vitamin C and uterine cervical dysplasia. Am J Epidemiology 1981;114:714-724

(5). Romney SL, et al. Retinoids and the prevention of cervical dysplasias. Am J Obstet Gynecol 1981;114:890-894

(6). Kanetsky PA, et al. Dietary intake and blood levels of lycopene: association with cervical dysplasia among non-Hispanic, black women. Nutr Cancer 1998;31:31-40

Chocolate Craving

Chocolate is full of mind and mood altering substances including caffeine, phenylethylamine (an amphetamine) and a marijuana-like compound. My experience is that the main addictive component in chocolate is usually sugar. Many individuals who experience episodes of low blood sugar will crave foods that release sugar quickly into the blood stream including such as chocolate. For more details about how to stabilise blood sugar levels, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Chilblains

Chilblains are itchy, purple-red swellings, which usually occur on the toes and are related to problems with circulation. Chilblains are caused by excessive narrowing and constriction of blood vessels, usually as a result of exposure to cold. Chilblains occur mostly in the young and the elderly, and are more common in women than in men.

There are several natural agents that may reduce the tendency to suffer from chilblains. I generally recommend that chilblain sufferers take 400 - 800 IU of vitamin E each day. Vitamin E helps to reduce the stickiness of blood components called platelets, effectively thinning the blood and thereby improving circulation. A supplement of the mineral magnesium may also help because it has a relaxant effect on blood vessels. 250 – 500 mg per day is a good dose. Finally, the herb Ginkgo biloba is also likely to provide some relief, as it is well known to enhance circulation. The normal recommended dose is 60 - 120 mg of standardised extract, twice a day.

Cholecystitis (gallbladder pain)

(see also Gallstones)

The gallbladder sits underneath the liver and acts as a reservoir for a substance called bile that is made in the liver and then passed into the digestive tract. The function of bile is to dissolve fat, a bit like washing-up liquid, so that it can be properly digested in the gut. Gallstones are common in Western society. Mostly, they are symptomless, although some seem to give rise to recurrent bouts of pain and discomfort (cholecystitis), usually felt in the upper right hand side of the abdomen. Some individuals who come to have their gallbladder removed (with an operation known as cholecystectomy) continue to have problems with abdominal symptoms. The presence of this condition, known as 'post-cholecystectomy syndrome', suggests that factors other than the gallstones themselves might be at play.

A frequent underlying factor in gallbladder pain is food sensitivity. In one study, 69 individuals with symptomatic gallstones or post-cholecystectomy syndrome were put on a diet which consisted of only beef, rye, soy, rice, cherry, peach, apricot, beet and spinach for a week (1). All of the 69 subjects in this study became symptom free. Then, foods were added one at a time back into the diet, to identify which ones appeared to provoke symptoms. In this study the worst offenders were egg, pork and onion, though it is probably a good idea for sufferers to assess their food sensitivities on an individual basis. More details about this can be found can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Another factor that seems to be associated with gallbladder pain is low stomach acid (hypochlorhydria). In one study, more than half of individuals with gallstones were found to be suffering from this condition (2). Hypochlorhydria can give rise to symptoms such as bloating, belching and digestive discomfort which can be similar to those associated with gallbladder disease. Sometimes, 'gallbladder' symptoms will resolve once hypochlorhydria has been identified and treated. More details about the diagnosis and treatment of hypochlorhydria can be found can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

(1). Breneman JC. Allergy elimination diet as the most effective gallbladder diet. Ann Allergy 1968;26:83-87

(2). Capper WL, et al. Gallstones, gastric secretion and flatulent dyspepsia. Lancet 1967;1:413-415

Chondromalacia Patellae

Chondromalacia patellae is a knee condition that most commonly affects adolescents and young adults. The condition is caused by a degeneration of the cartilage that covers the back of the kneecap, causing pain in the front of the knee, often after running or when walking down stairs. Some sufferers of chondromalacia patellae may come to have an operation, which involves either scraping the inside of the kneecap, and/or re-alignment of the knee cap so that it is less prone to damage.

One nutrient that may well help heal this is glucosamine sulphate. This nutrient is an essential building block for cartilage formation in the body and speeds up cartilage regeneration. 500 mg should be taken three times a day. Once symptoms have improved this dose may be reduced to 500 mg, once or twice a day. Two other nutrients which experience shows may be very useful in combating chondromalacia patellae are selenium and vitamin E. 200 – 300 mcg of selenium and 400 – 800 IU of vitamin E should be taken each day until a month after the symptoms are under control.

Cluster Headaches

Cluster headaches are intense, migraine–like headaches, often manifesting as severe stabbing pains on one side of the head. Cluster headaches tend to last for a few hours at a time, and often come daily for several days or even weeks. The headaches may then disappear for months or even years, before they return again. Blood levels of the brain chemical melatonin have been found to be low in sufferers of cluster headaches, especially during an attack. In one study, the effectiveness of a daily dose of 10 mg of melatonin was compared with a placebo in a double-blind study (1). The individuals receiving melatonin experienced cessation of their headaches after three to five days of treatment, whereas the placebo group experienced no improvement in their symptoms. While the long-term effects of melatonin supplementation are not known, it is likely that its use for limited periods of time (such as in the treatment of cluster headaches) is safe. In the UK, melatonin requires a prescription.

---

(1). Leone M, et al. Melatonin versus placebo in the prophylaxis of cluster headache: a double-blind pilot study with parallel groups. Cephalalgia 1996;16:494-496

Cold and Flu

Both cold and flu are caused by viruses. Our susceptibility to these infections is essentially dictated by the efficiency of our immune system – the part of the body responsible for repelling unwanted organisms. The strength of the immune system is intimately related to lifestyle factors, including what we eat. An important dietary component in this respect is sugar. There is evidence that sugar has the capacity to disable the immune system (1,2). Sugar should therefore be limited in the diet, especially, at the first sign of an infection.

Several natural agents have been found to be effective in treating the common cold, probably the best known of which is vitamin C. Vitamin C has several immune strengthening and anti-viral actions in the body. Most studies suggest that 1.5 - 4 g of vitamin C taken in divided doses during the day at the first sign of a cold reduce the number of ill days by about 30%. (3). In accordance with the work of the late Linus Pauling, an ardent proponent of vitamin C, many people find larger doses more effective. Taking 1 – 2 g of vitamin C every two waking hours until a day or two after the symptoms disappear often seems to stop a cold or flu in its tracks. This large dose of vitamin C can sometimes cause some loosening of the bowels, though this side-effect resolves once the dose is reduced.

Another useful nutrient for combating the common cold is zinc. Zinc inhibits the virus responsible for the cold infections (rhinovirus). Sucking a zinc lozenge every two waking hours has been shown to reduce the average duration of colds by seven days compared to placebo (inactive medication) (4). The precise form of the zinc in the lozenge is important – it should be zinc *gluconate*. Other forms of zinc may not actually liberate sufficient quantities of zinc to exert a significant effect. The lozenge should not contain citric acid, tartaric acid, mannitol or sorbitol either, as these can inactivate the zinc. Zinc lozenges taste awful! However, in my experience, most individuals will put up with the taste because the benefits of this treatment are usually so clear.

The herb echinacea has gained quite a reputation over the last few years as a potent infection fighter. Echinacea has proven immune stimulating activity, and a review

concluded that there was good evidence to support its use in the treatment of the common cold (5). There are two main species of echinacea used therapeutically; purpurea and angustifolia. Purpurea is the type most commonly used form, though angustifolia certainly has merit and contains anti-viral agents called echinacosides that are not found in the purpurea plant. Because of this, it is probably best to use a combination of both types of echinacea during a viral infection.

Another useful agent in the treatment of viral infections is Sambucol. This product contains a blend of black elderberries (Sambucus nigra L.) and raspberries (Rubus idaeus L.), which have the ability to inhibit the flu virus. One study found that if Sambucol was started within 24 hours of the onset of symptoms, 90% of subjects became symptom-free in 2 - 3 days (6). In contrast, individuals taking inactive medication did not recover for at least six days.

---

(1). Sanchez A, et al. Role of sugars in human neutrophilic phagacytosis. Am J Clin Nutr 1973;26:180

(2). Bernstein J, et al. Depression of lymphocyte transformation following oral glucose ingestion. Am J Clin Nutr 1977;30:613 (Abstract)

(3). Anderson TW, et al. Vitamin C and the common cold: a double-blind trial. Can Med Assoc J 1972;107:503-508

(4). Eby GA, et al. Reduction in duration of common colds by zinc gluconate lozenges in a double-blind study. Antimicrob Agents Chemother 1984;25:20-24

(5). Barret S, et al. August 1999 Journal of Family Practice

(6). Mumcuoglu M, et al. Inhibition of several strains of influenza virus and beneficial effect of Sambucol in the treatment of naturally occurring influenza B in a double-blind preliminary study. 6th International Congress for Infectious Diseases, Prague April 26-30, 1994, Abstract #1271, p.392

Cold Sores

Cold sores are caused by the herpes simplex virus (HSV). Once it has infected the body, the virus lies dormant, but may reactivate and cause a cold sore at any time, especially when the immune system is weak or run-down. Cold sores typically last for 7 - 10 days, are unsightly, and can cause considerable discomfort.

The HSV virus needs an amino acid called arginine to multiply in the body. Arginine is found in high concentration in nuts, especially peanuts and cashews, chocolate and grains, and many individuals report that eating these foods can bring on symptoms. Avoiding these foods, especially at the first sign of an attack, is likely to help prevent problems.

While arginine encourages growth of the HSV, another amino acid – lysine - actually inhibits it. Most studies, which have looked into this association, show that lysine can reduce the frequency and severity of cold sore attacks (1). 500 mg should be taken per day, increasing the dose to 1 g, two - three times a day during an acute attack. To this regime it can help to add vitamin C and bioflavonoids, a combination of which has also been found to reduce the duration of symptoms by more than half (2). 200 mg of vitamin C and 200 mg of bioflavonoids should be taken three to five times each day at the first sign of an attack. Another nutrient that might help to reduce cold sore attacks is selenium. Selenium has the ability to inhibit several viruses, including the herpes virus. 300 - 400 mcg should be taken per day as a preventive. This dose should be doubled during an attack.

For topical relief I recommend vitamin E from a soft gelatine capsule. The contents of a vitamin E capsule can be used to soak a small piece of tissue, and this can be applied to the cold sore. If this is done for fifteen minutes, twice a day, the cold sore will often resolve in a day or two (3, 4).

---

(1). Flodin NW. The metabolic roles, pharmacology, and toxicology of lysine. J Am Coll Nutr 1997;16:7-21

(2). Terezhalmy GT, et al. The use of water-soluble bioflavonoid-ascorbic acid complex in the treatment of recurrent herpes labialis. Oral Surg 1978;45:56-62

(3). Nead DE. Effective vitamin E treatment for ulcerative herpetic lesions. Dent Survey 1976;52(7):50-51

(4). Fink M, et al. Treatment of herpes simplex by alpha-tocopherol (vitamin E). Br Dent J 1980;148:246 (letter)

Colic

Colic is a common problem in infants that usually causes sharp, gripey abdominal pains, abdominal bloating, and drawing up of the legs and crying. Colic seems to be more common in bottle-fed rather than breast-fed infants. There is good evidence to suggest that colic is related to a reaction to cow's milk-based infant formulas (1,2). Some children are simply unable to digest the large protein molecules in milk, and this is often at the root of the bowel symptoms typical of colic. Switching a child to a formula based on goat's milk or cow's milk specially treated to break down the protein molecules within it (known as 'hydrolysates') can often be very effective in reducing the symptoms of colic.

Studies also show that milk in the mother's diet may cause colic in breast-fed infants too. Breast-fed infants with colic often improve when cow's milk is eliminated from the mother's diet. Rice milk, oat milk and calcium enriched soya milk make good alternatives. While cow's milk is commonly implicated in colic, it's not the only offender. One study showed that other foods in the mother's diet, which commonly upset breast-fed children, include cabbage, broccoli, cauliflower, onion and chocolate. Breast-feeding mothers with colicky children should consider eliminating these foods from their diet too (3).

Another useful strategy in combating colic is feeding on demand. There is a theory that if too long is left between a child's feeds, discomfort may result. This problem may be related to drops in the child's blood sugar level. One study showed that demand-based feeding dramatically reduced the incidence of colic (4).

---

(1). Lothe L, et al. Cow's milk whey protein elicits symptoms of infantile colic in colicky formula-fed infants: A double-blind crossover study. Pediatr 1989;83(2):262-266

(2). Lothe L, et al. Cow's milk as a cause of infantile colic: A double-blind study. Pediatr 1982;70(1):7-10

(3). Lust KD, et al. Maternal intake of cruciferous vegetables and other foods and colic symptoms in exclusively breast-fed infants. J Am Diet Assoc 1996;96:47-48

(4). Taubman B. Clinical trial of the treatment of colic by modification of parent-infant interaction. Pediatr 1984;74:998-1003

Constipation

The major underlying factors in constipation are:

1. Lack of fibre in the diet

Fibre in the diet is essential to give the bowel wall something to grip on to. A diet low in fibre and high in refined foods will almost certainly hamper the passage of waste material along the colon.

2. Lack of fluid

Just as important as fibre in healthy bowel function is fluid. If fluid intake into the body is low, the body will absorb as much of the water from the colon as possible. This can cause the faeces to become very dry, causing it to stick in the gut.

3. Lack of exercise

Exercise can help stimulate the movement of matter along the large intestine probably due to the mechanical action of the abdominal muscles and the diaphragm pushing against the bowel during exercise. A lack of exercise can therefore be a factor in constipation.

4. Pregnancy

Constipation is a common side-effect of pregnancy. This can be explained at least in part by the presence of an enlarged womb pressing against the lower end of the large bowel.

5. Thyroid disease

The thyroid is a gland in the neck that governs the body's metabolism. Should the thyroid become under-active all of the body's major systems slow down, including large bowel function. A common symptom of an under-active thyroid is therefore constipation. For more details about thyroid disease, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

6. A Tumour in the colon

A tumour of the large bowel can cause constipation. Often, the constipation will alternate with diarrhoea. Sometimes there may be blood in the bowel motion. Anyone over the age of 40 who has had a persistent change in bowel habit should have this investigated by his or her doctor.

7. Drug therapy

Certain medications can cause constipation as a side effect. These include antacids, painkillers based on codeine and iron.

Combating constipation

Bowel regularity is very important for health. Many individuals use laxatives based on substances such as sennakot to ensure regular bowel movements. While these may temporarily relieve a constipation problem, many people find that they can become reliant on laxatives for their bowel function. Part of this is because laxatives may stimulate the gut abnormally, causing the gut to lose its ability to function normally. Also, laxatives often contain agents that irritate the lining of the gut, which is not good for general digestive health. As much as possible, any problem with constipation should be relieved naturally and the use of laxatives, especially in the long term, should be avoided.

1. Increase your intake of fibre

One essential ingredient for healthy bowel function is fibre. High-fibre breakfast cereals based on wheat bran are often advised for people suffering from constipation. However, the fibre in these cereals is quite hard and scratchy and may actually irritate the delicate lining of the gut. The fibre found in oats, fresh fruits and vegetables is generally much kinder to the gut and you should increase your consumption of these foods. Aim at eating at least five servings of fruit or vegetables a day.

2. Use natural bulking agents

An effective and convenient way to increase your fibre intake is to add a natural bulking agent to your diet. These can really help to improve bowel regularity. Take 1 - 2 dessertspoonfuls of either psyllium husks or linseeds with water each day. These can be sprinkled over cereals, soups or salads.

3. Drink more water

Apart from fibre, the other essential ingredient for bowel regularity is fluid. However, some alcohol and drinks that contain alcohol can dehydrate the body and therefore worsen constipation. The best form of fluid for bowel health is water. Drink 1 ½ - 2 litres of still water each day.

4. Take exercise

Exercise can help relieve constipation. Aim to take 30 minutes worth of aerobic exercise (e.g. brisk walking, light jogging, cycling, rowing, aerobics, aqua-aerobics) at least 3 or 4 times a week at least.

5. Always respond to the call of nature

In the long term, failing to respond to urge to open your bowels may cause a suppression of processes essential for defecation to take place.

Here is it!

Cough

Coughing can be related to many different health issues including colds and flu, bronchitis, and asthma. Dealing with the underlying nature of a cough is usually the best way to get rid of the symptom. However, it may also help to use a natural agent to help soothe the throat. A commonly used herb for cough is thyme (Thymus vulgaris). This herb has a long history of use in Europe for dry cough. 1 - 2 grams of thyme can be made into a tea with boiling water. This should be drunk several times a day.

Cradle Cap

Cradle cap is an infantile form of skin condition known as 'seborrhoeic dermatitis'. It is characterised by the presence of thick yellow scales on the skin of the scalp. Other sites for this condition include the face, neck, and the nappy region. The condition is not related to poor hygiene or lack of cleanliness and is harmless. There is some evidence that cradle cap is related to a deficiency in the nutrient biotin which is one of the B-group vitamins (1). An increase in the child's consumption of biotin may help to control the condition. If the child is being breast-fed, the mother herself can take the biotin, as this will be conferred to the child in the breast milk. The mother should take 500 - 1,000 mcg per day For bottle-fed children, 50 – 100 mcg of biotin can be added to the feed each day.

The application of starflower (borage) oil to children's' seborrhoeic dermatitis in the nappy region often lead to considerable improvement in their condition. This approach is also certainly worth trying in cradle cap too. 10 drops of starflower oil should be rubbed into the affected region, twice a day for two weeks. This can be repeated as necessary.

---

(1). Nisenson A. Seborrhoeic dermatitis of infants and Leiner's disease: a biotin deficiency. J Pediatr 1957;51:537

Cramp

Cramp is a painful spasm in a muscle caused by excessive or prolonged contraction of muscle fibres, often in the calves, feet or back of the thighs. Cramps usually last for a few moments, but can quite commonly occur at night, which may disrupt sleep. Cramp is usually related to a deficiency of magnesium, calcium or potassium. On a dietary level it is important to increase consumption of foods that are rich in these nutrients. Sesame seeds, tahini (sesame seed paste), and tinned fish are good sources of calcium. Magnesium can be found in nuts, seafood, whole grains and green leafy vegetables, while bananas and other fruits are rich in potassium. Eating more of these foods can sometimes be all it takes to stop recurrent cramp attacks.

Supplementing with magnesium is often very effective in relieving cramp. In a double-blind study performed in pregnant women with leg cramps, 365 mg of magnesium each day was found to reduce the severity of the cramps by more than 70% (1). I normally recommend 500 mg of magnesium per day, reducing the dose to about half this once symptoms have improved.

---

(1). Dahle LO, et al. The effect of oral magnesium substitution on pregnancy-induced leg cramps. Am J Obstet Gynecol 1995;173:175-180

Crohn's Disease

Crohn's disease is caused by inflammation in the wall of the bowel and is characterised by bouts of pain and diarrhoea that can be bloody. The condition can affect any part of the gut, but classically causes inflammation in the last part of the small intestine.

There are two approaches to Crohn's disease, which I have found to be quite effective in many individuals. One of these is to eliminate refined carbohydrates, and in particular, sugars known as 'disaccharides' (e.g. sucrose and fructose). The concept here is that these foods feed organisms within the gut, which might trigger or worsen Crohn's disease. This approach has been popularised by Elaine Gotschall, an American nutritionist who herself was introduced to this treatment through her work with the gastroenterologist Dr Sidney Haas**.** More details about the specifics of this diet can be found in Elaine Gotschall's book entitled *Breaking the Viscous Cycle* (Kirkton Press, Kirkton, Ontario, Canada). There is at least some experimental evidence that suggests that a low carbohydrate diet can be effective in controlling Crohn's disease. In one study, a low-sugar, high-fibre diet led to a 70%. Reduction in hospitalisations compared to individuals who did not change their diet (1).

The other major approach I tend to use in Crohn's disease centres around the identification and treatment of food sensitivities. There is some evidence that food intolerance can be a factor in Crohn's disease. In one study, the most common food triggers were found to be cereals, dairy and yeast (2). **For more information about food sensitivity, see** Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Crohn's sufferers can have multiple nutritional deficiencies because they tend not to absorb nutrients very effectively. It is a good idea of sufferers to take a potent, high quality multivitamin and mineral preparation every day. Nutrients that might be of particular importance are zinc, vitamin 12 and folic acid, as they can help in the repair of the cells, which line the intestinal tract. Useful daily doses of these nutrients are 30 - 45 mg of zinc (balanced with 2 - 3 mg of copper), 800 mcg of vitamin B12 and 800 mcg of folic acid.

Fish oils such as eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) might also help to control Crohn's and this may be related to their anti-inflammatory effect. One two-year study showed that a high fish diet substantially reduced the relapse rate in sufferers (3). The fish richest in EPA and DHA are the 'oily' fish such as salmon, trout, tuna, mackerel, herring and swordfish.

---

(1). Heaton KW, et al. Treatment of Crohn's disease with an unrefined carbohydrate, fibre rich diet. BMJ 1979;'2:764-766

(2). Riordan AM, et al. Treatment of active Crohn's disease by exclusion diet. East Anglian Multicentre Controlled Trial. Lancet 1993;342:1131-1134

(3). Mate J, et al. Does dietary fish oil maintain the remission of Crohn's disease: a case control study. Gastroenterology 1991;100:A228 (abstract)

Depression

Depression can have specific physiological and/or biochemical triggers. Common problems, which I encounter in practice, include low thyroid function, anaemia and/or iron deficiency, seasonal affective disorder, food sensitivity, and blood sugar imbalance. Information on seasonal affective disorder, iron deficiency and anaemia can be found elsewhere in this guide, while advice about thyroid function, food sensitivity and blood sugar imbalance can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

On a dietary level, it can often help to eliminate certain foodstuffs which tend to upset brain chemistry. The major offenders here are sugar, caffeine, alcohol and artificial sweeteners. Just getting these elements out of the diet often leads to a significant improvement in mood. In addition, further support may be had from natural substances.

The herb St John's Wort (Hypericum perforatum) has been shown to be effective in the treatment of depression. In one study, two thirds of individuals with mild to moderate depression improved on St John's Wort, compared to only about a quarter of individuals who were taking inactive medication (placebo) (1). Although St John's Wort's antidepressant activity has often been ascribed to constituent known as hypericin, more recent attention has focused on other elements including hyperforin, xanthones and flavonoids. There is some evidence that the overall effect of St John's Wort is to increase the levels of 'feel-good' brain chemicals such as serotonin, noradrenaline and dopamine (2). The normal recommended dose is 300 mg of herb extract, three times a day.

---

(1). Schmidt U, et al. St John's Wort extract in the ambulatory therapy of depression. Attention and reaction ability are preserved. J Fortschr Med 1993;111(19):339-342

(2). Muller WE, et al. Effects of hypericum extract (LI 160) in biochemical models of antidepressant activity. Pharmacopsychiatry 1997;30:102-107

Diabetes

Diabetes, a condition characterised by abnormally high levels of sugar in the bloodstream, is a common problem and the third leading cause of death in the West after cardiovascular disease and cancer. In the long term, diabetes can lead to a variety of health problems including eye disease and blindness, kidney disease, heart disease, leg ulcers, gangrene and impotence. There are essentially two forms of diabetes; Type I and Type II. Type I diabetes (also known as 'juvenile onset' or 'insulin-dependent' diabetes) generally comes on early in life and is caused by a failure of the pancreas to secrete insulin. Sufferers of this form of diabetes must take insulin by injection to keep blood sugar levels from rising uncontrollably. These is some evidence to suggest that Type I diabetes is related to the consumption of cow's milk (1,2,3). Some scientists have theorised that certain proteins in milk might trigger an immune reaction that also leads to the destruction of cells in the pancreas responsible for making insulin.

Type II diabetes (also known 'non-insulin dependent' diabetes) the problem is often not that there is insufficient insulin, but the body is resistant to its effects. Type II diabetes is very often related to excess weight and inactivity. Fortunately, sufferers of this form of diabetes may be able to control their diabetes through changing their diet and taking more exercise. If this fails, oral medication may be prescribed. A proportion of Type II diabetics may need insulin to control their condition. Until recently, Type II diabetes was found almost exclusively in middle and old age, and was sometimes referred to as 'mature-onset' diabetes for this reason. However, in many industrialised countries the condition is being diagnosed in children as young as 10 years old, which is why the term 'mature-onset' is generally no longer used.

Diabetics are normally advised to limit their consumption of sweet, sugary foods, and to keep their diet based around starchy carbohydrates such as bread, potatoes, rice and pasta. The basis for this is that unlike sugar, starches need to be digested before they can be absorbed, slowing their release into the bloodstream. However, in contrast to conventional wisdom, research suggests that many starchy foods can upset blood sugar control because they actually release sugar very quickly into the bloodstream. Foods that fall into this category include diabetic staples such

potatoes, white bread, white rice and pasta. More information on dietary approaches to stabilising blood sugar levels can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. This e-book also includes information on herbs and nutrients which might help improve blood sugar, and therefore diabetic, control. Some of the most important agents in this respect include chromium, vitamin B3 (in the form of niacin), magnesium and the herb Gymnema sylvestre (400 mg per day).

Many of the complications of diabetes are caused by a process called 'glycosylation'. Here, sugar binds to protein molecules in the body, thereby damaging them. Vitamins C, E and B6 are all known to inhibit glycosylation, and may therefore help prevent diabetic complications in the long term. For this reason, diabetics may benefit from taking vitamin C (1 g, two - three times a day), vitamin E (400 – 800 IU per day) and vitamin B6 (50 – 100 mg per day).

