

MAY/JUNE 2013

Nutriti^on I-Mag

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RESEARCH AND EDUCATION FOR TOMORROW'S PRACTITIONER

CLINICAL FOCUS

Alzheimer's Disease

CHILDREN'S HEALTH

Essential nutrients
for growth and
development

REACTIVE HEADACHES

Exploring the link to trigger foods and additives

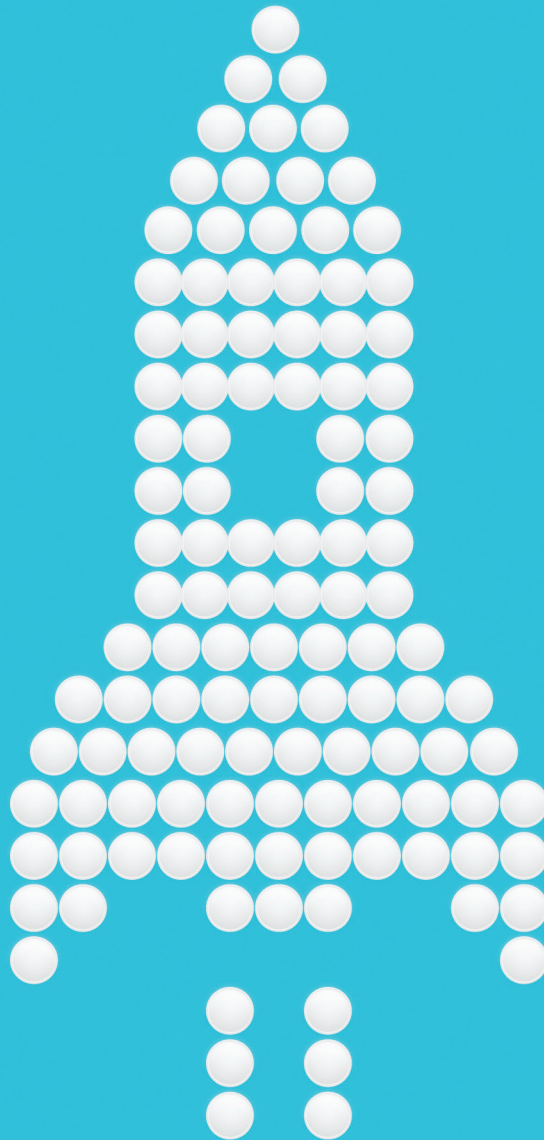
INSIDE: GIVEAWAYS • NEW RESEARCH • NEWS • EXPERT ADVICE • FOOD AND DRINK • ON THE SHELF • RECIPES • CLINIC FOCUS • NUTRITIONAL PROTOCOLS • HEALTH TESTING • BANT UPDATE • ONLINE TRAINING • CPD SCHEDULES



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MegaMag® Energen Plus is a high strength magnesium formula combining N-Acetyl-Carnitine, Malic Acid and Magnesium. It has been praised by our practitioners for its ability to support healthy physical and mental energy levels, contribute to normal energy-yielding metabolism and reduce fatigue without any gastrointestinal side effects. **MegaMag® Energen Plus** is available in an orange or raspberry flavoured powder.

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Nutrition I-Mag

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Welcome to the *Nutrition I-Mag!*



This issue we have some interesting articles for you to get your teeth into. Kerry Torrens provides an excellent insight into the factors that contribute to reactive headaches and mentored writer Kaye Heyes provides an overview on foods that can help support detoxification, which will be of interest to those of you wanting to steer clients away from dramatic detox regimes. Plus there is information on childhood nutrition provided by a handful of leading nutrition experts.

Cognitive function is an ongoing clinical topic and this issue we turn our Clinic Focus section to Alzheimer's disease. Chris Newbold delivers an interesting and informative clinical protocol to help you understand how to best advise clients presenting with memory problems. We also have a comprehensive array of tests reviewed by Dr Amir Schwarzbach from Regenerus Laboratories that focus on assessing cognitive function.

Plus there's a whole heap of information on various new health-food products to try in the Food and Drink section and some exciting giveaways on our I-Win! page.

susie

SUSIE PERRY DEBICE
BSc Hons, Dip ION

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In this issue

Nutrition Update

EXPERT ADVICE

with Sarah Gill, Stephan Terras and Mike Ash

NEW RESEARCH

The latest scientific nutrition research

PRODUCT GIVEAWAYS

Try your luck with I-Win!

NEWS

Current news topics

Nutrition Features

REACTIVE HEADACHES

Exploring the link to trigger foods and additives

CLEANSING FOODS

Dietary ways to support detoxification

CHILDREN'S HEALTH

Essential nutrients for growth and development



Food and Drink

ON THE SHELF

New products, functional foods, superfoods

HEALTHY RECIPES

Inspiring ideas to get you cooking

Clinic Focus

NUTRITIONAL PROTOCOLS

How to tackle Alzheimer's disease

HEALTH TESTING

Assessing cognitive function

BANT UPDATE

News for the nutritional therapy community

Knowledge

CONFERENCES

CAM Conference update

CPD SCHEDULE

Seminars and conferences

NUTRITION RESEARCH

From Cherry Wills



Importance of breakfast revisited

Having a good breakfast is often cited to be a vital part of a healthy lifestyle, however skipping the first meal of the day is a regular habit amongst adolescent girls. A new randomised, crossover study has reported findings supporting the vital role that breakfast plays in modulating appetite throughout the day. Twenty girls were recruited to have either a 350 kcal breakfast with normal levels of protein (13g), a 350 kcal high-protein breakfast (35g protein) or continue to skip breakfast for six days. Appetite and satiety questionnaires were completed by the girls together with blood sampling and magnetic resonance imaging brain scans. Results showed that those who ate breakfast experienced reduced hunger levels during the day compared to those who skipped their first meal. A high-protein breakfast resulted in greater daily fullness, reduced daily ghrelin and increased daily peptide YY levels. Furthermore the girls eating a high-protein breakfast reported fewer evening snacks compared to those who skipped breakfast.

Leidy HJ, Ortinau LC, Douglas SM, Hoertel HA (2013) Beneficial effects of a higher-protein breakfast on the appetitive, hormonal, and neural signals controlling energy intake regulation in overweight/obese, "breakfast-skipping," late-adolescent girls. American Journal of Clinical Nutrition, Apr;97(4):677-88. doi: 10.3945/ajcn.112.053116. Epub 2013 Feb 27.



Asthma linked to vitamin D insufficiency

The prevalence and dangers of asthma are widely recognised to have steadily increased since the 1970s. While environmental factors such as allergens, air pollution and chemical residues are often cited as being to blame, a recent cross-sectional analysis has found that severe and uncontrolled asthma is significantly associated with vitamin D insufficiency and deficiency. The German researchers recruited 280 adult asthma patients with mild, moderate, severe and uncontrolled asthma together with 40 healthy controls. The team reported that while there was no difference in mean 25 (OH) vitamin D levels between the asthma patients and controls, amongst the asthma patients, those with uncontrolled asthma were significantly more likely to have levels of 25(OH) vitamin D below 30ng/ml than those who suffered only intermittent asthma attacks. The authors concluded that improving sub-optimal levels of vitamin D may be effective for both preventing and treating asthma.

Korn S, Hübner M, Jung M, Blettner M, Buhl R (2013) Severe and uncontrolled adult asthma is associated with vitamin D insufficiency and deficiency. Respiratory Research Feb 22;14(1):25. [Epub ahead of print].



Close links found between mother and child eating patterns

With childhood obesity levels continuing to rise, an interesting piece of research has found that the habits of the mother may play a critical role in the development of a child's eating pattern. The research published in the journal *Appetite*, enrolled 222 low-income mothers with pre-school children to take part in the observational study examining the relationship between maternal and child eating patterns. The research explored both external and internal stimuli, where external stimuli relates to prompts from outside the body and internal being hunger and thirst signals. The authors reported the children whose mothers tended to eat due to external stimuli were strongly correlated to an

increased likelihood of being picky eaters and have a strong desire to eat. Emotional eating in mothers was also a critical factor in a child developing these traits.

Morrison H, Power TG, Nicklas T, Hughes SO (2013) Exploring the effects of maternal eating patterns on maternal feeding and child eating. Appetite. Apr;63:77-83. doi: 10.1016/j.appet.2012.12.017. Epub 2013 Jan 2.



Sugar highlighted as real culprit for diabetes epidemic

A recent in-depth analysis and review article published in *PLoS One* has provided compelling evidence of the true dangers of a high-sugar diet. The study, led by US paediatrician Robert Lustig, used data outlining nutritional components and diabetes rates from 175 countries and found a significant association between the prevalence of diabetes and sugar consumption. Namely for every increase of 150 kcal/person/day of sugar, the prevalence of diabetes increased by 1.1 per cent. This amount equates to approximately one can of soda per day. Significantly, the increased prevalence arose after accounting for numerous other factors such as other food types, total calories, obesity and socioeconomic

variables. Importantly no other food type yielded a similar significant association after controlling for the confounding factors. The authors also noted that longer exposure to high-sugar diets heightened the risk of developing diabetes. More research into the role of sugar in the development of diabetes has been called for, with the authors commenting that insights may be forthcoming in not only the drivers of diabetes amongst a population but also the development of the condition for the individual.

Basu S, Yoffe P, Hills N, Lustig RH (2013) The relationship of sugar to population-level diabetes prevalence: an econometric analysis of repeated cross-sectional data. *PLoS One* 8(2):e57873. doi: 10.1371/journal.pone.0057873. Epub 2013 Feb 27.



PMS LINKED TO MINERAL INTAKE

A new case control study from a team of researchers at the University of Massachusetts and Harvard have investigated the possible link between mineral intake in women and their subsequent susceptibility to develop pre-menstrual syndrome (PMS). The research involved over 3,000 women completing food frequency questionnaires. The most significant link reported by the team found that women with the highest intakes of non-heme iron were over 30 per cent less likely to develop PMS than women with the lowest intakes. The level of iron reported to confer these protective benefits was approximately 20mg per day. Zinc supplements were marginally associated with a reduced risk of PMS, however high dietary levels of potassium may increase a woman's risk by over 40 per cent. Sodium, magnesium and manganese intakes did not appear to be linked.

Chocano-Bedoya PO et al. (2013) Intake of Selected Minerals and Risk of Premenstrual Syndrome. *American Journal of Epidemiology*, Feb 26. [Epub ahead of print].



DHA supplementation improves pregnancy outcomes

There have been numerous observational studies that attest to the benefits of increased intakes of omega-3 fatty acids for improving pregnancy outcomes; namely gestation time and birth size. Now a recent double-blind, placebo-controlled trial has reported similar, more conclusive results. The research conducted in Kansas, USA involved 350 pregnant women taking either a test supplement containing a marine algae source of DHA or a placebo capsule containing soybean and corn oil. The women began taking either the DHA or placebo from week 20 of gestation until the birth. The results showed that women taking the DHA supplement resulted in having longer gestation time and a baby of greater birth weight, length and head circumference. Also the cord red blood cell phospholipid DHA levels were higher. Furthermore, the DHA group had fewer babies born prematurely (less than 34 weeks) and a shorter hospital stay for those infants who were born preterm. The research shows promising results, with the authors suggesting that omega-3 supplementation in the latter half of pregnancy may help reduce the number of low birth weight and preterm babies and the associated risks to both mother and baby.

Carlson SE et al. (2013) DHA supplementation and pregnancy outcomes. *American Journal of Clinical Nutrition*, Apr;97(4):808-15. doi: 10.3945/ajcn.112.050021. Epub 2013 Feb 20.



Magnesium benefits for heart health

A new meta-analysis investigating the importance of magnesium for heart health has concluded that there is a statistically significant relationship between low dietary magnesium levels, low serum magnesium levels and greater risk of suffering Cardiovascular Disease (CVD). The analysis conducted by a team at Shanghai University School of Medicine, China used data from 19 studies involving over 500,000 participants. The team reported a 20 per cent reduced risk of CVD for individuals

having the highest serum magnesium levels and a 15 per cent lower risk of CVD amongst individuals with the highest dietary intake of magnesium. The greatest benefit for reducing CVD was found to be associated with a dietary intake of between 150 to 400 mg/day of magnesium. The team concluded that further interventional trails were required to validate the findings, however optimising magnesium intake may be an important tool for improving primary prevention of CVD.

Qu X, Jin F, Hao Y, Li H, Tang T, Wang H, Yan W, Dai K (2013) Magnesium and the risk of cardiovascular events: a meta-analysis of prospective cohort studies. *PLoS One*, 8(3):e57720. doi: 10.1371/journal.pone.0057720. Epub 2013 Mar 8.3 medium (approx 165 words)

GIVEAWAYS!

HERBAL REMEDIES • NUTRITIONAL SUPPLEMENTS
• HEALTH FOOD AND DRINKS • LIFESTYLE PRODUCTS



Higher Nature

Aloe Gold Ear Drops

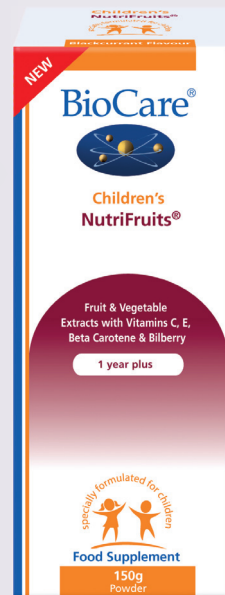
Children are often prone to sore ears and infections; Higher Nature's Aloe Gold Ear Drops are made from 100 per cent organically grown, whole leaf aloe vera and is kind to the ears and can be used to gently cleanse the ear canal. Suitable for adults and children alike, especially frequent swimmers or anyone with allergies.



BioCare

Children's NutriFruits®

BioCare are pleased to introduce the newest product to be joining their children's range. This child-friendly powder formula delivers vitamins C and E, bilberry and beta carotene



in a base of fruit and vegetable extracts, sweetened with xylitol and natural blackcurrant, to make this nutritious supplement tasty too.



