

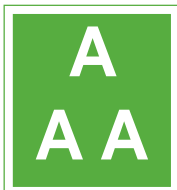
allergy

NEWSLETTER

Number 79

Winter 2003

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Action Against Allergy

Registered Charity No 276637

ALLERGY NEWSLETTER
The Journal for members of
Action Against Allergy
Registered Charity No. 276637

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Your quick reference to advertisers in this issue.

Special insert

*The Daily Telegraph Encyclopedia
of Vitamins, Minerals and Herbal
Supplements, by Dr Sarah Brewer.*

Stay well naturally!

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Action Against Allergy was founded by Amelia Nathan Hill just over 25 years ago, in September 1978, with the help of Aeronwy Thomas-Ellis, daughter of Dylan Thomas, in order to help, advise and campaign on behalf of the many thousands of allergy sufferers who wrote to her following publication of the book which told of her own desperate experiences, *Against the Unsuspected Enemy*. Amelia, sadly, died two years ago, but her ideals continue to be the inspiration of our work that carries on.

We have to admit it isn't easy. Finding the necessary funds seems to get harder every year, with so many other appeals dipping into everyone's pockets. Yet there is still much that needs to be done before the needs are adequately met of those whose health is affected by the way we eat and live today. There are still pitifully few specialist clinics where allergies can be correctly diagnosed and treated; and in the meantime, it is up to us to give as much help as we can to all those who must learn to live with their individual problems.

We would like to thank most sincerely all those who support our work and if you want to be sure we can carry on we hope you will continue to do so in every way you possibly can.

Back our Marathon runner

Anniversary celebrations come in all different shapes. For Malcolm Smith, of Thorpe Bay, it will be the ground-

MEMBERS' MATTERS

breaking effort of running his first attempt at the London Marathon next April 18th. The date is also his sixtieth birthday and he was encouraged to mark the event in this special way by family and friends, especially his wife Frankie who, members will remember, ran last year with two other friends on behalf of AAA.

Malcolm's efforts will help no less than three charities: Motor Neurone Disease Association, Médecin Sans Frontières – and Action Against Allergy. This means that whatever AAA supporters can pledge will benefit AAA funds.

Malcolm, who will retire from his job with Customs and Excise just before the big day, has run many half marathons before but never gone the full 26 miles. It's going to be a great challenge – and the best way to encourage him is to pledge LOTS of money. And, of course, if donors are also paying Tax at the standard rate or above AAA will be able to reclaim an extra 26p per £1. Pledges can be redeemed by cheque or credit card.

Forms are available and we will be very grateful for all the help you can get from your family and work colleagues.

Continued over

MEMBERS' MATTERS *continued*

The Allergy Show

AAA will be a leading participant in a three-day public exhibition and seminar programme to be held at Olympia, London next June 18-20th. The Allergy Show is for everyone with allergies and parents of children with allergies. The exhibits will cover the whole spectrum of products, aids and services, both present and new, which are of interest to the allergy sufferer.

Above all, it will be a shop window for charities which give patients vital support and advice. In addition to Action Against Allergy, the National Asthma Campaign, The Anaphylaxis Campaign, The Latex Allergy Support Group and the National Candida Society will all have an important presence. At AAA we have decided to make it a key event to celebrate our 25 years of patient support. So we urge you to put the date in your 2004 diary – now.

Essays

Our 2003 Essay Competition had a disappointing result. There were so few entries across the three categories that it was decided it would be unfair and unviable to proceed.

However, we thought you would enjoy reading two received, one from our member May Corner and one from the USA, so they are to be found in this issue. We also received an entry for the first time from Egypt and from India and hope to publish excerpts in the future. It shows how widely noticed our web-site is.


Book sales

From Margaret Croxford we received a surprise and very welcome donation of £25 – the result of a second hand book sale at her play reading group. And from Jennifer Worth came the gift of £50, a donation offered to her by an Essex Women's Institute branch following her talk to them about the real-life stories behind her book *Call the Midwife*, which describes her dramatic and moving experiences in the '50s. Incidentally, Merton Books will offer a special price on this book to AAA members who would like to give it as a Christmas present: just £12 incl p&p (instead of £16.74) by cheque or credit card to Merton Books, PO Box 279, Twickenham TW1 4XQ, tel 020 8892 4949, quoting Newsletter Offer.

Stamps

Thank you to May Corner, Harrogate; Sarah Crabtree, Reading; Elizabeth Crehan, Huddersfield; JL Dennis, Walsall; Colin Green, Sutton Coldfield; Rona McIntyre, Exeter; Sue Price, Knighton and Anon, Romford.

Bettine Symons is appealing against the imposition of VAT on a house filter system needed to protect her from pesticide spraying in her area. The tribunal is next January 23rd and Bettine is seeking ads and sales literature about products which state their purpose is solely for relief of allergies. If you can help with this, or have tips for dealing with the VAT & Duties Office, write to her care of AAA, PO Box 278, Twickenham TW1 4QQ and we will pass it on.



DIGESTION, DISEASE & DIET

Mechanisms and Management of Irritable Bowel Syndrome

Report of AAA's full day workshop presented by Dr Janice Joneja PhD RDN at The Royal Entomological Society, London on 24th September 2003.

Irritable bowel syndrome (IBS) is an umbrella term for a variety of minor bowel disturbances of unknown origin, sometimes called "irritable colon" or "spastic colon". The symptoms include:

- change in bowel habit (often alternating constipation and diarrhoea)
 - abdominal bloating and distension
 - Sometimes abdominal pain, frequently relieved by defaecation
 - Feeling of incomplete defaecation.
- There is usually no sign of structural damage to the wall of the intestine (frequently indicated by blood in the stool) and it does not cause weight loss or nighttime fever.

A diagnosis of irritable bowel syndrome is made when all organic disease has been ruled out by appropriate medical tests

Triggers

There are several events that may initiate IBS:

- Pathology in the digestive tract that causes inflammation that may become chronic, such as:
 - infection from viruses, bacteria or parasites
 - inflammatory bowel disease or coeliac disease

- surgical procedures in the digestive tract
- stress, when stress hormones are released or when neuropeptides trigger the release of inflammatory chemicals
- oral antibiotics and other oral medications causing a change in types of micro-organisms in the large intestine
- alteration in microbial flora affecting the action of micro-organisms on undigested food material leading to gases and organic acids.
- hormone fluctuations due to the menstrual cycle, pregnancy or thyroid imbalance may cause worsening of symptoms when IBS is already present.

Inflammation, increased sensitivity to pain, motility dysfunction and the fermentation of undigested food in the large bowel are the key factors in IBS that result in symptoms.

Inflammation is rarely visible in tissue viewed under the microscope in IBS. However, there is research evidence of the presence of inflammatory activity in IBS, based on the presence of chemicals that indicate that inflammation is occurring. It may be caused by infection (bacterial, viral

Continued over

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or parasitic); a sensitivity to food protein called enteropathy (small intestine disease related to proteins in foods such as cow's milk, soya, or gluten); food allergy or food intolerance; or any of the triggering events listed above.

Changes in the speed of food passing through the digestive tract can result in disturbance of the normal process of digestion and absorption of nutrients. If food passes through the small intestine too quickly it may be incompletely digested because it is not in contact with digestive enzymes long enough for molecules to be broken down to the size and state required for absorption. For example, the incomplete breakdown of carbohydrates results in complex and undigested sugars passing into the large bowel, causing diarrhoea. Incomplete digestion of carbohydrates can also result from damage to the cells lining the digestive tract, that leads to a deficiency of enzymes that digest sugars (lactase, sucrase, osomaltase). Diarrhoea also occurs when undigested and unabsorbed proteins pass into the large bowel where they are acted on by micro-organisms, resulting in the production of organic acids and gases. Severe or chronic diarrhoea can result in dehydration and electrolyte imbalance, which need to be reversed by providing fluids and electrolytes.

A decrease in the speed of movement through the large bowel on

the other hand, may result in constipation. As food sits for longer in the large bowel it allows an increase in microbial fermentation of food materials, resulting in the production of gases, organic acids and other products of microbial activity.

Fermentation

All food materials not absorbed through the lining of the small intestine pass into the large bowel. Millions of bacteria colonise the caecum and colon and perform "end-stage digestion". Products of microbial activity can be important nutrients such as B vitamins (pantothenic acid; biotin) and vitamin K.

Plant foods contain two broad classes of carbohydrates (starches and sugars):

1. Free sugars (glucose, fructose, sucrose)
2. Polysaccharides.

Free sugars are found mainly in fruit and vegetables and are rapidly digested and absorbed from the small intestine in healthy humans. Sugar is also present in milk, in the form of lactose.

Non-digested carbohydrates pass into the large intestine resulting in:

- Osmotic imbalance: causes excess fluid in the lumen of the large bowel resulting in loose or liquid stool
- Increased bacterial fermentation with the production of organic acids (acetic, lactic, butyric, propionic) and gases such as carbon dioxide and

hydrogen, which cause bloating and flatulence.

As a result of excessive fermentation of carbohydrate, patients complain of abdominal fullness, bloating, and cramping pain, and watery diarrhoea, which may occur from 5 minutes to 5 hours after ingestion of the carbohydrate.

Lactose Intolerance

Milk sugar, lactose, is digested by lactase enzyme produced in the cells lining the digestive tract. Lactose is a disaccharide (double sugar) which cannot be absorbed through the lining of the digestive tract until it is broken down into its two single sugars (monosaccharides):

- Glucose
- Galactose.

Lack of lactase reserves makes lactose particularly vulnerable to maldigestion.

There are three main types of lactose intolerance:

1. Congenital alactasia
2. Idiopathic lactase deficiency:
3. Secondary lactase deficiency.

Congenital alactasia (primary lactase deficiency) is very rare. It is due to an inherited autosomal recessive gene; stools are loose from the first days of life and the condition is permanent.