---

(1). Karjalainen J, et al. A bovine albumin peptide as a possible trigger of insulin-dependent diabetes mellitus. N Engl J Med 1992;327:302-307

(2). Kostraba JN, et al. Early exposure to cow's milk and solid foods in infancy, genetic predisposition, and risk of IDDM. Diabetes 1993;42:288-295

(3). Fava D, et al. Relationship between dairy product consumption and incidence of IDDM in childhood in Italy. Diabetes Care 1994;17:1488-1490

Diarrhoea

Short-lived diarrhoea is often related to infection with an unhealthy organism such as a virus (e.g. gastroenteritis) or bacterium (e.g. salmonella). These infections will very often resolve of their own accord. Having said this, one approach that I generally recommend during a diarrhoeal illness is to take probiotics (supplements of healthy gut bacteria). Probiotics may well help to speed the resolution of symptoms by 'crowding out' the unhealthy organism(s), and maybe by exerting some anti-microbial effect. Using probiotics may also reduce the likelihood of persistent problems with long-term disruption of the gut ecology.

In long-standing diarrhoea, other underling factors may be at work. The factors which are commonly seen include food sensitivity **(see** Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'),** lactose intolerance (see Lactose Intolerance), poor digestion and impaired absorption **(see** Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing')**, diverticular disease (see D*iverticular Disease*) and Candida albicans infection **(see** Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing')**. Working with and resolving these factors, if they seem to be present, often leads to an improvement in symptoms. Whatever the cause of diarrhoea, probiotics tend to very useful in the majority of cases. Because healthy gut organisms have so many different roles in the intestinal tract, they are about as close to a 'cure-all' for diarrhoea as you can get.

Diverticular Disease

Diverticular disease is a condition characterised by the presence of small out-pocketings in the wall of the large bowel. The condition is common in the western World, and is usually symptomless. However, if one or more of the pockets becomes inflamed or infected, symptoms such as diarrhoea, pain, abdominal bloating and the passing of blood in the stool can occur.

Diverticular disease is almost always related to long-standing constipation. The key to controlling it is to ensure a healthy, regular bowel habit. It is important to eat a diet rich in high fibre foods such as fresh fruits and vegetables, beans, pulses, oats and well-cooked brown rice. It is also a good idea to add a fibre supplement to the diet based on psyllium husks or ground linseeds (see section on constipation for more information on how to prevent and treat this condition). In addition to fibre, the other essential for bowel regularity is water. 1½ - 2 litres of filtered or still mineral water should be drunk each day.

In my experience, the most useful supplements in diverticular disease are probiotics – preparations of healthy gut bacteria. A lack of these organisms, which itself may be related to the use of antibiotics, often seems to aggravate diverticulitis and may give rise to symptoms of its own. A supplement tha contains the organism bifidobacterium (thought to be the most important organism the large bowel) should be taken for at least two or three months.

Down's Syndrome

Almost all cells in the body contain genetic information in the form of structures called chromosomes. Normally the cells contain 46 chromosomes each (23 pairs of chromosomes). However, in Down's syndrome, individuals have one extra chromosome. Instead of there being two copies of chromosome number 21, there are three. Down's syndrome is also known as 'Trisomy 21' for this reason. This extra chromosome has been shown to increase the work-rate of certain enzymes that increase free radical production and enhance what is known as 'oxidative stress' on the body. What this essentially means is that the body ages more quickly, and is more likely to run into problems with degenerative conditions earlier in life.

Scientists at Nutri-Chem Pharmacies in Ottawa, Ontario in Canada offer a multivitamin and mineral supplement that contains antioxidants (to reduce oxidative stress) and has been specifically formulated for individuals with Down's syndrome. More information about this can be obtained by phoning the laboratory on 001 613 820 4200.

Dry Eyes (Sicca Syndrome)

The surface of the eye is kept moist by tears secreted by what are known as the 'lachrymal glands'. 'Sicca syndrome' is a condition characterised by dry eyes caused by insufficient tear production, and is usually associated with a dry mouth. Wearing contact lenses will tend to worsen dry eyes, and sicca syndrome sufferers are generally recommended to wear spectacles for sight correction for this reason.

On a dietary level, it is important to avoid salt in the diet. Salt in the body tends to draw moisture out of the surface of the eye, and can therefore worsen a dry eye condition. Alcohol and caffeinated drinks should also be avoided because of their tendency to also dehydrate the body by stimulating the production of urine. Foods to emphasise in the diet include those rich in health fats known as the essential fatty acids (EFAs). EFAs have a very important role in the maintenance of moisture in the eye.

Healthy fats come in two main forms; omega-3 and omega-6. Omega-3 oils can be found in oily fish such as salmon, trout, herring and mackerel and linseed (flaxseed) oil. Omega-6 fats can be found in evening primrose, safflower and soy oils. Plenty of foods rich in beneficial fats including extra virgin olive oil, avocado, oily fish and raw nuts and seeds should be eaten. In addition, it can help to take an essential fat supplement, such as flaxseed oil. 1 tablespoon should be taken each day.

Dry Skin

Dry skin is a common symptom of low thyroid function. If other symptoms of this condition such as sensitivity to cold, cold hands and feet, fatigue and weight gain are present, then this is likely to be an underlying factor. More information about low thyroid function can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

In general, dry skin is usually associated with a deficiency of healthy fats known as essential fatty acids (EFAs). In this respect, the condition has a similar cause to dry eyes and these two symptoms very often coincide. Increasing consumption of EFA-rich foods (see under *Dry Eyes*) is often effective in moistening the skin. In addition, it can help to take flaxseed oil at a dose of 1 tablespoon per day.

Ear Infections

Ear infections (also called 'otitis media' by the medical profession) are common in childhood and a frequent cause of earache. Such infections are quite often related to colds. Here the viral infection may lead to the build-up of fluid and congestion, which then makes infection with a bacterial agent more likely. Bacterial infections are usually treated with antibiotics.

In natural medicine it is often found that recurrent ear infections in children are related to food sensitivity. In one study in children with recurrent ear infection, 78%. tested positive to food sensitivity. Elimination of offending foods led to a significant improvement in 86%. of children (1). Some foods are renowned for their ability to stimulate mucus formation in and around the ears, with dairy products being by far the most common culprits. It is usually beneficial to remove cow's milk and dairy products made from cow's milk such as cheese and yoghurt from a child's diet. These can be substituted for rice and soya milk (available from good health food stores), and cheeses made from goat and sheep milk. If a child does not improve on this regime, it might be worth eliminating other commonly implicated foods such as wheat, eggs and chocolate. More information on how to identify food sensitivities and appropriate substitute foods can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.** Sugar should also be avoided as this suppresses the function of the immune system that can make ear infection more likely.

Certain nutrients may help to maintain healthy immune function. For this reason, it is a good idea for children who are prone to ear infections to take a multivitamin and mineral supplement each day. Another useful approach is for the child to take a course of probiotics (healthy gut bacteria) for a month or two. Children who have had ear infection will normally have been given antibiotics. While these may help fight bacterial infection in the ear itself, they can also kill many of the beneficial bacteria in the gut leading to imbalance in the organisms here. This can lead to problems with irritable bowel syndrome, yeast overgrowth and food sensitivity in the long term. Such supplements can be found in powder form or as capsules, which can be opened into water and drunk.

(1). Nsouli TM, et al. Role of food allergy in serous otitis media. Ann Allergy 1994;73:215-219

Eczema

Eczema is characterised by a red, often itchy rash which may cause the skin to become cracked and sore. Typical body sites include the face, hands, inside of the elbows and the back of the knees. Eczema is caused by inflammation in the outer layers of the skin. Although such inflammation can sometimes be caused by some external irritant such as cleaning fluid or wool, a common trigger in eczema is actually food (1,2). More information about the diagnosis and treatment of food sensitivity can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**

Perhaps the most useful dietary supplements for eczema are the essential fatty acids (EFAs). These help to maintain moisture in the skin, and therefore help to combat dry skin that is a common feature in eczema. Some research suggests that many eczema sufferers have a defect in the way that they process EFAs in the body, leading to a deficiency in gamma-linolenic acid (GLA) (3). Some studies exist that supplementing with GLA can help individuals with eczema (4,5). Typically, 12, 500 mg capsules evening primrose oil (each one of which contains about 45 mg of GLA) have been used to good effect.

---

(1). Atherton DJ, et al. A double blind controlled crossover trial of an antigen avoidance diet in atopic eczema. Lancet 1978;1:401-403

(2). Sampson HA, et al. Food hypersensitivity and atopic dermatitis: evaluation of 113 patients. J Pediatr 1985;107:669-675

(3). Manku MS, et al. Essential fatty acids in the plasma phospholipids of patients with atopic eczema. Br J Dermatol 1984;110:643-648

(4). Schalin-Karrila M, et al. Evening primrose oil in the treatment of atopic eczema. Br J Dermatol 1987;117:11-19

(5). Wright S, et al. Oral evening primrose oil improves atopic eczema. Lancet 1982;ii:1120-1122

Emphysema

Emphysema is a chronic lung disease characterised by over-inflation of the lungs and a destruction of the normal architecture of the outermost parts of the lung tissue (the alveoli). Emphysema is usually, but not always, related to long-standing smoking. In the long term it can give rise to shortness of breath, and ultimately lead to death due to respiratory and/or heart failure. Emphysema can occur on its own, but is also quite commonly associated with chronic bronchitis. Both emphysema and chronic bronchitis are what are known as chronic obstructive airway diseases (COADs).

Nutritional supplementation can often help individuals with emphysema. Two of the most useful agents in this respect are Coenzyme Q10 (CoQ10) and L-carnitine. CoQ10 is essential for the production of ATP - the basic unit of energy in the body. One study showed that 90 mg of CoQ10 per day for eight weeks significantly lengthened the time COAD sufferers could exercise on a treadmill (1). L-carnitine has the ability to help transport fat into parts of the body's cells called the mitochondria, where it can be burned for energy. One study showed that at a dose of 2 g, three times a day, L-carnitine increased exercise tolerance in individuals with chronic lung disease (2).

---

(1). Fujimoto S, et al. Effects of coenzyme Q10 administration on pulmonary function and exercise performance in patients with chronic lung disease. Clin Investig 1993;71:S162-S166

(2). Dal Negro R, et al. L-carnitine and physiokinesiotherapy in chronic respiratory insufficiency. Clin Trials J 1985;22:353-360

Endometriosis

During each menstrual cycle, the lining of the womb builds up and then is shed if pregnancy does not take place. In endometriosis, womb tissue is found outside the womb itself. Common sites for the endometrial tissue include the ovaries, fallopian tubes, and ligaments that support the uterus, and the area between the vagina and rectum. This misplaced tissue develops into growths or lesions which respond to the menstrual cycle in the same way that the womb lining does, and this can cause considerable pain and discomfort. Some of the most common symptoms of endometriosis include menstrual pain, pain during sex, and painful urination and/or bowel movements during periods. The condition is also associated with some cases of infertility.

It is not cleat what causes endometriosis. One theory is that it related to exposure to environmental toxins called 'dioxins'. One study in rhesus monkeys found a clear correlation between dioxin exposure and endometriosis (1). Many sanitary towels and tampons are contaminated with dioxins, and it is seems prudent that women should use chemical-free sanitary-wear. Suitable products are often to be found in health food stores.

There is good evidence that endometriosis is perpetuated by the female hormone oestrogen (2). In fact, oestrogen therapy has been shown to worsen gynaecological conditions such as fibroids and endometriosis (3). This opens up a couple of options for natural treatments for endometriosis. One is to reduce oestrogen levels through manipulation of the hormone balance in the body. Agnus castus (40 drops each in the morning) may help with this. Another approach is to improve liver function, which can help to reduce oestrogen levels by enhancing its breakdown in this organ. More details about enhancing liver function can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**

---

(1). Rier SE, et al. Endometriosis in Rhesus Monkeys following Chronic Exposure to 2,3,7,8 Tetrachlorodibenzo-p-dioxin Fundamental and Applied Toxicology 1993;21:433-441

(2). Damewood MD. Pathophysiology and Management of Endometriosis Journal of Family Practice 1993;37(1):68-75

(3). Cust MP. A Risk-Benefit Assessment of Estrogen Therapy in Postmenopausal Women Drug Safety 1990;5(5):345-358

Epilepsy

Epilepsy, characterised by fitting, can be a serious condition, which may not respond to medication. Even when it does, the side effects of the medication can be persistent and troublesome. Not unusually, though, epilepsy does seem to respond to a natural and/or nutritional approach. One sometimes effective strategy is to ensure that the level of sugar in the blood stream is maintained. Low blood sugar (hypoglycaemia) seems to be a common trigger factor in epilepsy. Frequent meals and snacks based on foods, which release sugar slowly into the blood stream, should be taken. Also, certain nutrients supplements can also help stabilise blood sugar levels including chromium, magnesium and vitamin B3. More about the regulation of blood sugar can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Food sensitivity seems to be a common factor in epilepsy, at least in children anyway. One study found that 80% of epileptic children who also had other symptoms of food sensitivity (e.g. migraine, hyperactivity, abdominal symptoms) improved on a diet that excluded the food to which individuals tend to be sensitive. More than half of the children became completely seizure-free (1). More information about the diagnosis and treatment of food sensitivity can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

There is some evidence that epilepsy might be related to nutritional deficiencies. One study showed that more than half of epileptic patients had a deficiency of vitamin B6, and that about half of these responded to vitamin B6 therapy at a dose of 160 mg per day (2). In another study, vitamin E was found to help a significant proportion of epileptic children. 10 out of 12 children (83%) who were resistant to drug therapy had a reduction in seizure frequency of at least 60% when given at a dose of 400 IU per day (3). Epilepsy is a potentially serious condition, and it is advisable to work with a practitioner experienced in its management.

---

(1). Egger J, et al. Oligoantigenic diet treatment of children with epilepsy and migraine. J Pediatr 1989;114:51-58

(2). Hagberg B, et al. Tryptophan load tests and pyridoxal-5-phosphate levels in epileptic children. II. Cryptogenic epilepsy. Acta Paediatr Scand 1966;55:371-384

(3). Ogunmekan AO, et al. A randomized, double-blind, placebo-controlled clinical trial of d-alpha-tocopheryl acetate (vitamin E), as add-on therapy, for epilepsy in children. Epilepsia 1989;30:84-89

Fatigue

Fatigue can have a bewildering array of underlying nutritional, physiological or biochemical mechanisms. Some of the most common that are seen in practice include blood sugar imbalance, low adrenal gland function, food sensitivity, Candida albicans overgrowth (information about all these conditions can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**), anaemia and/or deficiency of iron (see A*naemia – iron deficiency*) or vitamin B12 (see A*naemia - pernicious*), and low thyroid function (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**). Identifying the true underlying cause(s) of the fatigue is key to overcoming the problem. However, sometimes, it can help to use a natural agent to boost energy and speed general healing.

Panax (Korean) ginseng has been shown to improve individual's ability to think and work (1, 2). It is these qualities which have led to its immense popularity as a general tonic. The normal dose is 100 - 200 mg of standardised extract containing 4 - 7% ginsenosides per day. The dose for non-standardised preparations is 1 - 2 grams per day or 2 - 3 ml of herbal tincture. It is generally recommended that Panax ginseng be used on a cyclical basis with treatment periods of 2 - 3 weeks interspersed with supplement-free periods of 1 - 2 weeks. While Panax ginseng is generally regarded as safe at the recommended dosage, it may cause insomnia if taken close to bedtime. It should not be used by those suffering from high blood pressure. Panax ginseng is known to cause breast tenderness and menstrual abnormalities in some women and is not recommended for pregnant or lactating women.

The other commonly used form of ginseng is Siberian ginseng. Like Panax ginseng, Siberian ginseng has been used in Chinese medicine for over 2000 years, both as an energy booster an immune system enhancer. The active ingredients in Siberian ginseng are thought to support the function of the adrenal glands (3). Siberian ginseng has been shown to sharpen the mind as well as improve physical energy (4,5). 300 - 400 mg of concentrated solid standardised extract should be taken each day. The normal dosage for dried powder is 2 - 3 grams per day. It is generally

recommended that Siberian ginseng be used on a cyclical basis with treatment periods of 6 - 8 weeks interspersed with breaks lasting 1 - 2 weeks. Siberian ginseng may cause mild, transient diarrhoea and insomnia if taken too close to bedtime. Again, as with Panax ginseng, it should not be used by those suffering from high blood pressure. Siberian ginseng is not recommended for pregnant or lactating women.

---

(1). D'Angelo L, et al: A double-blind placebo-controlled clinical study on the effect of standardized ginseng extract on psychomotor performance in healthy volunteers. Journal of Ethnopharmacology 1986;16:15-22

(2). Hallstrom C, Fulder S, Carruthers M: Effect of ginseng on the performance of nurses on night duty. Comp Med East and West 1982;6:277-82

(3). Wagner H, et al. Plant Adaptogens. Phytomed 1994;1:63-76

(4). Farnsworth N R, et al. Siberian Ginseng: current status as an adaptogen. In: Economic and Medicinal Plant Research. Vol 1. Academic Press, London, 155-215 (1985)

(5). Asano K, et al. Effect of Eleutherococcus senticosus extract on human physical working capacity. Planta Med 1986;53:175-177

Fibrocystic Breast Disease

Fibrocystic breast disease (FBD) is characterised by the presence of multiple cysts (fluid-filled pockets) in the breasts. It is thought to affect about 30% of pre-menopausal women, with sufferers usually complaining of painful, lumpy breasts, which are generally worse just before a period. The condition is related to raised levels of the hormone oestrogen in the body, which is why it usually subsides after the time of menopause (when oestrogen levels fall). Occasionally, FBD can be associated with low thyroid gland function. This association is more likely if the sufferer also has symptoms such as sensitivity to cold, cold hands and/or feet, fatigue, weight gain and dry skin (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about this). Although the cysts that cause the lumpiness in FBD are benign (non-cancerous), any woman with a lump or lumps in her breast should have this assessed by a doctor.

It is well known that the symptoms of FBD are made worse by the consumption of caffeine and caffeine-like substances found in coffee, tea, caffeinated soft drinks and chocolate (1,2). Studies show that complete abstinence from these foodstuffs, can be very helpful in controlling the symptoms of FBD. A high fibre diet should be eaten, as this may help to reduce oestrogen levels in the body. Excess oestrogen is eliminated via the bowel, and the more rapidly food and waste pass through the intestine, the less opportunity there is for oestrogen to be reabsorbed back into the body. A low-fat diet can also reduce oestrogen levels in the blood, and a couple of studies have shown that this can lead to a reduction in symptoms after 3 – 6 months (3,4).

Studies show that vitamin E can be very effective in relieving the symptoms of FBD (5,6), though how it does this is not understood at present. 400 - 600 IU of vitamin E should be taken each day for several months. Another nutrient that can help relieve the symptoms of FBD is evening primrose oil (7,8), which has anti-inflammatory and hormone-balancing effects in the body. The normal recommended dose is 1 g, three times a day.

Another natural remedy for the treatment of FBD is the herb Agnus castus. This herb seems to have the ability to increase progesterone production. Progesterone balances the effects of oestrogen in the body, and in so doing can help to alleviate the symptoms of FBD. 40 drops of concentrated Agnus castus liquid (either fluid extract or tincture) should be taken each morning.

---

(1). Minton JP, et al. Caffeine, cyclic nucleotides, and breast disease. Surgery 1979;86:105-108

(2). Minton JP, et al. Clinical and biochemical studies on methylxanthine-related fibrocystic breast disease. Surgery 1981;90:299-304

(3). Rose DP, et al. Low fat diet in fibrocystic disease of the breast with cyclic mastalgia: a feasibility study. Am J Clin Nutr 1985;41(4):856

(4). Boyd NF, et al. Effect of a low-fat high-carbohydrate diet on the symptoms of cyclical mastopathy. Lancet 1988;ii:128-132

(5). Abrams AA. Use of vitamin E in chronic cystic mastitis. N Eng J Med 1965;272(20):1080-1081

(6). London RS, et al. Endocrine parameters and alpha-tocopherol therapy of patients with mammary dysplasia. Cancer Res 1981;41:3811-3813

(7). Mansel RE, et al. Effects of Essential fatty acids on cyclic mastalgia and and noncyclical breast disorders. Omega-6 essential fatty acids: Pathophysiology and roles in clinical medicine. Alan R Liss, New York, 1990,557-66

(8). Preece PE, et al. Evening primrose oil (EFAMOL) for mastalgia. In: Clinical Uses of Essential Fatty Acids, ed DF Horrobin, Montreal: Eden Press, 1982, 147-154

Fibromyalgia

Fibromylagia is a condition characterised by generalised aches, pains and tender points in the muscles, fatigue and sleep disruption. The sleep problems associated with the condition seem to be caused by the pain and discomfort that comes from lying on tender muscle areas. Fibromyalgia is a poorly understood condition and the underlying causes are complex. Fibromyalgia often seems to be connected with either low thyroid function and/or adrenal weakness. More details about other signs and symptoms of these conditions, and how to go about treating them can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

There is some evidence that some individuals with fibromyalgia are deficient in the mineral magnesium (1). There is also evidence the magnesium in combination with malic acid can relieve the symptoms of fibromyalgia (2). In combination, magnesium (300 – 600 mg per day) and malic acid (1200 – 2400 mg per day) help in the production of ATP – the basic fuel source in the body's cells.

---

(1). Romano T, et al. Magnesium Deficiency and Fibromyalgia Syndrome The Journal of Nutritional Medicine 1994;4:165-167

(2). Abraham GE, et al. Management of Fibromyalgia: Rationale For The Use of Magnesium and Malic Acid Journal of Nutritional Medicine, 1992;3:49-59

Fungal Infections

Because yeast organisms thrive in warm, moist environments, fungal infections commonly affect the feet (see *Athlete's foot*), scalp (see Scalp – itchy), groin, and toenails. Many individuals with persistent fungal infections seem to have an overgrowth of the organism Candida albicans in digestive tract. Generally, only once this infection has been successfully dealt with (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about this) will the more superficial infections normally clear in the long term. In the meantime, topical preparations containing the natural anti-fungal agent tea tree oil can help to control symptoms.

Gallstones (see also Cholecystitis)

Gallstones form in the gallbladder, which sits underneath the liver. Gallstones can cause pain in the upper right side of the abdomen, and this may be associated with nausea and vomiting. Gallstones come in different forms, with the most common being made of cholesterol. Because of this it is a good idea to reduce the amount of fatty food in the diet including red meat, dairy products, fried and processed foods. Excess weight is often a factor in gallstone formation. The diet should be based on whole, unprocessed foods such as wholemeal bread, brown rice, beans, fruits and vegetables. High fibre diets, such as this one, can often help with weight loss and are also associated with a reduced risk of gallstones.

A common underlying factor in gallstone formation appears to be hypochlorhydria (low stomach acid secretion). More information about this condition can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. Some individuals with gallstones may benefit from taking a South American herb, called Quebra Pedra (which literally translated means 'stone breaker'). Quebra Pedra has been used by the indigenous people of the Amazon to treat both kidney stones and gallstones for hundreds of years. In the UK, Quebra Pedra is available as a powder that can be made into a tea. Two heaped teaspoons are boiled in about ½ litre of water. This mixture can be drunk over the course of the day, either hot or cold. Quebra Pedra is available from Rio Trading (see resources at back of book).

Gilbert's Disease

Each red blood cell lives for about 120 days. When it dies, its chief ingredient, haemoglobin, is broken down in the liver. The main breakdown product of this process is a substance called 'bilirubin'. Most of the bilirubin formed by the liver passes into the gut in the bile, and goes on to be excreted from the body in the stool. In Gilbert's disease, the ability of the liver to process bilirubin is faulty, causing bilirubin levels in the blood to rise. Once thought to be very rare, Gilbert's disease is now thought to affect as much as 5% of the population. Usually, the condition does not give rise to symptoms, though a proportion of sufferers may experience problems with loss of appetite, general malaise and fatigue.

Nutritionally, it is a good idea for sufferers of Gilbert's disease to avoid anything which tends to put stress on the liver such as alcohol and caffeine. In addition, 1½ - 2 litres of filtered or mineral water should be drunk each day to help detoxification and liver health. One natural substance that may help to protect the liver and minimise the effect Gilbert's disease is the herb milk thistle (Silybum marianum). Milk thistle contains a substance called silymarin, which enhances liver function and help in the regeneration of liver cells. 70 – 100 mg of silymarin should be taken, three times a day.

Gingivitis

Gingivitis is a condition characterised by red, swollen, often tender gums which tend to bleed easily. The condition can be caused by a bacterial infection where the gum and tooth meet, and is often related to the build-up of plaque in this area. The inflammation typical of gingivitis can be difficult to treat, and sufferers often have persistent problems related to this condition. Adequate intake of vitamin C and substances called bioflavonoids (found in fruits and vegetables) are essential for gum health. One study showed that in combination (300 mg of each per day) these nutrients improved the health of the gum tissue (1).

Another nutrient, which has been shown to help resolve gingivitis, is Coenzyme Q10 (CoQ10). This vitamin-like substance participates in the processes that generate energy within the body's cells, and has also been shown to improve the health and condition of the gums (2). Anyone suffering from gingivitis should take at least 25 mg of CoQ10, twice a day. Piercing an oil filled CoQ10 capsule and rubbing its contents into the gums from time to time might also help restore health to the area.