Savant

Suvex Soothe®

Suvex is a revolutionary skin care cream for dry, red or cracked skin. It has been developed through five years of extensive research in conjunction with top Harley Street experts. This 100 per cent natural cream is gentle yet effective at soothing, moisturising and protecting the skin from irritation. Ethically-sourced shea butter, cupuacu butter, rose hip oil, rice bran oil and aloe vera are blended with plant oils and a seaweed extract to create this cooling, replenishing and luxurious cream.



Better You

Boost B12 Oral Spray

A pure energy oral spray which is proven to deliver vitamin B12 directly into the bloodstream in the most bio-available form. Vitamin B12 helps to maintain brain health, blood formation and reduce tiredness and fatigue. Perfect for vegetarians and vegans this convenient, effective spray has a great apricot flavour.



UnBEElievable

BEE Prepared MAX Strength

BEE Prepared Immune Support MAX combines bee propolis, elderberry, olive leaf, astaxanthin and more. It's great for colds, flu and hay fever, before and during travel and to maintain wellness during sports and fitness regimes. Vegetarian society approved. Made in the UK.



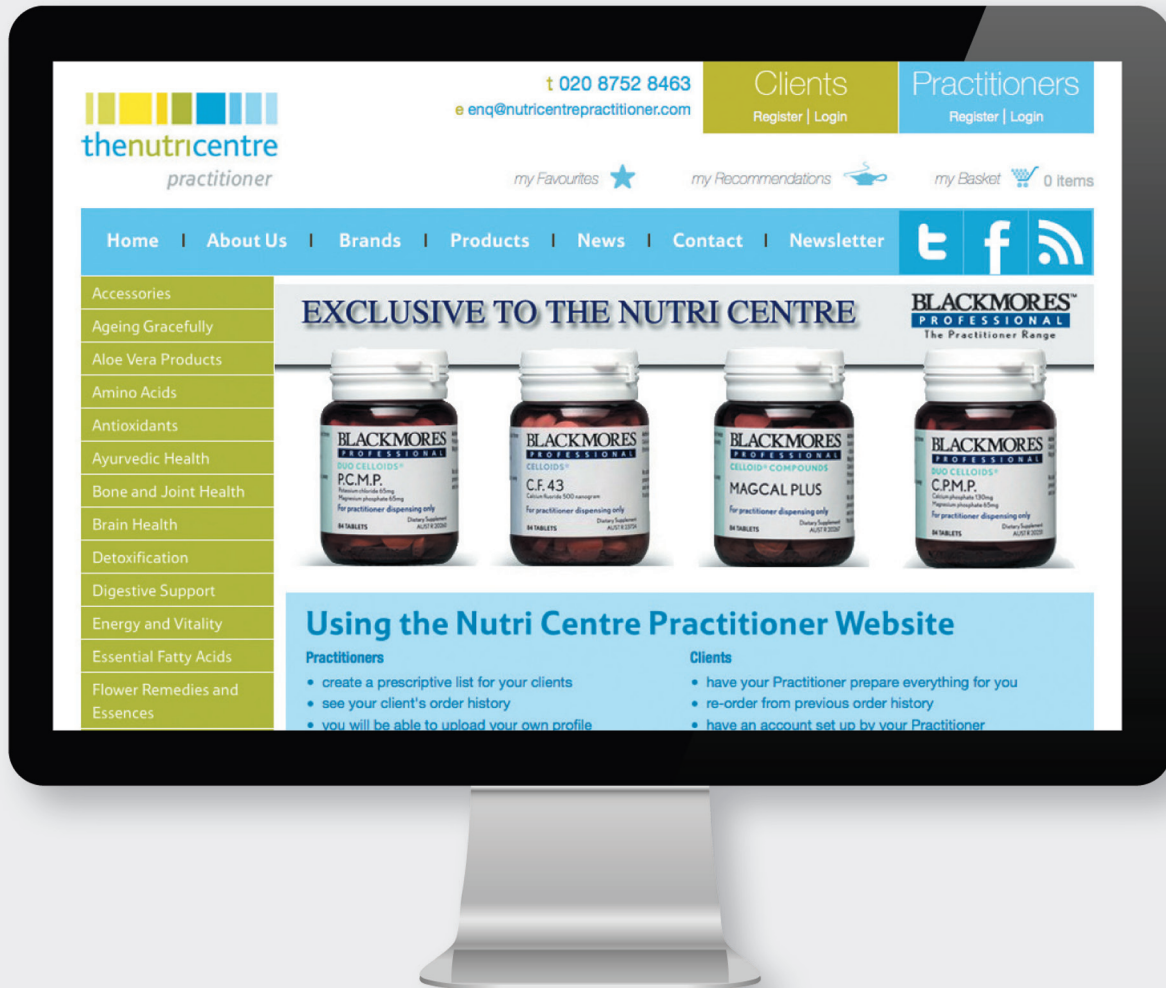
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- Exclusive product ranges: Blackmores, DDrops, Bio Tech, Kirkman...

NEWS BITES

NUTRITIONAL SUPPORT FOR THE MENOPAUSE

Whichever stage of the menopausal process a woman is going through, whether it be the perimenopause or the menopause itself, dealing with symptoms such as hot flushes, sweating, mood swings or insomnia can leave a woman feeling tired, run down, irritable and low. To help maintain balance, well-being and confidence it is important to ensure an intake of key nutrients and to obtain nutritional support when needed. Following on from the success of Menoforce® Sage Tablets, A.Vogel are pleased to introduce a soy isoflavone product - Menosan® Menopause Support - made from fermented soya providing isoflavones which are more bioavailable and specially formulated with magnesium to help reduce tiredness and fatigue, and carefully selected botanical extracts, including hibiscus.

For more information visit www.avogel.co.uk.

Trend Spotter - Super Greens

Kevin Harris, Technical Director at Cambridge Commodities reports that the surge in popularity of super greens is really gaining momentum. Super greens are rich in vitamins, minerals and protein, along with many other essential micro-nutrients that the body requires. For instance, barley and wheat grass are high in chlorophyll and fibre and are highly-alkalising greens that can help counteract the over-acidity of many processed foods.

Organic spirulina is a microscopic freshwater plant with a high content of valuable nutrients and antioxidants. On a weight for weight basis, it is one of the most nutritious whole foods known. Spirulina is fantastic to take for fatigue and low iron levels. It is highly absorbable and can aid weight management by naturally curbing the appetite.

Organic chlorella is another microscopic freshwater plant, containing more chlorophyll than any other plant. Chlorella is the best green superfood to support detoxification, alkalisation and provide general immune system support. It is one of the most pure and nutritionally dense foods to be found in nature, containing an abundance of key vitamins, macro and trace minerals, antioxidants, essential amino acids, protein, nucleic acids, and essential fatty acids.

Barley grass is sourced from the dried young leaves of the barley plant and is particularly beneficial for alkalising and rebalancing pH levels. In ancient history, it was consumed by Roman gladiators for strength and endurance. It contains up to 500 per cent more vitamin C than oranges and double the calcium content of milk.



Wheat grass improves digestion and metabolism, and is the most potent way of achieving the recommended five-a-day of vegetable servings. It contains more protein than meat, fish, eggs or dairy, and around 800 per cent more iron than spinach.

For more info, visit www.c-c-l.com. Check this space next issue to discover more about the latest UK supplement trends from Cambridge Commodities. Remember you heard it here first!

KRILL OIL TRACEABILITY

Aker BioMarine, a Norwegian fishery that manufacture krill oil products for the human market in the form of Superba™, recently welcomed Hugh Fernley-Whitingstall and the *Fish Fight* team aboard Aker BioMarine's shipping vessel in the Southern Ocean to see how they catch and manufacture krill. As the only krill fishery certified as sustainable by the Marine Stewardship Council (MSC), Aker draws on 30 years of fishing experience and relationships with established experts, from WWF-Norway to the Convention for the Conservation of Antarctic Marine Living Resources (CCAMLR), to ensure that fishing is sustainable and there is 100 per cent traceability from the Antarctic seas to the end user. Superba™ Krill is extracted exclusively from *Euphausia superba*, an Antarctic krill species rich in the omega-3 fatty acids EPA and DHA. It's now generally recognised that krill omega-3s allow for better assimilation into the cells because they are attached to phospholipids the main reason behind their increasing popularity.





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Nature is rich in safe and biologically active compounds that contribute to the vitality of the human body. Bonusan uses the latest scientific advances to turn natural ingredients into highly effective nutritional supplements for use by physicians and therapists. Founded in 1966, we are a passionate Dutch family-owned company, active in seven

Western European countries. We do our own research, development and manufacturing to guarantee our products are of the finest quality. Through our educational programme we want you to share in our knowledge and expertise - this way, you too can support your clients towards recovery in a natural way.



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COULD THIS BE A REVOLUTIONARY WAY TO TREAT IBS & END YOUR SEARCH?



A natural, live, multi-strain supplement drink, Symprove is one of the first probiotics to be scientifically trialled to full drug standards at King's College Hospital, London. Dr Emmanuel highlights what makes this trial so different to other probiotic studies and why the positive results are so important for IBS sufferers.

The patient groups and study were clearly defined making it easy for healthcare practitioners to recommend the benefits of Symprove.

Watch Prof. Bjarnason and Dr. Anton Emmanuel discussing Symprove as a breakthrough multi-symptom treatment for IBS.

EXPERT ADVICE

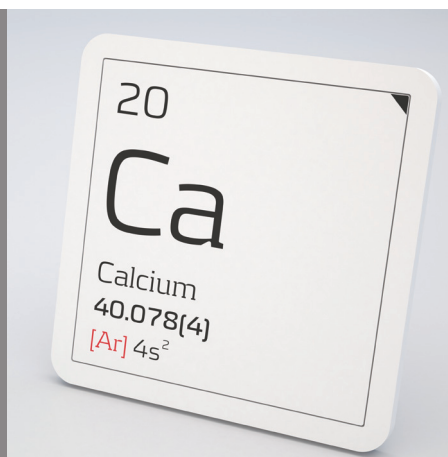


Students and practitioners, time to get your questions answered!

There are lots of fully-qualified Nutritional Therapists who have gone on to achieve great success hosting TV shows, lecturing, writing books and running busy private clinics. Now it's your chance to tap into their wealth of clinical experience and specialist knowledge. It doesn't matter how simple or technical your question is, just email it to us and we'll get one of our trained experts to answer it for you.

Q: Calcium Carbonate Issue

Why do many of the most advanced supplement companies still use calcium carbonate as a source of calcium in their products? As I understand it, this form is very poorly absorbed.



STEPHEN TERRASS ADVISES

The majority of non-carbonate forms of calcium on the market are chelates comprised of calcium ions bound to citric acid (forming calcium citrate), malic acid and gluconic acid. The almost universal perception within our industry is that these forms are vastly superior to calcium carbonate in terms of absorption. However, a deeper analysis may cause even the staunchest supporters of this perception to place a gigantic asterisk next to this viewpoint.

Taking the ever popular citrate form as an example, research suggests that the perceived absorption advantage of calcium citrate over calcium carbonate depends entirely on the environment in the stomach at the time of taking it. If you compare citrate vs. carbonate when taken on an empty stomach, the citrate is likely to have significantly greater absorption. However, when taken with a meal, the difference between the two is minimal. Why? The answer is in the strength of the bond between the calcium ions and what they are bound to. Citrates have a very weak bond with calcium, which does not require an acidic environment to split (ionise). This allows the calcium to be easily liberated to attach to carrier proteins in the intestines. In a carbonate, the bond

will be much stronger, requiring sufficient stomach acidity to liberate the calcium ions efficiently - hence the advantage afforded by the release of hydrochloric acid and pepsin during a meal.

But what about those who have very weak release of HCl and pepsin even at mealtimes (common in older adults, and especially in women over 50)? For these people, they can either opt for citrates, or use HCl and pepsin supplements with the meal or even take botanical stimulants of HCl/pepsin release (such as ginger or gentian root) at the meal with which they are taking the calcium.

With all this in mind, why don't most premium companies circumvent all the variabilities and only use citrates and related forms? Well, for one thing, calcium carbonate typically contains a three to four times greater percentage of elemental calcium compared to citrates - thus reducing the number and/or size of pills required (at least for people in which absorption between the two forms is similar). Secondly, calcium carbonate is a lot less expensive per kilo than the other nutritional forms of calcium, even before taking into consideration the drastic difference in elemental weight of calcium - thereby making the finished product much more competitively priced.



STEPHEN TERRASS
 Stephen Terrass MRNT is the Founder of supplement company Terranova Nutrition. The former Technical Director of Solgar UK, Stephen is one of Europe's leading authorities in natural medicine, with a particular focus on nutraceutical and botanical science. During his 33 year career in the nutritional and herbal medicine field, Stephen has presented more than 400 lectures in 17 countries and has been a frequent guest lecturer for nutritional and naturopathic colleges. Stephen is also the author of eight books, an award-winning series of audio tapes and several magazine articles, as well as participating in numerous interviews in the press, radio and television.



Q: Immune Focus

We often hear about how certain foods are good for our immune system, is it really that simple?

MICHAEL ASH ADVISES

Our historically coded, innate immune system and nutrient metabolism are complex biological systems that must work in concert to sustain and preserve life through the provision of numerous advantages, including the priming and maturing of many immune cells.

The effector cells of our innate immune system rely on essential nutrients to generate energy, produce metabolic precursors for macromolecule biosynthesis and tune their responses to infectious agents. Rather serendipitously they have to rely on the availability of key nutrient compounds both from direct ingestion and conversion in the gastrointestinal tract.

This intimate relationship suffers as a result of undernourishment and over eating; the quality as well as the quantity of our nutritional intake and our related nutritional status have a substantial impact on immune competence, and if maladjusted can result in increased susceptibility to infection in the case of nutrient deficiency, or chronic inflammation in the case of over-nutrition.

The traditional, reductionist methods used in the study of nutritional immunology are incapable of exploring the extremely complex interactions between nutrient metabolism and innate immunity.