Idiopathic lactase deficiency usually appears in adolescence and to some

degree affects 80% of the world's adult population. Most races except Northern Europeans have a 50-100% incidence but there is wide variation in prevalence among different racial groups.

Secondary lactase deficiency relates to temporary lactose intolerance. It results from damage to the lactase-producing cells in the lining of the small intestine. It is common in childhood intestinal infections. It often accompanies coeliac disease (*gluten-sensitive enteropathy; coeliac sprue*). Lactase is depressed earlier than other disaccharides in intestinal injury but returns to normal levels after cell injury is resolved.

Secondary lactase deficiency is by far the most common form of carbohydrate intolerance in childhood and may result from:

- viral or bacterial enteritis
- gastrointestinal surgery
- extensive small intestine resection
- cow's milk protein allergy
- *Giardiasis* (a parasitic disease)
- protein-calorie malnutrition.

Starch and Fibre

Plant polysaccharides can be separated into two broad categories:

1. Starch
2. Non-starch.

Starch is a storage polysaccharide and the major carbohydrate of cereal grains and potatoes.

Non-starch polysaccharides are the structural components of the plant cell wall and considered the dietary fibre of foods.

Starch is found in many of the world's staple foods such as cereals, legumes, potatoes and bananas. Usually starch in foods is readily digested in the small intestine by enzymes produced in the pancreas and absorbed into the body. The process can be speeded up by cooking; starch is gelatinized and rendered more available to the enzymes.

In the 1980s research showed that a significant portion of dietary starch may resist digestion and pass intact into the colon. Food processing can render some starch partly resistant to enzymatic digestion. This was classified as *resistant starch*. Starch that is readily digested was called *non-resistant starch*.

All fibre and starch entering the large intestine is a suitable substrate for bacterial fermentation. Gas, bloating and pain may result from excessive microbial fermentation and organic acids may be a source of irritation of mucosal tissues. Microbial fermentation of resistant starch and fibre can produce volatile fatty acids which are absorbed into the body from the colon and may help in protecting against disease such as colon cancer.

Cooking and processing can affect the digestibility of starch. The quantity of some types of resistant starch in foods is critically dependent on processing conditions such as heating, cooling, freezing, or drying. Starch from cereal products and freshly cooked potato is well digested, but cooled, cooked potato is less well digested than freshly cooked potato.

This may also occur with other starches such as rice and pasta. Up to 89% of the starch from raw banana escapes digestion in the small intestine. A high percentage of other raw fruits and vegetables may also be resistant to digestion in the small intestine and can

provide a rich source of substrate for microbial fermentation in the large bowel.

Factors affecting the amount of starch in the colon are cooking, chewing and the speed of transit of food. Cooking disrupts starch granules and facilitates digestion by enzymes in saliva and the small intestine. When foods with a high level of resistant starch are eaten raw, more undigested starch passes into the colon.

Amylase (ptyalin) in saliva is the first enzyme to start the process of starch digestion. The more the food is chewed, the greater the exposure of the

Continued over

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DIGESTION, DISEASE & DIET concluded

starch to enzymes in the mouth and the small intestine.

The faster the food transits the small intestine, the less exposure to enzymes. High fat slows transit. High fluid (water with the meal) speeds the transit.

Dietary Fibre

Non-starch polysaccharides in food are not affected by food processing. They include a mixture of polymers such as cellulose, pectin, and hemicellulose. Resistant to human digestive enzymes, they escape breakdown in the small intestine and may be classified as:

- "soluble" (becomes gelatinized in water, especially when heated)
- "insoluble" (remains unchanged in water).

Fibre resists digestion. All types of fibre pass completely undigested through the small intestine and into the colon. All carbohydrates that are not digested and absorbed from the small intestine move into the large intestine where they are fermented by micro-organisms.

Role of Food in IBS

Food does not cause IBS. It is food passing through the "damaged organ" that continues or exacerbates the condition.

Food interacts with gastrointestinal tissues in several ways:

- Immunologically
- Physiologically
- Biochemically

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Symptoms seem to be based on TWO principal mechanisms:

1. Inflammation
2. Fermentation

Dietary management strategies are designed to reduce the effects of these.

The IBS Diet

Following this explanation of what exactly is meant by irritable bowel syndrome, Dr Janice Joneja described the successful diet for managing the condition which was devised under her leadership of the Allergy & Nutrition Programme at Vancouver Hospital, Canada.

In over 3000 patients on this diet over 80% had total remission of symptoms or a significant reduction. Some were able to eat fairly normally afterwards as they reintroduced the food.

IBS, said Dr Joneja, does not necessarily need to be a lifelong condition.

As a general guideline the objective is two-fold: to reduce inflammation in all parts of the digestive tract, and to reduce the amount of fermentable substrate passing into the colon. To achieve these objectives it is necessary to identify and avoid the inflammatory triggers and to increase digestion and absorption in the small intestine.

The triggers and exacerbators of inflammation include:

- allergens
- chemicals that enhance release of inflammatory mediators (e.g. benzoates)
- raw foods

- alcohol
- caffeine and other methylxanthines.

It is important to eat a balanced diet complete in all essential nutrients. This means three meals a day, with between-meal snacks if desired. For each food that must be avoided, another of equal nutritional value is substituted. Vitamin and mineral supplements can be taken, if free of colour, sugar and preservatives.

A summary of Dr Joneja's dietary guidelines, to be followed initially for four weeks, which includes foods to avoid, foods to substitute, how to test and re-introduce foods, is available in two formats, see below:

The workbook, *Digestion, Disease & Diet*, made available to delegates at the Workshop, contains full reference to Dr Joneja's talks on "Causes of IBS"; "The IBS Diet"; "Micro-organisms in the Digestive Tract", and "The Aging Digestive Tract".

The price is £5 payable to Action Against Allergy, by cheque or credit card, at PO Box 278, Twickenham TW1 4QQ, tel. 020 8892 4949.

Cassettes: Individual cassettes of Dr Joneja's talks on "The IBS Diet", "Micro-organisms in the Digestive Tract" and "The Aging Digestive Tract" are available. £5 each from AAA, as above.

Also available is the publication *Dietary Management of Irritable Bowel Syndrome* by Dr Joneja which gives further detailed guidance and many specific recipes for all meals. Price £12.50 from AAA (as above).

THE FAMILY CURSE : ALLERGIES

**Evelyn Rhodes Smith,
writing from
Charleston, USA**



Aunt Effie, aged 54, died at her ironing board when she used a spray starch that she had used for years and thought safe. Suddenly, it killed her before she could call for help. My Uncle Russell developed asthma right after WWII. He was a nonsmoker, but his family doctor prescribed Kool cigarettes to help him breathe.

That is unthinkable now. However in those days no one knew how harmful tobacco smoke was, and the brand Kool was advertised as a treatment for lung problems. A few years later, Uncle Russell, in his middle fifties, died of emphysema.

Aunt Freda awoke one morning to find herself literally glued to the sheet on her bed. Huge blisters, full of liquid, covered her body, and most on her back had burst. The paramedics removed her, sheet and all, for a trip to the hospital. The culprit? An oven-cleaning product she had used safely for years. My own sister cannot go near tomato plants, nor can she touch the fuzz on a peach. She breaks out in large welts if she comes into contact with either of them.

I was the lucky one of the family, I thought. I could pull poison ivy up bare-handed without even itching when I was young. I can still do that at age 74, but I cannot breathe if I am around

fragrances or tobacco smoke. However, when I reached my middle forties, along came respiratory symptoms, joint problems and aching muscles. An orthopedic specialist diagnosed the joint pain as a form of rheumatoid arthritis. So I began fifteen years of trying different arthritis medications—none of which I could take for any length of time, because of side-effects that were worse than the disease. I ended up with GERD (serious chronic heartburn) and an ulcer—and my joints still ached.

Environmental test

But, fortunately, I had an ENT doctor who knew something about allergies. Dr. Sherman Hatfield decided to test me for environmental allergens.

We had dogs at the time, had had them with us in our home for 34 years. So, I knew I wasn't allergic to them and asked that dog-dander be eliminated from the testing so I could escape at least some of the pinpricks they planned to do to me. I was hurting so badly, I didn't want any more pain from holes being punched into my arms. That was OK with her, the technician replied.

I gritted my teeth as the first holes were punched. Then we were to wait ten minutes for any reaction. My face

turned red, I got sick, my pulse ran away, and I was given an antidote.

“What in the world was that?” I asked, when I recovered.

“DOGS!” came her firm reply. I had to laugh. I had been completely wrong, and the two dogs we had were causing most of my allergies. When I told the technician I was glad she had ignored my “orders,” she said they always tested for the things patients felt they were not allergic to, because most of the time, the patient was wrong. Following closely behind dog-dander allergy, were fragrances and tobacco smoke, testing revealed. I was given two vials of antigen and trained to give myself shots. When our two aged dogs died, we did not replace them, and I warned my friends to stay away from me when they wore fragrances. For fourteen years I faithfully took the shots with excellent results. I rarely had an asthma attack.

But my joints still swelled, turned red, and ached with pain. My hips and knees hurt so badly that my husband was

considering putting in a chair lift on the stairs in our house. Dr. Hatfield suggested we do food allergy testing to see if my joint pain might possibly be from something in my diet. Sure enough, further testing showed I was allergic to beef.

“It may not be beef, per se,” Dr. Hatfield said. “It may be from the additives. Beef is full of hormones and other noxious things. Avoid beef altogether, and let’s see what happens.”

Quality Herefords

My sister’s husband raised beef cattle. The quality of his tender and juicy Herefords was widely known, and my husband and I consumed at least a hindquarter each year—between the two of us at home—not counting the beef we ate in restaurants. So I asked my brother-in-law about the additives in not only his beef, but also beef in general, because most of the beef we ate came from places other than his cattle. I was shocked to find out that all the Herefords (at least in our area) were shot full of antibiotics and growth hormone in order to keep them healthy and make them mature faster for market. Also, the food the cattle consumed was full of insecticides and weed-killers. I was not surprised that my allergies from eating chemically altered beef might affect my joints and muscles. So, as much as I dearly loved the taste of beef, I quit cold-turkey.