---

(1). El-Ashiry GM, et al. Local and systemic influences in periodontal disease. II. Effect of prophylaxis and natural and synthetic vitamin C upon gingivitis. J Periodontol 1964;35:250-259

(2). Wilkinson EG, et al. Bioenergetics in clinical medicine. VI. Adjunctive treatment of periodontal disease with coenzyme Q10. Res Commun Chem Pathol Pharmcol 1976;14:715-719

Glaucoma

Each eye is filled with fluid that is essential for maintaining its normal shape. Sometimes the pressure in one or both eyes can increase giving rise to a condition known as glaucoma. 90% of glaucoma cases are known as 'chronic glaucoma'. In this condition, there are usually no symptoms until significant elevations in eye pressure are present. When the pressure of fluids in the eye reaches high levels, a gradual loss of peripheral vision - sometimes called 'tunnel vision' - is experienced. Chronic glaucoma can lead to damage to the major nerve in the eye, causing gradual loss of vision over time.

Like many conditions, glaucoma may have one or more underlying physiological mechanism. The imbalances that seem most relevant are low thyroid function, food sensitivity (1,2), and low adrenal function (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing' for more information about these conditions**). Identifying which, if any, of these factors are present and successfully treating them can help to control eye pressure.

Some natural substances seem to have the ability to reduce eye pressure. Eskimos who eat a diet rich in oily fish (high in essential fatty acids of the omega-3 type) have been found to be at reduced risk of glaucoma. I am not aware of any studies which have looked at the effect of healthy fats on eye pressure in humans, although cod liver oil (also rich in omega-3 fatty acids) has been shown to be effective in animals (3). Including plenty of omega-3 rich foods in the diet and taking a supplement of these oils (either as fish oil or linseed oil) might help to control eye pressure in the long term.

Another useful natural substance for glaucoma appears to be the bioflavonoid compound rutin. Just 20 mg, three times a day, was found in one study to help 17 out of 26 eyes affected by glaucoma in individuals already taking conventional medication for this condition (4).

---

(1). Raymond LF. Allergy and chronic simple glaucoma. Ann Allergy 1964;22:146

(2). Berens C, et al. Allergy in glaucoma. Manifestations of allergy in three glaucoma patients as determined by the pulse-diet method of Coca. Ann Allergy 1947;5:526

(3). McGuire R. Fish oil cuts ocular pressure. Med Tribune 1991;19:25

(4). Stocker FW. Clinical experiments with new ways of influencing the intraocular tension. II. Use of rutin to enhance the tension-reducing effect of miotics by reducing the permeability of the blood-aqueous barrier. Arch Opthalmol 1949;73:429-435

Glue Ear

'Glue ear' is a condition caused by the accumulation of fluid within the ear. Many children with this condition are recommended to have grommets (small plastic tubes) inserted into the ear eardrum. Grommets allow air into the ear cavity, which can help fluid drain from this area. Interestingly, studies suggest that glue ear does not impair intellectual development, and it is possible that the insertion of grommets may lead to some degree of hearing loss for several years after the procedure.

It is not uncommon for children with glue ear to have problems with their adenoids. The adenoids are glands (similar to tonsils) situated at the back of the nose. In some children, the adenoids enlarge, restricting breathing through the nose (sufferers often have a characteristic nasal voice), snoring and an increased risk of glue ear and ear infections. The usual medical management of enlarged adenoids is something called 'adenoidectomy', where the glands are removed surgically.

In practice, glue ear is often caused by food sensitivity. By far the most common food triggers of these problems are cow's milk, ice cream and cheese, with yoghurt often being a problem too. Butter is very rarely a problem. Other symptoms of dairy sensitivity include frequent colds and a blocked and/or runny nose. Often, children crave the foods that they are most sensitive too. If a child is especially keen on one or more dairy product, then this strongly suggests that he or she has a problem with this type of food. While dairy product sensitivity is quite likely to be a factor in glue ear, other foods may contribute to the problem too. It can therefore be useful for a child to have his or her food sensitivities individually assessed. For more details about this, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Goitre

A goitre is the medical term used to describe an enlarged thyroid gland. The condition can be related to a variety of underlying factors including iodine deficiency, low thyroid function, thyroid over-activity, inflammation of the thyroid (thyroiditis), benign (non-cancerous) lumps and cancer (rare). The thyroid can also enlarge due to hormonal changes induced by puberty, pregnancy and the taking of hormone-based medications such as the oral contraceptive pill. Thyroid enlargement should be investigated by a doctor to help ensure that potentially serious conditions are not missed. For more information about low thyroid function, and how to treat it, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Gout

Gout is a type of arthritis that is caused by the accumulation of uric acid in the body. Crystals of uric acid can form in a joint and this can lead to intense pain and inflammation. While, gout is classically thought of as a condition which affects the big toe, in fact, crystals of uric acid can deposit anywhere in the body. In some individuals, widespread deposition of uric acid in the joints and tendons can give rise to a condition known as 'gouty arthritis'. Commonly affected joints include the knee, ankle, wrist, feet and hands.

Uric acid is actually a breakdown product of a class of substances known as 'purines'. Anyone with a history of gout should avoid foods that are rich in purines including meat (especially organ meats such as liver and kidney), seafood, beans, peas and lentils. Sugar should also be avoided as this can increase the level of uric acid in the blood (1).

Plenty of fresh fruits and vegetables should be eaten as this will help to increase the alkalinity in the body. This, in turn, can help to neutralise the effect of the uric acid in the body. At least 1½ litres of filtered or still mineral water should be drunk each day to help dilute and speed the elimination of uric acid in the body.

Cherries should be eaten when they are in season because they are rich in substances called proanthocyanidins, which will help neutralise uric acid and reduce the inflammation that is characteristic in gout. In a study of 12 gout sufferers, consuming half a pound of cherries or the equivalent in cherry juice each day stopped gout attacks (2).

---

(1). Emmerson BT. Effect of oral fructose on urate production. Ann Rheum Dis 1974;33:276-280

(2). Blau LW. Cherry diet control for gout and arthritis. Tex Rep Biol Med 1950;8:309-311

Growing Pains

Growing pains are vague aches and pains that occur in the limbs of children. The pains usually occur at night and generally affect the calves of children between 6 and 12 years of age. Although distressing, growing pains are usually of no medical significance. Occasionally, however, they may be related to juvenile arthritis. For this reason, children who have joint pain and swelling should be seen by a doctor.

While the precise cause of growing pains is unclear, it will often respond to a nutritional approach. A common and frequently overlooked cause of growing pains is food sensitivity. Advice about identifying culprit foods can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Magnesium, which is essential for muscle health, can often help relieve growing pains, especially when combined with vitamin E which improves blood flow to muscle tissues. 100 mg of magnesium and 100 IU of vitamin E, given twice a day is often effective. Another nutrient that may help relieve growing pains is manganese, which has an important role to play in maintaining the health of tendons, which can become strained during periods of growth. A good dose is 5 – 10 mg of manganese, twice a day.

Gum Disease - see Gingivitis

Haemorrhoids (piles)

Haemorrhoids or ‘piles’ are enlarged veins found around the anus. Sometimes haemorrhoids can be internal (not visible from the outside), but they may also protrude from the anus, giving rise to what are known as 'external’ piles. Haemorrhoids are very often related to constipation, and resolving this issue can help them to heal (see *constipation*). In addition, certain natural supplements may help restore health to the area. Of particular importance here are substances know as flavonoids, which have the ability to strengthen the walls of the veins in the body, including those around the anus. The herb Horse chestnut contains a compound known as aescin that can strengthen vessels walls. Horse chestnut has been found to be useful for haemorrhoid sufferers (1). It is normally recommended that 50 – 75 mg of aescin be taken twice a day.

---

(1). Nini G, et al. Controlled clinical evaluation of a new anti-haemorrhoid drug, using a completely randomized experimental plan. Clin Ther 1978;86:545-549 (in Italian)

Hair Loss (women)

Hair loss in women can be related to one or more of a number of physiological factors. Common underlying health issues include low thyroid function, and low stomach acid secretion (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing' for more details about these conditions**). Low stomach acid secretion quite often leads to poor absorption of minerals that are important for the manufacture of hair (and nails). Of particular importance here is the mineral iron (see *Anaemia - iron deficiency*). Occasionally, hair loss can be associated with high levels of the 'male' hormone testosterone, just as it is in men. Raised levels of testosterone are often associated with a condition known as polycystic ovarian syndrome (see P*olycystic Ovarian Syndrome*).

Hair - dull and lifeless

The condition of the hair, skin and nails can give important clues to the nutritional state and internal health of the body. Hair that has lost its lustre and sheen is generally a sign of a deficiency in a class of nutrients known as the essential fatty acids (EFAs). Dry skin is another common manifestation of essential fat deficiency, so if this is also present then this points quite firmly to this particular problem.

Healthy fats come in two main forms; omega-3 and omega-6. Omega-3 oils can be found in oily fish such as salmon, trout, herring and mackerel and linseed (flaxseed) oil. Omega-6 fats can be found in evening primrose, safflower and soy oils. Dry hair is often helped by eating foods rich in beneficial fats including extra virgin olive oil, avocado, oily fish and raw nuts and seeds. Additional benefit may be had from taking an EFA supplement such as flaxseed (linseed) oil, at a dose of one tablespoon per day.

Hay Fever

Hay fever is caused by an allergic reaction to pollen causing the release of histamine around the nose and eyes. Characteristic symptoms include red, itchy eyes, and a runny or congested nose. The conventional medical approach to hay fever generally consists of three types of medication: antihistamines which block the release of histamine which is responsible for swelling and congestion; steroid-based nasal sprays; and decongestants such as ephedrine. However, dietary changes and natural supplements may significantly reduce or even eliminate the need for conventional medication.

I often find that individual with hay fever have food sensitivities too. When these foods are successfully identified and eliminated, the hay fever very often gets much better. It is thought that the reactions to food 'sensitise' the tissues in the eye and/or nose, making it more likely that pollen will trigger and allergic reaction there. More details about the identification of individual food sensitivities can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'.**

Vitamin C has natural antihistamine activity in the body and there is some evidence that it can help control hay fever symptoms (1,2). 1 g of vitamin C should be taken 3 or 4 times a day while symptoms persist. Another useful natural agent for the treatment of hay fever is quercetin. This 'bioflavonoid' compound appears to reduce the release of histamine from immune system cells known as 'mast cells'. In practice, quercetin does seem to help a proportion of hay fever sufferers. The normal recommended dose is 400 mg, two or three times a day. The herb nettle (Urtica dioica) has anti-allergy properties, and may therefore be useful in treating hay fever symptoms. The normal recommended dose is 450 mg of leaf powder, two or three times a day.

---

(1). Holmes HM, et al. Hay fever and vitamin C. Science 1942;96:497

(2). Ruskin SL. High dose vitamin C in allergy. Am J Dig Dis 1945;12:281

Headache

(see also Migraine and Cluster Headache)

Many of the underlying features of common headaches are dealt with in the section on migraine. Factors that seem to crop up commonly are low blood sugar, food sensitivity, and toxicity (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about these conditions and how to treat them). Stress is another common feature in many headaches. Stress-induced headaches are often referred to as 'tension headaches'. This particular brand of headache is characterised by a steady, constant, dull pain that starts at the back of the head or the forehead, eventually spreading over the entire head. Tension headaches are caused by a tightening in the muscles of the face, neck or scalp as a result of stress or poor posture. Relaxation techniques, the Alexander Technique (a therapy which encourages correct posture), chiropractic manipulation and osteopathy may benefit anyone suffering from chronic tension headaches.

Another common and often overlooked cause of headache is dehydration. The tissues that surround the brain are mostly composed of water. When these tissues lose fluid, they shrink, giving rise to pain and irritation. Low levels of fluid in the body may also encourage the accumulation of toxins, which have been implicated in headaches. Many people find that just drinking 1½ - 2 litres of water a day can lead to a substantial reduction in the frequency and/or severity of their headaches.

Another lifestyle factor, which is often related to headaches, is caffeine. It is often between times of caffeine consumption (caffeine withdrawal) that the headache tends to strike. Regular caffeine takers normally find that stopping caffeine cold-turkey leads to substantial headache for a day or two, after which headaches are very much reduced or stop altogether. For the best results, all forms of caffeine-containing foodstuffs including coffee, tea, chocolate, cocoa and caffeinated soft drinks should be eliminated from the diet. Naturally caffeine-free beverages such as herb and fruit teas and coffee substitutes based on barley or chicory make good alternatives.

Hearing Loss

Hearing, just like any other body function, is dependent on the supply of certain nutrients. Research has linked hearing loss to low levels of both vitamin B12 and folic acid (1). B12 and folic acid depend on good digestion for proper absorption, and it is quite possible that hearing problems might be related, at least in part, to reduced digestive function (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing' for more details about this condition**). To help preserve hearing, it may be wise to take a good quality multivitamin and mineral supplement each day with additional B12 (1000 mcg per day) and folic acid (500 mcg per day).

There is some evidence that magnesium may help protect hearing. In one study in military recruits exposed to high noise levels, hearing loss was less common and less severe in individuals taking magnesium compared to those on inactive medication (2). 250 – 300 mg should be taken each day.

---

(1). Houston DK, et al. Age-related hearing loss, vitamin B-12, and folate in elderly women. Am J Clin Nutr 1999;69: 564-571.

(2). Attias J, et al. Oral magnesium intake reduces permanent hearing loss induced by noise exposure. Am J Otolaryngol 1994;15:26-32

Heart Disease (see Atherosclerosis)

Heart Failure

The chief function of the heart is to take blood that has absorbed oxygen in the lungs, and pump this to the rest of the body. If the heart should become weak - a condition known as 'heart failure' - fluid can accumulate in various parts of the body including the lungs (often causing shortness of breath) and the legs (causing swelling in the feet and ankles). Because a weakened heart does not pump blood efficiently to the body, including organs such as the brain and muscles, fatigue and weakness are also common symptoms of this condition.

The heart muscle has a wide range of nutritional needs. By supplying the body with nutrients that contribute to heart function it can be possible to improve heart function and improve the symptoms of CHF. One of the most important nutrients for good heart function is the mineral magnesium. Individuals with CHF tend to have lower than normal levels of magnesium in their bloodstreams and, in practice, many individuals with this condition seem to improve with magnesium supplementation. In particular, magnesium seems to protect against heart rhythm irregularities, which quite often occur in cases of CHF, and can themselves lead to potentially serious complications (1). 350 – 500 mg of magnesium should be taken each day.

Another nutrient that has been shown to improve heart function is Coenzyme Q10 (CoQ10). This nutrient is essential for the production of ATP - the basic unit of energy in the body. CoQ10 has been shown to help relieve the symptoms of heart failure (2), and may increase general energy levels as well. CoQ10 is best absorbed into the body when dissolved in oil (as found in soft gelatine capsules). 30 - 50 mg should be taken, three times a day.

The herb hawthorn (Crataegus oxyacantha) may also help individuals with heart failure (3,4). Hawthorn may increase blood flow to the heart and increase the strength of contraction of the heart. The normal recommended dose is 80 –300 mg of standardised extract, two or three times a day.

---

(1). Bashir Y, et al. Effects of long-term oral magnesium chloride replacement in congestive heart failure secondary to coronary artery disease. Am J Cardiol 1993;72:1156-1162

(2). Folkers K, et al. Therapy of coenzyme Q10 of patients in heart failure who are eligible or ineligible for transplant. Biochem Biophys Res Commun 1992;15:247-253

(3). Leuchtgens H. Crataegus special extract (WS 1442) in cardiac insufficiency. Fortschr Ned 1993;111:352-354

(4). Schmidt U, et al. Efficacy of the hawthorn (Crataegus) preparation LI 132 in 78 patients with chronic congestive heart failure defined as NYHA functional class II. Phytomed 1994;1:17-24

Hepatitis

'Hepatitis' actually means inflammation of the liver. This condition can be caused by a number of factors including drugs, chemicals and poisons. However, by far the most common cause of hepatitis is infection with the hepatitis virus. There are several strains of hepatitis virus that are identified using letters of the alphabet. The most important strains are hepatitis A, B and C. Hepatitis A is passed through contact with infected water, food or faeces, while B and C are usually contracted through sex or via contact with infected blood.

Initial infection with the hepatitis virus often triggers a condition known as 'acute hepatitis'. This may start as a flu-like illness, after which jaundice (yellowing of the skin) may develop. In the case of hepatitis A, the illness is usually self-limiting, though a proportion of sufferers may complain of vague symptoms for weeks or months after the original infection. Individuals infected with hepatitis B or C are at risk of the infection persisting in the long term, a condition which is known as 'chronic hepatitis'.

In the acute phase, anyone recovering from a hepatitis infection should generally avoid anything, which tends to put stress on the liver such as caffeine and alcohol. Fatty foods can also tax the liver by stimulating the production of bile. Plenty of water should be drunk (about 2 litres per day), as this helps to reduce the toxic load on the body. In addition, certain natural substances may help. The herb milk thistle (silymarin) has been shown to have beneficial effects on liver function, and may help restore health to the liver. 70 mg of silymarin should be taken three times a day.

Another nutrient that is likely to help is vitamin C. In addition to its immune stimulating and anti-viral properties, this nutrient is also well known to promote tissue healing and may therefore help to reduce the risk of damage to the liver in the longer term. 2 g of vitamin C should be taken three times a day while symptoms persist, though this dose can be reduced as the condition resolves. There is also evidence that the mineral selenium inhibits the hepatitis virus. 600 mcg should be taken each day when there are symptoms.

In cases of chronic hepatitis, natural approaches often help to strengthen the liver and improve the sufferer's condition. Some of the most important nutrients include vitamin C (1 - 2 g, three times a day), selenium (200 mcg per day) and silymarin (70 mg, three times a day). Another useful natural agent for chronic hepatitis is liquorice. Liquorice root contains a substance called 'glycyrrhizin' which, like vitamin C, helps to protect the liver and also has anti-viral properties. 500 mg of liquorice root should be taken, three times a day.

Herpes - Genital

Genital herpes is caused by a virus very similar to the one responsible for cold sores. While cold sores are usually caused by what is known as the herpes 'simplex I' virus, genital herpes is generally caused by the herpes 'simplex II' virus. Once contracted, the virus lies dormant in the body but is normally kept in check by the body's immune system. However, the virus can reactivate and cause problems from time to time, especially if we are run down and the immune system weakened. Normally, a herpes outbreak will start with numbness, tingling or pain in the affected area. The prevention and treatment of herpes simplex II is the same as that for herpes simplex I (see – C*old Sores*).

Hiatus Hernia

Food enters the stomach via a tube called the oesophagus (gullet). The oesophagus passes through a sheet of muscle called the 'diaphragm', which forms part of a valve mechanism, which is designed to keep the acidic contents of the stomach from leaking into the oesophagus. In a hiatus hernia, part of the stomach is pulled up through the diaphragm, allowing the escape of food into the oesophagus (acid reflux). Typical symptoms of a hiatus hernia include heartburn and digestive discomfort.

While a hiatus hernia is often believed to be related to an over-production of stomach acid, quite the opposite problem – low stomach acid – is often an underlying feature. If the stomach fails to secrete enough acid, digestion can be impaired, causing it to linger in the stomach. This food may be prone to fermentation, which increases the risk of it bubbling up into the oesophagus. Also, stomach acid is an important stimulus for the closure of the valve between the oesophagus and the stomach (the gastro-oesophageal valve). Low stomach acid levels can cause the gastro-oesophageal valve to remain open, predisposing to reflux and heartburn. A fuller account of the problems associated with low stomach acid and how to remedy this problem can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Taking steps to improve digestion are often very effective in controlling the symptoms of a hiatus hernia. In particular, chewing food very thoroughly, avoiding drinking with meals, avoid late and large meals, and food combining (separating protein and starch at meal times) can help. More information about these approaches can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

High Blood Pressure (see Hypertension)

High Cholesterol

Cholesterol is a waxy, fat-like substance that is transported around the body in the blood stream. Cholesterol can build up on the inside of our arteries and increase our risk of cardiovascular diseases such as heart disease and stroke. The deposition of cholesterol in artery walls is known as 'atherosclerosis' (see – A*therosclerosis)*. Generally speaking, it is thought that higher levels of cholesterol in the blood stream predispose to the clogging of the arteries. While too much cholesterol is undoubtedly a bad thing, we do need some - cholesterol is an essential constituent of every cell in the body, as well as being an important ingredient in the manufacture of vital body substances including hormones and bile.

When we eat fat it is digested in the gut and then passes through the gut wall into the blood stream. Cholesterol in the blood stream is found in two main forms; low density lipoprotein (LDL) and high density lipoprotein (HDL). Raised levels of LDL are associated with an increased risk of atherosclerosis and for this reason LDL has been dubbed 'bad cholesterol'. HDL, on the other hand, is a associated with a reduced risk of atherosclerosis and is therefore often referred to as 'good cholesterol'. If the cholesterol level is up, then knowing the relative proportions of 'good' to 'bad' cholesterol in the blood stream is important. To do this, the total cholesterol level can be divided be the HDL level. A ratio of 5 or less is desirable, and the lower the ratio, the better.

If the total cholesterol level is raised, it can help to modify both the amount and type of fat in the diet. More information about this can be found in the section on atherosclerosis. In addition, it can help to increase the consumption of foods which appear to have a cholesterol-lowering effect such as soya milk and tofu, oat bran, 'live' yoghurt, walnuts, garlic and onions.

As well as reducing the level of LDL in the body, it can help to increase the level of HDL. Exercise has been shown to do this (1). This is likely to be one of the reasons why regular exercise reduces the risk of cardiovascular conditions such as heart disease and stroke.

Niacin (form of vitamin B3) and chromium are two nutrients which seem to have the ability to reduce cholesterol levels. Large doses (3 g/day) of niacin have been shown to substantially reduce total cholesterol levels and increase HDL levels (2). As a result, niacin is gaining increasing popularity as a cholesterol treatment even with conventional doctors. However, such large doses of niacin can be toxic to body, particularly the liver, and may induce problems such as flushing, nausea and queasiness. Because of this, large doses of niacin should really only be taken under the supervision of a doctor.

Chromium can also reduce cholesterol levels (3,4), and increase HDL levels (5,6). It is believed that niacin and chromium work particularly well in combination, perhaps because they are the two main constituents of a molecule known as glucose tolerance factor chromium (GTF-chromium), which seems to have an important part to play in the regulation of insulin and blood sugar levels. One report suggests that just 100 mg of niacin combined with 200 mcg or chromium per day may be effective in reducing cholesterol levels for some people (7). Magnesium is another useful nutrient for treating raised cholesterol. In one study, magnesium was shown to reduce cholesterol levels and increase HDL levels at a dose of 430 mg per day (8).

The Indian herb guggul (Commiphora mukul) contains compounds called guggulsterones, which have the ability to reduce LDL levels. Studies in humans have consistently confirmed that guggul has the ability to reduce cholesterol levels (9). The normal recommended dose is 25 mg of guggulsterones, three times a day.

---

(1). Reaven P D, et al. Leisure time exercise and lipid and lipoprotein levels in an older population. Journal of the American Geriatric Society 1990;38:847-854

(2). Brown WV. Niacin for lipid disorders. Postgrad Med 1995;98:185-193

(3). Press RI, et al. The effect of chromium picolinate on serum cholesterol and apolipoprotein fractions in human subjects. West J Med 1990;152:41-45

(4). Hermann J, et al. Effects of chromium of copper supplementation on plasma lipids, plasma glucose and serum insulin in adults over age fifty. J Nutr Elderly 1998;27-45

(5). Riales R, et al. Effect of chromium chloride supplementation on glucose tolerance and serum lipids including high density lipoprotein of adult men. Am J Clin Nutr 1981;34:2670-2678

(6). Roeback JR, et al. Effects of chromium supplementation on serum high-density lipoprotein cholesterol levels in men taking beta-blockers. Ann Intern Med 1991;115:917-924

(7). Uberg M, et al. Hypocholesterolemic effects of nicotinic acid and chromium supplementation. J Family Pract 1988;27:603-606

(9). Davis WH, et al. Monotherapy with magnesium increases abnormally low high density lipoprotein cholesterol: a clinical assay. Curr Ther Res 1984;36:341-346

(9). Niyanand S, et al. Clinical trials with guggulipid – a new hypolipidemic agent. J Assoc Phys India 1989;37:323-328

High Triglycerides

Fat is transported around the body in essentially two forms; cholesterol and triglycerides. Triglycerides are actually the major form of fat found in food and the body. While the precise impact of triglycerides on health is unclear, there is some evidence linking high levels of triglycerides in the blood with an increased risk of heart disease. Triglycerides can be made in the liver in response to insulin. Because insulin itself is secreted in response to high levels of blood sugar, avoiding foods that tend to release sugar rapidly in the blood stream is important (see Dr John Briffa's e-book '6 Essentials to Physical Health and Wellbeing' for more information on this). Eating refined sugar has been shown to increase triglyceride levels (1,2). Alcohol, in excess, is an important cause of raised triglycerides (3), and moderation of drinking is therefore important if levels of triglycerides are to be properly regulated.

Garlic has been shown to be an effective triglyceride-lowering agent (5,6). The effective dose seems to be 600 – 900 mg per day. One raw clove consumed each day, or a supplement containing about 5,000 mcg of allicin (thought to be garlic's main active ingredient) may be effective in reducing triglyceride levels.

The Indian herb guggul (Commiphora mukul) contains compounds called guggulsterones which have the ability to reduce triglyceride levels (7). In one study, triglyceride levels fell by almost one third (8). The normal recommended dose is 25 mg of guggulsterones, three times a day.