As such this difficulty permits many commentators and nutritional flat-earthers to promote inadequate linear analysis models to determine the validity or veracity of the 'food equals immune competence' model. Nowhere is this more problematic than in trying to determine the long-term outcome of single nutrients on the health or otherwise of multiple participants, as what happens in the lab is rarely remodelled in the same way in using human subjects. The result is often polarised views between competing parties as to the benefit or otherwise of zinc, fatty acids, vitamins, foods etc.

So here is a proposal that has previously been explored in relation to the longevity of humans – 'caloric restriction and nutrient-dense foods' - in simple terms eating less, but of viable, naturally-grown foods. Guess what, the immune system sings a happy song of increased viability – the mechanisms are complex and too involved for this short commentary, but our grandmother's experiences in the post-war period and elsewhere established clear connections between: reduced sugar-laden foods, seasonal products, slow cooking and modest intakes of all food groups. Your gastrointestinal bacteria benefit, your small intestinal stem cells are happier and your immune system is less stressed and more responsive. ►



MICHAEL ASH
Michael Ash,
Managing Director
of Nutri-Link Ltd,
editor of www.nleducation.co.uk
and Founder of
one of the UK's
largest integrated
medicine clinics.
In 2008 he
retired from
full-time practice
after 25 years
to concentrate
on his clinical
and research
experience in
the manipulation
of the mucosal
immune system.

EXPERT ADVICE



SARAH GILL BSC (HONS)
 Sarah Gill BSc (Hons) has been a Nutritionist with Nutri Advanced for over eight years, working as a key member of the company's busy nutrition team as well as co-ordinating the FirstLine Therapy lifestyle programme in the UK. Sarah's experience in dealing with practitioner enquiries on a daily basis as well as undergoing regular intensive training with Nutri Advanced suppliers, ensures that her practitioner support and product knowledge really is second-to-none. Sarah is passionate about training students and practitioners in the use and application of nutritional supplements as part of a therapeutic regime.

Q: Solutions for PMS

I've tried a few hormone balancing herbs with PMS clients and I've seen some improve but not all. Is there anything else I can try to help support their mood swings and food cravings?

SARAH GILL ADVISES:

The average women will have around 500 periods in her lifetime. For some women that is 500 occurrences of pain, bloating, fatigue and mood swings. It is a sad fact that PMS is often an accepted part of being a woman and it is estimated that around 75 per cent of women of childbearing age suffer with symptoms of PMS.

The good news for women with PMS is that there are lots of strategies which can help to reduce the frequency and the intensity of the symptoms they are suffering with, potentially reducing the monthly need for pain medications and in some cases avoiding the need for stronger prescription medication such as anti-depressants too.

Using herbs to balance female hormones can be an effective strategy for some patients, but this is just targeting one of the underlying causes of PMS. As well as hormonal imbalances there are several other underlying causes of PMS which make good targets for treatment, including poor diet and lifestyle (leading to nutrient deficiencies), ongoing or chronic stress and being overweight/obese.

The best strategy to improve client symptoms is to implement a healthy lifestyle, balance blood sugar, reduce stress, balance hormones and correct any nutrient deficiencies.

A really good multivitamin and mineral formula specifically

designed for women can be helpful in providing B6, which contributes to the regulation of hormonal activity, as well as other B-vitamins and if you can get a formula which includes good levels of vitamin D this will also be beneficial as there's some great information on improving PMS symptoms by restoring vitamin D levels. Additionally, improving calcium and magnesium levels can lead to reductions in PMS symptoms such as abdominal cramps.

A nutrient that has recently produced some interesting research is myo-inositol, which is a naturally occurring isomer of glucose that has been shown to support healthy ovaries, ovulation, follicular function and egg development. What is interesting for those with PMS symptoms is that myo-inositol is also helpful in supporting insulin control and androgen dominance in those with ovarian issues, meaning that as well as hormonal support it can help to support some of the other common PMS symptoms too, such as sugar cravings and mood and behavioural changes during the premenstrual phase.

Implementing one of these strategies alone will get some results in some clients but using all of them together to improve a woman's nutritional status, balance her blood sugar, stress and hormone levels can change the way a woman views her monthly cycle.



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CLEANSING FOODS



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Food really is the best medicine, especially when it comes to cleansing. **Kaye Heyes** investigates foods that help support the various systems of detoxification...

Many of us advise clients that rigorous detoxification diets and regimes can be dangerous, especially for those with ongoing health issues or who are stressed, pregnant or breastfeeding. Thankfully there are a number of nutrient rich foods that can help to support our natural detoxification systems found

in the gut, kidneys, skin and of course the liver.

DETOXIFICATION SYSTEMS

Proper elimination is essential to the body's ability to detoxify, so the health of the colon is crucial. An intact mucosal layer in the Gastrointestinal Tract (GIT) is designed to prevent large toxic molecules from entering the general circulation. A

low-fibre diet, constipation, leaky gut, intestinal inflammation and gut dysbiosis can all increase the intestinal toxic load. The kidneys also play an important role in detoxification by filtering the blood and removing waste, which is then converted into urine and passed out of the body via the bladder.

The skin is often neglected when we think of detoxification and elimination. Yet it is the largest elimination organ in

the body and in Eastern Medicine is known as the third kidney. The skin and kidneys are closely connected: when the kidneys are not functioning properly, perspiration is increased to make up for the suppression of urine. Conversely, when the skin fails to perform efficiently, kidney function is increased.

Then of course there is the liver, which is highly metabolically-active and the major detoxification centre of the body, handling and processing a wide range of toxic chemicals and metabolites through different enzymatic processes over two stages: phase I and phase II.

GUT BALANCE

The health of the colon depends on the amount and type of dietary fibre eaten and the balance of microflora. Foods that may help to improve digestive function include brown rice, sunflower and pumpkin seeds, eggs, bilberries, avocado, carrot, bananas, walnuts, salmon, tuna, lentils and legumes. These foods are rich in zinc and B6 which are important co-factors for hydrochloric acid production. Eating bitter foods such as rocket, dandelion leaves or chicory before a meal may also help to improve bile production. In cases of reduced enzyme production, a review in 2008 ⁽¹⁾ found that plant-based enzymes, such as bromelain from pineapple (or papain from papaya) serve as effective digestive aids in the breakdown of proteins.

Naturally fermented foods like kimchi and sauerkraut contain *Lactobacillus planarum* and probiotic or live yoghurt contains the two most important 'friendly bacteria' - *Lactobacillus acidophilus* and *Bifidobacterium bifidum*. Eating these probiotic foods helps top up beneficial gut bacteria, and adding a wide range of prebiotics into the diet such as fructooligosaccharides (FOS) helps the *Bifidobacteria* species flourish. A review in 2008 found that only a minimal dose of FOS is needed for a bifidogenic effect, ⁽²⁾ so adding even a small variety of foods high in FOS could make a big difference. Soluble fibre is a good all-round intestinal tonic and

foods such as oats, apples, pears, okra and flax seeds (ground or soaked in water) are high in soluble fibre.

Prebiotic Foods

FOS: Asparagus, banana, barley, chicory, dandelion, garlic, globe artichoke, Jerusalem artichoke, leek, onion, oats and rye.

Raffinose: beans, cabbage, Brussel sprouts, broccoli, asparagus, beetroot.

KIDNEY SPOTLIGHT

Supporting the kidneys' role in detoxification involves focusing on avoiding excess levels of sodium, potassium and protein. A 2009 study found clinical evidence for avoiding protein excess and claimed kidney problems would increase as a result of too much protein from 'the typical over-eating environment of the developed world' ⁽⁵⁾. There is a strong case for replacing meat with vegetables for four days per week. This could help the kidneys eliminate extra protein and other toxins from the body and help lower the risk of high blood pressure and excess weight - two factors linked to kidney dysfunction. Many foods possess natural diuretic properties and these can be of great benefit.

Natural Diuretic Foods

Celery	Green tea
Parsley	Beetroot
Dandelion root	Fennel
Cucumber	Peppermint
Asparagus	Nettle
Aubergine	Tomatoes
Watercress	Apple cider vinegar
Artichokes	Watermelon

One of the most famous foods associated with kidney health is the

cranberry. One 2012 review found that cranberry-containing products are associated with protective effects against urinary tract infections ⁽⁶⁾. The proanthocyanidins in cranberries inhibit the adhesion of bacteria - particularly *E.coli* - to the urinary tract lining. Other studies have claimed that proanthocyanidins possess a broad spectrum of therapeutic activities against free radicals and oxidative stress - the most widely studied of which is grape seed extract (GSPE). Most trials are limited to animal studies, although a human study published in the journal *Toxicology* claimed that GSPE demonstrated 'excellent protection' against both overdose-induced liver and kidney damage and oxidative stress and free radical damage ⁽⁷⁾. Eating other foods high in proanthocyanidins - such as grapes, apples, cherries, blueberries, persimmons and raw cocoa - could offer similar protection.

NUTRITION FOR THE SKIN

The most important nutrient to enable optimal detoxification via the skin is water. Drinking eight glasses of fresh, filtered water every day (approximately two litres) helps flush toxins from the body. Dry skin brushing and saunas are routinely recommended by naturopaths to improve detoxification.

In 2011 a Canadian trial assessed the toxic products in perspiration of human volunteers. They found that some toxic elements in the perspiration were not found in the volunteers' serum as they had been stored in body tissues. They concluded that induced sweating is a potential method for elimination of many toxic elements from the human body. ^(8,9) Diaphoretic herbs help carry heat through the body, promoting excretion through the skin in a similar way to saunas. Peppermint, cayenne pepper and ginger root all act as diaphoretics.

LIVER SUPPORT

The detoxification process is complex in the liver and it needs a wide range of nutrients. Nutritional requirements for phase I include - B2, B3, B6, folate, B12, vitamin C, branched chain amino acids,

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Barley grass can be included in the diet in several ways - either as a supplement or as a powder which can be added to breakfast cereals or smoothies, or simply mixed with water or juice.

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selenium, zinc and glutathione and phase II uses an even wider range of nutrients, with the sulphur-containing amino acids cysteine and methionine being especially important.

Antioxidant protection is essential and although a large number of antioxidants have shown beneficial effects on human health there are great differences as far as ingested doses and bioavailability. One Italian study⁽¹⁰⁾ found contradictory results with alpha-tocopherol, beta-carotene and trans-resveratrol but only beneficial results with quercetin. A study published in the *American Journal of Clinical Nutrition* found that out of all the bioflavonoids, quercetin seems to retain its antioxidant capability once consumed⁽¹¹⁾. A further 2012 human study concluded that quercetin may contribute as an anti-inflammatory agent in the liver by ramping up the liver cells' production of protective proteins and enzyme systems and reducing toxin-induced DNA mutations⁽¹²⁾. Quercetin is found in green tea, apples (especially the red delicious variety), peas, sweet potato, kale, watercress, onion (especially red onion), broccoli, plums, tomatoes and a number of berries including blueberries, bilberries and cranberries. Interestingly, a 2007 study found that organically-grown tomatoes contained 79 per cent more quercetin than those grown conventionally.⁽¹³⁾

Not everyone is suited to the demands of a fast or a strict detoxification regime. Everyone, however, can follow these simple guidelines to improve their detoxification and easily revitalise their energy for the summer. ●



KAYE HEYES graduated in nutritional therapy from CNM in October 2011. She runs Health on a Plate – using nutrition and NLP to support parents with young families and women's health. She recently set up a project to support mothers in their post-natal transition period. www.healthonaplate.com, www.postnataltransition.wordpress.com.



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FOOD REACTIVE HEADACHES

The World Health Organization estimates that nearly half of the world's population suffers from a headache disorder of some description. **Kerry Torrens** investigates...

Headaches are one of the common reasons for people taking time off work, but the cause of a headache can be diverse and varied.

Chemical sensitivities which include food intolerances as well as sensitivities to food additives such as colours and preservatives are thought to be of concern.

Diet can play an important role in instigating headaches, with numerous reports suggesting a link between the food we eat and the occurrence and frequency of headaches. The list of foods and drinks which are known to be triggers include aged and blue cheeses, chocolate, citrus fruits and alcohol, especially red wine.



Although food additives have to date received less coverage, the evidence for them as a headache cause is mounting. Food additives are used to preserve, colour, flavour and sweeten various food and drinks – they include flavour enhancers like monosodium glutamate, sweeteners including aspartame, and preservatives like sulphites and nitrites.

THE ADDITIVE LINK

Although additives have been used for centuries to preserve foods like meat, fish and dairy, today the types of additives used are more varied and typically fall into three main groups – preservatives, cosmetics (used to enhance the visual appearance of the food) or processing aids. Most of the additives used in our food are clearly labelled either by name or with an E number listed on the packaging. This number means the additive has passed safety tests and has been approved for use both here and throughout the rest of the European Union (EU).

The growth in the use of food additives has increased hugely over the last 40 years, so arguably we are consuming far more of them – despite this the degree of hazard associated with food additives is, we are told, considered to be low. Nevertheless, some common food additives as well as naturally occurring chemicals in our food appear to affect the arteries in the brains of certain sensitive individuals. The effect is to cause spasm or over-activity of the blood vessels, which results in the pain and discomfort characteristic of a headache.

THE CULPRITS

Sulphites (E220-E227) are one such additive used to preserve foods including meat, where they help to prolong the fresh red colour; other foods which are commonly sulphated include dried fruits, fruit juices and desserts. Sulphites are also widely used in wine-making, where their consumption is generally regarded as unproblematic unless you suffer from severe asthma or lack the enzyme required to metabolise sulphites. As such many in the wine industry believe the scientific research is not

definitive, with other compounds in wine like histamines and tannins being thought to be more likely contributors to headaches. Nevertheless, a relationship between sulphites and headaches has been made and there are other nutritional implications related to the high consumption of sulphites which includes the destruction of vitamin B1 (thiamine) as well as folic acid. For this reason some experts recommend that foods rich in these B-vitamins are not sulphated as a means of preservation, although meat products like sausages continue to be in the UK. Likewise, nitrites (E249-252) are used to preserve processed meats and some cheeses and may also be used to colour foods – in a similar manner they initiate a headache through the dilation of the blood vessels to the brain.