Nighttime had been particularly bad for me because my aches and pains would sing in harmony once I lay down. Even with the strongest arthritis

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THE FAMILY CURSE *continued*

medication, the pain kept me awake at night. Once I quit eating beef, however, in just a few months every aching joint and muscle settled into quiet normalcy. Once the pain-free nights came, I lay in bed with tears of relief running down my cheeks because nothing hurt. Not one muscle or joint. I was pain free for the first time in fifteen years. Today, at age seventy-four, I can easily run up and down the stairs I once could not navigate, even slowly, without great pain.

A permanent no-no

A few times during the past few years, I've broken over and ordered beef, hoping the allergy might be gone. But not so. One bite of hamburger will make some joints turn red and swell in pain. My hands in particular are affected to the point that I cannot wear rings on my fingers if I eat beef. I know now that red meat is a permanent no-no for me if I am to remain active and pain-free.

Ted and I are now retired and residents of a retirement community. Both of us are in excellent physical health and active in church and our community. He is a serious mountain biker, and I lead the exercise class we've both attended three times a week for the past seventeen years. We are enjoying our "Golden Years," to the fullest, avoiding the things we know that will make us unhealthy or miserable.

I still have to move away from folks who wear fragrances, though, in order

to avoid an asthma attack. When perfume-wearing friends ask me, "Why don't you take allergy shots for your problem?" They appear shocked when I reply: "Because, the powers-that-be have declared fragrances carcinogenic, and they were removed from allergy shots. In fact, you are risking emphysema or worse if you continue to wear them." That leads to more discussion, and thankfully, many have become aware of the consequences of the fact they pollute the air others breathe.

I wish this information could get out to everyone who wears perfumes and colognes, but the word is spreading. I visited a friend's mega-church in Louisville, Kentucky, a few years back. They have an entire "fragrance-free" section for those who have allergies. Upon request, my women's magazines come without perfume enclosures. Perfume counters in stores no longer spray customers as they come through the door without asking first. **And I must thank Action Against Allergy for the excellent web site and information centre they maintain.** Perhaps soon, allergies to environmental pollutants will be recognized by all as what they actually are—killers.

Company Profile

It's mouth watering just to read about the produce from this thriving family business!

COUNTING SHEEP – AND BUILDING A REPUTATION



Sussx High Weald Dairy is a family run business making a range of cheeses from organic sheep and cows' milk, now distributed through many different outlets in the south of England as well as being supplied on mail order.

The business was founded by Mark Hardy who, when he left Agricultural College, ideally wanted to be a dairy farmer. However, with only limited land and capital available this was not possible, so instead he embarked on building up a flock of dairy sheep.

He started milking in 1988, with a small flock just to try it out. He learnt to milk, he told us, "by trial and error plus some advice from the British Sheep Dairying Association". But the next year he purchased 150 Friesland ewes. "These originally come from Holland", said Mark, "and they tend to produce more milk than the average

English breed – about 1 to 3 litres per day for about six months of milking. By comparison, an average cow will produce 30 litres of milk per day and a goat will give 5-6 litres. Which is why sheep milk is relatively more expensive. We now have just 60 ewes, that we lamb on our 25 acres farm, and then they are sent to be milked with one of our other sheep milk suppliers during the season, all the milk coming back to the dairy for cheesemaking.

Having bought the sheep, built a milking parlour and learnt how to milk them he also had a market for the sheep milk. There was a demand for HALLOUMI cheese in London. This led to a fact-finding trip to Cyprus, where Mark discovered, first hand, how to make halloumi cheese. "Halloumi is still one of our best sellers. It is an amazing cheese because it doesn't melt when it is dry fried or grilled. It has a flavour not dissimilar to bacon, it is a good alternative to tofu and is delicious when added to stir fries with bean

Continued over

COUNTING SHEEP continued

sprouts, leeks, mushrooms, tomatoes or any vegetables.”

In addition to making Halloumi cheese, Mark wanted to make a traditional Dale – type cheese; so having attended a cheesemaking course in England and many trial batches later, **DUDDLESWELL** cheese was born! “We like to think of Duddleswell as being our signature cheese. Made as 2 kg truckles, it has a delicious nutty, slightly sweet flavour and a smooth, creamy texture . It has won numerous awards in cheese competitions in recent years, as have some of our other cheeses.

“We began making Duddleswell in 1990, based loosely on a Wensleydale/ Cheddar recipe (Wensleydale was originally made with sheep milk) – but changed it to suit our tastes. It took over a year to get to a product that we liked and were happy to sell. As the cheese needs three months to mature it is not a quick process developing a new one. At first we made it with



Glens, Rachel and Alex pack the cheeses.

unpasteurised sheep milk, but now we pasteurise all the milk coming to us, which makes it more suitable for pregnant mums, children and the elderly. We named it Duddleswell after the hamlet on Ashdown Forest where we started, in the heart of Winnie the Pooh country, with Pooh Bridge just down the road.”

SUSSEX SLIPCOTE, a soft, light creamy cheese was developed soon after. With these products and some yoghurts the family began attending local agricultural and craft shows and selling to local farm and wholefood shops.

“We faced quite a steep learning curve as at this time people were less aware of the benefits of drinking sheep as opposed to cows’ milk. They didn’t realise that many people are intolerant of cows’ milk and this can manifest itself in skin problems or sinus problems. Cow’s milk can, in some individuals, be very mucous forming. Products made from sheep milk also demand a premium price because it takes 10 sheep to produce the same amount of milk as 1 cow. Sheep milk is an expensive raw material.” However, Mark is very persistent and the many problems initially incurred didn’t deter him.

To compliment the Mediterranean style Halloumi cheese, the Dairy introduced its own **FETA**, **PECORINO** and **RICOTTA** cheeses. Feta is great in

Continued over

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Colin and Michael filling the Duddleswell cheese molds.

salads with lots of tomatoes, cucumber, melon and salad leaves or melted on large mushrooms or pizzas. Pecorino is a delicious substitute for parmesan, really tasty when flaked onto rocket leaves or served with large ripe tomatoes and basil leaves. Ricotta cheese is brilliant for cooking both sweet and savoury dishes and especially for those of us watching our fat intake.

Sheep's milk products are the perfect alternative for people who are allergic to cow or goat milk. Sheep's milk itself, sheep's milk yogurt, and sheep's milk cheese are very healthy with high levels of easily-absorbed calcium and zinc. This makes them ideal for growing children (from age 1 year upwards), nursing mothers, discerning adults and especially women in middle-age keen to maximise their calcium intake.

"More recently we have made cheese using organic cows' milk. ASHDOWN FORESTERS looks a little like a flying saucer and is a slightly squidgy cheese with a delicious creamy flavour. Its sister cheese, the aptly named COWSLIP, is the most recent addition to our range. Cowslip is a medium fat soft cheese with a very creamy taste and is available plain or with the addition of chives. Both are delicious with bread or biscuits and compliment smoked salmon very well.

"Now we use organic milk to make most of our cheeses. They are still handmade by Colin, our talented cheesemaker. We do not use any artificial ingredients and since last year our cheeses are all accredited by the Soil Association."

When Mark began, he used to milk the sheep twice a day himself, then make the cheese and deliver it as well. When this became too much, the business was gradually concentrated on cheesemaking to demand, with milk coming from several other farms. In those early days Mark's parents would help with the animals – and much of the packaging and delivering. There are now seven staff members, with Mark continuing to help with the cheesemaking at peak times during the day.

although, as he says, "more of my time is now involved in sales, form filling for the EHO and dealing with day-to-day running of the business.

"To date it has developed in a very organic way, but for too long we have had to make do with rather antiquated equipment and with less than perfect buildings within which to work. However, this has changed. In September this year, with the help of a grant from DEFRA, we have converted a redundant grain store into a far more user friendly cheese making plant. It will now be much easier for us to meet the ever more demanding standards being set by the E.U."

High Weald remains very much a family run enterprise. Mark's sister, Sarah Hardy, a disillusioned teacher, now brings order to the workings of the office, coping with all the paperwork and the many customers throughout the UK.

HALLOUMI STIR FRY

Dice a wedge of halloumi into cubes and fry in a non-stock pan. As it turns brown add mushrooms, tomatoes, oregano and peppers. When the ingredients are cooked, serve on a bed of rice or pasta.

Cheeses and dried sheep milk are available via mail order if there is not a local outlet nearby. Telephone 01825 791636 for a catalogue or check out the website at www.highwealddairy.co.uk for more details of the products and the benefits of sheep milk.

Footnote: For a comparison of milks and notes on feeding to infants, send s.a.e for the "SHEEP MILK FACT SHEET" from AAA, PO Box 278, Twickenham TW1 4QQ.

HOW SAFE ARE THE PERSONAL CARE PRODUCTS WE USE EVERY DAY?

Vicky Millward, D HOM, FSMed.ND has some disturbing answers

A recent study estimates that every day three personal care products are used on babies and children and that men use ten personal care products. Women use a staggering thirteen personal care products plus six cosmetics. Every day. Some of them are used several times daily.

So isn't it time we paid a bit more attention to what these products contain and what they might be doing to us? Up to 60% of what we put on our skin is absorbed into the blood-stream. Although ingredients are listed on product labels there is no warning as to the potential cancer or allergy risks from any of them. Yet there is little doubt that there can be such risks.

For instance, we would never knowingly inflict toxin exposure on our children or ourselves, but daily use of products containing sodium lauryl sulphate or propylene-glycol is doing just that.

Sodium lauryl sulphate (SLS) is a denaturant/emulsifier/surfactant, widely used in shampoos, bath oils and toothpastes. In shampoos and bath oils it

Continued over

PERSONAL CARE PRODUCTS continued

can cause contact eczema, skin irritation and possibly eye damage, especially in children. In toothpaste, which may also contain fluoride, the result may be mouth ulcers. The good news is that you *can* buy alternative shampoos, toothpaste and other personal care products which do not contain SLS.