---

(1). Reiser S. Effect of dietary sugars on metabolic risk factors associated with heart disease. Nutr Health 1985;3:203-216

(2). Szanto S, et al. The effect of dietary sucrose on blood lipids, serum insulin, platelet adhesiveness and body weight in human volunteers. Postgrad Med J 1969;45:602-607

(3). Steinberg D, et al. Alcohol and atherosclerosis. Ann Intern Med 1991;114:967-976

(4). Brown WV. Niacin for lipid disorders. Postgrad Med 1995;98:185-193

(5). Silagy C, et al. Garlic as a lipid-lowering agent:: A meta-analysis. J R Coll Physicians London 1994;28:39-45

(6). Holzgartner J, et al. Comparison of the efficacy of a garlic preparation vs. bezafibrate. Arzneimittelforschung 1992;42:1473-1477

(7). Niyanand S, et al. Clinical trials with guggulipid – a new hypolipidemic agent. J Assoc Phys India 1989;37:323-328

(8). Agarwal RC, et al. Clinical trial of gugglipid new hypolididemic agent of plant origin in primary hyperlipidemia. Indian J Med Res 1986;84:626-634

Hives (urticaria)

Urticaria, also known as 'nettle rash' or 'hives', is a condition characterised by red, raised itchy wheals on the skin surface. The rash usually affects the trunk or limbs, tends to come and go, and normally lasts for a few hours at a time. Urticaria is known to be triggered by a variety of factors including prescription medication, extremes of temperature and sunlight. However, there is some evidence that many cases of urticaria are caused by reactions to food (1) or food additives, particularly colourings, flavourings (salicylates), aspartame, and preservatives (2,3,4). For more details about how to identify specific food sensitivities, see Dr John Briffa's e-book '6 Essentials to Physical Health and Wellbeing' for more details on this. Chronic urticaria has also been associated with low stomach acid secretion (5). More details about the diagnosis and treatment of this condition can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Because urticaria seems to be related to the release of histamine, natural approaches that have antihistamine effect may help. See the section entitled *Hay Fever* for more details about these.

---

(1). Henz BM, et al. Most chronic urticaria is food-dependent, not idiopathic. Exp Dermatol 1998;7:139-142

(2). Lessof MH. Reactions to food additives. Clin Exp Allergy 1995;25(Suppl 1):27-28

(3).Juhlin L. Additives and chronic urticaria. Ann Allergy 1987;59:119-123

(4). Kulczycki A Jr. Aspartame-induced urticaria. Ann Int Med 1986;104:207-208

(5). Rawls WB, et al. Chronic urticaria associated with hypochlorhydria or achlorhydria. Rev Gastroenterol 1951;18:267-271

Hyperactivity (attention deficit hyperactivity disorder - ADHD)

Some children exhibit extreme mood and behaviour disruption indicative of a condition known as attention deficit hyperactivity disorder (ADHD). More and more children are coming to be diagnosed with ADHD, which is characterised by hyperactivity, mood swings and lack of focus and concentration. Sleep disturbance, bedwetting and excessive thirst are other common symptoms. The diagnosis of ADHD is usually made by an educational psychologist, and treatment revolves around behavioural therapy and drugs such as Ritalin (methylphenidate hydrochloride). Even though Ritalin is an amphetamine (a form of 'speed'), it can have the paradoxical effect of calming the nervous system in some children. However, Ritalin does not work for a significant proportion of hyperactive children, and is also linked with a variety of side effects such as insomnia and restlessness.

ADHD is very often amenable to a nutritional approach. Certain foodstuffs do seem to be associated with an increased risk of mood and behaviour disturbance. Eliminating caffeine, sugar and all food additives (artificial flavourings, colourings and preservatives) from the diet often helps to control symptoms. Not uncommonly, ADHD is related to food sensitivity. Here, one or more foodstuffs may provoke an unwanted reaction in the body, giving rise to symptoms typical of ADHD. Children suffering from food intolerance often have dark circles or bags under their eyes, and may exhibit very red cheeks and/or ears during fits of uncontrollable behaviour or screaming. While any food may give rise to these sort of unwanted reactions, the most common problems are wheat, milk, cheese, ice cream, chocolate, citrus fruits and egg. Children quite often crave the foods that they are sensitive too, so it is wise to be especially suspicious of a child's favourite foods. Information about the identification of individual food sensitivities can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Another quite common feature in children with ADHD is fluctuations in the level of sugar in the bloodstream. The body generally keeps blood sugar levels within relatively narrow parameters, and this is especially important for normal brain

function. The brain tissue uses a large proportion of the sugar in the blood stream, and if fuel supply stalls, it can provoke significant problems with mood. Many children suffer from episodes of low blood sugar throughout the day, which may manifest as mood swings, tantrums and uncontrolled behaviour. This problem is quite likely if the child craves sweet foods, or gets very irritable if he or she does not eat regularly and on time. These children will often respond to a diet designed to stabilise blood sugar levels. More details about this can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. Foods and drinks containing artificial sweeteners such as aspartame are also best avoided. At least one study has shown that aspartame can provoke mood disturbance in adults, and there is no reason to assume that this problem is any different in children.

Children with ADHD are often found to have nutrient deficiencies, especially in healthy fats known as essential fatty acids (EFAs) (1,2). Common symptoms of EFA deficiency include dry, flaky skin and excessive thirst. EFAs play an important role in the development and function of the brain. Possibly the most important nutrient in this respect is docosahexaenoic acid (DHA) which is normally found in fish oils. In practice, about 1 g of DHA per day may be effective.

Magnesium is another nutrient that may help in ADHD. Some children with ADHD have low levels of magnesium in their bodies and supplementation with this mineral has been shown to help reduce hyperactive behaviour (3). The dose of magnesium should be adjusted according to age, but an average 10-year-old should be given between 100 – 200 mg per day.

---

(1). Mitchell EA, et al. Clinical characteristics and serum essential fatty acid levels in hyperactive children. Clin Pediatr 1987;26:406-411

(2). Stevens LJ, et al. Essential fatty acid metabolism in boys with attention-deficit hyperactivity disorder. Am J Clin Nutr 1995;62:761-768

(3). Starobrat-Hermelin B, et al. The effects of magnesium physiological supplementation on hyperactivity in children with attention deficit hyperactivity disorder (ADHD). Positive response to magnesium oral loading test. Magnes Res 1997;10:149-156

Hypertension (high blood pressure)

High blood pressure, also known as hypertension, affects about 1 in 7 adults in this country. A lot of people imagine that hypertension commonly gives rise to headaches. Actually, the condition is usually symptomless, and its real danger comes in the fact that it increases the risk of major killers such as heart disease and stroke.

Not surprisingly, high blood pressure is often related to lifestyle factors. Smoking and excess weight should be avoided because they increase the risk of hypertension. Exercise, on the other hand, can help reduce blood pressure. Individuals with high blood pressure should take some form of sustained exercise (brisk walking, aerobics, cycling and light jogging are ideal) for half an hour, on most days.

With regard to the diet, salt (sodium chloride) appears to raise blood pressure in a significant number of people (1). If possible, salt should not be added during cooking or at the table. Also, it is wise to avoid processed and packaged foods as these tend to contain a lot of salt. While the sodium in salt tends to put the blood pressure up, another nutrient – potassium – tends to lower it (2). Eating a potassium-rich diet containing plenty of fresh fruits and vegetables (especially bananas) may help to bring blood pressure down. Another useful foodstuff to add to the diet is garlic: studies have shown that this can significantly reduce blood pressure (3).

Certain nutrients may also help to control blood pressure. Calcium has been reported to help reduce blood pressure, although the degree of blood pressure drop appears to be small (4), some individuals (seemingly those sensitive to salt) may get significant benefit (5). A 12-week trial of 1000 mg of calcium per day is certainly worth trying. Magnesium supplementation may also help to reduce blood pressure (6). A good dose is between 350 – 500 mg per day. One other nutritional agent, which may help reduce blood pressure, is CoEnzyme Q10 at a dose of 50 mg, twice a day (7,8).

(1). Stamler J, et al. Findings of the international cooperative INTERSALT study. Hypertension 1991;17(1):9-15

(2). Cappuccio FP, MacGregor GA. Does potassium supplementation lower blood pressure? A meta-analysis of published trials. J Hypertension 1991;9:465-473

(3). Silagy C, Neil AW. A meta-analysis of the effect of garlic on blood pressure. J Hypertension 1994;12:463-468

(4). Griffith LE, et al. The influence of dietary and non-dietary calcium supplementation on blood pressure. An updated metaanalysis of randomized controlled trials. Am J Hypertension 1999;12:84-92

(5). Resnick LM. The role of dietary calcium in hypertension.: a hierarchical review. Am J Hypertension 1999;12:99-112

(6). Motoyama T, Sano H, Fukuzaki H, et al. Oral magnesium supplementation in patients with essential hypertension. Hypertension 1989;13:227-232

(7). Gigiesi V, Cantini F, Brodbeck B. Effect of coenzyme Q10 in essential hypertension. Curr Ther Res 1990;47:841-845

(8). Singh RB, Niaz MA, Rastogi SS, et al. Effect of hydrosoluble coenzyme Q10 on blood pressures and insulin resistance in hypertensive patients with coronary artery disease. J Hum Hypertens 1999;13:203-208

Hypotension (low blood pressure)

Doctors' opinions vary widely in their attitude to low blood pressure. Some believe that it is of no significance, and often remark that it is desirable as it reduces the risk of high blood pressure in the long term. Others believe that it is often the sign of some imbalance or weakness in the body. I take the latter view. In practice, low blood pressure is often associated with a weakness in the adrenal glands. The adrenal glands manufacture a hormone called 'aldosterone' which helps the body maintain blood pressure levels by retaining sodium. Weakened adrenal glands may under-produce aldosterone, causing sodium loss in the body and a lowered blood pressure. Adding salt to the diet can help by reducing the body's need to secrete aldosterone from the adrenal glands. Taking steps to restore adrenal health as outlined in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** usually brings long-term improvement in blood pressure, and often leads to a significant enhancement in wellbeing too.

Impotence

A man's ability to attain and maintain an erection is to a certain degree dependent on the blood supply to the penis. The herb Ginkgo biloba has a long history of use as a circulatory stimulant, and has been shown to help improve blood supply to the penis. One study showed that after nine months of treatment with Ginkgo extract, there was significant improvement in 78%. of men with impotence. The dose used in this study was 80 mg of Ginkgo extract, three times a day (1).

Other herbs which have traditionally been used to treat impotence include Catuaba (from the Amazon rainforest) at a dose of 1000 mg, twice a day, and Muira puama (also from South America) at a dose pf 1,000 – 1,500 mg of 4:1 extract per day.

---

(1). Sohn M, et al. Ginkgo biloba extract in the therapy of erectile dysfunction. J. Sex. Educ. Ther. 1991;17:53-61

Incontinence - urinary

Incontinence can be related to weakness in what is known as the 'detrusor' muscle, a proportion of which makes up the outer muscular coat of the bladder. In a condition known as 'detrusor instability', it is thought that this muscle does not function normally, giving rise to certain symptoms which may include incontinence, and also frequent urination and the need to pass water at night. One nutritional factor that seems to have a significant effect in many cases of detrusor instability is caffeine. One study found that women older than 55 years of age who drank more than 4 cups of coffee per day, had twice the risk of developing weakened bladder muscles (1). While women older than 55 are especially vulnerable to this condition, researchers reported caffeine consumption increased risk regardless of age. Women who consumed an average of 484 mg of caffeine a day were more likely to have detrusor instability compared to women drinking an average of 194 mg of caffeine per day. It may therefore be important to keep caffeine consumption to a minimum, and certainly to less than 200 mg per day. Per cup, brewed coffee, instant coffee and tea contain about 130 mg, 70 mg and 40 mg of caffeine respectively.

Another useful approach to treating detrusor instability is to take a supplement of the mineral magnesium. In one study, it was found that symptoms of detrusor instability improved in more than half of the women taking magnesium. In contrast, only 20% of women taking placebo (inactive) medication reported any improvement (2). Magnesium probably works by helping to relax and improve co-ordination in the detrusor muscle. 250 – 350 mg of magnesium should be taken 2 - 4 times a day, though this dose can usually be reduced as symptoms improve.

In practice, incontinence can often be very effective treated using what as known as 'Kegel' exercises. These involve voluntary contraction of the muscles in the pelvic floor, which in turn can increase the strength and tone of the muscles here. Women practising this exercise focus on contracting the same muscles they would normally use to stop their urinary flow mid-stream. With frequent and systematic practice, and maybe the use of vaginal weights, it is often possible to get very good control of symptoms of incontinence.

(1). Arya LA, et al. Dietary caffeine intake and the risk for detrusor instability: a case-control study. Obstet Gynaecol 2000;96(1):85-89

(2). Gordon D, et al. Double-blind, placebo-controlled study of magnesium hydroxide for treatment of sensory urgency and detrusor instability: preliminary results. Br J Obstet Gynaecol 1998;105:667-669

Indigestion (see also Hiatus Hernia)

Indigestion, the feeling of pain, discomfort, or bloating after eating, is very often related to poor digestion. Inadequate chewing, low stomach acid secretion and/or low levels of digestive enzymes are frequent factors here. See Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. for more information about poor digestion and how to manage it.

Indigestion may also be related to infection with the organism Helicobacter pylori. This infection may respond to treatment with a natural substance known as mastic gum. This product is prepared from the resin of a tree, which grows on an island in the Aegean Sea. Mastic gum has been found to kill H. pylori in the test-tube. Experimentally, mastic gum has been shown to reduce symptoms in 80% of sufferers, and heal 70% of duodenal ulcers (1). 1 g of mastic gum should be taken each day for two weeks.

---

(1). Al-Habbal MJ, et al. A double-blind controlled clinical trial of mastic and placebo in the treatment of duodenal ulcer. J Clin Exp Pharm Physiol 1984;11:541-544

Infertility - female

Infertility in women can have many different underlying causes, some of which may be amenable to a natural approach. From a lifestyle point of view, both smoking (1) caffeine and alcohol (2) seem to be related to infertility. Infertility can sometimes be related to low thyroid function (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**).

Infertility may be related to nutritional deficiency, and one double-blind study found that taking a multivitamin and mineral supplement increased fertility (3). Vitamin E taken at a dose of 200 IU per day for women and 100 IU per day for men has been shown to increase fertility (4). The herb Agnus castus has been shown to enhance fertility, perhaps through its ability to normalise levels of the hormone progesterone (necessary for the maintenance of the pregnancy) (5).

---

(1). Howe G, et al. Effects of age, cigarette smoking, and other factors on fertility: findings in a large prospective study. BMJ 1985;290:1697-1699

(2). Grodstein F, et al. Infertility in women and moderate alcohol use. Am J Public Health 1994;84:1429-1432

(3). Czeizel AE, et al. The effect of preconceptional multivitamin supplementation on fertility. Int J Vitam Nutr Res 1996;66:55-58

(4). Bayer R. Treatment of infertility with vitamin E. Int J Fertil 1960;5:70-78

(5). Propping D, et al. Treatment of corpus luteum deficiency. Zeitschr Allgemeinmedizin 1987;63:932-933

Infertility - male

Scientific studies suggest that male infertility is reaching epidemic proportions. One study that reviewed a mass of data from 61 research papers found a 50% fall in the average sperm count between 1938 to 1990 (1). One study showed that while 5% of European sperm donors were found to have reduced fertility in 1980, by 1990 this figure had rose almost 10-fold to 46% (2). The precise reason for this dramatic decline in sperm counts is unknown, though many scientists believe it is likely to be related to the ingestion of chemicals in the environment which may mimic hormones such as pesticides (e.g. DDT and dieldren), and plastic residues.

Healthy sperm production is dependent on a number of different factors which can often be modified to improve fertility. Sperm production is better if the testes are kept cool. It is advisable to avoid tight-fitting trousers and underwear, as these tend to raise the temperature of the testes, which can impair sperm production. Showers are preferable to baths in this respect.

In addition, certain natural substances may help to enhance fertility. One nutrient that has been shown to improve sperm production is vitamin C. This nutrient seems to help prevent sperm from sticking together (something known as 'agglutination'), and also increases the percentage of normal sperm (3). 500 mg of vitamin C should be taken, twice a day. Zinc is an important nutrient for male fertility. In one study, men with low concentrations of zinc in their semen experienced increases in sperm count and motility (movement) by supplementing with 55 mg of zinc per day (4).

Another natural agent that may help fertility is the vitamin like compound L-carnitine. In one study, 3 g of L-carnitine per day increased the proportion of sperm showing normal motility (5).

---

(1). Hurley D. Pollutants blamed for steady decline in sperm counts, ejaculate volume. Med Tribune 1992:pg14

(2). Comhaire F, et al. Declining sperm quality in European men. Andrologia 1996;28:300-301

(3). Anonymous. Sperm swim singly after vitamin C therapy. JAMA 1983;249:2747-2751

(4). Marmar JL, et al. Semen zinc levels in infertile and postvasectomy patients and patients with prostatitis. Fertil Steril 1975;26:1057-1063

(5). Costa M, et al. L-carnitine in the idiopathic asthenozoospermia: a multicenter study. Andrologia 1994;26:155-159

Inflammatory Bowel Disease

(see Ulcerative Colitis)

Insomnia

Sleep disturbance can broadly be divided into two categories; difficulty in getting to sleep, and problems with waking in the night. If getting off to sleep is a problem, then it often helps to engage in relaxing sedate activities such as reading, listening to music and taking a bath in the evening. Dietary factors also play an important part in determining our ability to get to sleep. For instance, one common cause of sleeplessness is caffeine, which has stimulant effects in the body. Studies have shown that coffee and tea drinkers are more likely to suffer from sleep disruption. The effects of caffeine can linger for up to 20 hours (1), so cutting out caffeine from the diet or at least avoiding it after breakfast may be necessary for sleep patterns to regularise. Camomile tea, drunk in the evening, is a good alternative and is found by many to be an effective sleep aid.

Valerian (Valeriana officinalis) has been widely used in folk medicine as a sedative. The root of the valerian plant contains a number of constituents including essential oils that have calming and sleep-inducing properties. Valerian, unlike many of the conventional sleeping medication, does not seem to be addictive. The normal recommended dose is 300-500 mg of root extract or 5ml of tincture, taken one hour before bedtime.

Sleep is induced by the production of certain brain chemicals including a substance called ‘serotonin’. In the body, serotonin is manufactured from the amino acid tryptophan. An intermediary in this process is the substance 5 hydroxytryptophan. Many people find that supplementing with this substance can help induce and maintain sleep. The normal recommended dose is 50 mg, taken an hour before bedtime.

Some individuals find that while dropping off to sleep is not a problem, they tend to wake in the middle of the night, often finding it difficult to get back to sleep again. This problem is quite often related to a drop in the level of sugar in the blood stream during the night. Normally, the body likes to keep an adequate and stable blood sugar level while we sleep. Should the blood sugar level drop, the body secretes certain hormones, notably adrenaline, to correct this. Peak adrenaline secretion is

often as around 3 or 4 o clock in the morning, which is perhaps why many individuals wake at this time. The secret to ensuring a good night's sleep for many individuals is to maintain a stable level of blood sugar throughout the night. More details about this can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

---

(1). Hollingworth HL, et al. The influence of caffeine on mental and motor efficiency. Arch Psychol 1912;20:1-66

Intermittent Claudication

Each muscle in the body is dependent on an adequate blood supply for its function. In some individuals, the arteries, which supply blood to the muscles in the legs, can become narrowed, essentially starving the muscle of oxygen and other nutrients. As a result, it is not uncommon for individuals with this condition to experience pain in their legs when they walk any distance, particularly on an uphill incline. Typically, the pain will be felt in one or both calf muscles and is relieved by resting.

Regular walks should be taken, and it can help to exercise through the pain if at all possible. It is thought that doing so helps to stimulate the development of other channels of blood flow into the legs. On a dietary level, animal fat and what are known as "partially hydrogenated' or 'trans fatty acids' (found in most processed foods, fried foods, fast food and baked goods) should be avoided. Oily fish, extra virgin olive oil and garlic, all or which have a beneficial effect on diseased arteries, should be emphasised in the diet.

Vitamin E may help the symptoms of intermittent claudication. Vitamin E has blood-thinning properties and may also help to prevent further fatty build-up in the arteries. 800 – 1000 IU should be taken each day. Another useful natural remedy for intermittent claudication is a blend of Tibetan herbs called Padma 28. This supplement (760 mg, twice a day) has been shown to double the walking distance in individuals with intermittent claudication (1). Treatment should continue for at least 12 weeks. This supplement can be obtained by mail order by phoning 0161 483 4662.

---

(1). Smulski HS, et al. Placebo-controlled, double-blind trial to determine the efficacy of the Tibetan plant preparation Padma 28 for intermittent claudication. Alternative Ther 1995;1(2):44-49

Irritable Bowel Syndrome

(see also Abdominal Bloating)

Irritable bowel syndrome (IBS) is a common digestive problem, typical symptoms of which are bloating, excessive flatulence, abdominal discomfort and constipation and/or loose bowels. Very often, IBS can be effectively dealt with one or both of two main underlying problems: food sensitivity and an imbalance in the organisms that normally inhabit the gut (especially yeast overgrowth). IBS can also be related to insufficient digestion. Information about how to diagnose treatment these problems can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Kidney Stones

Stones that form in the kidney or bladder come in several different forms, the most common of which are made of calcium and a substance called 'oxalate'. It is thought that high levels of oxalate in the diet might predispose to the formation of these stones (1). For this reason, anyone with a history of calcium oxalate kidney stones should cut down on consumption of oxalate-rich foods such as beans, cocoa, instant coffee, tea, parsley, rhubarb, spinach and chocolate.

Individuals who suffer from recurrent kidney stones are often advised to cut down on their consumption of calcium. Interestingly, calcium can bind to oxalate in the digestive tract, preventing its absorption into the body. There is some evidence that a calcium rich diet can actually reduce the risk of developing calcium-based stones (2,3). Calcium supplements may promote kidney stones, but this appears to be the case if they are taken away from meal times (3). Calcium supplements should be taken with food for this reason.

Two nutrients, which may help to reduce the risk of kidney stone formation, are magnesium and vitamin B6. Both of these nutrients are used by the body to convert oxalate into other substances. One study showed that supplementing with magnesium along with vitamin B6 each day reduced the rate of stone recurrence by about 90% (4). Good doses would be 300 mg of magnesium and 50 mg of vitamin B6 per day.

A natural remedy, which can help to dissolve kidney stones, is the herb Quebra Pedra (which literally translated means 'stone breaker'). Quebra Pedra is usually available as a powder that can be made into a tea. Two heaped teaspoons should be boiled in about ½ litre of water. This mixture can be drunk over the course of the day, either hot or cold. Anecdotally, the many individuals that try this remedy find that the kidney stone dissolves within about two weeks of starting treatment.

---

(1). Robertson WG, et al. The cause of idiopathic calcium stone disease: hypercalcuria or hyperoxaluria? Nephron 1980;26:105-110

(2) Curhan GC, et al. A prospective study of dietary calcium and other nutrients and the risk of symptomatic kidney stones. N Engl J Med 1993;328:833-838

(3). Curhan GC, et al. Comparison of dietary calcium and supplemental calcium and other nutrients as factors affecting the risk of kidney stones in women. Ann Intern Med 1997;126;497-504

(4). Prien EL, et al. Magnesium oxide-pyridoxine therapy for recurrent calcium oxalate calculi. J Urol 1974;112:509-512

Lactose Intolerance

Milk contains a sugar called lactose, which is made up of two other sugars – glucose and galactose. Lactose is normally broken down into its constituents prior to absorption. However, some individuals lack the enzyme in the gut that is responsible for digesting lactose, a problem that can give rise to diarrhoea, bloating and wind. This condition is called 'lactose intolerance', and is especially common in individuals of Asian, African and Middle Eastern decent.

In the gut, certain bacterial species have the ability to metabolise lactose. One of the most important in this respect is lactobacillus acidophilus – the name of which gives a clue to its lactose-digesting ability. Taking a good quality acidophilus supplement for 2 – 3 months, perhaps followed by a maintenance dose of this organism seems to enhance lactose-digesting ability. .

Another option is to treat milk with the enzyme responsible for digesting lactose called 'lactase'. Lactase can often be found in liquid form, which can be added to milk 24 hours before it is consumed. Lactase may also be available in tablet form, to be taken when consuming milk or milk product such as ice cream. One final approach is to choose naturally lactose-free milks such as soya, oat and rice milk in preference to dairy-based milk.

Leg Ulcer (see Ulcer - skin)

Leukoplakia

Leukoplakia is a condition characterised by white ‘plaques’ in the mouth. The condition is quite harmless itself, but there is a chance it may turn cancerous in time. One study showed that 300 mcg of selenium taken each day for 12 weeks improved 7 out 12 (72%) individuals with leukoplakia (1). Other nutrients that also seem to help this condition include vitamin A and beta-carotene. 10,000 IU of vitamin A and 25,000 – 50,000 IU of beta-carotene per day are likely to add to the beneficial effects of selenium.

(1). Toma S, et al. Selenium therapy inn patients with precancerous and malignant oral cavity lesions: preliminary results. Cancer Detect Prev 1991;15:491-494

Low Blood Pressure (see Hypotension)

Macular Degeneration

Light from the outside world is focused onto a structure at the back of the eye called the retina. The central part of the retina - known as the 'macula' - is crucial for vision. In some individuals, the macula gradually deteriorates leading to visual problems. This problem is associated with the growth of tiny blood vessels called capillaries just behind the retina, which may bleed, often causing the vision to deteriorate further. Macular degeneration is more common as we age, and a quarter of individuals over the age of 65 have at least the beginnings of this disease.