Another culprit group for whom the evidence is gathering against are the synthetic sweeteners. Commonly used in “sugar-free” and diet foods like soft drinks, cereals and as an alternative to table top sugar these chemical sweeteners have been associated with the occurrence of headaches. A number of studies have presented an association between sucralose, better known as Splenda, with migraines and allergy-type symptoms.

Aspartame has also been linked to headaches, even since its first introduction in 1981, with some sensitive individuals claiming headaches following the consumption of sugar-free chewing gum. The key ingredient in aspartame is the amino acid phenylalanine and it's this ingredient which reveals much about how this sweetener influences the headache process. That's because phenylalanine impacts levels of tyrosine and tryptophan which are of course, the key building blocks for the brain chemicals dopamine and serotonin. It's levels of these brain chemicals that have both a vaso-dilating (dopamine) and vaso-constricting (serotonin) effect on the blood vessels of the brain as well as having a direct stimulation on neuronal pathways. In this way over-activity of the blood vessels is initiated and a headache triggered.

NUTRITIONAL INTERVENTION

Practitioners should be aware that

reactions to food additives like sulphites as well as naturally occurring chemicals like histamine and salicylates present a vast range of symptoms. Some of these symptoms can appear individual to the client – the onset of reactions occurring both immediately or delayed, with symptoms ranging in severity. A detailed case history is essential if the practitioner is to identify and help manage suspect foods.

From a practical perspective it's important to appreciate that some clients find it difficult to verbalise the severity of their symptoms, so the practitioner must take the time to understand their full and precise history. Pain and associated symptoms are very subjective and the client should be encouraged to explain their personal experiences and symptoms as fully as possible. The use of a 1-10 scale to define their symptoms can be valuable, whereby one is minimal discomfort and 10 is the most severe pain they have experienced. Although

SUGGESTED PRACTICE GUIDELINES

- **Nutritional therapy should never be used as a replacement for conventional medical care or as a reason to postpone seeing a medical practitioner regarding recurrent headaches or migraines. Clients should be advised to seek medical guidance before embarking on any complementary therapy, including nutritional therapy.**
- **Scientific evidence for food additive-initiated headaches is growing but is, as yet, not definitive for all categories of food additives.**
- **A headache diary should be encouraged including all foods and drinks consumed, as well as symptoms experienced and any associated activities which may influence headache occurrence.**
- **Clients should be counselled in making food changes and should be encouraged and supported in the adoption of a well-balanced diet. A strict elimination diet of all potential foods is not advised and full support, guidance and advice must be provided on how to treat suspect foods.**

these sorts of scales are not comparable between clients, they do allow the client to chart their own improvements.

Another invaluable tool is that of a

headache and diet diary – the client should record all of the food and drinks they have consumed, the symptoms experienced as well as any other

associated activities (these might include lack of sleep, stress, fatigue, exposure to bright lights etc). Following a detailed review and assessment of the diary, which should be performed by the practitioner in conjunction with the client, the client should be counselled to selectively avoid those foods which are likely triggers. A universal headache diet with elimination of all potential food triggers is not advised; instead the client should be supported in following a well-balanced diet with strict avoidance of fasting or skipped meals.

THE BOTTOM LINE

There is no single cause for vascular headache, although it's long been known that some naturally-occurring chemicals in our food like amines, salicylates and glutamate are vaso-active and as such act as triggers. Such foods include aged and blue cheese, tuna, mackerel, pork products as well as spinach, potatoes, liver, dark chocolate and alcohol. Increasingly, however, similar evidence is coming to light with regards to food additives although, it should be emphasised that food additives do not cause the same effects for everyone and it's likely, therefore, that those who do react have a physiological sensitivity to them. In fact in a UK population study of both children and adults, 7.4 per cent reported adverse reactions after eating foods containing additives.

From the nutritional practitioner's perspective, the process involved in vascular headache is more likely a result of food intolerance or sensitivity as opposed to an Immunoglobulin E (IgE) mediated food allergy. With this in mind the nutritional approach should focus on ensuring a well-balanced diet, whilst providing guidance and advice on the elimination of suspect foods and additives. ●

KERRY TORRENS graduated from the University of West London with a BSc in nutritional medicine in 2006. She practises from two locations; a multidisciplinary clinic, Bodies Under Construction, and a sports injury clinic, The Putney Clinic. She is currently studying Clinical psychoneuroimmunology to enhance her practice. www.nutritionandsuperfood.co.uk



ADDITIONAL QUESTIONS TO ASK IN CLINIC

In addition to the information typically obtained as part of a case history practitioners should consider the following:

- Age at onset.
- Familial connection - any parents or siblings with the same complaint?
- Estimated number of headache days per year.
- Location of headache.
- Frequency and duration of attack - any associations e.g. menstruation?
- Severity of pain including rapidity of onset and duration.
- Existence of stress events.
- Sleep quality and quantity.
- Other environmental influences - for example any chance of carbon monoxide exposure, excessive exposure to bright lights etc.
- Current approach to managing headache attacks - adoption of GPs guidance and advice, use of over the counter (OTC) pain relief etc.

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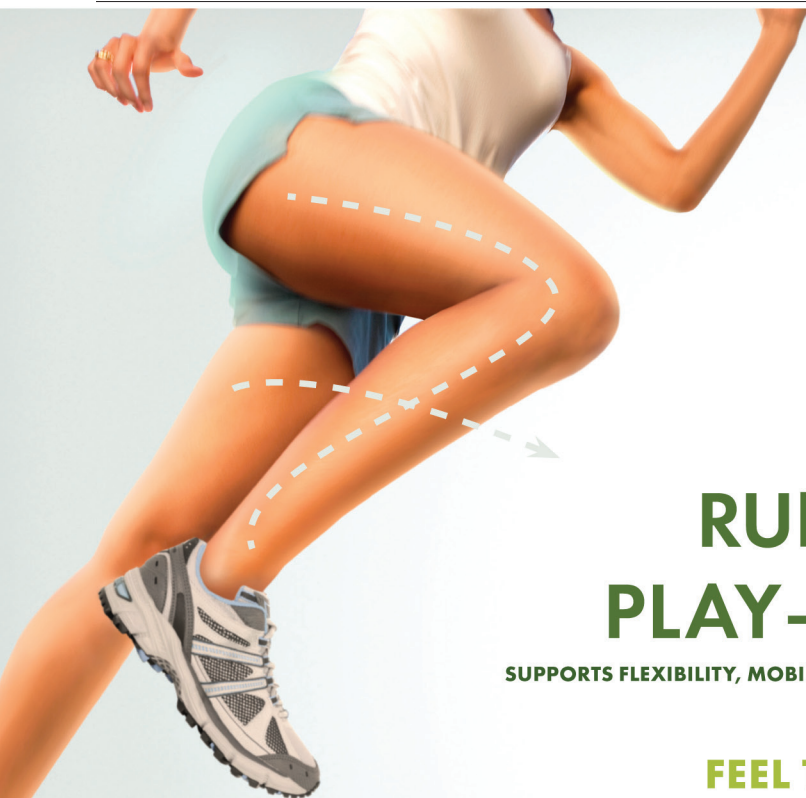


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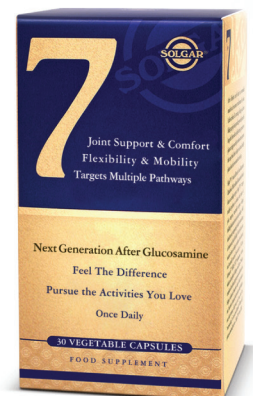
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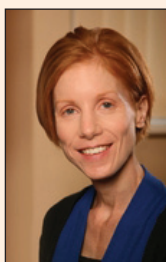
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Christine Bailey is a renowned Nutritionist, Health & Vitality Chef, Food and Health Consultant and Author with over 18 years of experience. She was awarded Coeliac Chef of the Year 2009 and works alongside Coeliac UK supporting individuals. She regularly sees clients with a wide range of digestive disorders and conditions and runs a range of healthy eating cookery days including those specializing in digestive health, allergies and free from foods.

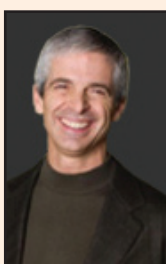
Christine shares her experience of working with clients, developing diets and programmes for a range of digestive conditions including malabsorption, coeliac disease, crohn’s disease, ulcerative colitis, diverticular disease and intestinal resection.



Dr Natasha Campbell-McBride

‘Digestive disorders - the root of chronic illness in the modern world’

Digestive disorders are becoming more and more common in our modern world. What have they got to do with autoimmunity, chronic fatigue, diabetes type one, various forms of arthritis, neurological problems, hormonal deregulation and many other chronic illnesses? Doctor Campbell-McBride will be talking about connection between the gut health and health of the rest of the body. She will be discussing the treatment protocol for healing the digestive system, which builds the foundation for healing the whole body.



Dr Thomas O'Bryan

‘The Surprising Autoimmune Connection to Musculoskeletal Diseases’

We will address the science identifying the mechanisms of development in the spectrum of Autoimmune Diseases and their musculoskeletal manifestations. We will review clues in the patients history, presenting complaints, diagnostic protocols (In-Office non-laboratory diagnostics-visual clues, state-of-the-art testing, test interpretations, dietary and nutritional treatment protocols, educational handouts, phrases & visuals to use in explanations to your patients...). Each Attendee will leave this Seminar with the tools and confidence to begin identifying this problem of auto-immunity (the #1 cause of Morbidity and Mortality in the Industrialized World) on Monday morning.



Professor Ingvar Bjarnason

‘Advances in treatment for Irritable Bowel Syndrome (IBS)’

IBS is the most common of the gastrointestinal disease. Unfortunately conventional medical treatment is often ineffective, associated with side effects, or of unproven efficacy. Probiotic treatment offers a fresh approach to the disease as intestinal bacteria undoubtedly play an important role in modifying gut flora. Here we describe the efficacy of the probiotic Symprove as evident from a randomised double blind, placebo controlled IBS trial which took place at King’s College Hospital.

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Susie Perry Debice talks to three of our leading nutrition experts about supplements for childhood health and development...

In recent years, health professionals have become alarmed at the increasing incidence of various health conditions seen in children in the UK. With statistics indicating that few children achieve their five-a-day, there are growing concerns as to the nutritional value and quality of many childhood diets.

One childhood concern that is causing a stir is rickets. Common during Victorian times, this condition, which causes a softening and malformation of bones, virtually disappeared in the Western world during the 1940s as a result of the

fortification of foods with vitamin D. In the last few years however, rickets has re-emerged, with children of Asian, African-Caribbean and Middle Eastern origin being at greater risk due to their darker skin.

PRIORITY FOR VITAMIN D

Vitamin D is produced endogenously when the skin is exposed to ultraviolet rays from sunlight. Melanin, found in greater amounts in darker skins impedes the absorption of UV light and the synthesis of vitamin D is reduced. Since few foods naturally contain vitamin D (oily fish, offal, eggs and butter), many

children receive most of their dietary intake from fortified foods. Unfortunately, the form of vitamin D commonly used in fortification is vitamin D2 (ergocalciferol), rather than the more bioavailable vitamin D3 (cholecalciferol).

Alice Bradshaw, Nutrition Advisor at Solgar explains: "The primary role of this nutrient is to promote calcium absorption and maintain sufficient serum calcium and phosphate concentrations to support normal mineralisation of bone. Vitamin D has many other vital roles in the body, including modulation of cell growth, neuromuscular and immune function,

and reduction of inflammation. As such, deficiencies in childhood may have far-reaching consequences."

According to research, a quarter of toddlers in the UK are deficient in vitamin D. The Royal College of Paediatrics and Child Health (RCPCH) report that an inadequate intake of vitamin D is resulting in higher incidences of diabetes, tuberculosis and multiple sclerosis as well as poor bone formation.

Alice Bradshaw comments: "Vitamin D deficiency needs to be addressed early in a child's life. In fact, several studies have shown that vitamin D levels in pregnancy can influence the health of the mother and baby both in the short and long-term".

Researchers at the Medical University of South Carolina found that supplementing with 4000iu of vitamin D during pregnancy reduced the incidence of premature births (by 50 per cent) and low birth-weight babies. Professor Bruce Hollis, a recognised expert on vitamin D, suggests breastfeeding mothers supplement their diets with additional vitamin D or ensure that the baby is given a supplement.

Here in the UK, this advice is echoed by the National Institute for Health and Clinical Excellence (NICE), who advise that pregnant woman and those who breastfeed should take vitamin D supplements. They recommend that health visitors offer vitamin D supplements to children aged six months to four years.

PROTECTIVE ELDERBERRY

Most people of a certain age will remember being given a spoonful of cod liver oil on a daily basis as a child. A whole generation of parents saw the need to ensure their children were well-nourished and had a strong functioning immune system. Cod liver oil may not be the supplement of choice today, but many parents are still looking for ways to support natural immune health, especially as many children are picky, fussy eaters.

Alice Bradshaw highlights black elderberries (*Sambucus nigra*) as having a long history of traditional use as a remedy for coughs, colds and influenza, and suggests that products containing extracts of these berries have become

popular for children after modern science has attested to these benefits.

Alice Bradshaw explains: "Elderberries contain a broad range of nutrients including polyphenols, carotenoids and vitamin C, all of which possess noteworthy antioxidant activity. A 2011 study showed that a concentrated liquid extract of black elderberries repressed the growth of influenza A and B viruses. Other studies have demonstrated that oral administration of elderberry extract reduced the duration of influenza symptoms from an average of six days to 48 hours. Because elderberries seem to possess the ability to inhibit a mechanism required for viral replication, its benefits may also extend to non-flu related viruses. The extract has also demonstrated antibacterial activity against the bacteria commonly associated with upper respiratory tract infections. In many studies, elderberry extract was given alongside vitamin C, which of course has its own antioxidant and immune-supporting benefits".

Children are notorious for sharing their germs with each other, whether at nursery, school or any other day care centre. Many parents will choose natural remedies to support the immune system of their youngsters. In these cases, elderberry-based formulations suitable for children may be a reasonable recommendation.