Petrol derivative

Propylene glycol, a synthetic component derived from petroleum, is a common cosmetic ingredient, also used as a solvent for preservatives, essential oils, fragrances and in the preparation of herbal extracts. It is in conditioners, bubble bath and moisturisers too. For some people it is a skin irritant which may cause dermatitis and delayed contact allergies. Its other more practical use is as a de-icer on the car.

Unfortunately the beauty market is driven by fashion. Young people (and often the not-so-young, too) use whatever make-up and hair colourants that are the current vogue, without bothering to look at the ingredients. But for anyone who is particularly sensitive, or at risk of allergic reactions, or chronically allergic in other ways, it is advisable to lower the toxic load the body has to bear by making a careful choice of cosmetics and personal care products, seeking out those which use safe ingredients. For there *are* safer alternatives.

In Spring 2000 the Hyperactive Children's Support Group published an interesting survey. They concluded that perfumes and coloured products in the home were associated with adverse effects on children's behaviour.

They found that 45% of children had reactions to perfume; 80% to colours in medicines; 58% reacted to coloured toothpaste, and 41% reacted to coloured

bubble bath. Many toxic chemicals are stored in fatty tissues. Smell and inhalation have a direct connection to the brain. It is recognised that sniffing solvents can lead to listlessness, poor concentration and violence. Indeed, the increase in solvent abuse is a matter for national concern. Acetone is on the 'hazardous waste' lists of some government agencies. Another synthetic compound from petroleum, it is a CNS (central nervous system) depressant that can cause dizziness, nausea, slurred speech and in severe exposure, coma. Yet it is a common ingredient of nail varnish remover.

Talcum powder, that popular item on the bathroom shelf, has been documented as one of the causes of ovarian cancer; it contains silicon which is carcinogenic. So it would be best to cross it off your stocking



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filler gift list this year. Or put in a packet of corn or tapioca starch instead – an alternative and safer way to achieve the same effect.

Know what's there

Where safe products are concerned, it is worth getting to know what is out there on the market. The best and most comprehensive range I know of is Neways, based on natural products and free of chemical nasties, for both men and women. This does mean, of course, that some may contain extracts to which some people may be intolerant, such as wheat, yeast, nut, soya, dairy, sugar and gluten, but these are clearly defined and there are plenty of others to choose. The range covers skin care and cosmetics, soaps and bath products, aromatherapy oils, dental and nail care.

So why take a risk when there is really no need to do so? I will be pleased to send any member a copy of the Neways catalogue. In addition to meeting personal needs there are some useful collection packs (e.g. for bathroom, skin care or travel) which make attractive gifts.

References:

Unreasonable Risk by Dr Samuel Epstein, ISBN 097151860-2. Dr Epstein is a recognised authority on toxic and carcinogenic effects of ingredients and contaminants in consumer products. Order from Merton Books.

Cosmetics Unmasked by Dr Stephen & Gina Antczak. Key data on product ingredients, their functions and effects. £11.95 incl p&p by cheque or credit card from Merton Books, PO Box 278, Twickenham TW1 4XQ, tel 020 8892 4949. ■

Editor's note: Vicky and her husband Dr John Millward BM, BCh, have their practice at the Southbourne Natural Health Centre, 102 Southbourne Road, Bournemouth BH6 3QQ, tel 01202 424833. The clinic stocks Neways products which can be bought on mail order.

Brighten up the Winter months without breaking the Bank!

As winter gets closer and the days get shorter and darker, more and more people are beginning to feel the adverse effects of reduced sunlight. Depression, lethargy and general lack of energy takes hold and many people find it difficult to carry out a normal routine. Seasonal affective disorder, or S.A.D., is now officially recognised as a medical condition thought to affect between 5% and 10% of the population.

Symptoms include a general feeling of depression, lethargy, reduced energy and disturbed sleeping patterns. This can often be accompanied by anxiety, social problems and loss of libido. Some people experience a craving for carbohydrates, which in turn can lead to weight gain.

Lack of light causes an increase in the production of Melatonin (the hormone that makes us sleep at night), and a reduction of Serotonin, the lack of which causes depression. The exposure to bright light therapy reverses the process, with the additional benefit of being drug free. By spending as little as half an hour a day in front of a light box the symptoms of S.A.D. can be alleviated and the gloom of winter reduced. Studies have also shown that bright light therapy can prove beneficial even with some cases of MS and ME.

For those who want to see if bright light therapy works for them you can try before you buy.

There is now a service whereby light boxes can be rented on a monthly basis from £19 a month plus carriage. Contact:

AAA has just completed 25 years as a charity helping many thousands of allergy sufferers. Now we need YOUR help to make this our most successful raffle ever.

There are 12 attractive prizes to be won, each generously donated by the supplier. A big THANKYOU from AAA to them all.

Remember, the closing date is Friday January 16th – so please sell your tickets NOW.

1st prize: A bumper selection of Trufree wheat and gluten-free foods - a choice of pastas, breads and crackers. But don't wait to win - everyone can try the favourite pudding recipe below.



2nd prize: A Medivac Naturelle mattress barrier cover, made from top quality Egyptian unbleached cotton, in double-bed size. For more on the Medivac range of bedding and other home aids, phone 0845 130 6969

or visit www.medivac.co.uk.

3rd prize: One year's subscription to *Foods Matter*, a monthly newsletter supporting anyone on a restricted diet: special diet recipes, product assessments and lots more. For details call 020 7722 2866 or visit www.inside-story.com.

4th prize: From *The Healthy House*, a WG-S40 warm mist humidifier for a room up to 50 sq.m. and running time of 10 hours, with pre-set inbuilt humidity control. Dozens of other useful products are in their catalogue – call 01453 752216 or visit www.healthy-house.co.uk.

Bread and No Butter Pudding - A dairy free alternative

Using Trufree White Bread this will become a real favourite pud and is gluten free wheat free and dairy free too. Make in one large dish or in individual portions.

Makes: 4 servings

Preparation Time: 10 minutes

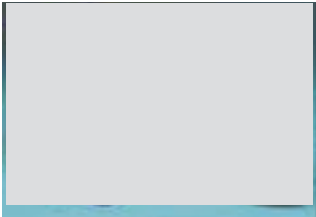
Cooking Time:: 30 minutes

Method

5th prize: A selection of delicious cheeses from **High Weald Dairy**, producers of organic sheep milk cheeses. See our special feature in this issue and visit www.highwealddairy.co.uk.

6th prize: A mixed box of **Glutano** Gluten Free foods, including their just launched Christmas pudding – equally welcome for a New Year celebration. Plus the Glutano wheat-free, gluten-free breakfast cereals, muesli and choice of bread. For more information call 020 8953 or visit www.glutenfree-foods.co.uk.

7th prize: A real touch of luxury with the Introduction Pack of **Malki Dead Sea** products: bath salts, mineral soap, black mud mask



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soap, natural shampoo and natural mineral body lotion. Call for a catalogue on 020 8203 6643 or visit www.deadseabathcare.co.uk.

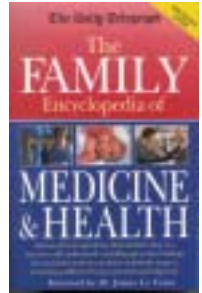
8th prize: Another mixed box of **Glutano** Gluten Free foods, including the new pudding.

9th prize: A selection of **D&D** dairy and gluten free chocolates and carob confectionery. This delicious range includes Belgian chocolates



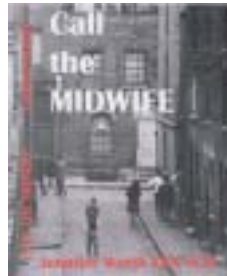
with praline and fondant creams and carob bars and shapes in orange and mint flavours. On mail order, ideal for seasonal gifts. Call 02476 370909 or visit www.d-dchocolates.com.

10th prize: *The Family Encyclopedia of Medicine and Health*, a Daily Telegraph book which answers all you questions about health today, including up-to-date findings on vaccination and sections on keyhole surgery, screening, palliative therapy and antenatal diagnosis.



11th prize: A mixed box of **Glutano** Gluten Free foods, including the new pudding.

12th prize: *Call the Midwife* by Jennifer Worth, the fascinating story of her experiences in London's East End in the '50s. Another great idea for a Christmas gift. Call Merton Books on 020 8892 4949 or visit www.mertonbooks.co.uk.



The winning tickets will be drawn on January 20th 2004. Please be sure to send in your stubs and payment by the closing date of Friday January 16th 2004.

DIET AND THE AGING DIGESTIVE TRACT

Extracted from the presentation by Dr Janice Joneja PhD RDN at the AAA Workshop on Digestion, Disease & Diet, held at The Royal Entomological Society, London on 24th September 2003.

Digestive problems are a common feature of life for the elderly and with the rising number of the elderly population it is a matter of concern to understand what these problems are and how they can be helped.

Digestion starts as soon as food enters the mouth and ends when it exits at the anus. The whole of the digestive tract is in itself an ecological system. Each part of the digestive tract has a specific function. These include:

- Processing of food
- Digestion of food
- Absorption of nutrients
- Utilisation of nutrients
- Excretion of waste.

In normal, healthy digestion, food moves along the digestive tract and each of these functions occur in sequence and in the correct location.

When any of these functions are disrupted, it causes distress. This can occur more frequently as a person ages. Overall, the effects can be blamed on the fact that in aging, the body slows down and all body processes take longer, for example:

- Secretions such as saliva and "digestive juices" decrease
- Injuries heal more slowly
- Dryness, soreness and pain in the

mouth discourage eating

Exercise decreases

Fluid intake changes

Movement of food through the digestive system is disturbed.