Macular degeneration is triggered by damaging, destructive molecules called 'free radicals'. In the body, free radicals are neutralised by substances called anti-oxidants such as the nutrient beta-carotene. One study showed that eating beta-carotene rich foods such as red and orange peppers, apricots, cantaloupe melon, kale and spinach helped reduce risk of macular degeneration (1). Other nutrients that have been found to protect against macular degeneration include lutein and zeaxanthin (2). These relatives of beta-carotene can be found in foods such as spinach, collard greens and kale. These two nutrients may be taken in supplement form. 6 mg of each would be a good dose, along with 15,000 – 25,000 IU of beta-carotene. Another natural agent that may help in the treatment of macular degeneration is the herb Ginkgo biloba. Some research exists to suggest benefit from this herb in the early stages of the disease (3). The normal recommended dose is 120 – 240 mg of standardised extract per day.

---

(1). Goldberg J, et al. Factors associated with age-related macular degeneration. Am J Epidemiol 1988;128:700-710

(2). Seddon JM, et al. Dietary carotenoids, vitamin A, C and E and advanced age-related macular degeneration. JAMA 1994;272:1413-1420

(3). Lebuisson DA, et al. Treatment of senile macular degeneration with Ginkgo biloba extract: a preliminary double-blind study versus placebo. In Rokan (Ginkgo biloba): Recent Advances in Pharmacology and Clinic, Fünfgeld FW, ed. Berlin: Springer-Verlag 1988, 231-236

Memory and Concentration - poor (see also Alzheimer's Disease)

Declining memory and mental function is common as we age and is sometimes referred to as age-associated memory impairment. This problem seems often to be associated with reduced blood supply to the brain and/or a failure of the brain cells to co-ordinate or communicate properly. While poor memory is sometimes regarded as an inevitable consequence of the ageing process, it is usually possible to improve brain function using natural means.

Generally speaking, the diet should be rich in whole, unrefined foods as this will help to provide the brain with the nutrients it needs for optimal function. Oily fish such as mackerel, salmon, trout or tuna should be eaten, as they are rich in the omega-3 fatty acids, which play an important part in maintaining the structure and function of nerve cells in the brain. In addition, fresh fruits and vegetables should be emphasised, as they contain vitamin C and beta-carotene, which have been associated with better memory in elderly individuals (1).

The herb Ginkgo biloba has been shown to enhance mental function (2,3), possibly through its ability to enhance blood supply to the brain. Another useful natural agent is acetyl-L-carnitine. This nutrient has been shown to improve memory in elderly individuals with mild brain function impairment (4,5). The normal recommended dose is 500 – 1000 mg, three times a day.

---

(1). Perrig WJ, et al. The relation between antioxidants and memory performance in the old and very old. J Am Geriatr Soc 1997;45(6):718-724

(2). Allain H, et al. Effects of two doses of ginkgo biloba extract (EGb 761) on the dual-coding test in elderly subjects. Clin Ther 1993;15(3):549-558

(3). Rai GS, et al. A double-blind, placebo-controlled study of Ginkgo biloba extract ('tanakan') in elderly patients with mild to moderate memory impairment. Curr Med Res Opin 1991;12(6):350-355

(4). Cipolli C, et al. Effects if L-acetylcarnitine on mental deterioration in the aged: initial results. Clin Ter 1990;132(6):479-510 (In Italian)

(5). Salvioli G, et al. L-acetylcarnitine treatment of mental decline in the elderly. Drugs Exp Clin Res 1994;20(4):169-176

Menorrhagia (heavy periods)

Heavy menstrual bleeding - referred to as 'menorrhagia' (pronounced men-or-ray-jah) by the medical profession - affects a significant proportion of women. While it is important for women with heavy periods to consult their doctor to exclude any potentially serious condition, usually no specific reason can be found for the problem. Treatment options for menorrhagia revolve around hormonal medications or hysterectomy. Fortunately, natural alternatives do exist.

Menorrhagia can have several potential causes including fibroids (non-cancerous growths in the womb) and hormonal imbalance. Another quite common cause of menorrhagia is hypothyroidism (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details on this). One nutrient that seems to be very effective in treating menorrhagia is vitamin A. One study showed that 25,000 IU of vitamin A taken twice a day for 15 days brought about a significant reduction of menstrual flow in more than 90% of women (1). Vitamin A should not be taken in doses exceeding 10,000 IU per day by women who are pregnant or are planning pregnancy.

Another useful nutrient in treating menorrhagia is the mineral iron. It is well known that iron deficiency is a common consequence of menorrhagia. However, what is less well known is that iron can also be used to treat menorrhagia. Iron appears to help blood vessels contract, which is important if the body is to bring an end to the bleeding from the womb. The best way to have the level of iron in your body checked is to with a blood test called 'ferritin'. If this is low, iron therapy may well help reduce the weight of the period.

---

(1). Lithgow DM, et al. Vitamin A in the treatment of menorrhagia. S Afr Med J 1977;51:191-193

Meniérè's disease

Meniérè's disease is a disorder, which affects the part of the body responsible for maintaining balance – the inner ear. The condition is characterised by episodes of dizziness and vertigo. These symptoms can be very severe and can cause extreme disorientation and collapse. Meniérè's disease can also be associated with other symptoms including deafness and tinnitus (ringing in the ears). Although the precise cause of this condition is unknown, one theory is that it is related to restricted blood supply to the inner ear.

On a dietary level, it is important to avoid sugar and other foods that release sugar quickly into the blood stream such as white bread, white rice, and potatoes. These foods can upset the balance of sugar in the blood stream, which seems to bring on symptoms in many sufferers. For more details about blood sugar control, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. In addition, salt should be limited in the diet, as should saturated fat (red meat and dairy products), coffee and tea. Plenty of fresh fruits and vegetables, nuts, seeds, extra virgin olive oil, and plain filtered or bottled water should be included in the diet. One study showed very significant improvement in the symptoms of Ménière's disease in sufferers who had followed this regime for a year (1).

One very useful natural substance for the treatment of Ménière's disease is the herb Ginkgo biloba. A double-blind study has confirmed its value in treating vertigo, a common symptom in Ménière's disease (2). The normal recommended dose of Ginkgo biloba is 120 – 240 mg of standardised extract per day.

---

(1). Yanick P Jr. Dietary and lifestyle influences on cochlear disorders and biochemical status: A 12-month study. J Appl Nutr 1988;40(2):75-84

(2). Haguenauer JP, et al. Treatment of equilibrium problems with extract of Ginkgo biloba. A multicenter, double-blind, placebo-controlled study. Presse Med 1986;15:1569-1572 (In French)

Menopause

During her reproductive years, a woman's cycle is regulated by a variety of hormones, the most important of which are oestrogen and progesterone. At about the age of 50, the production of these hormones by the ovaries declines sharply, which leads to an end of menstruation - commonly referred to as the 'menopause'. At this time, many women will complain of potentially troublesome symptoms such as hot flushes, low libido, depression, insomnia and vaginal dryness. The post-menopausal period is associated with an increased risk of certain conditions including osteoporosis and heart disease.

The conventional medical approach to treating menopause is centred around the use of hormone replacement therapy (HRT) which comes in pill, patch and implant forms. HRT appears to control menopausal symptoms in some women, and it is has been claimed that it may also reduce the risk of osteoporosis and heart disease. With regard to osteoporosis, the best HRT can do is to slow down the rate of bone loss. However, this effect is lost once HRT is stopped, which means that women must continue treatment indefinitely if they want long term protection. Also, there are plenty of natural approaches to osteoporosis that do not require the use of synthetic hormones (see *Osteoporosis*). The evidence for HRT's benefits for the heart are even more lacking. In a study that looked at the collective results from 22 pieces of research found that HRT did not reduce the risk of heart disease at all (1). More recent work has confirmed this finding (2). HRT is associated with significant health risks too. In research which combined the data from 51 studies, taking HRT for 5 years or more (average duration of treatment in this group being 11 years) increased risk of breast cancer by 35% (3).

There is no doubt that diet and appropriate nutritional supplements can help protect women from the negative effects of the menopause. It is interesting to note that in some cultures women tend to have relatively few problems with the menopause. In Japan, for instance, only a small percentage of women suffer significant menopausal symptoms, and there is no Japanese equivalent to the term 'hot flush'. The low rate of menopausal symptoms in Japan appears to be related to the consumption of significant quantities of soy-based foods including tofu and soya milk. Soy contains

substances called isoflavones (also known as phytoestrogens) which can mimic the effect of oestrogen in the body. Including these in the diet may help control some of the symptoms associated with a lack of oestrogen including hot flushes.

To help combat osteoporosis it is important to eat a diet rich in calcium. However, what is less well known is that calcium seems to have most effect when in combination with another bone-building mineral - magnesium. For this reason it is a good idea to include in the diet foods which are rich in both these nutrients including green leafy vegetables, sardines, mackerel, seafood and sesame seeds.

Another important concept which may help reduce the negative effects of menopause is blood sugar control. Fluctuating levels of sugar in the blood stream tends to stimulate adrenaline secretion in the body, and this hormone is well known to promote bone loss. More details about how to stabilise blood sugar levels can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

To ensure blood sugar levels remain stable, the diet should be based around foods which release sugar relatively slowly such as wholemeal bread, brown rice, wholewheat pasta, vegetables, beans, pulses and fish. Fast releasing foods such as sugar, potatoes, and white bread and white rice should be avoided or eaten in moderation.

Vitamins, minerals and herbs will often provide relieve from many of the symptoms and adverse affects associated with the menopause. Several studies show that vitamin E can be very effective in relieving hot flushes in menopausal women (4,5,6,7,8). 800 – 1000 IU per day seems to be the effective dose. Vitamin E may also substantially reduce the risk of heart disease (see *Atherosclerosis*).

Another natural substance that seems to have a beneficial effect on menopausal symptoms is the herb Black cohosh (Cimicifuga racemosa). This has been shown to reduce hot flushes along with other menopausal symptoms in a significant number of

women (9). The normal recommended dose is 2 - 4 ml of tincture (alcoholic extract), three times day.

Other herbs that may often be useful in relieving menopausal symptoms include Agnus castus (40 drops of concentrated liquid herbal extract taken in the morning) and Dong quai (3 - 4 g of herb per day).

---

(1). Hulley S, et al. Randomized Trial of Estrogen Plus Progestin for Secondary Prevention of Coronary Heart Disease in Postmenopausal Women. JAMA 1998;280:605-613

(2). Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and hormone replacement therapy: collaborative reanalysis of data from 51 epidemiological studies of 52 705 women with breast cancer and 108 411 women without breast cancer Lancet 1997;350:1047-1059

(3). Hemminki E, et al. Impact of postmenopausal hormone therapy on cardiovascular events and cancer: pooled data from clinical trials. BMJ 1997;315:149-153

(4). Perloff WH. Treatment of the menopause. Am J Obstet Gynecol 1949;58:684-694

(5). Gozan HA. The use of vitamin E in the treatment of the menopause. NY State J Med 1952;52:1289

(6). Christy CJ. Vitamin E in menopause: Preliminary report of experimental and clinical study. Am J Obstet Gynecol 1945;50:84

(7). Finkler RS. The effect of vitamin E in the menopause. J Clin Endocrinol Metab 1949;9:89-94

(8). Rubenstein BB. Vitamin E reduces the vasomotor symptoms of menopause. Fed Proc 1948;7:106

(9). Lieberman S. A review of the effectiveness of Cimicifuga racemosa (black cohosh) for the symptoms of menopause. J Women's Health 1998;7:525-529

Migraine (see also Headache and Cluster Headache)

Migraine affects 6% of men and almost one in five women. Characterised by intense, localised pain, usually on one side of the head, migraine attacks can last from anywhere between two hours and several days. Some attacks may lead to severe symptoms such as intense, throbbing pain, nausea, vomiting and diarrhoea. About 75% of migraine sufferers experience some loss of their ability to function normally during an attack, and almost a third of sufferers become totally incapacitated by at least some of their headaches.

There is good evidence that a major cause of migraine is food sensitivity (1,2,3,4). Certain foods are well known to trigger migraine. Sometimes referred to as 'the five Cs', these are; chocolate, cheese, claret (and other red wines), coffee (and other sources of caffeine) and citrus fruits. While these foods are commonly held to be the main culprits in migraine, research has suggested that the most common food trigger is actually wheat (5). This research also found milk and egg to be other common precipitating foodstuffs. Identification and elimination of offending foods is often very effective in controlling migraine attacks. More information about this can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Migraine can sometimes be triggered if the level of sugar in the blood stream gets too low (hypoglycaemia). This may well explain why some individuals can wake up with a headache or be prone to an attack if a meal is skipped. To ensure a stable level of blood sugar, regular meals and snacks should be eaten, and the diet should be based around fresh fruits and vegetables, meat, fish, and wholegrain starches like wholemeal bread, wholewheat pasta, and brown rice. More details about stabilising blood sugar, including supplements that may help with this, can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Migraine can sometimes be related to nutritional deficiency. One of the most important nutrients in this respect is magnesium. During a migraine attack the blood vessels around the brain tend to constrict (shut down) and then dilate (open out).

This second phase of dilation that is believed to cause the pain characteristic of migraine. Magnesium deficiency tends to increase the risk of spasm in the lining of the arteries, increasing the risk of subsequent dilation and pain. Indeed, migraine sufferers have been found to have lower levels of magnesium in their blood streams compared to non-sufferers. One report found that 80% of women treated with magnesium (typical dose 200 mg per day) experienced an improvement in their headaches (6). Because magnesium deficiency is relatively common in our society, I generally recommend that migraine sufferers take 200 – 250 mg of magnesium, once or twice a day.

Another natural remedy that can often be effective in the prevention and treatment of migraine is the herb Feverfew (Tanacetum parthenium). The main active constituent in Feverfew is believed to be a substance called 'parthenolide'. Parthenolide appears to inhibit the release of inflammatory substances, which may play a part in the blood vessels changes typical in migraine. Feverfew has been found to reduce the frequency, severity and duration of migraine attacks (7,8,9), although it may take several weeks for benefits to become apparent. The daily recommended dose of parthenolide is 250 mg a day.

---

(1). Monro J, et al. Food allergy in migraine. Lancet 1980;ii:1-4

(2). Egger J, et al. Is migraine food allergy? A double-blind trial of oligoantigenic diet treatment. Lancet 1983;ii:865-869

(3). Hughs EC, et al. Migraine: a diagnostic test for etiology of food sensitivity by a nutritionally supported fast and confirmed by long-term report. Ann Allergy 1985;55:28-32

(4). Egger J, et al. Oligogenic diet treatment of children with epilepsy and migraine. J Pediatr 1989;114:51-58

(5). Grant EC. Food allergies and migraine. Lancet 1979;I:966-969

(6). Weaver K. Magnesium and migraine. Headache 1990;30:169 (letter)

(7). Murphy JJ, et al. Randomized double-blind placebo controlled trial of feverfew in migraine prevention. Lancet 1988;ii:189-192

(8). Johnson ES, et al. Efficacy of feverfew as prophylactic treatment of migraine. BMJ 1985;291:569-573

(9). Palevitch D, et al. Feverfew (Tanacetum parthenium) as a prophylactic treatment for migraine: A double-blind placebo-controlled study. Phytother Res 1997;11:508-511

Mitral Valve Prolapse

The heart is essentially divided into two. The right side of the heart pumps blood to the lungs, while the left side of the heart pumps blood to the rest of the body. Each side of the heart is made up of an upper and lower chamber. The mitral valve sits between the upper and lower chambers on the left side of the heart. Its function is to ensure that when the heart beats, blood is only pumped out of the heart towards the body's tissues, and not in the other direction.

In mitral valve prolapse (MVP), the mitral valve is slightly deformed, and this may eventually lead to some leakiness of the valve. If the condition is severe enough it may give rise to symptoms such as chest pain, palpitations, fatigue and breathlessness. MVP affects about 5% of the adult population, and is most common in young to middle-aged women. Certain nutrients may help slow the progression of MVP and reduce the risk of symptoms.

Studies have shown that the majority of MVP sufferers are deficient in magnesium, and that magnesium supplementation can benefit MVP sufferers (1). 250 – 350 mg of magnesium, should be taken, twice a day. Another nutrient that may help the symptoms of MVP is Coenzyme Q10. This nutrient helps energy production in the body, and seems to have particular benefits for the heart. A study in children with MVP showed marked benefit from this nutrient (2). 30 - 50 mg, should be taken three times a day.

---

(1). Lichodziejewska B, et al. Clinical symptoms of mitral valve prolapse are related to hypomagnesemia and attenuated by magnesium supplementation. Am J Cardiol 1997;79:768-772

(2). Oda T, et al. Effect of coenzyme Q10 on the stress-induced decrease of cardiac performance in pediatric patients with mitral valve prolapse. Jpn Circ J 1984;48:1387

Molluscum Contagiosum

'Molluscum contagiosum' is actually a viral infection which gives rise to the presence of shiny, white, wart-like lumps on the skin. Molluscum contagiosum can affect any part of the skin, but the face, genitals and inside of the thighs are commonly affected. Molluscum contagiosum is more common in children than in adults, and usually clears up of its own accord within a year a so. However, in a small percentage of sufferers, problems can persist for longer.

One nutrient which seems to help clear molluscum contagiosum infection in the mineral selenium. Doses of 100 – 200 mcg of selenium per day in children and 300 - 400 mcg per day in adults may help to control the infection by inhibiting the reproduction of the molluscum virus. In addition, it may to apply something topically to the warts. Extracts of myrrh (Commiphora molmol) have potent anti-viral action and have been used historically to treat a wide range of infections. 10 drops of essential oil of myrrh should be dissolved in 100 ml of almond oil. This mixture should be rubbed into the affected area two or three times a day.

Morning Sickness

Morning sickness is a common problem that usually starts before the 6th week of pregnancy and disappears by the 12th week. Although morning sickness is almost always harmless, any woman who is experiencing severe or prolonged problems should consult her doctor. While nausea and vomiting in early pregnancy invariably cause discomfort and distress for sufferers, simple natural remedies can often be very effective in bringing symptoms under control.

It is often helpful to cut down on fatty foods such as red meat, dairy products and fried foods. These tend to make the feeling of sickness worse. Another good idea is to eat small meals (including breakfast) quite often during the day. This helps keep the level of sugar in the blood stream stable, which can often help to alleviate symptoms.

One natural and effective remedy for morning sickness is ginger. Chewing a piece of root ginger throughout the day or drinking ginger tea made from grated or sliced root ginger may well help relieve symptoms quite quickly. An alternative to fresh root ginger is ginger capsules or tablets. The equivalent of 250 mg of ginger should be taken, up to four times a day. Another natural substance known to help women suffering from nausea in pregnancy is vitamin B6 (1,2). 25 mg should be taken, two or three times a day.

---

(1). Sahakian V, et al. Vitamin B6 is effective therapy for nausea and vomiting of pregnancy: a randomized, double-blind, placebo-controlled trial. Obstet Gynecol 1991;78:33-36

(2). Vutyavanich T, et al. Pyridoxine for nausea and vomiting of pregnancy: a randomized, double-blind, placebo-controlled trial. Am J Obstet Gynecol 1995;173:881-884

Mouth Ulcers (canker sores)

Mouth ulcers can have a variety of causes. One common, and often overlooked, factor is an ingredient in toothpaste known as sodium lauryl sulphate (SLS). SLS is a foaming agent, but is also thought to cause erosion of a substance called 'mucin' which lines and protects the mouth. One study showed that individuals suffering from recurrent mouth ulcers found significant relief by avoiding SLS in toothpaste (1). Natural, SLS-free toothpastes are often available in health food stores.

Mouth ulcers may also be related to nutritional deficiencies, especially in iron and B vitamins (2,3,4). Taking a good quality multivitamin and mineral in combination with a B-complex supplement may help clear mouth ulcers in time. Iron should not be supplemented unless there is a proven deficiency. The best blood test for iron levels in the body is to measure the level of a compound called 'ferritin'.

A natural supplement that often works well for mouth ulcers is deglycyrrhizinated liquorice (DGL). This substance has natural soothing properties and can reduce the healing time for mouth ulcers. DGL is thought to work by increasing mucin production in the mouth. A DGL tablet should be chewed 20 minutes before each meal. For topical relief, the contents from a soft gelatine vitamin E capsule can be applied directly onto the ulcers as often as necessary.

---

(1). Herlofson BB, et al. The effect of two toothpaste detergents on the frequency of recurrent aphthous ulcers. Acta Odontol Scand 1996;54:150-153

(2). Porter SR, at al. Hematologic status in recurrent aphthous stomatitis compared to other oral disease. Oral Sur Oral Med Oral Pathol 1988;66:41-44

(3). Palopoli J, et al. Recurrent aphthous stomatitis and vitamin B12 deficiency. South Med J 1990;83:475-477

(4). Wray D, et al. Nutritional deficiencies in recurrent aphthae. J Oral Pathol 1978;7:418-423

Multiple Sclerosis

Multiple sclerosis (MS) is a condition characterised by degeneration in fatty, protective covering of nerve cells (myelin sheathes) in the brain and spinal cord. The disease is thought to be autoimmune in nature, which essentially means the body's immune system is responsible for the degenerations seen in the condition. MS generally causes progressive paralysis and often leads to symptoms such as numbness, loss of vision, bladder symptoms, and loss of balance.

Autoimmune conditions often seem to have food sensitivity as a provoking factor, and this appear to be the case in some cases of MS (1). While this factor may only be relevant to a minority of sufferers, it may be worthwhile considering this possibility. More details about how to identify individual sensitivities can be found in Dr John Briffa's e-book '6 Essentials to Physical Health and Wellbeing'. Some doctors believe that infection with Candida albicans can be an important factor in some cases of MS. More details about these issues, and how to deal with them, can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

One dietary approach that seems to have considerable merit in the treatment of MS is the Swank diet. Dr Roy Swank studied the effect of a low fat diet in 150 patients between 1949 and 1984. The diet restricted saturated fat to 20 g per day, and 'partially hydrogenated' fats such as margarine and many processed fats were eliminated. Healthy fats in the form of cod liver oil (5 g per day) and vegetable oils (10 - 40 g per day) were given. Compared to untreated individuals, those who adhered strictly to this regime had less deterioration in their condition. The treated group also enjoyed much better overall survival (about 70% over the study period compared to about 20% in the untreated group) (2). There is some evidence that the sooner the Swank diet is started, the less risk is there of significant disability. Taking additional quantities of essential fatty acids (EFAs) has been shown to be of some benefit in MS. Three double blind studies have shown that taking 17 - 23 g of linoleic acid (found in sunflower oil) each day reduced disability caused by the condition (3).

One herbal remedy which has been assessed as a treatment for MS is Padma 28. This blend of 28 herbs based on a Tibetan formula was given to about half of a group of 100 MS sufferers. After a year, 44% of those treated with Padma 28 were found to have an improved condition, increased strength or fewer neurological complications. In the untreated group, not a single person improved, and about 40% experienced a deterioration in their condition (4).

---

(1). Ehrentheil OF, at al. Role of food allergy in multiple sclerosis. Neurology 1952;2:412-426

(2). Swank RL, et al. Effect of a low saturated fat diet in early and late cases of multiple sclerosis. Lancet 1990;336:37-39

(3). Dworkin RH, et al. Linoleic acid and multiple sclerosis: a reanalysis of three double-blind trials. Neurology 1984;34:1441-1445

(4). Korwin-Piotrowska T, et al. Experience of Padma 28 in multiple sclerosis. Phytother res 1992;6:133-136

Nails - weak

Weak nails are almost exclusively a female phenomenon, and are very often related to low levels of stomach acid (hypochlorhydria). The strength of the nails is dependent on the supply of certain nutrients, especially minerals, and the absorption of these nutrients is quite dependent on adequate levels of acid in the stomach. For more details about the diagnosis and treatment of hypochlorhydria, see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Taking a good multivitamin and mineral formulation may help strengthen the nails in time. Some companies have produced formulations specifically for this purpose and these are almost certainly worth a try. One nutrient that seems to be of particular value in strengthening nails is biotin. In one study, 35 individuals were treated with 2,500 mcg per day of biotin. 63% reported an improvement in the condition of their nails. The average length of time before improvement was two months (1).

---

(1). Hochman LG, et al. Brittle nails: response to daily biotin supplementation. Cutis 1993;51:303-305

Oedema

'Oedema' is the medical term for swelling. Many individuals, particularly women, complain of fluid retention which often manifests as swollen ankles and feet, puffy hands and weight fluctuation from day to day of a few pounds or more. In practice, I find that food sensitivity is a common cause of fluid retention, with wheat seemingly being the most common culprit. Low thyroid function often causes oedema too. Advice about these issues can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Quite often, swollen ankles and feet may be caused by a condition known as chronic venous insufficiency (CVI). Blood is pumped to the tissues in vessels called arteries, and returns in vessels called veins. Veins contain valves designed to ensure that blood travels towards the heart, but not in the other direction. However, in CVI the veins do not work as efficiently as they should, and this can cause blood to pool and stagnate in the lower legs. As a result of this, there is a risk that fluid will escape from inside the vessels into the surrounding tissues. The tissues can therefore become 'waterlogged', causing swelling and puffiness in the feet, ankles and calves. This problem also often gives rise to a dull ache in the lower legs, which comes on after prolonged standing.