PROBIOTICS AND ATOPIC ALLERGY

The major allergic disorders of atopic dermatitis (eczema), asthma, atopic rhinitis (hay fever), and significant food allergies affect between 15 per cent and 40 per cent of children in the UK. Chris Newbold, Technical Advisor at BioCare comments: "Most children develop allergic sensitivity in the first two years of life, and if a child is diagnosed with atopic eczema during this time then there is a greater than 50 per cent likelihood of progressing to develop asthma by the age of 12. Exposure to sufficient levels of the right types of microflora appears to be critical in steering the immune system away from becoming 'allergic'."

Baby BioFlora is a probiotic powder for infants suitable for general use but

also designed to reduce incidence of atopic allergy. Baby BioFlora contains LAB4B - a specific blend of probiotics used in the Swansea Baby Study which consists of 10 billion bifidobacterium bifidum (CUL-20), bifidobacterium lactis (CUL-34), lactobacillus salivarius (CUL-61), and lactobacillus paracasei. In addition, the product contains prebiotics galactooligosaccharides (G.O.S.) and fructooligosaccharides (F.O.S.).

Chris Newbold explains: "While a number of trials have been unable to identify a difference in the prevalence of *Bifidobacterium* and *Lactobacillus* genera between infants with and without allergic disorders, molecular studies at the species level have shown a significantly different distribution of these species in the two groups, suggesting a species-specific effect of *Lactobacillus* and *Bifidobacterium* in the etiology of atopic disorders. Furthermore, it has been demonstrated that a decreased risk of atopic dermatitis in children is colonised by *L. paracasei*."

THE SWANSEA STUDY

This was a large, well-designed, longitudinal study that confirms the theory that specific probiotics given during infancy can prevent allergy in children and hence potentially reduce the lifelong incidence of the condition. 454 mother/baby pairs took part in the trial. Half of the mothers took the 10 billion of the LAB4B probiotic per day during the last trimester and then gave the same probiotic to their newborn babies every day for six months following birth.

The LAB4B group were 57 per cent less likely to develop allergic atopic eczema than those receiving the dummy product and 44 per cent less likely to develop allergic reaction to the common allergens including pollen, cow's milk, egg, and house dust mites.

The primary author, Prof. Steve Allen concluded the following as the key message of the trial: "*Lactobacilli* and *Bifidobacteria* administered to pregnant women and infants aged 0-six months prevented atopic sensitisation and atopic eczema".

The Swansea Study adds to the now significant body of literature suggesting only the right strains and dose of probiotics can deliver the outcome of preventing allergy and atopic eczema, as a recent meta-analysis of trials in this arena concluded. And, whilst the meta-analysis was positive in its conclusions regarding probiotics, the continued use during pregnancy and after delivery appeared to be a key factor, as was dose and strain, since some combinations included in the review failed to deliver a favourable outcome.

IMPORTANT OMEGA-3

Children can be the fussiest eaters and this can mean that parents worry about whether they are healthy. It is widely accepted that children do not consume enough omega-3, as getting children to eat fish can be especially challenging. Even for those children who do eat fish they may not be eating the quantities or the quality of fish that is needed for good omega-3 intakes. Omega-3 supplementation has become a staple of many children's regimes but is this really effective?

Sarah Gill, Nutrition Advisor at Nutri Advanced says: "While the role of omega-3 PUFA in paediatric health is relatively poorly studied, evidence does seem to suggest that a deficiency of omega-3 PUFAs and/or a high omega-6:omega-3 ratio plays a role in the development of such diverse conditions as autism and Attention-Deficit Hyperactivity disorder (ADD / ADHD), childhood type-1 diabetes, childhood obesity and recurrent ear infections. As a preventative strategy, supplementation with fish oil during pregnancy may also reduce the risk of allergy in infants and later in life."

Sarah Gill continues: "Results of fish oil supplementation for ADD/ADHD have been mixed. However, it may be that a mixture of DHA, EPA, and omega-6 PUFAs is more effective than fish oil alone. In a study involving children with a primary diagnosis of dyslexia and secondary ADD/ADHD-type symptoms, a combination of DHA, EPA, and omega-6 PUFAs significantly improved inattention, anxiety/withdrawal and disruptive behaviour compared to a placebo of olive oil".

NUTRI ADVANCED INVESTIGATE EVIDENCE FOR OMEGA-3 SUPPLEMENTATION

A pilot clinical study examined the effect of a proprietary blend of stable fish oil and omega-6 PUFAs amongst a group of 113 children, aged one-15 (mean 7.5), which consisted of normal, healthy children and children with learning ability problems, memory problems, hyperactivity, asthma, allergy, eczema and dry skin. After four months of supplementation...

- Total omega-3 fatty acids in the blood increased by 56 per cent, EPA by 138 per cent and DHA by 50 per cent.
- 58 per cent of the children with memory problems improved.
- 69 per cent of the children with hyperactivity problems improved.
- 70 per cent of the children with learning ability problems improved.
- 40 per cent of those with reading problems improved.
- 50 per cent with concentration problems improved.
- 65 per cent of children with eczema improved.
- 78 per cent of the children with dry skin improved.
- 60 of the children with frequent upper airway infections improved
- 69 per of children with frequent throat infections improved.

During child development and until 12 years of age supplementation with high amounts of EPA and DHA can decrease Arachidonic Acid (AA), which may have negative effects as AA is important for childhood development. For this reason precursors to AA such as the omega-6 PUFA linoleic acid should be used alongside fish oil supplements in children.



In contrast, high intakes of omega-6 PUFA in adulthood are not necessary and may even be detrimental.

So whether you are choosing omega-rich foods or topping up intakes with a supplemental oil, there are clear benefits in ensuring children have adequate levels of omega-3 fatty acids. ●

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Many parents turn to microbiotics to support the gut flora balance in their children. Udo's Choice Junior Blend Microbiotics contain four billion cells* and eight child-specific bacteria strains that have been specially chosen for children aged 5-15 years.

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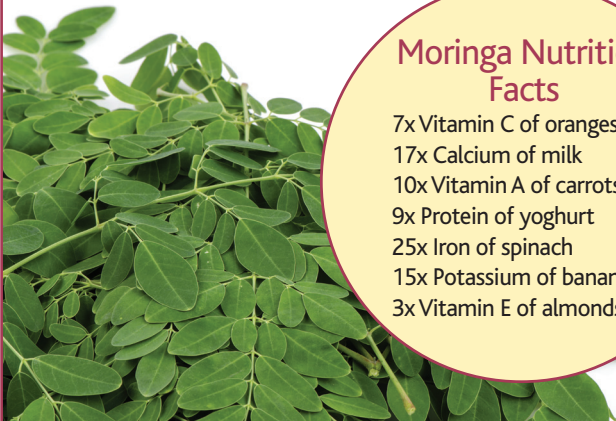
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FOOD SPOTLIGHT

Meet the Mighty Moringa Plant!

Used for hundreds of years in India and Africa, Moringa is one of the world's most nutritious plants – and is starting to make waves in the UK as the new superfood on everyone's lips. Originating from the sub-Himalayan mountains of India, it is known as the miracle tree because of its amazing composition of vitamins, antioxidants and nutrients – Moringa contains 90 nutrients and 46 antioxidants! Often taken as a ground leaf powder, only a teaspoon a day is needed, and some of the benefits of using it include improved energy levels, better sleep, better skin and healthier bones.



Moringa Nutrition Facts

- 7x Vitamin C of oranges
- 17x Calcium of milk
- 10x Vitamin A of carrots
- 9x Protein of yoghurt
- 25x Iron of spinach
- 15x Potassium of bananas
- 3x Vitamin E of almonds

It's official, tea is the new champagne!

Lady Gaga celebrated her 27th birthday in style with a mad-hatter's tea party, in which guests were invited to sample a range of delectable teas from fine bone china teacups. Gaga - who is a well-known tea advocate - requested that guests drink only tea during the duration of the party, showing that tea parties are no longer the reserve of the English gentry but are the new way to party (without the hangover!). Gaga's recent tea party has pushed her into the tea-brigade with Victoria Beckham, who is a big peppermint tea fan, recently serving it instead of champagne at the end of the fashion show during New York Fashion Week.

How about hosting your own tea party, inviting clients to try a range of herbal teas whilst giving you a chance to explain any associated health benefits. You could include white tea for longevity, green tea for weight loss, peppermint and fennel to help soothe digestive discomfort, nettle or ginger and lemon for cleansing...the list is almost endless!



A taste of Peru

It's one of the most popular ice cream flavours in South America, it is low in fat and jam-packed full of important nutrients and vitamins, yet few in the UK will have heard of the lucuma fruit. Naturya is a new UK brand offering natural and healthy foods and they are one of the first companies to launch lucuma powder into the UK. The powder is the result of grinding the dried lucuma fruit, which grows on a tree native to South America



where it has been traditionally eaten for centuries for its taste and medicinal properties. Today it is still enjoyed for its health benefits, containing a whole host of minerals and vitamins, including iron, phosphorus, calcium, carotene and vitamins B2 and B3. It is the flavour that has made it the most popular ice cream flavour in Peru however and, with a taste that is often described as being similar to butterscotch or maple syrup, it is easy to see why.

Lucuma's use isn't just restricted to ice cream; it can also be used in a whole range of recipes, from fudge to mousse, cakes to smoothies, and adds a buttery, sweet taste without the need for any extra sugar. Lucuma is 100 per cent raw and natural, with no nasty additives, fillers or binders.

For further information and recipe ideas visit www.naturya.com.



Functional Medicine Conference

- Dr Jeffrey Bland • Dr Joe Pizzorno
- Dr Andrea Girman • Dr Kara Fitzgerald

Lancaster London Hotel 28th – 29th September 2013



Metabolic Syndrome, Obesity and Chronic Disease

Nutri are thrilled to announce their Annual Functional Medicine Conference – a unique opportunity to hear from the most important researchers and clinicians in the world.

We are delighted to welcome **Dr Jeffrey Bland, Dr Joe Pizzorno, Dr Andrea Girman**

and **Dr Kara Fitzgerald** who will explore the causes and effects of metabolic syndrome, obesity and chronic disease. This event is going to be the best Functional Medicine event of 2013, so book your place now.

Cost: £199 until 1st July 2013, £249 thereafter

Call to book your place on freephone 0800 212 742 quoting code S2713

GET COOKING!

Here are a couple of nutritionally balanced, easy recipes taken from TotalNutrition Superfood Recipe Book by Dale Pinnock, great for anyone wanting a nutrition boost...

Health pioneers BetterYou have teamed up with the UK's top medicinal chef, Dale Pinnock to get the nation cooking nutritious meals from scratch. The Department of Health questioned 2,000 mothers for its Change4Life Be Food Smart campaign. The results found that a lack of

time and confidence in the kitchen means that only one in six parents make a meal from scratch every day, leaving youngsters being served unhealthy convenience foods such as chicken nuggets, sausages and pizza.

Now Dale Pinnock's collection of easy-to-follow recipes, being given away alongside BetterYou TotalNutrition, aims to help

parents provide simple, nutritious meals. The TotalNutrition Superfood Recipe Book includes a range of quick recipes to help both adults and children feel the benefit of a nutrient-rich diet. TotalNutrition is a unique organic raw food formula which provides a natural food state blend of essential vitamins, minerals and essential fatty acids.

OAT AND SEED BARS

Ingredients

- 280g of porridge oats
- 3 tbsp of ground flax seeds
- 1 tbsp of pumpkin seeds
- 2 tbsp of chopped dates
- 2 tbsp of coconut oil
- 2 tbsp of peanut butter (a good quality one without added salt or sugar)
- 1 tbsp of honey
- 3 scoops of TotalNutrition

Method

Melt the honey, coconut oil and peanut butter together in a pan. Stir in all other ingredients and mix well, until a sticky mixture is formed. Press the mixture into a greased baking tin (8 inches x 8 inches should suffice). Place at the top of a hot oven (200°C/ gas mark 9) for 10-15 minutes or until golden brown. Allow to cool fully before cutting into bars.



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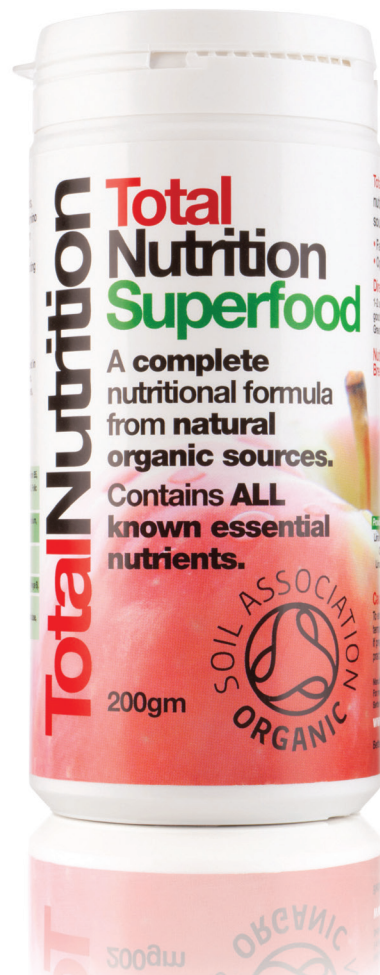
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The NNA is a professional organisation that aims to support a naturopathic approach to nutrition. We offer the personal touch, providing information, guidance, mentoring and support to practitioners, students and the public.

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Antony Haynes – *The most valuable lessons learned in two decades of practice*

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£5.00 for NNA members and £10 for non-members

nna
naturopathic nutrition association

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UNIVERSITY OF WESTMINSTER

MSc Nutritional Therapy Train to practise Nutritional Therapy at the University of Westminster.

The University of Westminster has added a new route – Nutritional Therapy Practice - to its two-year, part-time MSc Nutritional Therapy programme. This option offers graduates who have studied nutrition as a significant component of their undergraduate programme, but who do not have the skills for nutritional therapy practice, an opportunity to train as practitioners. By taking this module, graduates will integrate their knowledge and understanding of health sciences and nutrition with training in consultation skills. They will then be encouraged to take the Clinical Reasoning module to support their development as practitioners. Graduates who complete the full MSc programme can join the British Association for Nutritional Therapy & Applied Nutrition (BANT) at practitioner entry level (subject to accreditation).