The mouth

The main digestive function of the mouth is the physical breakdown of food by chewing the food into smaller particles that can be more easily digested. Saliva provides fluid as a lubricant, which helps the physical breakdown process. In addition, saliva contains enzymes that start the process of digestion: amylase starts starch digestion, and lipases start the breakdown of fats.

Tissue injury in the mouth is not uncommon. This may be caused by a number of things, such as tooth and gum problems, perhaps due to ill-fitting dentures, which constantly rub the mouth tissues.

Decreased saliva can lead to a dry mouth. The reduction in the protection usually provided by the saliva, and a decrease in lubrication can lead to increased infection in oral tissues. Irritation can cause unpleasant soreness, which is often referred to as burning mouth syndrome.

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Solutions

It is important that the tooth and gum problems and adjustment of dentures should be addressed by regular visits to the dentist. A sodium bicarbonate (baking soda) mouthwash may help to soothe the irritated tissues. A baking soda toothpaste may be less irritating than ones that contain many preservatives and artificial colours and flavourings which make an existing inflammation worse.

Acid foods such as tomatoes, citrus fruits, and sour sweets should be avoided as long as there is soreness in the mouth. The use of sour candy when the tissues heal, however, may help in increasing the flow of saliva.

Often cooking raw foods such as tomatoes, vegetables and fruits, will reduce their effect on sore tissues. Irritating foods such as hot spices should be avoided.

Beverages such as water, dilute fruit juices, and coffee and tea in moderation, should be increased, and should be taken throughout the day to ensure adequate moisture within the mouth.

The oesophagus

Food passes from the mouth to the stomach through the oesophagus. Problems can include “throat tightening” or a “lump in the throat” which impedes movement of food from the mouth into the oesophagus. A number of things can cause this sensation, the most common of which is stress and anxiety. A decrease in the amount of saliva produced will

Continued over

DIET AND THE AGING DIGESTIVE TRACT *continued*

cause a dry mouth, which may make swallowing food difficult. This also may contribute to a fear of choking on the dry food, which may further impede swallowing.

A post-nasal drip from a cold or respiratory allergy can produce an unpleasant sensation at the back of the throat. Increased mucus secretions due to a cold or allergy can also produce similar unpleasant sensations and even nausea.

If a person experiences reflux from the stomach, the acidity of the contents often causes burning (heartburn) in the oesophagus. This seems to be more common as a person ages.

Solutions:

Increase the length of time that food is chewed. This will allow more saliva to mix with the food, and will ensure that the food is ground into small particles before it is swallowed. Because a sore mouth, teeth or gums usually leads to as little chewing as possible, the causes of these problems should be addressed by regular visits to the dentist.

Fluid intake should be increased. Water should be taken with all meals. Alcohol can be dehydrating, and is best taken as a cocktail or aperitif before meals or as a liqueur afterwards.

To reduce stress, tension and anxiety, meals should be taken in a calm, serene environment. Food should be eaten slowly, in small portions and chewed well. Changing the texture of food sometimes

helps considerably. Pureed food is often better tolerated than whole foods. Soups especially can be pureed: changing a "chunky" soup into a creamed soup by processing in a blender will not change its nutritional content, but may well reduce the irritating effect of the food, making it easier to swallow, and more available for digestive enzymes.

The stomach

Acid in the stomach is very important because it starts the process of digestion of proteins (meat, poultry, fish, eggs, milk proteins). Hydrochloric acid weakens the linkages between molecules, making protein (peptide) bonds more accessible to digestive enzymes when the food moves down into the small intestine.

Stomach acid is also very important in killing any micro-organisms that enter with the food, so preventing bacteria and viruses from causing disease in the digestive tract.

A churning action of muscles surrounding the stomach makes sure that the food is formed into a smooth paste, and that all surfaces are well coated with acid.

From the stomach food is allowed into the upper part of the small intestine, the duodenum, through the pyloric sphincter. The circular muscle of the pyloric sphincter regulates the flow of the food paste into the duodenum a little at a time. Too little acid can have two effects:

- Micro-organisms are not killed efficiently, and some that might cause

disease are allowed into the small intestine

- The linkages between the protein molecules are not adequately hydrolysed (weakened), and protein digestion in the small intestine may not be complete as a result.

Too much acid can lead to heartburn, and sometimes reflux.

Burping can be caused by a number of factors, such as swallowing air with food, which rises back up through the oesophagus. Antacids may also cause burping because they neutralize stomach acid, and in doing so release carbon dioxide as a gas, which rises up through the oesophagus into the mouth.

Solutions

- Food should be eaten slowly and chewed well. If chewing is a problem, food should be pureed as much as possible.

- No talking while putting food into the mouth, chewing and swallowing. Talk between mouthfuls of food.

- Drink slowly. Do not drink carbonated beverages or alcohol with meals.

- Antacids (Tums, Rolaids, etc) should be taken only for heartburn. They should not be taken daily as a source of calcium. There are a number of calcium pills and liquids on the market that are specifically designed as a supplemental source of calcium and are more appropriate than antacids for this purpose.

- If heartburn and reflux is a problem irritating foods and beverages such as spices, high fat foods, and foods high in sugar should be avoided or decreased.

The small intestine

Food paste passes from the stomach into the small intestine in small squirts. The small intestine is about 20 feet long. With all the folds at the surface, the small intestine has an enormous surface area (as large as two tennis courts). This allows adequate digestion and absorption of nutrients as food passes along its whole length and across the enormous surface area. Food is propelled along by rhythmic contractions of the muscles lining the intestine (called peristalsis). Churning of the contents allows food to mix with digestive juices and enzymes.

Secretions in the small intestine change the acid of the stomach to alkaline, which allows the digestive enzymes to function properly. The enzymes come in from the pancreas to digest starches, proteins and fats.

Before fats can be adequately digested by lipase enzymes, they are required to be broken down into small droplets. This is accomplished by bile, which comes in from the gall bladder.

Sugars such as sucrose (table sugar and syrup), lactose (milk sugar), and maltose (derived from starches) are digested by enzymes produced in cells lining the small intestine, called brush border cells.

When the food is digested, nutrients are released as small particles or

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DIET AND THE AGING DIGESTIVE TRACT *continued*

molecules. When they are small enough, the nutrient molecules are carried through the lining of the small intestine into blood by a variety of transport mechanisms. The nutrients are then carried to the organs that need them. When nutrients are present in excess, they are stored as fat until they are required by the body. If certain nutrients are not needed by the body, and are not stored for future use, they are broken down and excreted through the kidneys.

Undigested food is not absorbed through the lining of the small intestine. It passes into the large bowel - the caecum and colon - where millions of bacteria are waiting to digest the food materials that cannot be digested by human enzymes, or were not digested for other reasons. If food passes through the intestines too quickly (for example in chronic and severe diarrhoea), inadequate digestion takes place. This means that there is a reduction in the amount of nutrients absorbed into the body, and the person will tend to lose weight. In addition, the undigested food will pass through into the large bowel where it will provide a substrate for microbial action.

If insufficient bile is present, there may be inadequate breakdown of fats, because the lipase enzymes that digest them cannot gain access to the molecules when the fat droplets are too large. This may result in reduced fat absorption, and fat moves out of the body in the faeces, which usually float because fat is lighter than water.

Damage to the brush border cells lining the small intestine, or natural decay,

means that many sugars are not adequately digested. The most common sugar to be inefficiently digested because of lack of the appropriate enzyme is lactose. This results in lactose intolerance. Occasionally, intolerance of sucrose can produce the same symptoms as lactose intolerance. In both cases, undigested sugar passes into the large bowel, where it is fermented by micro-organisms, resulting in diarrhoea, gas, bloating, and pain.

Solutions:

Dietary measures to promote digestion and absorption in the small intestine and to reduce the amount of undigested food material passing into the large bowel need to be followed.

Moderate amounts of all nutrients, none in excess, should be included in the diet. A moderate fat diet is fine when digestion is normal. A low fat diet is more suitable when severe or chronic diarrhoea is a problem, because rapid transit of the food through the small intestine means that the lipase enzymes have insufficient time to act, and a lot of fat is undigested.

When lactose intolerance is a problem, lactose-free dairy products should be consumed. It is not necessary to avoid all milk and milk products, since the protein in the milk is adequately digested and absorbed. Lactase-treated milks and lactose-free products (most fermented cheeses) are suitable. If desired, Lactaid drops can be added to food prior to consumption. Lactaid requires 24 hours

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DIET AND THE AGING DIGESTIVE TRACT *continued*

to break down the lactose in the food, so it should not be consumed earlier than 24 hours after adding Lactaid. Some people find that they can consume lactose-containing foods without problems if they take Lactaid pills prior to eating.

To reduce the amount of sucrose and other disaccharide sugars from fruits, vegetables and other plant sources, complex carbohydrates in the whole foods rather than processed sugars and free starches should be eaten. For example, whole wheat bread rather than white bread, brown rice instead of white rice, whole fruits and vegetables rather than juices and desserts with added sugars and syrups.

The monosaccharide (single) sugars such as glucose and fructose do not require digestion. The molecules are small enough to be absorbed. When a person is having problems with disaccharides, substituting single sugars such as fructose (fruit sugar) and honey, in place of table sugar and syrups, often solves the problem.

The large bowel

Undigested food passes into the caecum and colon where millions of micro-organisms, especially bacteria, live at all times. Most of these “residents” are beneficial and essential to our health. They digest foods that humans are unable to do because we lack the right enzymes. The

bacteria make extra nutrients from the undigested foods, which are then absorbed into the body. These nutrients include some essential vitamins such as vitamin K (used in blood clotting) and some of the B vitamins. Some of the bacterial products (short chain fatty acids) may afford protection from certain types of cancer.

Water and electrolytes are extracted from the food and reabsorbed back into the body to maintain balance. The residue is passed as faeces. The consistency of the faeces is determined by the amount of water extracted from the residue, and the types of undigested material contained in it, such as water-retaining fibre and dietary fats.