One of the most useful natural remedies for the treatment of CVI is the herb horse chestnut (Aeculus hippocastanum). Horse chestnut contains a group of substances which are given the collective name 'aescin'. Aescin appears to help CVI through two distinct mechanisms. Once it makes it way into the circulation, aescin help to draw fluid out of the tissues back into the vessel. It also seems to help strengthen the lining of the vein walls, thereby reducing the risk that fluid will leak out into the tissues. Horse chestnut is usually available in tablet and tincture form. Enough needs to be taken to give at least 50 – 75 mg of aescin, twice a day. Some benefit is likely to be seen within a few weeks, after which a lower dose is often enough to control the condition. The benefits of Horse chestnut in the treatment of vein-related problems have been confirmed in double-blind research (1).

(1). Diehm C, et al. Medical oedema protection-clinical benefits in patients with chronic deep vein incompetence. A placebo controlled double blind study. Vasa 1992;21:188-192

Oesophageal Spasm

The oesophagus takes food from the mouth to the stomach. It does this through a rhythmical contraction of muscle in the lining of the oesophagus which 'milks' food down into the stomach. However, in some individuals the muscle in the oesophagus may go into spasm (cramp). Oesophageal spasm is often felt as a central chest pain, which is not burning in nature, and often comes on after eating.

Probably the simplest approach to dealing with this problem is to take a supplement of the mineral magnesium. Magnesium is essential for normal muscle function, and a deficiency of this nutrient can lead to problems with spasm or 'cramp'. Because of it role in normalising muscle function magnesium is usually effective in controlling oesophageal spasm. 250 – 500 mg should be taken each day.

Osgood-Schlatter disease

The thigh muscles attach to the shinbone (tibia) via a tendon, which runs underneath the kneecap (patella). This tendon inserts into the shin at a point called the tibial tuberosity. Osgood-Schlatter disease is a disease that is characterised by the painful enlargement of the tibial tuberosity. The pain associated with the condition is generally worse during exercise and the area below the knee is usually tender to the touch. Osgood-Schlatter disease normally affects boys aged 10 - 14 years of age. The condition usually clears up of its own accord over about six months or a year, though it is usually advised that the sufferer avoids running-based exercise during this time.

Dr Jonathon Wright, one of America's most renowned nutritional doctors, has found that a combination of vitamin E and selenium can be very effective in treating Osgood-Schlatter disease. 400 IU of vitamin E each day along with 100 mcg of selenium, twice a day is likely to give relief within six weeks. After this, half the dose should be given for a further six weeks to reduce the risk of a recurrence. In the long term, it can help a child to take a good quality multivitamin and mineral containing selenium and E as a preventive.

Osteoarthritis

Of the hundred or so medically recognised joint conditions, osteoarthritis is the most common. Osteoarthritis affects about one third of the population aged between 45 and 65. After this age, approximately three quarters of individuals are affected to some degree. Traditionally, osteoarthritis is treated with painkillers known as non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. However, there is good evidence that while these drugs may help dull the pain associated with the condition, they also speed up the rate at which the osteoarthritis progresses (1,2,3).

Osteoarthritis is a condition characterised by the degeneration of joint cartilage, and predominantly affects the major weight bearing joints (hips, knees and spine). It is also common in the hands, particularly the last joints in the fingers and the base of the thumb. The condition commonly leads to problems with pain and/or stiffness in the affected joint(s). Osteoarthritis often progresses to cause major disability, with a significant number of sufferers eventually requiring surgical joint replacement.

There are a number of different dietary approaches, which may prove effective in controlling osteoarthritis. Seemingly, the most successful approach is the elimination of foods from the nightshade (solanaceae) family, which include tomato, potato, pepper (capsicum) and aubergine. These foods contain a substance called 'solanine' which some scientists believe may be involved in the processes which cause osteoarthritis. The elimination of nightshade foods seems to work for about half of sufferers, but often takes about six months before real benefit is experienced.

Ginger is a natural substance that can have pain-relieving properties in the body. It does this through its ability to stimulate the production of natural anti-inflammatory substances. Ginger tea makes a very good alternative to regular tea and coffee. Freshly grated, chopped or sliced root ginger can be steeped in hot water for five or 10 minutes. Ginger supplements may also be of benefit in terms of pain control.

Many natural agents offer relief from osteoarthritis, and may even help to reverse the condition. One of the most widely researched natural remedies is glucosamine sulphate. This compound is an essential building block in the manufacture of

cartilage tissue. Several double-blind clinical studies exist which show glucosamine to be an effective agent in the treatment of osteoarthritis (4,5,6). It has also been shown to control the symptoms of osteoarthritis as well as ibuprofen (400 mg, three times a day) after 4 weeks of continuous treatment (7). The normal recommended dose of glucosamine sulphate is 500 mg, three times a day. Once therapeutic benefit is achieved, it is usually possible to taper down to a once or twice a day dose.

Another agent that is often used in conjunction with glucosamine sulphate is chondroitin sulphate. Chondroitin sulphate seems to work by attracting fluid into the joint cartilage tissue. This may improve the spongy, shock-absorbing qualities of the cartilage, and may also help bring essential nutrients to the area too. A study, which examined the effect of chondroitin sulphate on osteoarthritis, found it to be significantly better than placebo (inactive medication) at controlling symptoms such as pain and stiffness (8). The normal recommended dose of chondroitin sulphate is 400 mg, three times a day. Again, this dose may often be reduced once symptoms have been controlled. Glucosamine and chondroitin are very often combined together in nutritional supplements designed to enhance joint health. Interestingly, an animal study showed that the glucosamine and chondroitin appear to work best when used together (9).

Green-lipped muscle extract has developed a reputation as a useful agent in the treatment of osteoarthritis. Research has identified a compound known called eicosatetraenoic acid (ETA), which was found to have anti-inflammatory actions more potent than that of commonly prescribed painkillers. One study found that treatment with green-lipped muscle extract (1050 mg per day of dried powder or 210 mg per day of a special extract) brought statistically significant improvements in the symptoms of osteoarthritis within three months (10).

Another natural remedy for osteoarthritis is niacinamide – a form of vitamin B3. Studies have shown that niacinamide therapy can increase joint mobility, improve muscle strength and enhance energy in individuals with osteoarthritis (11,12,13). A typical dose would be 250 mg, 4 – 6 times a day, though larger doses may need to be used for individuals with advanced osteoarthritis. Result can take 12 weeks or more to become apparent.

(1). Brandt K D. Effects of non-steroidal anti-inflammatory drugs on chondrocyte metabolism *in vitro* and *in vivo*. Am J Med 1987;83:29-34

(2). Shield M J. Anti-inflammatory drugs and their effects on cartilage synthesis and renal function. Eur J Rheumatol Inflam 1993;13:7-16

(3). Brooks PM, et al. NSAID and osteoarthritis - help or hindrance? J Rheumatol 1982;9:3-5

(4). Pujalte JM, et al. Double blind clinical evaluation of oral glucosamine sulphate in the basic treatment of osteoarthrosis. Curr Med Res Opin 1980;2:110-114

(5). Dovanti A, et al. Therapeutic activity of oral glucosamine sulphate in osteoarthritis: a placebo-controlled double-blind investigation Clinical Therapeutics 1980;3(4):266-272

(6). Noack W, et al. Glucosamine sulphate in osteoarthritis of the knee. Osteo and Cart 1994;2:51-59

(7). Muller-Fabbender H, et al. Glucosamine sulphate compared to ibuprofen in osteoarthritis of the knee Osteo and Cart 1994;2:61-69

(8). Leeb BF, et al. A Meta-analysis of chondroitin sulfate in the treatment of osteoarthritis. J Rheumatol 2000;27:205-211

(9). Lippiello L, et al. Beneficial effect of cartilage disease-modifying agents tested in chondrocyte cultures and a rabbit instability model of osteoarthrosis. American College of Rheumatology 1999 Annual Meeting, Boston, MA

(10). Gibson SLM, et al. The treatment of arthritis with a lipid extract of Perna canaliculus: a randomized trial. Comp Ther Med 1998;6:122-126

(11). Kaufman W. The use of vitamin therapy for joint mobility. Therapeutic reversal of a common clinical manifestation of the 'normal' aging process. Conn State Med J 1953;17(7):584-589

(12). Kaufman W. The use of vitamin therapy to reverse certain concomitants of aging. J Am Geriatr Soc 1955;11:927

(13). Hoffer A. Treatment of arthritis by nicotinic acid and nicotinamide. Can Med Asso J 1959;81:235-238

Osteoporosis

Bone is living tissue, and is constantly being renewed and replaced in the body. 0steoporosis (thinning bones) comes about when bone tissue is broken down faster than it is formed. When this happens, the bones can become weakened and this increases the chances of fracture, especially in the hips and spine. Osteoporosis is more common in women than men, and is usually related to hormonal changes after the time of menopause. While osteoporosis is generally regarded as a natural part of the ageing process, there is a lot that can be done to combat it using simple diet and lifestyle related changes.

Weight bearing, and in particular, exercises that require weight bearing, can help keep bones strong. Studies have shown that gentle weight-bearing exercise reduces bone loss (1), and may even increase bone density. Brisk walking or aerobics for 20 - 30 minutes each day is quite likely to help strengthen bones.

One of the main factors, which have a bearing on bone strength, is hormonal balance. Oestrogen, one of the principle female hormones, is thought to have a bone protective effect. This explains why osteoporosis is most common after the time of menopause, when oestrogen levels are low. Consuming foods rich in a class of substances called 'phytoestrogens' may also do this. These naturally occurring plant constituents that are found in beans, lentils, chickpeas and soy products such as soya milk and tofu, have the ability to mimic the effect of the hormone oestrogen in the body. There is increasing evidence to suggest that consuming a diet rich in phytoestrogens can help prevent osteoporosis in the long term. In one study, post-menopausal women were treated with calcium (1000 mg per day) combined with ipriflavone (a synthetic phytoestrogen). After two years, individuals treated with both ipriflavone and calcium maintained their bone density, while those treated with calcium alone lost about 5% of the bone density in their spine (2). The dose of ipriflavone used in this study was 200 mg, three times a day. Other studies performed in women with diagnosed osteoporosis showed that ipriflavone therapy actually increased bone density and reduced symptoms such as bone pain (3,4,5).

Perhaps the best-known nutrient for bone health is calcium, and studies suggest that a good intake of this mineral can reduce the risk of osteoporosis (6). Calcium supplementation also seems to enhance the bone-preserving action of hormone replacement therapy (7). However, the effects of calcium on bone density are relatively small, and other nutrients are important for bone building.

Perhaps even more important than calcium, appears to be the mineral magnesium. The more magnesium there is in the diet, the higher bone density tends to be. In addition, supplementing with magnesium appears to have the ability to actually increase bone density. In one study, giving 250 - 750 mg of magnesium in supplement form stopped bone loss or increased bone density in 27 of 31 people over a two-year period (8). Bearing in mind the relative importance of calcium and magnesium, anyone wanting to keep their bones strong would do well to eat a diet rich in foods which contain plenty of these two nutrients. Green leafy vegetables, sardines, mackerel, seafood, and sesame seeds all fit the bill in this respect. Additional supplementation with magnesium (about 500 – 750 mg per day) and calcium (500 – 1000 mg per day) is likely to be of benefit.

Other nutrients that appear to have a role in bone formation include zinc, copper, vitamin B6, folic acid, boron, manganese, strontium, vitamin K, vitamin C, vitamin D and silicon. Many nutritional supplements designed to enhance bone health now exist, the best ones generally being those that include a wide selection of these nutrients. A comprehensive approach to osteoporosis does seem to work best. In one study, women on hormone replacement therapy were advised to limit animal protein, salt, sugar, alcohol, tea, coffee, chocolate and tobacco. The women were also given 600 mg of magnesium and 500 mg of calcium per day along with other nutrients including zinc, copper, boron, manganese, vitamin C and vitamin D. In just eight–nine months, bone density in these women had increased by a massive 11% (9).

Essential fatty acids also have a role to play in bone formation. In one study, women who took 6 g per day of a combination of evening primrose oil (rich in omega-6 fatty acids) and fish oil (rich in omega-3 fatty acids) in addition to 600 mg of calcium per day enjoyed a rise in bone density of about 3% over three years (10).

(1). Chow R, et al. Effect of two randomised exercise programmes on bone mass of healthy postmenopausal women. BMJ 1987;295:1441-1444

(2). Gennari C, et al. Effect of ipriflavone-a synthetic derivative of natural isoflavones-on bone mass loss in the early years after the menopause. Menopause 1998;5(1):9-15

(3). Agnusdei D, et al. Efficacy of ipriflavone in established osteoporosis and long-term safety. Calcif Tissue Int 1997;61:19-22

(4). Passeri M, et al. Effects of 2-year therapy with ipriflavone in elderly women with established osteoporosis. Ital J Mineral Electrolyte Metabol 1995;9:137-144

(5). Kovacs AB, et al. Efficacy of ipriflavone in the prevention and treatment of postmenopausal osteoporosis. Agents Actions 1994;41(1-2):86-87

(6). Reid IR, et al. Long-term effects of calcium supplementation on bone loss and fractures in postmenopausal women: a randomized trial. Am J Clin Nutr 1999;70:97-103

(7). Nieves JW, et al. Calcium potentiates the effect of oestrogen and calcitonin on bone mass: review and analysis. Am J Clin Nutr 1998;67:18-24

(8). Stendig-Lindberg G, et al. Trabecular bone density in a two year controlled trial of peroral magnesium in osteoporosis. Magnesium Res 1993;6:155-163

(9). Abraham GE, et al. A total dietary programme emphasizing magnesium instead of calcium. J Reprod Med 1990;35:503-507

(10). Kruger MC, et al. Calcium, gamma-linolenic acid and eicosapentaenoic acid supplementation in senile osteoporosis. Agin 1998;10:385-394

Painful Periods (dysmenorrhoea)

(see also Menorrhagia)

The body of the womb is made up of muscular tissue. During a period this muscle contracts to help expel the womb's bloody lining. Sometimes, the contractions can be very strong, and this can lead to severe pain and cramping. Painful periods – referred to as 'dysmenorrhoea' by the medical profession – affect about half of menstruating women. In a small but significant proportion of these, the symptoms can be very severe and incapacitating, and may necessitate rest and the use of painkillers for the first day or two of the period.

Niacin (a form of vitamin B3) appears to have the ability to relieve menstrual cramps. In one study, 40 women were given 200 mg of niacin per day, and up to 100 mg every two or three hours on the days were they experienced cramping. 87% of the women reported relief on this regime (1). Calcium and magnesium are essential to muscle function, and can be very effective in reducing menstrual cramps. 1000 mg of calcium and 500 mg of magnesium should be taken each day. During the period itself, taking about 250 mg of calcium and 100 mg of magnesium every four hours can often help to relieve symptoms. When the symptoms are at their worst, it might also help to use a preparation of the herb Cramp Bark (Viburnum opulus). The normal dose is 1 teaspoon of tincture, three times a day during symptoms.

---

(1). Hudgins AP, et al. Am Practice Digest Treat 1952;3:892-893

Pancreatitis

The pancreas is an organ that lies in the upper abdomen behind the stomach. It secretes digestive enzymes into the small intestine in addition to manufacturing hormones (including insulin), which have an important part to play in the regulation of blood sugar levels. The pancreas can be prone to bouts of inflammation (pancreatitis). Where attacks tend to be recurrent, the condition is usually termed 'chronic pancreatitis'. Chronic pancreatitis may damage the pancreas in the long term and lead to potential complications such as diabetes. Chronic pancreatitis may be associated with specific trigger factors such as gallstones (see 'gallstones') and alcohol. Often, however, there is no obvious underlying cause.

Pancreatitis seems to be associated to the production of damaging, destructive molecules called 'free radicals'. Supplementing with nutrients, which quench the action of free radicals –(the so-called antioxidants)–, may reduce the risk of further pancreatitis attacks. Antox is a natural remedy that contains the antioxidant nutrients selenium, methionine (an amino acid), beta-carotene, and vitamin C and E. Work carried out at the Manchester Royal Infirmary in the UK has shown taking Antox can reduce the frequency of pancreatitis attacks, and the need for surgery (1). Although Antox contains only natural ingredients, it requires a prescription in the UK. More details about this product can be obtained by phoning the manufacturer Pharma Nord on 0800 591 756.

---

(1). McCloy R. Chronic pancreatitis at Manchester, UK. Digestion 1998;59(4):36-48

Parkinson's Disease

Parkinson's disease is a nervous system disorder characterised by shaking (tremor), stiffness and weakness in the muscles. Sufferers usually have a rigid posture, expressionless faces, and move slowly using a shuffling, unbalanced walk. Parkinson's disease is related to a deficiency of the brain chemical dopamine, which has an important effect in the regulation of muscle movement. The mainstay of conventional treatment for Parkinson's is a drug called L-dopa. L-dopa is converted in the brain into dopamine, and can therefore help with symptoms and slow the progression of the illness. However, the effects of L-dopa tend to wear off in time, and it's use is also associated with certain side-effects including loss of appetite, insomnia and feelings of agitation.

One natural substance that does often seem to be of benefit in Parkinson's disease is niacinamide adenine dinucleotide (NADH). NADH is believed to increase dopamine production in the brain's cells, thereby helping to control the symptoms of Parkinson's disease. Not only does NADH seem to help control the symptoms of Parkinson's, it also may help reduce depression and improve mood and brain function. The normal recommended dose of NADH is 5 mg, once or twice a day. Results generally take a few days to a few weeks to become apparent.

Peptic Ulcer

The lining of the gut is shielded from potentially damaging digestive secretions by a coating of protective mucus. Sometimes, this protective mechanism breaks down leading to the development of a raw area or ulcer in wall of the intestine. The majority of ulcers develop in the part of the gut just after the stomach called the duodenum, though some develop in the stomach itself. Dietary changes and certain nutritional supplements may promote ulcer healing and help prevent a recurrence of the problem. Avoiding sugar, alcohol, coffee and tea, all of which seem to increase the risk of developing an ulcer or slow down its healing, can often help.

Vitamin A at a dose of 10,000 IU per day for women and a dose of 25,000 IU a day for men and zinc at a dose of 30 mg per day may both be beneficial because they enhance tissue healing. Another effective natural remedy for ulcers is deglycyrrhizinated liquorice (DGL). DGL is thought to work by increasing secretion of protective mucin in the gut wall. DGL has been shown to be about as effective as conventional drugs in healing ulcers (1), but it is important that it is taken as a chewable tablet (2). One or two 250 mg tablets should be chewed 15 minutes before each meal and 1 - 2 hours before bedtime.

Many peptic ulcers are caused by infection with an organism known as Helicobacter pylori. Mastic gum - prepared from the resin of a tree, which grows on an island in the Aegean Sea - has been shown to be effective in treating this condition. Experimentally, mastic gum has been shown to reduce symptoms in 80%. of sufferers, and heal 70% of duodenal ulcers (3). 1 g of mastic gum should be taken each day for two weeks.

---

(1). Brogden RN, et al. Deglycyrrhizinated licorice: A report of its pharmacological properties and therapeutic efficacy. Drugs 1974;8:330-339

(2). Gaby AR. Deglycyrrhizinated licorice treatment of peptic ulcer. Townsend Letter for Doctors 1988;July:306 (review)

(3). Al-Habbal MJ, et al. A double-blind controlled clinical trial of mastic and placebo in the treatment of duodenal ulcer. J Clin Exp Pharm Physiol 1984;11:541-544

Pre-eclampsia

Pre-eclampsia, (sometimes referred to as 'toxaemia of pregnancy'), is a condition which may occur in the second half pregnancy. It is characterised by raised blood pressure, oedema (fluid retention in the tissues) and the presence of protein in the urine. Pre-eclampsia is more common in first pregnancies and in women aged under 25 or over 35. Untreated, it can eventually cause seizures (eclampsia), which may pose a risk to both mother and baby. Pre-eclampsia seems to be more common in women having their first baby, and in those that are obese, diabetic, or are suffering from high blood pressure related to the pregnancy. The conventional medical approach to pre-eclampsia is based on bed rest and the use of drugs to lower the blood pressure. However, using a natural approach it might be possible to prevent or delay the progression of this condition.

It is wise for sufferers of pre-eclampsia to eat a diet moderately high in protein, to make up for the protein being lost in the urine. Calcium deficiency has been associated with pre-eclampsia (1), and several studies show that calcium supplementation may protect against pre-eclampsia (2,3,4,5,6). A review of several studies showed that calcium did not protect women at low risk (who tend to need little protection), but is of real benefit for women at high risk of developing this condition (7). 1000 mg of calcium per day is a good dose. Magnesium may also help protect against pre-eclampsia (8). 350-500 mg per day is a safe dose and may prove effective. Vitamin B6 has been shown to help reduce the risk of pre-eclampsia (9), even at quite a modest dose (5 mg, twice a day). It is probably a good idea for women wanting to give themselves maximum protection to take 25 – 50 mg of vitamin B6 per day.

---

(1). Hojo M, et al. Calcium metabolism in normal and hypertensive pregnancy. Semin Nephrol 1995;15:504-511

(2). Hojo M, et al. Calcium metabolism in preeclampsia: Supplementation may help. Medscape Womens Health 1997;2:5

(3). Moutquin JM, et al. Report of the Canadian Hypertension Society Consensus Conference: 2. Nonpharmacologic management and prevention of hypertensive disorders in pregnancy. CMAJ 1997;157:907-919

(4). Crowther CA, et al. Calcium supplementation in nulliparous women for the prevention of pregnancy-induced hypertension, preeclampsia and preterm birth: an Australian randomized trial. FRACOG and the ACT study group. Aust N Z J Obstet Gynaecol 1999;39:12-18

(5). Bucher HC, et al. Effect of calcium supplementation on pregnancy-induced hypertension and preeclampsia: a meta-analysis of randomized controlled trials. JAMA 1996;275:1113-1117

(6). Belizan JM. Calcium supplementation to prevent hypertensive disorders of pregnancy. N Engl J Med 1991;325:1399-1405

(7). DerSimonian R, et al. Resolving discrepancies between meta-analysis and a subsequent large controlled trial. JAMA 1999;282:664-670

(8). Conradt A, et al. Magnesium deficiency, a possible cause of pre-eclampsia: reduction of frequency of premature rupture of membranes and premature or small-for-date deliveries after magnesium supplementation. J Am Coll Nutr 1985;4:321

(9). Wachstein M, et al. Influence of vitamin B6 on the incidence of preeclampsia. Obstet Gynecol 1956;8:177-180

Pre-menstrual Syndrome (PMS)

Pre-menstrual syndrome (PMS) is a term used to describe a combination of various physical and mental symptoms that may occur in the week or two prior to menstruation. Typical features of PMS include irritability, depression, tearfulness, fatigue, food cravings, abdominal bloating, breast tenderness, fluid retention and weight gain. The condition is highly individual, with the exact blend of symptoms and their duration varying enormously between women.

PMS is due to hormonal fluctuations in the second half of the menstrual cycle and is thought to affect 80% of women to some degree. The conventional medical approach is centred around symptom relief, such as diuretics for fluid retention, or the use of the oral contraceptive pill. However, many studies have documented that PMS can be very successfully treated with certain lifestyle changes and nutritional supplements.

In practice, sugar and caffeine both seem increase the risk of PMS. The link between sugar and PMS has not been studied; caffeine has been clearly implicated (1). Another lifestyle factor that is well known to affect PMS in the long term is exercise (2). Getting about half an hour's exercise such as jogging, aerobics, cycling or swimming on most days is quite likely to help control the symptoms of PMS.

Several nutrients may be of value in treating PMS. There is good evidence that vitamin B6 can help to control a variety of pre-menstrual symptoms including depression, bloating, and headaches (3,4). 50 - 100 mg per day seems to be the effective dose for most women. Magnesium deficiency also seems to be a factor in PMS (5). In one study supplementation with magnesium help to correct mood problems common in PMS (6).

One herb that I find almost universally effective in PMS is Agnus castus. This herb seems to have the ability to increase progesterone production. This is important because many cases of PMS seem to be related to a condition commonly referred to as 'oestrogen dominance', essentially an excess of the hormone oestrogen in the body. Progesterone balances the effects of oestrogen in the body, and this is

perhaps why Agnus castus is often effective in treating PMS. 40 drops of concentrated Agnus castus liquid (either fluid extract or tincture) should be taken each morning.

---

(1). Rossignol AM. Caffeine-containing beverages and premenstrual syndrome in young women. Am J Public Health 1985;75:1337

(2). Prior JC, et al. Conditioning exercise decreases premenstrual symptoms: a prospective, controlled 6-month trial. Fertil Steril 1987;47:402-408

(3). Abraham GE, et al. Effect of vitamin B6 of premenstrual symptomatology in women with premenstrual tension syndrome: a double-blind crossover study. Infertility 1980;3:155-165

(4). Kerr GD. The management of premenstrual syndrome. Curr Med Res Opin 1977;4:29-34

(5). Sherwood RA, et al. Magnesium and the premenstrual syndrome. Ann Clin Biochem 1986;23:667-670

(6). Facchinetti F, et al. Oral magnesium successfully relieves premenstrual mood changes. Obstet Gynecol 1991;78:177-181

Prostatitis

Prostatitis is a condition in which the prostate gland is either infected or inflamed, giving rise to chronic pain in the groin and/or a painful, burning sensation on urination. It is not clear what really causes prostatitis, however, in a significant proportion of sufferers it seems that an initial infection can set off an inflammatory reaction, which can persist for several months.