The other modules for the MSc Nutritional Therapy award are: Functional Medicine in Nutritional Therapy Practice, Research & Evaluation and the Research Project.

We also offer an MSc Nutritional Therapy pathway for practising Nutritional Therapists.

Applications for September 2013 are now open.

Visit: <http://www.westminster.ac.uk/courses/subjects/complementary-medicine/postgraduate-courses>

Contact: **Jane Nodder, MSc Course Leader**
(j.c.nodder@westminster.ac.uk).



Recipes and images taken from TotalNutrition Superfood Recipe Book by Dale Pinnock.



POTATO 'POWER' BOATS

Ingredients

- 1 large baking potato
- Half a red onion - finely chopped
- 1 handful of spinach
- A knob of butter
- Grated parmesan cheese to taste
- 1 scoop of TotalNutrition

Method

Place the potato into a hot oven and bake for 45 minutes-1 hour. In a saucepan, sauté the onion with a pinch of salt until the onion has softened. Add the spinach to the onions and sauté until it wilts. Set pan aside. Remove the potato from the oven, once baked, scoop out the flesh and transfer it to a mixing bowl. Add the sautéed onions, spinach, butter, parmesan, and TotalNutrition to the potato, and mix together to create a lovely fluffy mixture, mashed potato-like in consistency. Spoon this mixture back into the potato skins, and return the potato to the oven for a maximum of 5 minutes, just long enough to warm everything through.



'Let food be your medicine and medicine be your food'
Hippocrates

Contemplating a career change? Always wanted to study nutrition?

We are delighted to announce that from September 2013 BCNH will offer a part-time BSc (Hons) programme in Nutritional Therapy, in partnership with the University of Greenwich. The degree has been designed with flexibility in mind and can be completed over 4-5 years part-time (max. 7 years).

The demand for Nutritional Therapy (NT) is rapidly growing and in an increasingly more competitive market, a BSc will give you an advantage - both in your professional practice and in the wider job market. A BSc qualification will distinguish you from the less qualified practitioners and give you the skills and confidence to collaborate with the medical profession as well as other practitioners.

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MSc Personalised Nutrition Validated by Middlesex University

Established in January 2012, the MSc in Personalised Nutrition focuses 100% on the design, implementation and justification for personalised nutrition plans. The degree is awarded by Middlesex University.

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- Available to study full-time (1 year) or part-time (1.5 - 3 years)
- Available as attendance or distance learning programme
- Options leading to professional practice also available

Course Outline

The MSc comprises of five modules from a choice of the following six:

1. Personalised Nutrition & Research Paradigms*
2. Research Dissertation*
3. Personalised Nutrition Requirements**
4. Personalised Nutrition & Chronic Illness**
5. Personalised Nutrition & Longevity**
6. Personalised Sports Nutrition

* Mandatory

** May be mandatory depending on previous qualifications and practice intentions

Why this MSc?

The course program has been developed in collaboration with the institute for Functional Medicine (IFM), the global leader in functional medicine education. Laurie Hofmann, MPH, Executive Director of IFM says: "The module narratives are very well conceived and thorough. I was thrilled reading through them!" www.functionalmedicine.org/

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Further information about the services and information on offer at the Institute for Optimum Nutrition can be found on our website www.ion.ac.uk



ALZHEIMER'S DISEASE

As life expectancy and incidence of modern chronic disease rise inexorably, we face some extraordinary challenges. **Chris Newbold**, Head of Clinical Nutrition at BioCare, reviews various nutritional approaches to help protect against cognitive decline...

The explosion of the phenomenon of cognitive decline is set to rip apart individuals, their immediate relationships and the wider fabric of society, as social policy fails to keep pace. The most prevalent form of cognitive decline, or 'dementia' is Alzheimer's Disease (AD). This once rare condition results in the deterioration of mental function and ability in around 496,000 people in the UK. In some people, the disease may develop silently for many years before symptoms appear. 'A

man is the sum of his memories', so once stripped away, the heartbreak begins. Cognitive function is essentially the result of electrical activity in the nerve cells of the brain. It is where the growing child lays down concepts, routines, percepts, social rules, and learns to manipulate them and link them to emotions; thus thinking and personality are fashioned. At its biological level AD reverses this due to loss of neurons and synapses in the cerebral cortex, the highest level of the neuronal tree, and certain subcortical

regions, with associated reduction in brain mass. Functionally the effect is on eight cognitive domains that are most commonly impaired in AD - memory, language, perceptual skills, attention, constructive abilities, orientation, problem- solving and functional abilities.

PATHOPHYSIOLOGY
 Normal cognitive function is dependent on four complex factors...
 1. **Neurotransmitter function** - which includes acetylcholine for memory, dopamine for motivation, glutamate

for stimulation. Healthy numbers of neurons with good structural integrity of cells i.e. flexible phospholipid bilayer, so that cell signalling works well.

2. **Healthy methylation** - this promotes synthesis of neurotransmitters such as dopamine, serotonin and melatonin. Evidence suggests elevated homocysteine levels might cause vascular endothelial cell damage, impaired endothelium dependent vasodilation due to reduced nitric oxide activity, increased oxidation and arterial deposition of low-density lipoproteins (LDL), increased platelet adhesiveness, and activation of the clotting cascade. ^(1,2,3)
3. **Good circulation** - this is essential to the neural tissues. Vascular tissue in the brain is delicate and susceptible to damage.
4. **Good antioxidant status** - to prevent oxidative damage and moderate inflammation.

CRITICAL FACTORS

Currently there are several critical factors that have been identified that might be impaired in AD, which need to be taken into consideration:

- Acetylcholine deficiency is now thought to be symptomatic, rather than causal, due to the generalised deterioration of nerve cells.
- Accumulation of abnormally folded amyloid beta protein⁽⁴⁾ and consequent hyperphosphorylated 'tau' protein that aggregate into masses known as 'neurofibrillary tangles'⁽⁵⁾ and that are visible under microscopy. There is a potential link to heavy metal toxicity as beta amyloid may be a deliberate physiological process to 'mop up' metals. ⁽⁶⁾
- Elevated homocysteine might cause vascular endothelial cell damage, vasodilation, increased oxidation and deposition of LDL, increase platelet adhesiveness and activate clotting.
- Oxidative damage to brain tissue including lipid membranes and increased levels of inflammatory cytokines such as IL-1-beta, IL-6, and mainly TNF-alpha, possibly secondary to cell damage. ⁽⁷⁾
- Reduction of brain cell numbers and severe tissue shrinkage by mechanisms such as enhancement of glutamate-

induced excitotoxicity, inhibition of functional plasticity after neuronal injury and inhibition of hippocampal neurogenesis.

MEDICAL MANAGEMENT

Diagnosing dementia is often based on subjective observation in the early stages. Other assessments include memory tests and/or brain scans. The Mini Mental State Examination (MMSE) is the most commonly used test for complaints of memory problems or when a diagnosis of dementia is being considered. Drug treatments include donepezil, rivastigmine and galantamine. These prevent an enzyme known as acetylcholinesterase from breaking down acetylcholine. Alternatively, memantine blocks a messenger chemical known as glutamate which is released in excessive amounts when brain cells are damaged by AD. Symptomatic treatments include antidepressants and neuroleptics to decrease agitation.

NUTRITIONAL INTERVENTIONS

With all of that in mind, nutritional intervention is well-placed to offer support.

B-Vitamins - recent research has shown that B12, B6 and folate lower homocysteine^(8,9) and the accelerated rate of brain atrophy in the elderly can be slowed with homocysteine-lowering B-vitamins.⁽¹⁰⁾ Related to that, Trimethylglycine or TMG has three methyl groups attached to glycine and is also a cofactor in the 'methylation' cycle. Other B vitamins that can contribute include pantothenic acid, which is a precursor for acetyl CoA, an essential substrate for acetylcholine synthesis.⁽¹¹⁾

Choline - forms the basis of the neurotransmitter acetylcholine and the cell membrane components sphingomyelin and phosphatidyl choline and has been shown to improve memory in animal models.⁽¹²⁾

Inositol - is a constituent of the intracellular phosphatidyl inositol second messenger system, which is linked to serotonin, norepinephrine, and cholinergic receptors.^(13,14)

Antioxidants - turning to the protective and anti-inflammatory effects of

antioxidants, Beta carotene concentration in plasma is inversely associated with beta amyloid and mean tau protein concentrations in Alzheimer's disease patients.⁽¹⁵⁾ Vitamins C and E reduce beta-amyloid deposition (linked to Alzheimer's), lipid peroxidation, DNA damage, mitochondrial dysfunction, neurotoxicity, and neuroinflammation. ⁽¹⁶⁾ Men consuming vitamin E and vitamin C have a decreased risk of developing vascular and mixed or other dementias.⁽¹⁷⁾ Vitamin E (2000iu) per day slows cognitive decline in patients with moderately severe Alzheimer's disease. ⁽¹⁸⁾

Zinc plasma levels are lower in patients with Alzheimer's and Parkinson's⁽¹⁹⁾ and it decreases misfolding and aggregation of beta-amyloid peptide ^(20,21). Flavonoids may protect from neurotoxic damage, reduce inflammation and stimulate neural regeneration ⁽²²⁾ and the ubiquitous Ginkgo biloba has particularly demonstrated memory-enhancing effects in the elderly ⁽²³⁾. Curcumin reduces beta amyloid as well as the inflammatory response ⁽²⁴⁾ and Acetyl-L-carnitine provides antioxidant support to maintain cholinergic receptors during ageing. ⁽²⁵⁾

Lipids - as you'd expect, lipids are important too. Omega-3 (EPA and DHA), resolvins and protectins from fish oil are crucial for neural functioning ^(26,27); have anti-inflammatory and antioxidant properties ^(28,29) and protect brain cell repair and survival ⁽³⁰⁾. Phosphatidyl serine improves cell membrane function and shows improvements in age-related cognitive decline.⁽³¹⁾

So structural and functional aspects can both be supported to try to assist in this most cruel and life-changing disease. Of course, more research is needed and social policy changes are required. Since the medical model is largely failing, those changes need to happen. And soon. ●

CHRIS NEWBOLD

Chris worked in the NHS for 12 years before defecting to nutritional therapy. Utilising his wide variety of healthcare experience he ran a busy practice in Birmingham before working for BioCare as a Technical Advisor. He is Head of Clinical Nutrition at BioCare, overseeing education, the clinical nutrition support line and lecturing widely on a wide range of subjects.



Alzheimers Disease - A testosterone link, a tick-borne disease or both?

Dr. Armin Schwarzbach
investigates...

There is growing reported evidence that testosterone levels provide a preventative involvement in the onset of Alzheimer's disease. There is also highly correlative and increasing data that indicates that *Borrelia burgdorferi* is involved in the pathogenesis of Alzheimer's disease. One study published in the *Journal of Neuro-Inflammation* reported that *Borrelia burgdorferi*, as a tick-borne disease, was detected in the brain of 25.3 per cent of Alzheimer cases.⁽¹⁾

LOW TESTOSTERONE

According to experts at Labix, decreased testosterone levels have been reported in men with Alzheimer's disease compared with age-matched control subjects. In a recent study published in the journal *Neurology*⁽²⁾, researchers followed 574 men for 19.1 years. Because serum was used, Free Androgen Index (FAI) levels were monitored (The Free Androgen Index is a ratio that divides total testosterone by the sex hormone binding globulin level, multiplied by 100 to approximate the amount of free testosterone within the serum). The researchers state: "FAI is more highly-correlated with bioavailable testosterone."

A significant reduction in the risk for Alzheimer's disease was associated with a higher FAI. Numerous studies have supported the concept that testosterone

has a neuroprotective effect on cognitive and brain function. In rat models, testosterone has been shown to decrease β -amyloid secretion from rat cortical neurons and reduce β -amyloid induced neurotoxicity in cultured hippocampal neurons.

In humans, testosterone suppression for management of prostate cancer resulted in a two-fold increase in plasma β -amyloid concentrations in elderly men, suggesting that endogenous testosterone might reduce plasma amyloid concentrations in humans.

Results of the current study suggest that in ageing men, maintenance of free testosterone concentrations in the higher part of the normal range may decrease the risk of developing Alzheimer's disease. Therefore testing male patients over the age of 60 for sufficient testosterone levels, may help to assess their risk of developing Alzheimer's disease.

ONE TICK TOO MANY

The first report of an association of *Chlamydia pneumoniae*, (an aerogen transmitted bacteria), with Alzheimer's disease, was demonstrated by Polymerase Chain Reaction (PCR) in 90 per cent of Alzheimer cases and reported in the journal *Medical Microbial Immunology* in 1998.⁽³⁾ In very recent studies there was found a statistically significant association between *Borrelia burgdorferi*

SYMPTOMS AND ASSOCIATIONS CHECKLIST

Associations of Chlamydia pneumoniae

- Alzheimer's disease
- Multiple Sclerosis
- Fibromyalgia
- Chronic Fatigue Syndrome (CFS)
- Heart attacks
- Apoplectic stroke
- Arteriosclerosis

and *Chlamydia pneumoniae*.⁽⁴⁾

Both *Borrelia burgdorferi* and *Chlamydia pneumoniae* are responsible for a lot of different symptoms, apart from Alzheimer symptoms, such as chronic fatigue, general weakness of the body, the Alzheimer's ache, neck-pain, joint and muscle pain, sensitivity problems such as paraesthesia or numbness and "burning" hands or feet.

A newer study carried out by Infectolab Augsburg discovered a high correlation in chronic Lyme disease patients with Alzheimer symptoms and also chronic *Chlamydia pneumoniae* infection. This means, that *Borrelia burgdorferi* and *Chlamydia pneumoniae* together, have a significant impact on the advancement of Alzheimer's disease. With this knowledge it is possible to offer new treatment options for Alzheimer's disease through antibiotics or natural botanical therapies.

because the cellular activity precedes the humoral activity in stage I of a Lyme disease infection.