Insoluble fibre and resistant starch

A lot of plant material, including certain types of starch, is not digestible by human enzymes, and passes into the colon unchanged. There are a few ways in which the amount of starch that is digested and absorbed in the small intestine, and the amount that passes undigested into the

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DIET AND THE AGING DIGESTIVE TRACT *continued*

large bowel can be reduced. For example:

- Eat runner beans, green beans, and French beans instead of green peas and beans with hard outer skins (e.g. broad beans)
- Lentils and split peas are more readily digested than navy beans, kidney beans, white beans, and others with indigestible outer skins
- Free starches should be eaten hot - cold starch crystallizes and is more difficult to digest

Eat only hot, freshly-cooked:

- o Pasta
- o White rice (no sushi!)
- o Boiled, baked, mashed potatoes
- Eat only very ripe (almost brown) bananas. 89% of the starch in a yellow or green/yellow banana passes undigested into the colon; only about 10% is actually digested and absorbed in the small intestine. As the banana ripens the starch is converted to sugar, which is better absorbed.
- If bloating, gas, pain are frequent problems, cook all fruits and vegetables, including bananas and salad vegetables
- Nuts and seeds are more efficiently digested when ground into flours or pastes with the consistency of smooth peanut butter.

Constipation:

When food sits for too long in the colon bacterial fermentation may proceed too far and produce excessive quantities of gas, which causes bloating, and

sometimes smelly products. Too much water is extracted from the faeces, which become very hard. The hard stool might cause small tears in the anus - fissures - which bleed. In addition, haemorrhoids are irritated, become painful and sometimes bleed

Flatulence

An important result of microbial fermentation is the production of several different types of gases. Gas (wind) distends the abdomen and causes bloating. Bloating causes pressure, which results in pain, which is sometimes described as "cramping". Inadequate digestion of proteins provides a "proteolytic substrate" which is fermented in the process called "putrefaction", which is quite malodorous.

Diarrhoea:

When food passes through the digestive tract too quickly, nutrients are not absorbed completely. If insufficient reabsorption of water and electrolytes occurs in the large bowel, dehydration can result. In addition, bacteria do not have time to break down the undigested food in the large bowel, and do not make the short chain fatty acids that are thought to provide protection from certain types of cancer.

Solutions

To tackle constipation, eat sufficient fibre to stimulate movement of food through the digestive tract. Rice bran, oat bran,

Continued over

DIET AND THE AGING DIGESTIVE TRACT **concluded**

and psyllium, tend to be less “irritating” than bran from wheat or rye. A good supply of fruits, vegetables, and complex carbohydrates should be eaten every day. If the raw form is irritating, the foods should be cooked and puréed. Cooking and puréeing do not change the fibre. Drink plenty of water.

Increase exercise. Even gentle walking promotes movement of the food through the digestive tract, and keeps all organ functions healthy.

To ease diarrhoea, drink adequate amounts of water and other fluids. It is necessary to counterbalance the excessive amount of fluid lost. Puréed food is often better digested and absorbed than a liquid diet. Liquids pass through the small intestine too quickly, reducing the time in which food is in contact with enzymes, and therefore decreasing the amount of nutrition available.

To promote absorption in the small intestine and reduce the residue passing into the large bowel:

- Increase non-irritating (soluble) fibre to provide “bulk”. Psyllium is a good source of such fibre.
- Decrease irritating fibre such as wheat bran, and similar grains such as rye and whole corn
- Reduce disaccharide sugars, especially lactose and sucrose.
- Increase honey, glucose and fructose (monosaccharides) (this directive is not suitable for a diabetic diet)
- Eat all starchy foods such as pasta, white rice, and potatoes, hot and freshly cooked.

If the problem is flatulence:

- Aim for maximum digestion and absorption of nutrients in the small intestine, by following the solutions for diarrhoea, above.
- Reduce the undigested residue passing into the colon, by following the same directives.
- Address the causes of constipation as above - the longer the food remains in the colon, the greater the degree of fermentation, and the more gas is produced
- Ensure adequate stomach acid to start the process of protein breakdown. Don't take antacids unless absolutely necessary.
- Increase complex carbohydrates (whole grains, cooked and puréed fruits and vegetables) to increase the saccharolytic (“sweet”) substrate.
- Acidophilus milk or tablets is sometimes suggested to encourage “saccharolytic” bacteria and reduce the “putrefactive” types. This only works well after the putrefactive bacteria have been killed off, e.g. after a course of oral antibiotics

THE BALANCED DIET

The most important thing to keep in mind at all times: good health depends on supplying the body with all the nutrients it needs. In spite of food restrictions, it is possible to eat a balanced diet that includes foods from all essential food groups in the proportions necessary to achieve and maintain optimum health.

Your best source of information in achieving the diet best suited for your needs is a registered dietician.

Allotments Cooperatives

by Jennifer Worth

Good food, fresh and uncontaminated, is hard to find and expensive. So try growing your own. Allotments are available from all Council authorities and are there for the renting.

“But allotments are hard, heavy work, and I can’t do the digging,” I hear you say. True – so try an allotment cooperative. I did, and it has worked. This is how – and I hope it will inspire others to try.

About six years ago I took a single allotment in which to grow potatoes. The Council rotated the plot, and in April I planted my seed potatoes. Nothing can describe the joy, the ecstasy, the overwhelming triumph I experienced when I began to dig my first new potatoes in July. It is like digging for gold. You turn over the earth and there waiting for you is a white or red tuber, smooth and beautiful. I was hooked. Overnight I became a fanatic.

“If potatoes are so easy, why not cabbages and brussels and onions?” I asked myself in a fit of summer madness. The next plot to mine was free, and the next, and the next. Before

I knew where I was I had signed up as the proud lessee of five plots. On one of them a previous holder had left a trellis of loganberries, on another gooseberry bushes, and on a third blackcurrants. I spent all summer harvesting my treasures. But autumn came, and what can a woman of sixty do with five allotments?

That was when the idea of a cooperative came to me. There must be other people who are just as keen as me to get hold of good fresh food, grown without chemicals (I thought). It is just a question of finding them. I advertised all around, asked everyone I could think of, I joined the Local Exchange Trading Scheme (LETS). By Christmas six people wanted to join me.

We are all busy people with full-time jobs or children under five. It has been hard work for all of us – but not impossibly hard for anyone. The men do the digging and muck-spreading (we have two men.) We four ladies do all the planting, hoeing, thinning out, weeding, watering, etc. We have all learned as we go; none of us were experts to start with. One of the ladies has become an expert in growing bedding-out plants from seed, which is important for saving money, because

Action Against Allergy can help with contact details of clinics and dieticians nearest to you. There is a fee of £5 for the Referral Information Service, payable to AAA by cheque or credit card at PO Box 278, Twickenham TW1 4QQ, tel: 020 8892 4949.

Continued over

Admiral's Co-operative *continued*

hardy seedlings bought from nurseries are very expensive. Summer watering is shared, because when one person is away on holiday another is always there to take over. We share everything, from labour to produce.

And the produce!! The taste, the smell!!! Poems should be written about picking your own runner beans, growing long and lush from the trellis; pumpkins as big as an armchair (well, nearly!); marrows to die for and baby courgettes to break your heart. But seriously, I now never buy any vegetables, excepting those that cannot be grown in this country because it is too cold. And each of the six members of the co-operative say the same. Last Autumn I stored enough potatoes and onions to last until March, and froze enough beans and peas for the same period. Winter green vegetables, such as leeks and brussels, we dig or pick as required. I also bottle and freeze loads of fruit, sufficient for the Winter.

I could not have done any of this alone, and I doubt if any woman could. An allotment co-operative is the answer. Try it. January is the time to start, because you need to plan ahead. If you wait until April or May it will be too late.

A postscript. We have taken a sixth allotment and planted cordons of fruit trees – apples, pears, cherries, plums, greengages. But planting trees is planting for the future, they say. Ah! well, perhaps I won't live to taste the fruit. But my grandchildren will. ■

F ish F ood A llergy

by

Dr H Morrow Brown MD FRCP

A 34-year old woman was referred in 1993 for investigation of six attacks of severe periorbital oedema and conjunctivitis, mainly on the right which persisted for up to a week, always starting at home, and never during her work as a barmaid or on holiday. Cosmetics were excluded, and there was no personal or family history of allergy. Skin prick tests were negative for a wide range of allergens, including cat, rabbit and hamster, which were her children's pets. The patient was told that although the cause had not been identified, she could get in touch for advice at any time.

A year later, she telephoned to ask whether feeding tropical frogs and fish, which she had not declared as pets at the first consultation because they were looked after by her small son, could be the trigger because she had fed the frogs a few hours before the last attack. When asked for samples of fish food, she brought freeze-dried, gamma-radiated, and deep-frozen "bloodworms", only the latter being accurately labelled as "Larva Roja Mosquito *Chironomus plumosus*".

Prick-prick tests with all three produced huge wheals averaging 30-40 mm in size with delayed reactions lasting for two days. Further enquiry

Continued over

ADVERT

Fish Food Allergy concluded

revealed that she fed the frogs only on the rare occasions when her son was unable to do so, and admitted that she did not wash her hands after handling the larvae with her right hand; this explained why the right eye was most affected. The total IgE was 82kU/L, and CAP RAST was class IV for *C. plumosus*, and negative for green *Nimitt* midge; therefore, she was advised never to touch fish food again. No further attacks occurred, but this investigative patient was not convinced until she carried out a deliberate challenge by touching her eye after touching fish food, provoking an attack lasting for three days! The thicker skin of the fingers probably prevented a local reaction but permitted transfer of allergen to the thinner skin around the eye.

Enquiries at the shop revealed that the young man who sold fish foods had had itching of his hands for about 30 minutes after handling them, and also had a very large immediate and delayed skin test reaction.