The prostate contains a high concentration of substances called prostaglandins that have an inflammatory or anti-inflammatory effect depending on their precise nature. Sufferers of prostatitis may do well to increase their consumption of essential fats, as these tend to encourage the production of anti-inflammatory prostaglandins in the body. At the same time, it is wise to avoid all foods and drinks which encourage inflammation such as red meat, sugar, caffeine and alcohol. Rye pollen is thought to have anti-inflammatory and anti-hormonal properties and has been found to be effective in relieving the symptoms of prostatitis in a significant proportion of sufferers (1). The normal recommended dose is 500 mg, two or three times a day.

---

(1). Rugendorff EW, Weidner W, Ebeling, et al. Results of treatment with pollen extract (Cermilton N) in chronic prostatitis and prostatodynia. Br J Urol 1993;71:433-438

Psoriasis

Psoriasis is a chronic skin condition which normally gives rise to raised, red, and scaly patches of skin, often on the knees, elbows, scalp and behind the ears. The condition seems to be linked to rapid growth in the outer layers of the skin. A percentage of psoriasis sufferers develop a form of arthritis known as psoriatic arthritis.

Although the precise cause of psoriasis is unknown, it does seem to be linked to certain factors. Psoriasis can tend to run in families suggesting that a predisposition for the condition may be inherited. The development of psoriasis may also be linked to our emotional state, with a significant number of sufferers reporting that the condition started after a time of particular stress. Other theories regarding the cause of psoriasis include the consumption of too much animal fat in the diet, a malfunctioning immune system and a build-up of toxins in the colon.

Some foods do seem to aggravate psoriasis including citrus fruits, fried foods, refined foods and sugar. Meat and dairy products should be particularly avoided because they contain the substance arachidonic acid, which can make the psoriatic lesions turn red and swell. Another foodstuff that is wise to avoid is alcohol. Alcohol can put stress on the liver, reducing its ability to filter the blood efficiently. There is good evidence that alcohol consumption can considerably worsen psoriasis. Two underlying factors that tend to crop up in some (though not all) cases of psoriasis are food sensitivity and Candida overgrowth. More information about how to diagnose and treat these problems can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Two natural agents, which often help to relieve psoriasis, are essential fatty acids (EFAs) and the herb Mahonia aquifolium (Oregon grape). Psoriasis sufferers may do well to take 1 tablespoon each day of flaxseed oil, in addition to 1 tsp of Mahonia aquifolium tincture, three times a day. Mahonia aquifolium is often available as topical preparations (e.g. creams or lotions), and these are certainly worth a try too.

Restless Legs

Restless legs is a syndrome characterised by uncomfortable tickling, burning, prickling or aching sensations in the muscles of the legs. Sufferers usually find that symptoms develop at night while they are in bed. The condition is quite common, and is thought to affect as many as 15% of the population. While conventional treatment options for restless legs are limited, natural approaches usually work very well to control or eliminate symptoms.

Because caffeine seems to worsen or trigger the symptoms of restless legs (1), coffee, tea, caffeinated soft drinks and chocolate should be avoided. Restless legs is also associated with blood sugar fluctuation (2), and taking steps to improve blood sugar control may be effective in controlling symptoms.

In practice, certain nutrients can be very effective in controlling restless legs. Magnesium can often be useful, and this may be related to the fact that it has a relaxant effect on muscle tissues. I generally advise 350 - 500 mg of magnesium each day in the first instance, though this dose can usually be reduced as symptoms improve. Magnesium supplementation seems to work particularly well in combination with vitamin E, which itself has been shown to improve the symptoms of restless legs (3). 400 – 800 IU of vitamin E should be taken each day.

In some individuals, there seems to be a relationship between restless legs and iron deficiency (4,5), and iron supplementation often helps these individuals (4). However, iron supplements should only really be used in individuals with proven iron deficiency.

---

(1). Lutz EG. Restless legs, anxiety and caffeinism. J Clin Psychiatry 1978;39:693-698

(2). Roberts HJ. Spontaneous leg cramps and “restless legs” due to diabetogenic (functional) hyperinsulinism: observations 131 patients. J Am Geriatr Soc 1965;13:602-608

(3). Ayres S Jr, et al. “Restless legs” syndrome: Response to vitamin E. J Appl Nutr 1973;25:8-15

(4). O’Keeffe ST, et al. Iron status and restless legs syndrome in the elderly. Age Ageing 1994;23:200-203

(5).Eckborn KA. Restless legs syndrome. Neurology 1960;10868-873

Raynaud's Disease

Raynaud's (pronounced ray-nodes) disease is characterised by poor circulation in the extremities. Here, constriction in the vessels, which supply blood to the fingers and/or toes, leads to problems with poor circulation. Typically, when first exposed to the cold, the affected digits turn white, then blue, and then finally red once they warm up again. As they warm, it is not uncommon for the digits to become painful for some minutes. Although there really is no conventional medical treatment for Raynaud's disease, certain natural approaches may help.

Magnesium may reduce spasm in the vessels of the fingers and toes and can often reduce the frequency and severity of attacks. 300 – 500 mg per day should be taken every day. Another useful agent in the treatment of Raynaud's disease and general circulatory problems is herb Ginkgo biloba. There is a wealth of anecdotal evidence which supports the use of Ginkgo in cases of Raynaud's disease, and sufferers often find tremendous relief from this herb during the winter when symptoms are usually at their worst. Ginger has a warming effect on the body, and can therefore help to keep circulatory symptoms at bay. Ginger tea, made by simmering about one inch cubed of grated or finely chopped root ginger in two pints of water for about 10 minutes, can often help to stimulate the circulation if taken regularly as a drink during the winter.

Vitamin B3 is well known to enhance circulation. This nutrient comes in more than one form, one of which (niacin) has the ability to induce flushing in the skin in doses as low as 50 – 100 mg per day. However, some people find this flushing effect quite unpleasant, and high doses of niacin can also be associated with other symptoms including headache and nausea. An alternative to niacin is inositol hexaniacinate. Actually a molecule of inositol (loosely classified as a B vitamin) complexed with six molecules of niacin, this compound appears to help enhance the circulation without the side-effects common with niacin. 500 mg of inositol hexaniacinate, taken 2 – 4 times a day may help control the symptoms of a poor circulation although it can take two months before improvement is seen.

Rheumatoid Arthritis

Rheumatoid arthritis (RA) is an inflammatory condition characterised by inflammation in the joints of the fingers, toes, wrists or other joints of the body. The affected joints become swollen and stiff and may become deformed in the long term. The disease usually comes in waves, with painful periods being interspersed with times where sufferers are relatively symptom-free. The disease usually starts in early adulthood or middle age but can sometimes start it childhood. RA affects 2 – 3% of the population and about 75% of sufferers are women.

RA is what is known as an 'autoimmune' disease. Here, the immune system mounts an immune response against the body's own tissues causing inflammation and diseased tissue. In the case of rheumatoid arthritis, the part of the body that is affected is the tissue that lines the joint known as the 'synovium'. While the cause of rheumatoid arthritis is not known for sure, there is some evidence that it can be triggered by food. In one study of 22 RA sufferers, 20 improved on elimination of foods from the diet (1). The worst offending foods in this study were grains, milk, nuts, beef and egg. More information about the identification of individual food sensitivities can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

RA sufferers may benefit from eating plenty foods rich in healthy essential fatty acids (EFAs) such as oily fish such as mackerel, salmon and trout, extra virgin olive oil and pumpkin, sunflower and sesame seeds. There is some evidence that both omega-6 fatty acids in the form of borage oil (2,3), blackcurrant seed oil (4) and evening primrose oil (5,6) omega-3 fatty acids in the form of fish oil (7,8,9,10,11,12) can be effective in controlling the symptoms of RA. About 1.5 g of gamma-linolenic acid and 10 g of fish oil supplements per day appear to be the effective doses.

Copper has anti-inflammatory activity in the body and can often help individuals with RA. In a double-blind study, wearing a copper bracelet helped to relieve the symptoms of RA (13). Copper can also be taken as a supplement, at a dose of 2 - 4 mg per day.

Green-lipped muscle extract has developed a reputation as a useful agent in the treatment of arthritis. Research has identified a compound known called eicosatetaenoic acid (ETA), which was found to have anti-inflammatory actions more potent than that of commonly prescribed painkillers. One study found that treatment with green-lipped muscle extract (1050 mg per day of dried powder or 210 mg per day of a special extract) brought significant improvements in 68% of RA sufferers (14).

---

(1). Hicklin JA, et al. The effect of diet in rheumatoid arthritis. Clin Allergy 1980;10:463

(2). Leventhal LJ, et al. Treatment of rheumatoid arthritis with gamma-linolenic acid. Ann Intern Med 1993;119:867-873

(3). Zurier RB, et al. Gamma-linolenic acid treatment of rheumatoid arthritis: A randomized, placebo-controlled trial. Arthritis Rheum 1996;39:1808-1817

(4). Leventhal LJ, et al. Treatment of rheumatoid arthritis with black currant seed oil. Br J Rheumatol 1994;33:847-852

(5). Brzeski M, et al. Evening primrose oil in patients with rheumatoid arthritis and side effects of non-steroidal antiinflammatory drugs. Br J Rheumatol 1991;30:370-372

(6). Jantti J, et al. Evening primrose oil and olive oil in the treatment of rheumatoid arthritis. Clin Rheumatol 1989;8:238-244

(7). Kremer JM, et al. Fish oil fatty acid supplementation in patients with rheumatoid arthritis. Ann Int Med 1987;106(4):497-503

(8). Kremer JM, et al. Dietary fish oil and olive oil supplementation in patients with rheumatoid arthritis. Arthrit Rheum 1990;33(6):810-820

(9). Geusens P, et al. Long-term effect of omega-3 fatty acid supplementation in active rheumatoid arthritis. Arthrit Rheum 1994;37:824-829

(10). Van der Tempel H, et al. Effects of fish oil supplementation in rheumatoid arthritis. Ann Rheum Dis 1990;49:76-80

(11). Cleland LG, et al. Clinical and biochemical effects of fish oil supplements in rheumatoid arthritis. J Rheumatol 1988;15:471-475

(12). Effects of high dose fish oil on rheumatoid arthritis after stopping nonsteroidal antiinflammatory drugs. Arthritis Rheum 1995;38:1107-1114

(13). Walker WR, et al. An investigation of the therapeutic value of the “copper bracelet”. Dermal assimilation of copper in arthritic rheumatoid conditions. Agents Actions 1976;6:454-459

(14). Gibson RG, et al. Perna canaliculus in the treatment of arthritis. Practitioner 1980;224:955-960

Rosacea

Rosacea is a chronic skin disorder characterised by a red rash around the nose and cheeks. Initially, the condition can start with flushing in the face, often after drinking a hot beverage or alcohol, or eating spicy food. In time, rosacea may develop into a chronic reddening of the face with acne-like lesions in the affected area. The conventional medical treatment for this condition is usually long-term antibiotics. While these may help suppress the condition in the short term, they rarely provide a lasting solution to the problem, and may lead to problems with yeast overgrowth (see Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for more details about this) in time.

There is some evidence that sufferers of rosacea tend to suffer from low stomach acid secretion (hypochlorhydria) (1,2). More details about how to diagnose and treat this condition can be found Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**. Rosacea is also associated with certain nutrient deficiencies, particularly the B vitamins (3). For this reason, it is wise for sufferers to take a B complex supplement that contains about 25 mg of the vitamins B1, B2, B3, B5 and B6 each day.

---

(1). Ryle JA, et al. Gastric analysis in acne rosacea. Lancet 1920;2:1195

(2). Brown WH, et al. Fractional gastric analysis in disease of the skin: further observation in 316 cases, with special reference to rosacea. Br J Dermatol Syph 1935;47:181

(3). Tulipan L. Acne rosacea: a vitamin B complex deficiency. Arch Dermatol Syph 1947;56:589

Sarcoidosis

Sarcoidosis is a chronic (long-term), progressive disease in which solid nodules form in various tissues and organs of the body. The areas that are commonly affected include the lungs, lymph nodes (glands), liver and skin. It is not known what causes the condition. Fortunately, most cases of sarcoidosis do not require treatment, and the condition often disappears of its own accord within a couple of years. However, about 10% of sarcoidosis sufferers have persistent problems, and go on to develop severe lung disease. Steroid drugs may be used to treat this form of sarcoidosis, but they are often ineffective.

There is no widely recognised natural treatment for sarcoidosis. However, a few years ago there was a report in the medical literature describing the treatment of sarcoidosis with melatonin (1). Melatonin is a hormone that is produced by the pea-sized pineal gland in the brain. Although melatonin is best known as a sleep-inducing hormone, it can also regulate the immune system and appears to have the ability to slow down the accumulation of abnormal cells in the body. For these reasons, melatonin was tried in two patients with long-standing sarcoidosis who had failed to respond to steroids.

Each patient was treated with 20 mg of melatonin a day, and both experienced a gradual disappearance of the sarcoid nodules in their lungs. One patient also had skin lesions, and these resolved too, but came back when the melatonin was stopped. Once the melatonin was resumed, the skin cleared again. These reports suggest that melatonin might be an effective natural treatment for sarcoidosis. Despite being a natural substance, melatonin is only available by prescription in the UK.

---

(1). Cagnoni ML, et al. Melatonin for treatment of chronic refractory sarcoidosis. Lancet 1993;346:1230-1231.

Scalp - Itchy

Itching in the scalp is almost always related to yeast infection there. Underlying this is usually an overgrowth of Candida in the gut, and correcting this problem usually leads to lasting relief from the scalp symptoms. See Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'** for details on the diagnosis and treatment of Candida in the body. Shampoos and scalp treatments based on tea tree oil (a natural anti-fungal) may help provide relief when used topically.

Scalp - Painful

Some children will experience quite severe pain when their hair is combed, brushed or pulled. Occasionally, the scalp may be tender to the touch too. In clinical practice, this problem is usually related to a deficiency in vitamin D. In its severe form, vitamin D deficiency can give rise a condition called rickets, which is characterised by bone abnormalities such as bow legs and curvature of the spine. It is possible that even mild vitamin D deficiency may interfere with normal growth and development.

Foods rich in vitamin D containing such as salmon, herring and mackerel should be emphasized in diet. In addition, exposure to sunlight is important, as vitamin D is formed in the skin in response to sunlight. Vitamin D may be added in supplement form, but the dose should not exceed 200 IU per day.

Scarring

Scarring in the skin, either from injury, surgery or a skin condition such as acne, can be unsightly and is notoriously difficult to treat. However, a natural remedy for scarring does exist in the form of Rosa Mosqueta oil. Rosa Mosqueta is oil extracted from rose hips, and contains beneficial fats, which are essential for the development of new cells in the body, including the skin. Applied regularly for some months, Rosa Mosqueta can often be quite effective in reducing all forms of scarring. Rosa Mosqueta oil is available from Rio Trading Company (see resources at back of book).

Schizophrenia

Schizophrenia is a form of mental illness normally characterised by severe symptoms such as hallucinations (for example, the hearing of voices), delusions (abnormal, irrational beliefs) and abnormal speech and behaviour. The condition affects about 1% of the population and usually leads to long-term mental and behavioural problems. The conventional medical approach to schizophrenia is based around the use of medications designed to correct chemical imbalance in the brain. However, there is growing evidence that schizophrenia can be helped through natural, nutritional approaches.

About half of schizophrenics have low levels of the chemical histamine in their blood. Such individuals are often helped by nutrients that can help increase histamine levels such as vitamin B3, folic acid, vitamin B12, zinc and manganese. Paradoxically, about 20 per cent of schizophrenics seem to have high, rather than low, levels of histamine in their bodies. Nutrients, which may help these sufferers, include vitamins C, calcium and the amino acid methionine. Still another subset of schizophrenics has high levels of substances called 'kryptopyroles' in their bodies and may respond to supplementation with vitamin B6, zinc and manganese. Schizophrenia can also be associated to sensitivities to certain foods and chemicals especially wheat, milk and tobacco.

Schizophrenia is a condition that generally needs careful management, and I suggest this is done in conjunction with a practitioner experienced in the sorts of imbalances that appear to be common in the condition.

Scleroderma

Scleroderma is a condition that is most commonly characterised by thickening and tightening of the skin affecting the face and hands. Internal tissues can also be affected, including the lungs, kidneys, heart and digestive tract. The condition is what is known as an 'autoimmune disorder' – one in which the body's immune system attacks its own tissues, and is most common in middle-aged women. There is really is no conventional treatment for scleroderma; steroids are sometimes used, but these are generally ineffective.

There are two nutrients that do seem to be quite effective in controlling and relieving scleroderma. PABA (paraaminobenzoic acid) is a nutrient, which is often considered to a member of the B vitamin family. Large doses of PABA seem to be able to reverse the accumulation of fibrous tissue in the body (1,2,3). The recommended dose of PABA is 3 g, four times a day. At this level, PABA may cause liver problems along with rash and fever. For this reason, PABA should really only be used under the supervision of a doctor experienced in its use.

Another nutrient that may also help in the treatment of scleroderma is vitamin E. Again, the doses needed are large – between 800 – 1200 IU per day – though even at these levels vitamin E is considered to be safe.

---

(1). Zarafonetis CJD. The treatment of scleroderma: results of potassium para-amonobenzoate in 104 cases. In: Mills LC, Moyer JH eds. Inflammation and Diseases of Connective Tissue. Philadelphia W.B. Saunders Co. 1961, 688-696

(2). Zarafonetis CJD, et al. Retrospective studies in scleroderma: effect of potassium para-amonobenzoate on survival. J Clin Epidemiol 1988;41:193-205

(3). Zarafonetis CJD, et al. Retrospective studies in scleroderma: pulmonary findings and effect of potassium para-amonobenzoate on vital capacity. Respiration 1989;56:22-33

Seasonal Affective Disorder

Seasonal affective disorder (SAD) is a condition that is characterised by depression related to reduced exposure to sunlight. Generally, the depression will start in the autumn or winter, and disappear in the spring. The condition is common, with estimates of one in 20 people being affected to some degree. In countries where daylight is very much reduced during the winter, such as Scandinavian nations, SAD seems to be a particular problem, and rates of depression and suicide tending to rise significantly in the winter months.

The conventional treatment for SAD is anti-depressant drugs. However, natural approaches are often an effective alternative, and are less likely to give rise to unwanted side-effects. Because SAD is essentially caused by lack of sunlight, it makes sense to get as much natural daylight as possible. Even on a dull day, the amount of natural light available outside is far higher than levels found in most indoor settings. Brisk walking, jogging and cycling are ideal pastimes, because exercise is well known to help lift mood. It is also worthwhile considering purchasing a 'light box' for use at home or work. These devices, which give off light with the specific characteristics of the sun's rays, can often help to combat the symptoms of SAD.

Depression may be affected by certain dietary factors. For instance, caffeine, alcohol and sugar are commonly associated with depression, and eliminating them from the diet can help improve mood. It can be useful to eat plenty of oily fish such as salmon, trout, tuna, herring and mackerel, as the consumption of the healthy fats present in these fish seems to help protect against depression.

Many SAD sufferers find that taking a preparation based on the herb hypericum (St John's Wort) helps relieve their symptoms. This finding is has also been supported scientifically (1,2). The usual dose of hypericum is 300 mg of standardised extract, three times a day.

---

(1). Kim HL, et al. St John's Wort for depression: a meta-analysis of well-defined clinical trials. J Nerv Ment Dis 1999;187;532-538

(2). Wheatley D. Hypericum in seasonal affective disorder (SAD). Curr Med Res Opin 1999;15:33-37

Seborrhoeic Dermatitis

'Seborrhoeic dermatitis' is characterised by a red, greasy, scaly rash that is usually found on the face especially around the nose, forehead, chin and in the eyebrows. Other common sites include the armpit, groin and the skin over the breast bone (sternum) in the middle of the chest.

While the precise cause of seborrhoeic dermatitis is not known for sure, it often seems to be related to overgrowth of the yeast organism Candida albicans in the system. If the rash is itchy, then this is a bit of a clue that Candida may be an underlying factor. More information about the diagnosis and treatment of Candida can by found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Taking a B-complex supplement each day can sometimes benefit seborrhoeic dermatitis. Another useful natural approach is vitamin B6 cream (10 mg of B6 per gram of cream). One study showed that B6 cream could be quite effective in controlling seborrhoeic dermatitis (1).

---

(1). Shreiner AW, et al. A local defect in the metabolism of pyridoxine in the skin of persons with seborrhoeic dermatitis of the 'sicca' type. J Invest Derm 1952;19:95-96

Shingles

Shingles is caused by a reactivation of the chicken pox (herpes zoster) virus in the body, and usually gives rise to a red, painful, belt-like rash around one side of the torso. The pain that comes with the rash can last for many years after the attack and is often referred to by doctors as 'post-herpetic neuralgia'. High dose vitamin E can often relieve long-term pain associated with shingles (1,2). However, it can take six months or more before real benefit is seen. The recommended dose is 1200 – 1600 IU of vitamin E each day.

Another natural approach is to apply capsaicin cream to the affected area(s). Capsaicin is the substance, which is responsible for giving cayenne pepper its 'heat'. 0.025 and 0.075% capsaicin creams have been found to significantly reduce the pain of post-herpetic neuralgia when applied three or four times a day (3,4).

---

(1). Ayres S Jr, et al. Post-herpes zoster neuralgia: response to vitamin E therapy. Arch Dermatol 1973;108:855-866

(2). Ayres S Jr, et al. Post-herpes zoster neuralgia: response to vitamin E therapy. Arch Dermatol 1975;111:396

(3). Bernstein JE, et al. Treatment of chronic postherpetic neuralgia with topical capsaicin. J Am Acad Dermatol 1987;17:93-96

(4). Bernstein JE, et al. Topical capsaicin treatment of chronic postherpetic neuralgia. J Am Acad Dermatol 1989;21:265-270

Sickle Cell Anaemia

Blood contains red cells that transport oxygen around the body. The oxygen-carrying function of the red cells is actually performed by a substance called haemoglobin. In individuals with sickle cell disease, the haemoglobin is abnormal, causing the red blood cells to become distorted into a sickle-like shape. Cells affected in this way can become stuck in the body's smallest vessels, which in turn may lead to painful 'crises' requiring hospitalisation and treatment with painkillers and intravenous fluids.

Certain nutrients do seem to be able to help control the symptoms of sickle cell disease. Vitamin B6 appears to have the ability to inhibit sickling of red blood cells, and this nutrient has been shown to improve wellbeing and significantly reduce the number of painful crises in sickle cells disease sufferers (1,2). 50 mg of B6 should be taken, twice a day. Vitamin E (450 IU per day) has been shown to reduce the percentage of diseased cells in sickle cell anaemia sufferers (3).

---

(1). Natta CL. Painful crises due to sickle-cell anemia: effect of vitamin B6 supplementation. IM 1986;7(10):132-139

(2). Natta CL, et al. Antisickling properties of pyridoxine derivatives. Ann NY Acad Sci 1990;585:505-509

(3). Natta CL, et al. A decrease in irreversibly sickled erythrocytes in sickle cell anemia patients given vitamin E. Am J Clin Nutr 1980;33:968-971

Sinusitis

Inflammation in the sinuses – sinusitis – can have many underlying causes. One factor that seems to come up a lot in practice is food sensitivity. Some foods seem to induce mucus formation in the sinuses, causing congestion there. Congested sinuses are also more likely to become infected. Classically, mucus-forming foods include dairy products (especially milk and cheese), and foods based on white flour. However, because food sensitivities are an individual issue, it is often worthwhile assessing this problem on an individual basis. More details about how to go about doing this can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

A natural remedy that is often helpful in clearing an attack of sinusitis is bromelain (1). This extract of pineapple has the ability to break down protein in the body, and may therefore help to loosen up and help clear the congestion characteristic of the condition. 500 mg of bromelain should be taken 3 or 4 times a day between meals.

---

(1). Sletzer AP. Adjunctive use of bromelain in sinusitis: a controlled study EENT Monthly 1967:46(10):1281-1288

Smell - Loss of sense of

Loss of smell (also referred to as anosmia by the medical profession), can sometimes be related to smoking or conditions such as nasal inflammation (rhinitis) or head injury. Usually, though, there is no discernible underlying cause, and treatment options tend to be limited as a result. In practice, natural agents may sometimes help improve sense of smell. Zinc is often used for this purpose. 30 – 45 mg of zinc should be taken each day. As zinc supplementation may cause copper deficiency in time, it is good practice to take 2 – 3 mg of copper with this at the same time. Another nutrient that may help improve the sense of smell is magnesium. In one study, the majority of individuals who had failed to respond to other treatments, found an improved sense of smell on magnesium supplementation (1). 250 mg of magnesium should be taken each day.

---

(1). Henkin RI. Changes in smell function in patients with hyposmia after magnesium treatment. J Am Coll Nutr 1991;10:548

Strep Throat

Streptococcal bacteria can give rise to a number of different infections including tonsillitis, sore throat (sometimes referred to as 'strep throat'), and ear infections. Streptococcal infections are also responsible for scarlet fever, and may also give rise to rheumatic fever, which can have potentially serious consequences. Conventionally, streptococcal infections are treated with antibiotics (usually penicillin), although there is evidence that strains of this type of bacteria are becoming resistant to treatment.

In practice, recurrent streptococcal infections appear to be related to the ingestion of dairy products. It has been noticed that if children exclude cow's products from their diets, then the streptococcal infection is very unlikely to return. Why this may be is not known for sure, but it is possible that an immune sensitivity to dairy products (this is quite common in children) diverts the immune system, making it more likely for infections to take hold in the body. Another theory is that the mucus dairy products tend to induce in the throat and ears makes an ideal medium for the growth of organisms like streptococcus.