PROGRESSION OF LYMES DISEASE

Only 40 per cent of patients remember a tick-bite!

Stage I (Several days, to a few weeks)

- Bull's eye rash ("Erythema chronicum migrans", only in 40-70 per cent of all patients).
- Summer flu (*Borrelia lymphocytoma*), the Alzheimer's ache, fever, sweating, (app. 20 per cent of all cases).
- Exhaustion and fatigue, bell's palsy (especially children/pupils).

Stage II (Weeks to months)

- inflammation of the brain, meningitis; spinal marrow.
- inflammations of the joints ("arthritis"), joint and muscle pain.
- inflammation of the eyes, liver and kidneys, myocarditis, pericarditis, cardiac arrhythmia.

Stage III (Months to years)

- Thinning of the skin ("Acrodermatitis chronica atrophicans").
- Borrelia lymphocytoma* (ear, nose, scrotum).
- Plus: fatigue, paraesthesia, cognitive dysfunction, short-term memory loss, muscle inflammation, joint inflammation and swelling, tendon inflammation, inflammation of the bursa, vasculitis, heart problems, depression.

LYME DISEASE

Laboratory diagnosis is of primary importance for the diagnosis of Lyme disease. There is a difference between the tests of the humoral (antibodies) and cellular level (lymphocytes, NK-cells). Both levels have to be examined at the same time when a Lyme disease or an apparent illness is suspected.

Test 1. Laboratory tests of the humoral level (antibodies): *Borrelia* IgM- and IgG-EIA (Enzymimmuno-Assay) as well as *Borrelia* IgM- and IgG-Immunoblot

Test 2. Laboratory-tests of the cellular level: Elispot®-LTT (*Borrelia* Elispot Lymphocyte Transformation Test), CD3-/CD57+ cells (NK-cells)

1. Antibodies – humoral level: In case of the *Borrelia* antibodies examinations, up to 19% of the antibodies' results in the EIA are falsely negative due to the minimal sensitivity (responsiveness) of

the EIA in contrast to the Immunoblot. Therefore it is essential to check the *Borrelia* IgM- and IgG-Immunoblot along with the *Borrelia* IgM- and IgG-EIA (even with a negative EIA).

Important: The laboratory has to test for VlsE (Variable major protein-like sequence Expressed) in EIA and Immunoblot. VlsE describes the characteristics of the *Borrelia* as a "chameleon", which permanently changes the surface structure VlsE in vivo to resist the detection via the immune system. VlsE has the highest sensibility for the antibody search.

Beware of positive antibody constellations. *Borrelia* IgM- as well as IgG-antibodies can remain in the body for months or years even without an active Lyme disease infection. Hence a positive *Borrelia* antibodies test does not give any evidence of the activity of a Lyme infection, but gives only one conclusion: there must have been a tick bite or tick bites in the past during which *Borrelia* bacteria have been transmitted.

2. Cellular level

- The *Borrelia* Elispot®-LTT provides information about the current activity of the *Borrelia* bacteria and is 20 to 200 fold more sensitive than a EIA-antibodies test.
- The CD57+ cells indicate the extent of immune suppression during a chronic Lyme disease and are the prognostic factor during and after the antibiotic treatment.

TESTING FOR BORRELIA INFECTION

The following laboratory constellations can indicate an active *Borrelia* infection:

- Positive antibody results and positive cellular results (Elispot®-LTT and/or CD57+).
- Positive antibody result without positive cellular test results.
- Negative antibody results, but positive cellular test results.

Beware: A negative antibody result in the EIA and/or Immunoblot cannot exclude a Lyme infection! Because: the antibodies production of a Lyme disease in stage I needs several weeks, 10 to 14 days at a minimum. Thus, the immediate measurement of cellular activity in Elispot®-LTT is a compulsory necessity,

Alzheimer's Disease

The following laboratory tests should be considered for clients already diagnosed with Alzheimer's disease to assess if a possible chronic *Borrelia burgdorferi*/*Chlamydia pneumoniae*-infection is present...

- Borrelia*-IgG/IgM-immunoblot including VlsE
- Borrelia*-Elispot®-LTT (actual activity of *Borrelia burgdorferi*)
- CD3-/CD57+ cells (chronic activity of *Borrelia burgdorferi*)
- Chlamydia pneumoniae*-IgA- and IgG-antibodies
- Chlamydia pneumoniae*-Elispot®-LTT

TESTING FOR CHLAMYDIA PNEUMONIAE

- Activity test: Elispot-LTT (Lymphocytes transformation test)
- Antibodies for *Chlamydia pneumoniae*-IgA and *Chlamydia pneumoniae*-IgG

The reason for Alzheimer's can often be a multiple chronic infection by *Borrelia burgdorferi* and/or *Chlamydia pneumoniae*. In most cases it is a multiple infection of both bacteria. This offers new options for patients with Alzheimer's. It is important to know that patients with chronic *Borrelia burgdorferi*/*Chlamydia pneumoniae*-infections suffer from multiple symptoms in the sense of a multi-systemic disease. ●

Article provided by Regenerus Laboratories – www.regeneruslabs.com

DR. ARMIN SCHWARZBACH MD PHD, is a specialist for laboratory medicine, Co-founder for InfectoLab and Chairman of the international and laboratory test committee of ILALZHEIMER'SS. Dr Armin is also an International expert for the Chief Medical Officer's Clinical Alzheimer's advisory Committee on Lyme Disease in Australia (CACLD) within the Australian Government, Department of Health and Ageing, Canberra, Australia and is involved in the development of the first worldwide Alzheimer's immunoassay for human Gastric Inhibitory Polypeptide (GIP).

BANT UPDATE

BANT is the most important professional body for Nutritional Therapists, assisting members in attaining the highest standards of integrity, knowledge, competence and professional practice. BANT has its finger on the pulse for any changes or new developments within this dynamic profession. The latest news from BANT....



BANT LAUNCHES PROGRAMME TO BOOST NUTRITIONAL THERAPY REFERRALS

BANT has launched a bold pilot scheme to get GPs on board and referring to Nutritional Therapists.

The engagement programme aims to give GPs and their Practice Managers a real insight of what nutritional therapy is and how it could add value to their practices and support their patients. BANT has produced an Advertising Standards Association and CNHC approved information leaflet for both Doctors and their patients. BANT has also designed posters, a sample letter for Nutritional Therapists to write to their target GPs and Practice Managers, and a GP dedicated page on its website as part of the pilot. The GP engagement scheme will be tested by 200 Nutritional Therapists across the country and then assessed by the BANT council on its success.

Pilot leader and BANT Director Catharine Trustram Eve, said: "We really want GPs to understand how we can help add value to their practices and take some pressure off their workloads. We hope that this is just the first step to a better working relationship between GPs and Nutritional Therapists. The response to this from our members has been fantastic. If it works with our sample of 200 Nutritional Therapists, then we will review how such a scheme might be rolled out to a wider group of our members."

The GP pilot is the first in a series of stakeholder engagement activities that BANT is investigating this year to help increase referral business for its 2,000 Nutritional Therapists across the country. BANT members can stay informed of developments in this scheme and future generating work through its monthly e-newsletter.

VIDEO WITH PROFESSOR ROBERT LUSTIG MD

Professor Robert Lustig takes the view that sugar – not dietary fat – is the primary driver for obesity, diabetes, heart disease and many other serious health problems. Watch this video as Professor Lustig uncovers 'Sugar: The Bitter Truth'. Professor Lustig is Professor of Clinical Paediatrics at the University of California, San Francisco (UCSF), Director of the UCSF Weight Assessment for Teen and Child Health Program, and Chair of the Obesity Task Force of the Lawson Wilkins Paediatric Endocrine Society.



BANT Means Business

One of BANT's key objectives for 2013 is to help its members to drive business into their clinics.

The organisation has developed three toolkits that are designed to help Nutritional Therapists improve their knowledge and skills in PR, marketing and business development. The PR and marketing toolkits are available now on the BANT member site and give its Nutritional Therapists an in-depth guide on how to promote their businesses, including different marketing techniques and how to use them, how to talk to journalists, how to write press releases and how to use social media.

BANT has also developed a toolkit giving advice on how to build a successful nutritional therapy practice, which will be available for its members in May. For more information on toolkits log on to www.bant.org.uk.

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www.nutritionimag.com



CHRONIC FATIGUE AND MOOD: THE FIRST CAM CONFERENCE REVIEW OF 2013



In collaboration with BANT, and following the Association's annual meeting, the first CAM Conference of the year got the series off to a roaring start, with 200 delegates and 15 exhibitors setting a new standard.

Keynote speaker and CAM Award winner Alex Howard, head of the Optimum Health Clinic, was fresh from his breakthrough research coup – publication in *BMJ Open* of a study on the integrated treatment of chronic fatigue – and laid out the successful OHC approach.

Prof Basant Puri focused on the clinical lessons from brain imaging about fatigue and mood. A medical doctor and clinical research fellow, he is formerly Head of the Lipid Neuroscience Group at Imperial College, London, and is the author of more than 130 peer-reviewed medical and scientific papers and over 30 books.

Niki Gratrix, a well-known nutritional therapist and researcher, introduced many new ideas about chronic fatigue, including the laser-enhanced supplement research of Dr Todd Ovokaitys.

In the break, practitioners enjoyed bonus sessions on the basics of building a successful practice with CAM's NLP Coaching guru Mark Shields, co-author with editor Simon Martin of the new book *The CAM Coach*.

The CAM Conferences in collaboration with BANT are supported by key sponsors: the Platinum Sponsor for all three conferences is Nutri Advanced. Other sponsors are BioCare, Higher Nature, Bio-Kult, Bionutri, Pharma Nord and Symprove.

WHAT THEY SAID: ALEX HOWARD



ME is a major issue not just for individuals, but wider society:

- ME/CFS affects an estimated 240,000 people in UK.
- Cost to UK economy of £3.4 billion.
- Job loss 26-89%.
- Illness intrusion more than any other illness (HIV, lung disease, RA, MS, FM, IBS, epilepsy, hearing difficulties, vertigo, MD).

OHC psychology approach (usually integrated with nutrition) works by addressing the maladaptive stress response (a state of heightened arousal significantly compounded by the experience of being diagnosed with a medically unexplained illness such as ME/ CFS) and the psychology subtypes. It does this using a combination of brief therapeutic approaches that include hypnotherapy, NLP, life coaching and EFT. Although based on tools from these approaches, the OHC approach has become a unique treatment programme in of itself.

WHAT THEY SAID: PROF BASANT PURI



- Clinical lessons from brain imaging.
- Organic versus psychosomatic ("all in the mind") aetiology.
- Systematic brain chemistry

studies show changes consistent with reduced cerebral phospholipid biosynthesis (Puri et al, 2002; Chaudhuri et al, 2003).

- The largest brain structural imaging study to date shows regions of reduced grey and white matter (Puri et al, 2012).
- A randomised, double-blind, placebo-controlled trial showed the efficacy of LCPUFAs in post-viral fatigue syndrome (Behan et al, 1990).

Nutritional management can include:

- Correct vitamin and mineral deficiencies
- Mitochondrial support
- Probiotics
- LC-PUFAs
- Hepatic support

WHAT THEY SAID: NIKI GRATRIX



- Depression and Chronic Fatigue Syndrome (CFS) are different disease states which should not be confused and can be 100% differentiated based on establishing severity of symptoms.

- The illness cannot be understood from a Newtonian conventional perspective; complexity theory and systems biology approach is needed.
- Direction of the most current research, especially after the Rituximab studies, suggests CFS is most likely to be reclassified as a biochemical illness based on autoimmunity.
- CFS has many overlapping features with autoimmunity, including confirmed increased oxidative stress, correlation

with various herpes viruses and bias towards females – 75% of CFS patients and those with autoimmunity are female.

- Major studies on fatigue from the Karolinska Institute found lymphocyte sensitivity to a whole range of chemicals and heavy metals, similar to those with a range of autoimmune diseases.
- Reactive patients may be the ones who have both pyrroluria and porphyria, both heme molecule metabolism disorders; 40% of heme produced by the body is used to build the CYP450 liver enzymes.
- The work of Dr Todd Ovokaitys has put practitioners in the position of being able to use laser-enhanced nutritional supplements, one of which has been proven to stimulate regrowth of heart tissue more effectively than results that can be obtained with stem cell therapy.
- The most important healing factor in CFS is still most likely the patient's attitude to healing – the illness is effectively a call to transformation and the patient must be able to make sense of what is happening to them – hence the idea that many illnesses are really "diseases of meaning" and psychology is a huge factor for recovery.
- Ken Wilber's integral theory may be the most comprehensive useful model for approaching CFS and other complex illnesses, as it truly provides a comprehensive framework for dealing with mind-body illnesses.

Fully referenced articles (including over 400 references) behind Niki's talk can be obtained for free by signing up to her newsletter at www.ExpertPractitioner.com.

Further information about the work of Dr Todd Ovokaitys can be found at www.QiLaser.com.

FIRST OF THREE

Last month's conference was the first of three CAM Conferences in collaboration with BANT, which will also be held at the Cavendish Conference Centre. The two forthcoming conferences are Digestive Disorders, June 22 and, Female Health, November 9. Book now online at www.camconferences.com or phone 01279 810080.

- For sponsorship opportunities phone 01279 816300 or email info@camconferences.com

WHAT A DIFFERENCE A YEAR MAKES!

Petronella Ravenshear, DiplON, mBANT, reports from the annual meeting of the British Association for Applied Nutrition and Nutritional Therapy (BANT), held right before the first CAM Conference of the year.

Last year the newly-elected Chair of BANT, Miguel Toribio-Mateas, confidently told *CAM* magazine "We've got hugely exciting things in store for BANT members".

And this year record numbers turned out to hear the exciting news from Miguel and his team at the BANT annual meeting. The members were treated to a slick and professional presentation held at the Cavendish Conference Centre in London.