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Negative tests

Three years later, a man aged 33 presented with a history of conjunctivitis so severe as to prevent driving for weeks, occasional swelling of lips, allergic rhinitis, and occasional severe asthma. All the usual prick skin tests were negative, but he had kept tropical fish for many years and had a large immediate and delayed reaction

to prick-prick tests with the first patient's samples from the freezer. He then supplied the "fish flakes" and "Tubifex" that he was using as fish food, but only the latter produced a large reaction. He admitted carelessness in hand-washing, stopped using Tubifex, and has had no problems of any kind for 5 years.

Be aware of risks

These unusual cases are reported to draw attention to the fact that mosquito larvae used to feed fish or tropical frogs can cause severe allergies, and that an intelligent and observant patient can pinpoint the cause. With the increasing popularity of aquaria, allergic problems caused by chironomid larvae have become more common; therefore, allergologists should be aware of this risk and always ask patients whether tropical fish are being kept.

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METAL TOXICITY IN HUMAN ILLNESS

British Society for Allergy, Environmental & Nutritional Medicine and British Society for Mercury-Free Dentistry

Joint meeting held in London on 21st November 2003

Report by Jennifer Worth SRN SCM

The meeting, under the chairmanship of Dr Sarah Myhill, opened with a talk by Dr John Mansfield on mercury sensitivity in the context of environmental medicine. He was followed by

the main speaker of the day, Professor Fritz Lorschleider, formerly for 32 years Professor in the Department of Medical Physiology, University of Calgary. His presentation on this subject in 1999 to over 500 scientists at Oxford University was a major event. At the meeting he reviewed relevant research in metal toxicity for the past 15 years and the effect of mercury on brain neurone degeneration.

The dental practice of drilling out cavities in teeth and filling the cavity with amalgam dates from the nineteenth century. 'Amalgam' simply means an amalgamation, or mixture, of powdered metals – usually silver, copper, tin, zinc – which is 'glued' together with the semi-liquid mercury. Mercury accounts for up to 70% of the total amalgam. Mercury hardens rapidly at room temperature, and for well over a century, the amalgamation was thought to be the perfect substance for filling teeth. It has always been known that mercury is the most toxic substance on

the planet that is not radio-active, but it was believed that as soon as it had hardened into a solid and was embedded in a tooth cavity there could be no further danger.

Volatile mercury amalgam

However, doubts started to be expressed in the 1950s and 1960s⁽¹⁾ Since the early 1980s numerous peer-review publications in medical research journals have clearly established that mercury amalgam is highly volatile and continually releases vapour. There is a resting level, when a thin oxide membrane forms over the filling, but any movement will rub it off. Eating, teeth brushing, hot drinks, acidity of food, even changes of temperature can trigger the release of mercury vapour. It then takes about 90 minutes for the resting level to return.

In an average person with eight fillings, it has been calculated that approximately 120ug of mercury are released per day into the mouth. It has been further calculated that between 10 and 17ug of mercury per day will be absorbed into the body. There are other sources of mercury in the environment (i.e. in food, air and water) but it has been calculated that the total load from these sources is about 2.6ug per day.⁽²⁾

Continued over

METAL TOXICITY IN HUMAN ILLNESS continued

The mercury vapour is absorbed through the jawbones, the mucous membrane of the mouth, the lungs, and the gastro-intestinal tract. It enters the blood-stream and is rapidly carried throughout the body.

Then it is oxidised into ionic mercury, and finally bound to cell proteins, causing cellular dysfunction. (2) Ionic mercury will 'lodge' in the cells of any major organ of the body – the kidneys, the lungs, the intestinal tract, the liver, the pancreas, the bone marrow, the reproductive system. The immune system will endeavour to protect the body, but it will be damaged by the high toxicity of mercury, and become dysfunctional. (3)

Experiments on sheep, monkeys and rats have been carried out (4) Sheep were chosen because they are molar grinders and they eat all the time. Under sedation sheep had 8-12 mercury amalgam fillings put in their teeth, and then they were put out into the fields to graze. Four weeks later their bodies were scanned. High concentrations of mercury showed up in the jaw bones, the gastro-intestinal tract and the kidneys. A lower concentration showed in the brain. A scattering of mercury showed up throughout the body.

Monkeys, who have virtually the same dentition as humans, the same organs, and who eat only twice a day, were given 8-12 mercury fillings also. The scans taken four weeks later showed a similar distribution of

mercury in their bodies as was found in the sheep. These experiments are recent, not yet published, and were part of the lecture given by Professor Lorschleider. Slides were shown, and the mercury deposits were clearly marked. There can be no doubt that mercury distribution will be the same in human beings. (5)

The question immediately arises: "Does it matter? We have been using mercury amalgam fillings in teeth for over a century, and no-one has died of it." This is the line taken by Health Authorities, Dental Associations, and Government Health Departments all over the world, and there is on-going research worldwide trying to prove it. As yet, there has been no researched evidence published supporting the belief that mercury amalgam is safe.

Research into the pathophysiological effects of mercury in the human body has focused on the renal system, the reproductive system, and the brain and central nervous system.

The gastro-intestinal system

Mercury diluted with saliva is continuously swallowed, and larger amounts swallowed with food and drink, thus invading the entire system all the time, where essential micro-flora reside. The gut flora are living organisms of microscopic size and fragility. Particles of mercury will kill them, creating a gut floral disbiosis. Dead organisms will mostly be excreted

in the faeces, carrying some of the mercury with them, but not all. Some particles will remain in the gut, and as mercury is corrosive as well as toxic, it can corrode the gut wall, contributing to the condition commonly known as “a leaky gut”. Mercury in the gut may be partly responsible for the fungal disbiosis and food allergy which is widespread in western civilisations.

The Immune System

This is not an organ or group of cells that can be identified, isolated and studied. It is diverse throughout the body and involves the lymphatic system, the glands, the white blood

cells, the intestinal micro-flora, the bone marrow, the pancreas and much more. Anything potentially damaging to the body will activate the immune system to try to destroy it. But if the immune system is overpowered by a poison of such potency as mercury, it will be damaged, or even destroyed, thus opening the doors for multiple and chronic illness. The scattering of mercury deposits throughout the body shown in the scans of sheep and monkeys, could be mercury deposits in the animals’ immune system.⁽³⁾

Continued over

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METAL TOXICITY IN HUMAN ILLNESS continued

The Reproductive System

In controlled experiments in the University of Calgary USA⁽³⁾ rats were made to inhale mercury vapour for four hours per day for four weeks (far less than humans!). Their reproductive capacity was later studied. A high incidence of infertility, abnormal pregnancy, spontaneous abortion and abnormal foetal development was observed. Moreover, mercury was found to be present in foetuses and new-born rats.

Over 10 years ago the World Health Organisation drew attention to the fact that mercury can cross the placenta, and pointed to the danger of mercury to the human embryo as it develops in the uterus.⁽⁴⁾

The Brain and Central Nervous System

Many research laboratories have focused on brain concentrations of mercury, and the effects on neuro behaviour in humans. Mercury cannot be excreted from the brain as it can from the lungs, the kidneys or the bowels. It will be retained where it lodges in the brain, and mercury has a shelf-life of 27 years.⁽⁵⁾

Mercury is the most toxic metal on the planet, capable of causing brain damage. Poor concentration, memory loss, brain fatigue, impaired cognition, dizziness, light sensitivity, tinnitus and

migraines may all originate from mercury in the brain. Central nervous system infiltration of mercury could result in loss of co-ordination, shaking limbs, numbness of hands and feet, clumsiness and tactile inefficiency.

Biochemical evidence has demonstrated the molecular mechanisms whereby ultra-low mercury exposures cause neuro-degeneration – a common factor of many neural disorders, including autism and Alzheimer's Disease.^(5 & 6)

Autism

An increase of autism has been reported in the UK and America in the past 25 years. Emerging evidence suggests a link with mercury exposure from foetal life via the mother, and from Thiomersal, a preservative containing ethylmercury, which is used in childhood vaccines.

A recent publication (2003) studied the mercury burden of children, with autistic children compared with match-controlled children who do not have autism. It showed overall that mercury excreted in the urine of 221 autistic children was significantly higher than the control children.⁽⁵⁾

As previously noted, the WHO Report of 1991 drew attention to the fact that mercury can cross the placenta.⁽⁴⁾ In the study on monkeys and rats referred to earlier both types of animals demonstrated retarded learning. Also, on autopsy, the monkey brains showed mercury concentration in the memory centres of the brain.

Alzheimer's Disease

Dementia of the aged is becoming increasingly common, and the possibility of its being related to chronic mercury poisoning has been studied since the 1980s, but nothing has been proved conclusively, even though the biological and biochemical plausibility is high.

In earlier generations most people had lost all their teeth by the age of 50, sometimes much earlier. Today most people keep their teeth throughout life, most of which are full of amalgam fillings. Is there a link between this fact and the increase of Alzheimer's disease in the aged? Apparently there is no statistical evidence to support or refute this hypothesis.

Conclusion

Mercury poisoning reveals a pattern of chronic illness similar to organo-phosphate poisoning, multiple chemical sensitivity, fungal gut disbiosis and food allergy. In fact they are so entwined with each other that they can scarcely be disentangled. One condition triggers another. Mercury poisoning can deregulate the immune system and exacerbate hypersensitivities already present. Doctors treating chronic fatigue syndrome generally include mercury poisoning as contributing to the condition, and usually find that a response to treatment is more rapid if the existing amalgam is removed.

Treatment

This is in two parts: removing the mercury amalgam and de-toxifying the body.

Removing amalgam is not easy, because the drilling releases a huge amount of vapour and dust. A fit person will usually recover from this in about six weeks, but a sick person might be unable to cope with the sudden overload of mercury. A dental specialist has to undertake the job, and the precautions to prevent the inhalation or swallowing of mercury are immense. The work cannot be done on the NHS, and the cost is anything up to £10,000.

Detoxification

A doctor who specialises in allergy, environmental and nutritional diseases is necessary to advise and monitor detoxification (addresses from BSAENM). It involves a strict programme of dietary control, probiotics, chelating agents (to help the excretion of mercury). Immunotherapy in the form of neutralisation and EPD (enzyme potentiated desensitisation) can help.