In the light of this observation, it makes sense for sufferers of recurrent strep throat to eliminate cow's milk, cheese, ice cream and yoghurt from the diet. Soya milk and cheese, as well as almond, oat and rice milk make good alternatives. If antibiotics have been taken, it is also wise for a supplement of healthy gut bacteria (also known as a 'probiotic') to be taken for two or three months. This helps to restore beneficial bacteria to the gut that may well be depleted after several courses of antibiotics, and may help to prevent gut-related problems in future.

Stretch Marks

Stretch marks, often referred to as 'striae' by the medical profession, are caused by thinning and a loss of elasticity in the deeper layers of the skin. They often start as raised red lines, flattening out and becoming shiny, purplish streaks in time. Stretch marks commonly develop on the hips and thighs of adolescent girls during their growth spurt. They are also a feature in about three-quarters of pregnant women, often developing on the breasts, lower abdomen and thighs. Occasionally, stretch marks are the result of an excess of steroid hormones in the body. This can happen as a result long-term steroid medication use (Cushing's disease), or if excessive amounts of steroid hormones are being made by the body (Cushing's syndrome).

One nutrient that appears to help stop the development of stretch marks is zinc. This mineral plays an essential role in the healthy development and repair of skin tissues. Zinc deficiency is common in women, and the risk of this will increase as the body's requirements for nutrients rise during puberty. 30 – 45 mg of zinc should be taken each day. Because zinc supplementation can cause copper deficiency, this should be balanced with 2 – 3 mg of copper each day too.

Topically, I have found the application of Rosa Mosqueta oil (see 'scarring') to be quite effective in reducing the appearance of stretch marks if used consistently for several months. Rosa Mosqueta oil can be obtained from Rio Trading (see resources at back of book).

Stroke Prevention (see also Atherosclerosis)

The brain receives its blood supply via a network of vessels. An interruption in the blood supply to the brain can cause part of the brain to die, and this is what is commonly referred to as a 'stroke'. Common symptoms include weakness or paralysis down one side of the body, speech problems, unconsciousness and even death. The great majority of strokes are caused by the formation of a tiny blood clot in a blood vessel, which is usually partially blocked with fatty deposits. A small proportion of strokes are due to the rupture of a blood vessel in or around the brain. Strokes are quite rare before the age of 60, but become increasingly more common thereafter. The major risk factor for stroke is high blood pressure. See 'high blood pressure' for details of natural approaches to this problem.

Aspirin is frequently used to help reduce the risk of stroke because it has 'blood-thinning' effects. However, vitamin E may also offer protection due to its blood thinning effects. Interestingly, there is a study, which attempted to determine the stroke protective qualities of aspirin and vitamin E. One group of individuals took aspirin (325 mg) each day, while another took aspirin combined with 400 IU of vitamin E (1). The results showed that while aspirin was helpful, better protection was achieved when it was combined with vitamin E. As yet, no studies have looked at the effect of vitamin E alone on risk of stroke, but from what we know about its effects in the body, there is a good chance that it offers significant benefit in this area. 400 – 800 IU should be taken each day.

---

(1). Steiner M, et al. Vitamin E plus aspirin compared to aspirin alone in patients with transient ischaemic attacks. Am J Clin Nutr 1995;62(6):1381-1384

Surgery - Recovery From

The body's healing mechanisms are to a degree dependent on the supply of certain nutrients. For speedy healing, it is always a good idea to supply the body with an adequate supply of some of the most important nutrients. Generally, supplementation should be started about a month before surgery, finishing about six weeks later.

One of the most important healing nutrients is vitamin C. This vitamin promotes the healing of the supporting tissues in the body. 1 gram of vitamin C should be taken, twice a day. Other important nutrients for healing include zinc, vitamin B12 and folic acid. The main function of these nutrients is to stimulate new cell formation. 30 mg of zinc along with 500 – 1000 mcg of vitamins B12 and folic acid should be taken each day. To this regime it often helps to add a supplement of the herb Centella asiatica (Gotu kola). This natural agent has been found to reduce healing time and improve the strength of healing tissue (1,2). 500 mg should be taken, twice a day.

For two days before and 10 days after surgery, it seems to help to take a supplement of the pineapple extract bromelain. Bromelain lessens swelling and inflammation and reduces healing time by helping in the clearing of tissue debris. Three capsules should be taken, three times a day on an empty stomach.

---

(1). Morisset R, et al. Evaluation of the healing activity of hydrocotyle tincture in the treatment of wounds. Phytother Res 1987;1:117-121

(2). Kartnig T. Clinical applications of Centella asiatica (L) Urb. In Herbs, Spices, and Medicinal Plants: Recent Advances in Botany, Horticulture, and Pharmacology, vol. 3., eds. Craker LE, Simon JE. AZ: Oryx Press,1986,145-173

Sweating - excessive

The herb sage has a long history of use in herbal medicine in the treatment of excessive sweating and hot flushes. Sage tea can be made by steeping sage leaves in hot water for five or 10 minutes. Drink several cups a day. Alternatively, sage can be taken in tincture (alcoholic extract) form. The normal dose is 15-20 drops of tincture in water, three times a day.

Systemic Lupus Erythematosis (SLE)

Systemic lupus erythematosis (SLE) is what is known as an 'autoimmune' disease – one in which the immune system attacks the body's own tissues. In SLE, any tissue may be affected, and this can give rise to a wide variety of symptoms including arthritis, kidney disease, heart damage, skin sensitivity to light, fever, weight loss, neurological problems and a rash around the nose and cheeks. The condition can potentially be very serious, and may actually prove fatal. Conventionally, the mainstay of treatment for SLE is steroids. These have a range of potential side-effects, and may not adequately contain the illness anyway.

There is some thought that like other autoimmune disorders, SLE may be related to food sensitivity. There has not been a lot of research into this, but I have to say, in my experience, food sensitivity is indeed an important provocative factor in many cases of SLE. Identification and elimination of individual food sensitivities is often very effective in controlling the symptoms of SLE. I have even seen patients revert from positive blood tests for SLE to negative using this approach. More information about food sensitivity can be found Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

In some individuals, food sensitivity is connected to overgrowth of the yeast organism Candida albicans. In some patients I have seen, Candida does seem to be any important underlying factor, and successful treatment of this problem is often effective in controlling symptoms. More information about this can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Taste - loss of sense of

Loss of the sense of taste quite often responds to supplementation with the mineral zinc. The diet should include plenty of foods rich in zinc such as sunflower and pumpkin seeds, seafood and fish. In addition, it usually helps to take a zinc supplement. Enough zinc ascorbate or zinc citrate should be taken to provide 30 mg of zinc for three or four months. 30 - 45 mg of zinc each day. Because zinc supplementation can induce copper deficiency, 1 mg of copper should be taken for each 15 mg of zinc taken. After this, the risk of zinc and other nutrient deficiencies may be reduced by taking good quality multivitamin and mineral containing zinc each day.

Tinnitus

Tinnitus is a condition characterised by ringing or humming in the ears. It affects about one in 10 adults in the U.K., and can vary in severity. While some individuals suffer occasional, mild attacks of tinnitus, which do not cause much distress, others may experience constant symptoms that can impact significantly on quality of life. Tinnitus is the result of malfunction in the inner ear - the part of the body responsible for both hearing and balance. While the precise cause of tinnitus is not known, it is thought that it can be related to a reduced blood supply to the inner ear. The natural approach to tinnitus is the same for that of a related condition - Meniérè's disease (see *Meniérè's disease*).

Thrombophlebitis

Thrombophlebitis is a condition characterised by inflammation in a vein near the surface of the skin, usually in the leg. Another feature of this condition is the formation of small blood clots around the site of inflammation. Typical symptoms of thrombophlebitis include swelling, redness and tenderness in and around the affected area. Conventional treatment is normally centred around the use of support stockings, bandaging and the administration of non-steroidal anti-inflammatory drugs (painkillers).

A major component of the tiny blood clots that occur in thrombophlebitis is a blood protein called fibrin. The body breaks down fibrin naturally in time, but certain foods such as garlic, onions, cayenne pepper and ginger have the ability to accelerate this process. These foods can therefore help to relieve the symptoms of thrombophlebitis and plenty of them should be included in the diets of those prone to this condition.

There are two natural agents that may be of real benefit in thrombophlebitis. One of these, bromelain, is an extract of pineapple that has been shown to break down fibrin and therefore acts as a natural clot dissolver and blood thinner. Bromelain also has strong anti-inflammatory in the body and can therefore help to reduce the pain and swelling in and around the vein. 500 mg should be taken, 3 times a day. In this instance, bromelain should be taken on an empty stomach to ensure maximum effect. The other natural substance that can be very useful in combating thrombophlebitis is vitamin E. This nutrient also has blood-thinning properties and may therefore help to prevent the development of the tiny clots that characterise thrombophlebitis. About 800 IU of vitamin E should be taken each day.

Thrush (vaginal yeast infection)

Thrush is caused by a yeast organism known as Candida albicans. Although it is normal to have some yeast in the body, too much can create problems. Thrush is characterised by vaginal itching with or without a white discharge and is a sign of Candida overgrowth in this part of the body. The reservoir for Candida in the body is actually the digestive tract, which is why treating only the vaginal source of the infection with pessaries and creams often fails to bring lasting relief. To really get to the bottom of this problem, it is usually necessary to combat the overgrowth of Candida in the intestinal tract. More information about this can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

For topical relief I generally recommend the use of probiotic (healthy bacteria) supplements inserted vaginally (as a pessary). Increasing the number of healthy bacteria in and around the vagina does seem to help keep Candida at bay. Acidophilus pessaries are available under the name YeastGuard (VitaTech 0121 433 8729). One pessary should be inserted each a week.

Trigger Finger

Trigger finger is a condition characterised by one or more fingers getting stuck in a bent position, often required extra force than normal to straighten it. In practice, this problem seems to respond to supplementation with vitamin B6. 100 mg should be taken three times a day. This approach is often successful, sparing the sufferer the need for surgery, but it can take several months before the condition resolves.

Tongue - Fissured

Fissuring (cracking) of the tongue is very often related to a deficiency in B-vitamins such as B2, B6, B12 and folic acid. Sometimes, iron is deficient too, though this should not be supplemented unless there is a proven deficiency. The best test for this is the 'ferritin' level in the blood. The other nutrients are very safe to take in reasonable dose. I generally recommend that a good quality B complex supplement that supplies 25 - 50 mg of the B vitamins B1, B2, B3, B5 and B6, along with B12 and folic acid be taken every day.

Tongue - sore

Certain vitamin deficiencies can lead to problems with soreness and discomfort in the tongue and inside of the mouth. Perhaps the most important nutrients in terms of oral health are the B vitamins. Individuals lacking in folic acid tend to develop sore mouths and throats. Too little vitamin B3 (niacinamide) in the diet can cause soreness of the gums, mouth and tongue. If the discomfort in the mouth is like a 'burning' sensation, then B6 deficiency is likely. If the cracks at the corners of the mouth are sore, this generally indicates a lack of vitamin B2 (riboflavin). Sore lips have also been noted to be related to deficiencies of folic acid, vitamin B5 (pantothenic acid) and vitamin B6.

As with a fissured tongue, I generally recommend that a good quality B complex supplement that supplies 25-50 mg of the B vitamins B1, B2, B3, B5 and B6, along with B12 and folic acid be taken every day.

Tonsillitis

Infections of the tonsils (tonsillitis) can essentially be caused by two different types of organisms; bacteria and viruses. Viral infections are more common and tend to produce red, inflamed tonsils, but no white spots. Viral tonsillitis will not tend to respond to antibiotics. In bacterial tonsillitis, the tonsils will often develop white spots and tend to respond to antibiotics.

Like streptococcal infections of the throat, tonsillitis does often seem to be related to sensitivity to dairy products, especially milk and cheese. When these are eliminated from the diet, attacks tend to become much less frequent or disappear altogether. More information about food sensitivity can be found in Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

A useful nutrient for combating tonsillitis is zinc. Sucking a zinc lozenge every two waking hours does seem to help reduce the symptoms of tonsillitis, which may be related to the nutrient's immune-stimulating and virus-killing activity. The precise form of the zinc in the lozenge is important – it should be zinc *gluconate*. Other forms of zinc may not actually liberate sufficient quantities of zinc to exert a significant effect. The lozenge should not contain citric acid, tartaric acid, mannitol or sorbitol either, as these can inactivate the zinc.

The herb echinacea has gained quite a reputation over the last few years as a potent infection fighter. Echinacea has proven immune stimulating activity, and may help to clear a tonsil infection. There are two main species of echinacea used therapeutically – purpurea and angustifolia. As each has some distinct properties, I generally recommend that they be taken in combination.

Travel Sickness

Balance in the body is governed by delicate organs in the inner ear. Travel sickness is thought to be related to the effect of movement and vibration here, but it is not known why some individuals seem to be more sensitive to this than others.

Certain natural remedies may help reduce or even prevent the nausea and sickness that is characteristic of travel sickness. One substance that is often very effective in this respect is ginger. The ancient Chinese mariners would ward of sea sickness by keeping a slice of fresh root ginger between their cheek and gum. These days, ginger is available in capsule and tablet form. 500 mg should be taken, three times a day. Ginger at this dose is perfectly safe to be taken regularly for extended periods.

Tremor

Tremor or shaking can be related to a number of underlying factors including the use of certain prescription medications (e.g. antidepressants) and some conditions (e.g. Parkinson's disease or an overactive thyroid). When a tremor does not seem to be related to any specific underlying cause it is often referred to as an 'essential tremor'. Sometimes, essential tremors run in families in which case they are sometimes referred to as 'familial tremors'. Essential and familial tremors tend to get worse during movement, and can make even simple everyday tasks such as writing quite difficult.

On a dietary level, it is a good idea to eliminate all forms of caffeine from the diet. Coffee, tea, chocolate and some over-the-counter remedies are the main sources. Caffeine can increase levels of arousal and even anxiety, and this is very likely to worsen any existing tremor. Certain supplements may help to control tremor. I have found that magnesium very often helps sufferers of tremor. Magnesium helps to normalise muscle function, and it is quite possible that it is through this mechanism that it helps reduce shaking. 150 – 250 mg of magnesium should be taken, twice a day. Another nutrient that appears to help reduce shaking is vitamin B6. Taking a B-complex supplement, which contains at least 25 mg of vitamin B6 each day can often help. Finally, there is some thought that taking healthy fats known as essential fatty acids can help reduce familial tremor (1). These fats may possibly work by contributing to the health of the insulating sheathes which surround the nerves. 2 g of safflower oil should be taken, twice a day.

---

(1). Lieb J. Linoleic acid in the treatment of lithium toxicity and familial tremor. Prostaglandins Med 1980;4:275-279

Trigeminal Neuralgia

The trigeminal nerve carries sensation from the face to the brain as well as participating in the processes of taste, chewing, salivation and the production of tears. Sufferers of trigeminal neuralgia experience episodes of intense pain in one side of the face, which usually last from a few seconds to a few minutes. Attacks tend to come in batches that last several weeks at a time. The condition is uncommon before the age of 50. Sometimes, anti-epileptic drugs can help relieve the condition, though these are often ineffective or may be associated with significant side-effects.

Trigeminal neuralgia is not an easy condition to treat, either with conventional or complementary medicine. However, there is a case study in the scientific literature of a woman who had complete relief from her symptoms by adopting a caffeine-free diet (1). It is not known how caffeine may trigger trigeminal neuralgia, though it is likely to be connected with its nerve-stimulating action. However, it is certainly worthwhile trying the elimination of caffeine from the diet.

---

(1). Glore S, et al. Trigeminal neuralgia: case study of pain cessation with a low-caffeine diet. J Am Diet Assoc 1991;91;1120-1121

Ulcer - Mouth (see Mouth Ulcer)

Ulcer - Peptic (see Peptic Ulcer)

Ulcer - Skin

Skin ulcers are more common in individuals with reduced blood supply into the leg (peripheral vascular disease), varicose veins and diabetes. Whatever the underlying cause of an ulcer, its healing can often be helped by supplementing with certain nutrients. In particular, vitamin C (1) and zinc (2, 3) have both been shown to speed up the healing of ulcers, sometimes cutting down the healing time by half. In addition to their effect on tissue healing, these nutrients also stimulate the immune system. This is important because this can reduce the risk of infection – a common complication of leg ulcers. 1 g of vitamin C should be taken two or three times a day along with 90 – 150 mg of zinc each day. Because zinc can induce copper deficiency, this should be balanced with 6 – 10 mg of copper. As the ulcer heals, it is usually possible to reduce the zinc dose. A maintenance dose of 15-30 mg per day may help to prevent ulcers from recurring.

Certain herbs may also help ulcers to heal. Ginkgo biloba can be useful because it helps stimulate the circulation, improving the transport of healing elements into the ulcer. Another useful herb is horse chestnut (aesculus). This strengthens blood vessels (including veins), and also helps prevent tissues becoming water-logged and prone to break-down and infection. Gotu kola (Centella asiatica) contains substances called saponins that seem to have a beneficial effect on collagen, a protein-based material, which is essential for skin health and healing. One review found that Gotu kola can help heal wounds (4). 10 – 20 ml of tincture should be taken each day. Alternatively, 60 mg of standardised extract should be taken, once or twice a day.

---

(1). Taylor TV, et al. Ascorbic acid supplementation in the treatment of pressure-sores. Lancet 1974;ii:544-546

(2). Carruthers R. Oral zinc sulphate and bedsores. Lancet 1969;1:1264

(3). Cohen C. Zinc sulphate and bedsores. BMJ 1968;2:561

(4). Kartnig T. Clinical applications of Centella asiatica (L) Urb. In: Herbs, Spices and Medicinal Plants: Recent Advances in Botany, Horticulture and Pharmacology, vol 3., ed LE Craker, JE Simon, Phoenix AZ: Orys Press, 12986,145-173

Ulcerative Colitis

Ulcerative colitis is a condition characterised by inflammation in the lining of the large bowel. Typical symptoms include pain, bloating and diarrhoea, which can be bloody. The symptoms of ulcerative colitis tend to come and go, with attacks being interspersed with relatively symptom-free periods. The condition is most common in young and middle-aged adults.

Although the cause of ulcerative colitis is not known for sure, there is some evidence that it may be triggered by food (1,2) in some cases. More information about the identification of potential trigger foods can be found Dr John Briffa's e-book entitled **'Six Essentials to Physical Health and Wellbeing'**.

Some people with ulcerative colitis have difficulty digesting starches and sugars, which can lead to the fermentation of carbohydrate in the gut by bacteria and/or yeast. This in turn leads to irritation and ulceration of the bowel wall. Reducing or excluding fermentable carbohydrates such as grains, potatoes and sugar has helped a significant proportion of ulcerative colitis sufferers. For more details about this specific approach, read *Breaking the Vicious Cycle* by Elaine Gotschall (Kirkton Press, Kirkton, Ontario, Canada).

---

(1). Rowe AH. Chronic ulcerative colitis – allergy in its etiology. Ann Intern Med 1942;17:83-100

(2). Andresen AFR. Ulcerative colitis - an allergic phenomenon Am J Dig Dis 1942;9:91-98

Urinary Tract Infection

Urinary tract infection is the medical term for what is commonly referred to as 'cystitis' or 'urine infection'. Cystitis is the most common bacterial infection in women. Women tend become more prone to cystitis as they age: while the condition affects about 10% of younger women, the incidence after menopause is roughly double this. Overall, one in four women will suffer from cystitis at some point in their lives. For some women, cystitis can tend to recur, and give rise to troublesome and persistent symptoms such as pain on urination, frequent urination, and even incontinence. Conventional treatment for cystitis is based on antibiotics.

The most common cause of UTI is a bacterium known as E. coli. This organism is often to be found on the skin in the genital area. From here, E. coli organisms can make their way up the pipe that takes urine from the bladder to the outside (the urethra). Here, they may set up camp by attaching to the inner surface of the bladder. E. coli germs generally originate in the bowel, and a few basic approaches can often be effective in reducing the risk of this organism getting the opportunity to become established in the bladder.

Drinking plenty of water throughout the day as this helps to flush out organisms in and around the urethra and bladder before they get a foothold. 1½ - 2 litres of water is about right for most women. Urinating as soon as possible after sexual intercourse is of particular importance, because sex increases the risk of E. coli being introduced into the urethra and bladder. Personal hygiene is obviously important, and washing should be done on at least a daily basis using a mild, unscented soap. Again, this is especially important around the time of sex. When using the lavatory, wiping from the front to the back reduces the risk of organisms being brought into the vicinity of the urethra.

In addition to these basic measures, natural substances may prove effective in controlling UTIs. Over the last decade there has been a lot of interest in the role of cranberry in this respect. Cranberry contains substances called 'proanthocyanidins' which help to prevent E. coli sticking to the bladder wall. In one study, women taking 400 mg per day of cranberry solids had a reduced risk of UTI compared to women

taking inactive medication (placebo) over a three-month period (1). Cranberry supplements are available from health food stores.

While cranberry reduces the risk of E coli sticking to the bladder wall, there is that taking calcium supplements actually increases the risk of this happening. This is relevant because women are most likely to take calcium supplements after the time of menopause to protect against osteoporosis (thinning bones), and these women are also those that tend to be at the highest risk of UTI. For most women, this factor is unlikely to be of any relevance. However, women experiencing recurrent UTIs who are also taking calcium in supplement form might benefit from either reducing their dose of calcium or possibly taking a cranberry supplement to counterbalance the effects of the calcium.

The reason why post-menopausal women might be at increased risk of UTIs may be related to low levels of the hormone oestrogen. Oestrogen helps maintain the vaginal tissue, and increase its content of glycogen – a carbohydrate that lactobacilli use as fuel. One study compared twice weekly oestrogen cream application with an inactive cream. Over the eight months that the study ran for, the women using the oestrogen cream had significantly fewer infections than the women taking placebo (2).

There is some evidence that oestrogen therapy can increase the risk of certain conditions including cancers of the womb and breast. There are three principle types of oestrogen which occur naturally in the body. The one used in this study quoted above – oestriol – is believed to be safe for use by women who still have a womb. However, to be on the safe side, oestriol cream should be avoided by women who have a history of breast cancer, liver disease or the formation of blood clots (e.g. deep vein thrombosis). In the UK, oestriol cream is available by prescription under the name ‘Ovestin’.

---

(1). Edward B, et al. Cranberry Concentrate: UTI Prophylaxis The Journal of Family Practice 1997;45(2):167-168

(2). Raz R, et al. A Controlled Trial of Intravaginal Estriol in Postmenopausal Women With Recurrent Urinary Tract Infections The New England Journal of Medicine 1993;329:753-756

Urinary Frequency

Frequent urination, particularly when only small volumes are passed, may be related to a condition known as ‘detrusor instability’. The detrusor is a muscle in the pelvis, a proportion of which makes up the outer muscular coat of the bladder. In detrusor instability, it is thought that this muscle does not function normally, giving rise to certain symptoms which may include frequent urination, the need to pass water at night and incontinence.

Caffeine has been shown to worsen the symptoms of detrusor instability and should be avoided (1). In any condition in which muscle seems to contract abnormally such as cramping or twitching, magnesium is always worth a try because it helps relax muscle tissue naturally. In one study, magnesium was found to help symptoms of detrusor instability in a good proportion of women (2). 250 of magnesium should be taken, 1 –3 times a day.

---

(1). Creighton SM, et al. Caffeine: Does It Affect Your Bladder?" British Journal of Urology 1990;66:613-614

(2). Gordon D, et al. Double-Blind, Placebo-Controlled Study of Magnesium Hydroxide for Treatment of Sensory Urgency and Detrusor Instability: Preliminary Results. British Journal of Obstetrics and Gynaecology 1998;105:667-669

Urticaria (see Hives)

Varicose Veins

Blood is pumped by the heart to the tissues in vessels known as arteries, and returns to the heart in vessels known as veins. The veins contain valves which ensure that the blood flows towards the heart, but not in the opposite direction. However, sometimes the valves in the veins in the legs can fail, causing blood to collect here. When this happens, the vein may enlarge and distort, giving rise to what are commonly referred to as varicose veins. Varicose veins can be uncomfortable, and can bleed if injured. In addition, they can be associated with other conditions including discoloration of the skin, eczema and ulcers in the lower leg.

Activity stimulates the circulation, which can help reduce the risk of varicose veins getting any worse. It is advisable for varicose vein sufferers to walk briskly, jog or cycle for about half an hour a day. When sitting for long periods, the feet should be put up on a chair or stool, as this will help blood flow in the veins. Crossing of the legs should be avoided, as this tends to hinder circulation, increasing the risk of further varicose vein development.

A commonly used and often effective natural treatment for varicose veins is the herb Horse chestnut (Aesculus hippocastanum). Horse chestnut contains a substance called ‘aescin’ which is believed to strengthen the vein walls, reducing the risk of further damage. Horse chestnut can be applied directly to the veins (via a gel or cream) or taken internally. The normal recommended dose is 300 mg of standardised extract, three times a day.

Warts

Warts are a common, contagious skin condition that may affect many different parts of the body including the hands, feet and genital region. Warts are caused by a virus known as the human papillomavirus (HPV) of which there are several different types. Many warts disappear of their own accord within a few months, but treatment is often necessary in more persistent cases. Conventional treatments include cryosurgery (burning with liquid nitrogen), and the topical application of agents such as podophyllin and salicylic acid.

In natural medicine, extracts of the plant Chelidonium majus (Greater Celandine) are often used to treat warts topically. Chelidonium contains substances, which appear to inhibit the wart virus. Treatment with chelidonium seems to work best if the top of the wart (or verruca) is abraded with a pumice stone or emery board before the application.

Wound Healing (see Surgery - Recovery From)