Miguel opened the meeting speaking of his pride in the organisation and of the hard work undertaken by the BANT Council. He spoke of the necessity of driving change while upholding the highest professional standards. And he spoke of the beginnings of the vision of nutritional therapy becoming available as a primary healthcare option. He told the audience, "I am proud that BANT has now established a direct line of communication with the Health and Science Select Committees of the House of Commons". And he talked about the Stakeholder Engagement Project, which is about driving communication and engaging with professional groups, lobbying groups and the government. "It is beginning to pay off", he said. "This year Nuffield Health recruited a number of Nutritional Therapists (Nutritional Therapists was the term specified by Nuffield), to work alongside doctors in

their health care teams."

Communication and sharing amongst BANT members is increasingly proactive, with a thriving LinkedIn forum of around 800 as well as frequent Twitter and Facebook updates. There is a growing network of regional coordinators, though more are still needed.

We learned about the Clinicians Engagement Project, in which NTs will be encouraged to work more closely with GPs – NT information packs will be made available for distribution to GPs and a new patient information leaflet is to be printed.

We heard about the Clinical Supervision Project, which is BANT's most ambitious, and possibly its most important, project to date. The goal is to provide ongoing supervision and mentoring to NTs. Members were reminded of the importance of registration with the CNHC.

BANT is in the black – financial success at last! Revenue is up and expenses are down. In the words of treasurer Jonathan Cohen: "Blue skies and a sunny outlook ahead".

Miguel has breathed new energy into BANT and, with his dedication and enthusiasm, and with the help of the excellent BANT Council and Committees, the evolution of the nutritional therapy profession is well under way.

Miguel is determined to achieve his vision, which is to see BANT become the Centre of Excellence for Nutrition Professionals. And judging by his stellar performance over the last 12 months, that is a given.



HIGHER NATURE SPONSOR OUR NEW FUNCTIONAL SPORTS NUTRITION CONFERENCE



CAM's sister magazine *Functional Sports Nutrition (FSN)* is the prime mover behind Sports Nutrition Live! The one-day conference at the Cavendish Conference Centre on May 11 will be sponsored by Higher Nature.

The day will be headed by *FSN* editor Ian Craig, MSc, an exercise physiologist, nutritional therapist, NLP practitioner and coach. Ian is the module leader of the Centre for Nutrition Education's Competitive Athlete postgraduate course and a lecturer at Stellenbosch University, South Africa.

Featured speakers include Matt Lovell, Dip ION, who has worked as a nutritionist at Millwall Football Club and in 2002 worked with the England Rugby Team and was part of the team that lifted the World Cup in 2003; Dr Adam Carey, former head of nutrition for the England Rugby Football Union from 1999 to 2006, and performed a similar role for the England Cricket squad in 2005 and the Welsh Rugby Union in 2011; and Pete Williams, a 15-year certified strength and conditioning specialist and lifetime achievement award-winner with the Register for Exercise Professionals, and currently working on the IFM's Advance Medical Practice certification.

Matt Lovell – Supplements and Ergogenic Aids in Sport

Matt will talk through his main findings from clinical practice with regards to supplemental approaches. He plans



to discuss the effects of over- and under-feeding with reference to intermittent fasting and carbohydrate cycling. Within his talk, he will warn of the

dangers of multiple nutrient interactions in complicated supplementation programmes and suggest ways to avoid this. Additionally, he will bring up new areas of interest around adaptogen use in sports and other interesting ergogenic aids.



Ian Craig – Bioindividuality & Genetics of dietary approaches in sport

The one-size-fits all approach is no longer sufficient within sports

nutrition. In the modern era of genetic exploration, we are reminded of age-old practices that treated athletes as individuals. Gone is the emphasis on calories and carbohydrates and in comes a functional and individual approach to health and performance. Ian will discuss the merits of dietary approaches that emphasise individuality alongside the new science of Nutrigenomics.

Pete Williams – Functional Medicine Assessments and an Active Case Study

Pete Williams expands the web-like structure of individual human physiology,



showing how exercise, diet and medicine work together to help a patient with resistant weight loss, adult acne, constipation and fatigue. The talk will provide a particular

emphasis on some of the mechanisms that cause resistant weight loss and how it links to exercise, hormones and diet. Pete expands on clinical testing and identifies where some trainers may be going wrong even when using the correct scientific information.



Adam Carey – Vitamin D and Exercise Performance

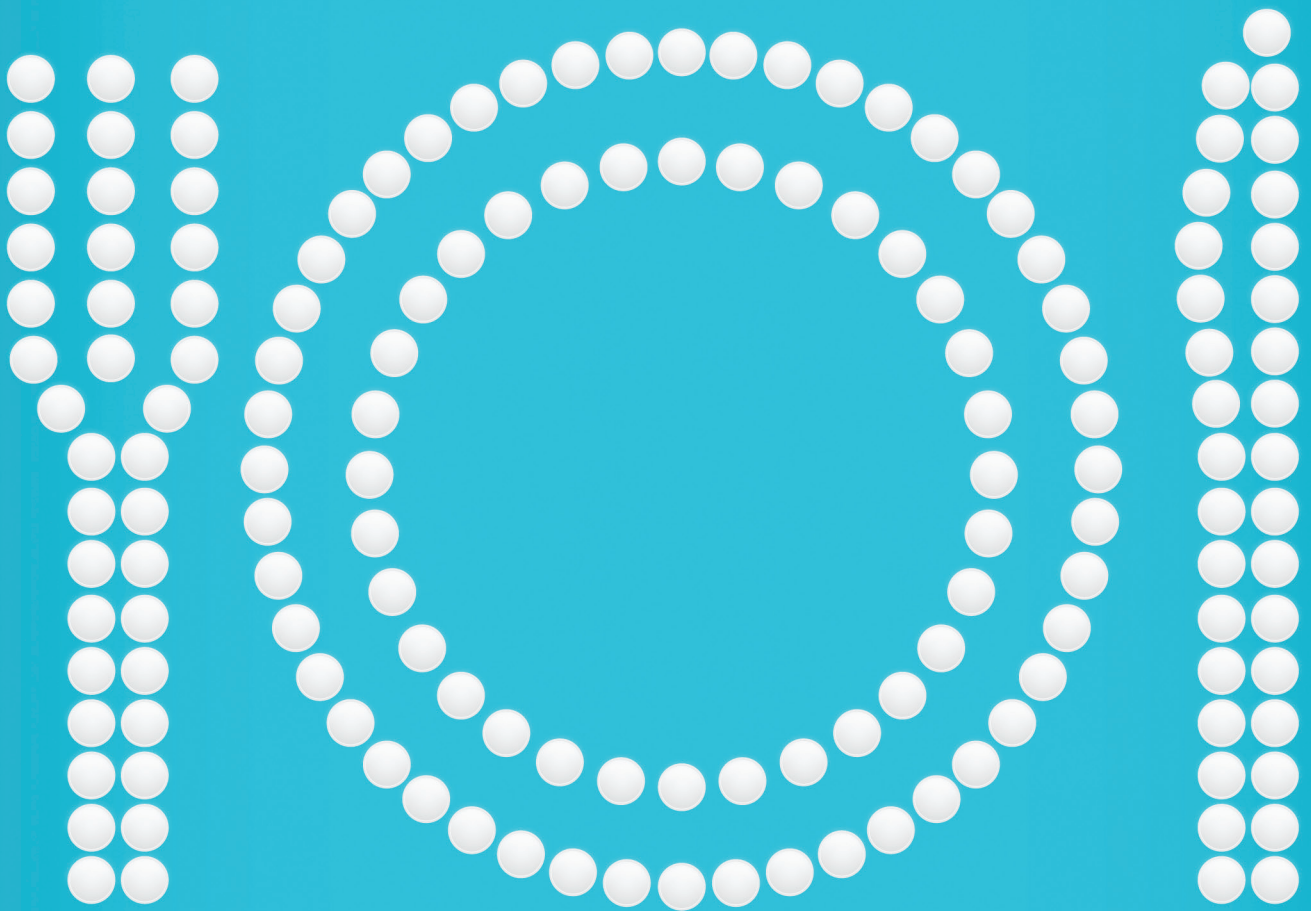
The multiple roles that vitamin D is involved in appears to be expanding month by month as

our understanding of this ubiquitous steroid hormone grows. Adam will review some of our current understandings of its role and how this might impact athletic performance. He will look at the mechanisms we can use to assess serum levels, the advice that we might give athletes, together with reviewing the impact of actively managing vitamin D levels for athletes who play a team sport.

* To book your place log on to www.sportsnutritionlive.com or telephone the visitor hotline on 01279 810080. Email: info@sportsnutritionlive.com.



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CPD DIRECTORY

If you need to top up on CPD credits then here are all the available courses scheduled for the next three months...

DATE	EVENT	COURSE TITLE	SPEAKERS	VENUE	PRICE	CPD	INFO AND BOOKING
MAY 2013							
02.05.13	BioCare	Body Talk	Alessandro Ferretti	Birmingham	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
03.05.13	BioCare	Body Talk	Alessandro Ferretti	Manchester	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
08.05.13 - 09.05.13	Nutri Advanced	Metabolic Food Workshop	Sarah Gill	Brighton	£20	TBC	Tel: 0800 634 0276
11.05.13	Sports Nutrition Live!	Sports Nutrition Live! 	Matt Lovell, Ian Craig, Pete Williams, Dr Adam Carey	London	£65 + VAT	4 hours	
11.05.13	Metabolics	Women's Health Seminar	Dr Emma Derbyshire	London	£100	TBC	Tel: 01380 812 799 www.metabolics.com
13.05.13	BioCare	Body Talk	Alessandro Ferretti	Dublin	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
14.05.13	BioCare	Body Talk	Alessandro Ferretti	Galway	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
15.05.13	BioCare	Body Talk	Alessandro Ferretti	Cork	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
19.05.13 - 20.05.13	Balens	CPD Conference Empirical Science Vitalism or What?	Professor Paul Dieppe & Professor David Perters	Birmingham	£25	TBC	Tel: 01684 898 995 Email: events@balens.co.uk
20.05.13	BioCare	Body Talk	Alessandro Ferretti	London	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
22.05.13	Nutri Advanced	Coaching Your Clients to Success with the CAM Coach	Mark Shields	London	£49	TBC	Tel: 0800 634 0276
22.05.13	BioCare	Body Talk	Alessandro Ferretti	Brighton	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk

DATE	EVENT	COURSE TITLE	SPEAKERS	VENUE	PRICE	CPD	INFO AND BOOKING
JUNE 2013							
05.06.13	BioCare	Bio typing the 'Adam and Eve' way	Dr Roderick Lane	Manchester	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
06.06.13	BioCare	Body Talk	Alessandro Ferretti	York	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
07.06.13	BioCare	Body Talk	Alessandro Ferretti	Edinburgh	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
12.06.13	BioCare	Bio typing the 'Adam and Eve' way	Dr Roderick Lane	Birmingham	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
19.06.13	BioCare	Body Talk	Alessandro Ferretti	Berkshire	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
22.06.13	CAM Conference	Digestive Disorders 	Christine Bailey, Dr Natasha Campbell-McBride, Prof Ingvar Bjarnason, Dr Thomas O'Bryan	London	£65 + VAT	4 hours	
26.06.13	BioCare	Endocrine and Toxicology Masterclass	Dr Sarah Myhill	Dublin	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk

DATE	EVENT	COURSE TITLE	SPEAKERS	VENUE	PRICE	CPD	INFO AND BOOKING
JULY 2013							
06.07.13	Nutri Link Ltd	Children's Nutrition	Christine Bailey	London	£80 + VAT	TBC	Tel: 08450 760 402
08.07.13	BioCare	Endocrine and Toxicology Masterclass	Dr Sarah Myhill	London	Free	TBC	Tel: 01214 338 774 Email: education@biocare.co.uk
21.07.13	Nutri Link Ltd	Gastronomic Cookery Day Part 2	Christine Bailey	London	£80 + VAT	TBC	Tel: 08450 760 402

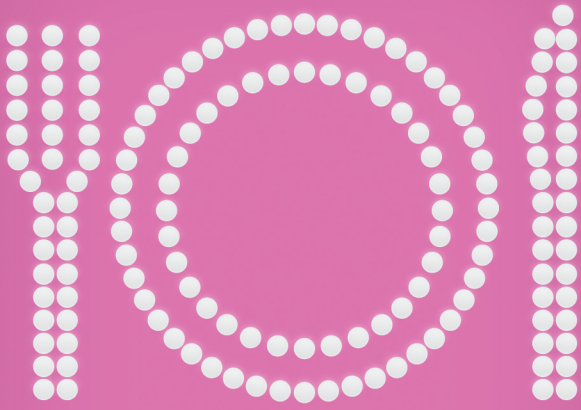
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- Digestive Disorders - SATURDAY 22ND JUNE 2013, Cavendish Conference Centre, London
- Female Health - SATURDAY 9TH NOVEMBER 2013, Cavendish Conference Centre, London

To guarantee your place telephone **01279 810080** or [click here](#)

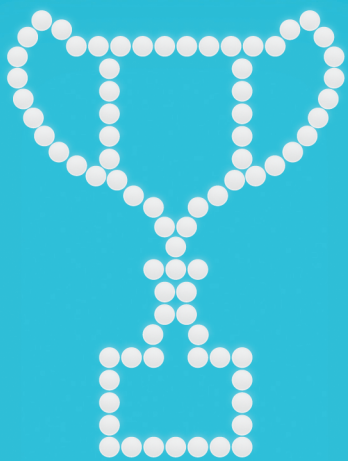




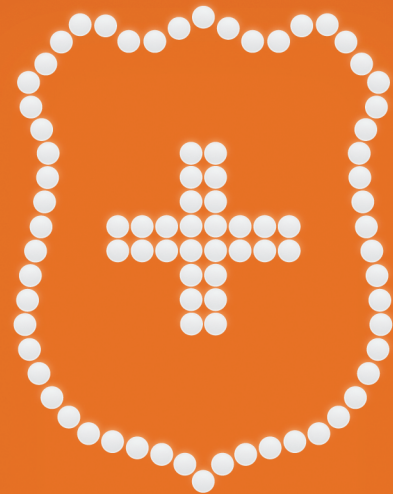
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