Detoxification is a complex business, but it can be very successful, resulting in a huge improvement in the quality of life of the person suffering from mercury poisoning.

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AAA's specialist referral service can provide contact details of those nearest to you. Search fee £5, by cheque or credit card, to Action Against Allergy, PO Box 278, Twickenham TW1 4QQ, tel. 020 8892 4949.

I have long maintained a particular interest in the effect of diet on disease. I wish I had known of this years ago. I must always have been allergic to milk. Our family had lots of it. Living out in the country, with a farm just behind us we would have some morning and early evening, lovely fresh, warm milk. A glassful at bedtime was what kept me tossing and turning for hours before I could sleep, and I wanted to carry on sleeping instead of getting up early next morning. It is very mucus forming too.

There are two kinds of milk allergy, Lactose (milk sugar) intolerance, and milk protein allergy. The former is created when there aren't enough enzymes in the intestines to break down lactose, resulting in lactic acid being formed. (Tests have shown that I am short of the enzyme ptyalin).

It wasn't just the food, first there was the tree pollen. Grasses too had my eyes watering. All those lovely fields full of waving grasses. I knew them all by name. It was at harvest time that harvest dust really affected me badly. Not that I knew what it was all those years ago. The family thought I had one of those long lasting summer colds. Strange how no-one caught my colds!

When I was young, also I was subject to sleep paralysis. This subject is very topical at the moment. Young mothers being accused of smothering their offspring, some even imprisoned, has brought this subject into the limelight once more. I know what must surely be the cause of at least *some* cot deaths. I should know. I've suffered from sleep paralysis most of my life. As a small child my mother told me the experiences were nightmares. That is what I thought they were until I read an enlightening article in *The Weekly News*, some time ago.

No response

I now understand that, whether on going to sleep, or on waking up, all

synchronisation goes. The brain is alert, but not a single muscle responds. Eyes remain closed. Arms and legs lifeless. One is paralysed and unable to speak. A great weight presses harder and harder

Reaching into every aspect of our lives

A COCKTAIL OF CHEMICALS

by May Corner

Frightening. Terrifying. In my case a little life gradually comes back, at first in the big toe, left foot, and I concentrate on that as hard as possible. I've told numerous doctors over the years. All gave me a strange look. Said nothing. Did nothing. I should have been referred to a consultant neurologist, or been sent to a sleep laboratory. Or levels of serotonin taken. The NHS is slow to evaluate anything new, or unusual.

I'm so grateful for that newspaper article. It explained my condition, stating that one has insufficient serotonin - a vital chemical in the blood causing irregularities in brain wave patterns. Time clock out of order! There is a drug that can be taken, called Clomipramine, one in a general group of drugs called tricyclics. So far, I have corrected mine by finding out my food allergies, and taking the correct vitamin supplements, advised by having hair analysis.

Disruptive children

I am extremely concerned about the general method for dealing with disruptive children. Yes, there will be *some* disruptive children needing discipline but there will be a big percentage of those with food sensitivities, even outright allergies. All those pesticides and chemicals that a child encounters from an early age. All those varied inoculations...all take their toll, and are not even considered. Also mercury fillings. I understand there is even a trace of mercury in some inoculations. All, in addition to chemicals and preservatives in food.

All that chemical bombardment on

their tiny bodies. Even chocolate is guilty of triggering aggressive behaviour in some. Poor little souls. If they are allergic types, then their disruptive behaviour is not their fault. Many unpredictable behavioural problems, even in adults, have an underlying nutritional cause. Some foods can be at least mood altering. Certainly in such children their lifestyle should not be met with strict discipline, or psychiatric treatment until their allergies have been assessed.

I would arrange tests for school children, for prison inmates, and those in retirement homes, so that their diet was just right for each individual.

Some time ago I watched a T.V. documentary where one prison in America was testing for allergies, and at the same time deciding which food supplements were required. A good percentage of them did not re-offend. Good, I thought, this will catch on and other prison governors will follow the lead. Not so. There has always been the need to find out which foods to avoid, and which foods are beneficial, to build up a healthy nation. But there has never been such a need as now.

Our farmers used to have a rotation system, crops grown in the right rotation. These days machines spray chemicals over the crops, not once, but at various stages of growth. Leaving the soil depleted of selenium, amongst other minerals, and replaced by unhealthy chemicals.

No assessment

The Pesticide Action Network U K (formerly P.E.G.S.) are of the opinion

Continued over

A COCKTAIL OF CHEMICALS *continued*

that people should have the right to know what pesticides are being used locally, because, if this information is withheld people can not assess possible impacts on their health. Another of their key points is that Farmers and Growers should operate a “no-spray buffer zone” between fields where there is spraying in residential areas.

This should also include schools, hospitals and homes for the elderly, in fact all occupied premises where there are rights of way. Farmland next to these properties, or across which there are rights of way, could still be farmed, using sustainable non-chemical methods, according to PAN. The Government’s risk assessment processes do not take into account the impacts on health of long-term repeated exposures to mixtures of chemical, and there are many uncertainties.

Corrective diet

During 1996 the Home Office conducted a survey of the nutritional habits of 200 offenders and they concluded that corrective diet could play a key part in crime prevention. Why wasn’t this followed up on a large scale? ” A link between orange juice and violence was found in the United States, where a man named Sherill shot 20 people. Detectives found no drugs or alcohol but the man’s flat was littered with cans and cartons of orange juice.

Processed foods, bread, biscuits and crisps could contain toxic levels of a chemical linked to cancer. Researchers found that heating up high carbohydrate foods forms acrylamide, classed as a possible carcinogen. Acrylamide is used to treat drinking water, and in animal tests has been found to cause stomach tumours. So, the answer appears to be - grow your own food, if possible. Or buy organic food, when available. Eat most things raw,

especially fruit and vegetables, and certainly invest in a reliable water filter.

Doctors have long been concerned about the amount of junk food children are eating. Many are obese, and are at risk of being diagnosed with diabetes. Chewing gum is said to contain large amounts of vinyl acetate. Excessive quantities of this could lead to mouth, throat and stomach ulcers.

Despite the amount of money collected for cancer research over the years, cancer cases are on the increase. Why not more prevention - rather than money spent on finding still more drugs, such as advocating a strict limiting of food additives. Also, how about limiting the number of chemicals. At present crops are sprayed at every stage of growth.

What a cocktail of chemicals we all have to ingest. Research has failed to take account of the long term effects of this mixture of chemicals on people, and on the environment. Only time will eventually reveal this but it will be too late for some.

We are told that a cocktail of man-made chemicals is present in every day household items, too. Short term exposure can lead to allergies and asthma, but what of the long term exposure? This could be more serious. Then there is exposure to petrol fumes, chemicals in hairdressing salons, not to mention garden pesticides and the use of mobile phones. The list is endless.

Fluoride

Once more there is talk of fluoride being added to drinking water to protect children’s teeth. We must oppose this. The fluoride naturally occurring in water is calcium fluoride. The agent added to water artificially is

hexafluorosilicic Acid - an impure industrial waste by-product of fertiliser manufacturers. Don't anyone believe that fluoride entering the body goes merely for the teeth! Fluoride poisons the system. It has an affinity for bones. Its effects are cumulative, the mineral builds up over time, causing joint pains and limitation of movement amongst other things.

When one's allergies are known, it is still sensible to rotate one's foods in order to reduce the chances of becoming sensitised or allergic to other foods. High levels of tea, coffee or cola drinks (caffeine) or wheat, eggs, and dairy produce appear to be the commonest allergens.

Most baking powders contain sodium aluminium sulphate and should be avoided. Health food shops stock aluminium free baking powder. This is a toxic metal that can accumulate in the central nervous system and can contribute to brain dysfunction, even cases of Alzheimer's disease.

There are times when your own body tells you that it has had enough. At those times one's system could be overloaded. Processed foods, fats, caffeine and sugar, put toxins into the system, making it difficult for natural digestive processes to cope efficiently.

We are told, that, due to modern science, many people are living longer. However it has also to be said, that, due to modern science, and modern drugs, some of us are not sparkling with health and have underlying nutritional problems.

In fact some members of the population are merely walking about "vertically ill". ■

Editor's note: May Corner, a long-standing member of AAA, is anxious to get public – and medical – attention for sleep paralysis as one possible cause of cot deaths.

A report from WWF-UK, received as we go to press, provides impressive support for May Corner's views.

WWF visited 13 UK locations this summer and took blood samples from 155 volunteers aged from 22 to 80 years which were analysed for 78 chemicals.

Every person tested is contaminated by a cocktail of known highly toxic chemicals which were banned from use in the UK during the 1970s and which continue to pose unknown health risks. Seventy (90%) of the 78 chemicals looked for were found. One person contained 49 of them. Everyone is contaminated by chemicals from each group: organochlorine pesticides, PCBs and PBDEs (flame retardants).

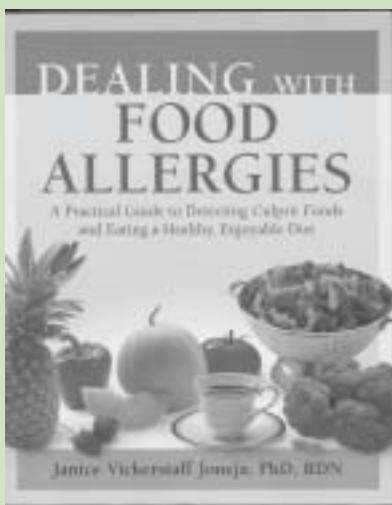
The highest concentration of any chemical found was of DDT - banned in the UK more than 20 years ago. It is associated with a range of problems including cancers and nervous and immune system disorders. It also identified widespread contamination by a chemical used to prevent fire in everyday products such as cars and TVs.

One hopeful note: two types of pesticide now banned in the UK were not found. It underlines the importance of phasing out the most harmful chemicals in favour of safer alternatives. ■



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