

E-NEWSLETTER



THE DOVE CLINIC FOR INTEGRATED MEDICINE

ISSUE 7

March 2011

Special Offer - The Dove Clinic is currently making a special offer for anyone considering EECF for angina and chronic heart disease. For £99 you will receive a full doctor's assessment / consultation at The Dove Clinic. For anyone taking a course of treatment, this fee will be discounted from the cost. Please use the code mentioned on the EECF website www.eecf.co.uk

Dr Richard Fuller



Dr Fuller talks about life before he joined the Dove Clinic and what brought him to Dr Julian Kenyon in 2008.

My mother was the first in our family to enter the field of complementary medicine. After researching a personal illness she discovered that Homeopathy helped find a cure where traditional medicine hadn't. When I was small my father began to use acupuncture, and together they founded a successful natural medicine clinic.

Growing up, it was normal for us to treat ill health by natural means. As a teenager I developed a strong interest in science and medical research; that was what led me to study medicine at Nottingham Medical School in 1997. After the usual round of hospital jobs I became a partner in a General Practice in Derbyshire, having achieved my RCGP

(Royal College of General Practitioners) qualification, passing with distinction. Whilst undertaking my General Practice studies, I also passed my LFHom qualification at the Bristol Homeopathic Hospital and developed more knowledge in nutritional medicine. I was able to utilise some of my homeopathic skills in General Practice, but I felt I had more to offer patients than that.

The loss of my father to cancer also had a profound effect on my career. I saw that there were many different ways in which patients can be supported through cancer. I had considered setting up my own practice, but when the opportunity to join the Dove Clinic came in 2008, I felt that this was the one for me.

I still use conventional medicines and am very happy to prescribe or take antibiotics for example, if needed, but I believe there is a lot of benefit in using the right nutrition, immune support and natural medicine to keep us feeling well. This area of medicine is known as 'Integrated Medicine' and the joy for me is being able to treat my patients

in the same way that I would treat my family; by combining what I believe to be the best of complementary and conventional medicine.

Since joining the Dove Clinic I have been able to develop my skills in the areas of nutritional medicine, acupuncture and immunotherapy generally. We also see a lot of patients with CFS (Chronic Fatigue Syndrome/ME) and people with irritable bowel symptoms who can benefit from a nutritional and holistic approach. The Clinic has recently reintroduced LDI (Low Dose Immunotherapy) for the treatment of allergy.

Also, two years ago we started to provide an innovative approach for heart disease called Enhanced External CounterPulsation (EECP), which is used already in several hospitals in the north of England, but was yet to be provided around the South coast. It is a very simple and safe treatment using special blood pressure cuffs to increase blood flow to the heart muscle. This can help reduce chest pain caused by blocked arteries in the heart (angina). I remember seeing the first patient we

treated after finishing treatment. She suffered chest pain while walking between our car park and front door, and having been severely limited for many years reported she was feeling fantastic and had just taken part in the race for life! It is moments like that which keep your satisfaction levels high and give you the drive to do all you can as a doctor to help.

Since then we have treated people from around the country, as well as several local people who were selected by their cardiologist for treatment where no other treatment options were available. I get enormous satisfaction from seeing these people - who we get to know very well through their treatment programme - come back to us having experienced significant improvement in their quality of life.

I live and work in the lovely village of Twyford near Winchester, so have the benefit of an easy walk to work. I'm very lucky to have a very supportive wife and two lovely daughters who never fail to make me see the lighter side of life! I exercise regularly and really enjoy kite-surfing which has that



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combination of physical exercise in the great outdoors and the immediate need to focus all your attention on that exact moment. I find that helps to clear my thoughts.

I was also fortunate to take part in a Mindfulness course which the Clinic regularly hosts. Like many people I found this very useful at providing a mental tool-kit for the stresses of everyday life. The principles of the course use basic breathing, exercise and meditation techniques that help focus our attention on the present moment and put our problems into perspective, rather than feeling the anxiety of a restless mind which is constantly problem-solving or anticipating future events. I think we are all susceptible to feeling like that at times. The Mindfulness course offered a number of practical techniques to help manage a hectic lifestyle from which I benefit regularly.

Variety also helps me manage my day. Last year I was involved with a cough and cold study with Southampton University using a nutritional supplement for immune support. I really enjoyed the project and like the nature of medical research, which sets a question then aims to logically gather data to provide an answer.

The people who come to see us appreciate the fact that we are open-minded

to alternative approaches but have the benefit of conventional medicine and diagnostic skills. Sometimes our patients have tried numerous conventional approaches without feeling sufficient improvement, or have been unable to tolerate side effects.

Visitors to The Dove Clinic can expect to meet people interested in nutritional and innovative approaches to medicine, but who also look at diet, stress and emotional health factors. You can expect a warm welcome from a friendly and professional team, who give you time to talk about and address your health issues. We aim to determine how to help people feel well rather than focusing entirely on disease and symptom management.

Since moving to Twyford I have met a number of great families with children of similar ages. We are lucky to have a superb local school, park and village shop which give the village a strong sense of community. There are beautiful riverside walks around Twyford which all the family enjoy. I think it's a perfect combination to live in the country but not to be in a remote situation.

Health Awareness Dates for March:

1st-31st: Prostate Cancer and Ovarian Cancer Awareness.
2nd-8th: Endometriosis Awareness.
12th: World Glaucoma Day.

Prostate Cancer

This month is Prostate Cancer Awareness, and it seems a good opportunity for us to let you know about some of the latest research developments in this area.

Prostate cancer is the most common cancer in men. Like many cancers, its rate of diagnosis is increasing, partly because more cancers are picked up on blood tests like the PSA test, and partly because cancer rates are generally increasing.

Astonishingly it is estimated that around half of all men in their fifties have evidence of cancer in the prostate, which rises to 80% by age 80, but only 1 in 26 men (3.8%) will die from this disease. That means that many men are walking around with prostate cancer but are unaware of its existence and are likely that it will have no impact on their life expectancy. Yet others with prostate cancer develop more aggressive disease with spread of the cancer to other parts of the body such as bones. This makes it difficult to be sure how to manage and accurately diagnose early prostate cancer.

Diagnosis? Prostate cancer

diagnosis is a tricky business. Currently the best way of screening for prostate cancer uses examination and a PSA blood test, yet the results of the PSA test are not always easy to interpret. It has been reported that PSA testing may miss up to 40% of early prostate cancers and importantly up to 50% of abnormally high levels actually relate to prostate infection or inflammation rather than a cancer. That means some men undergo invasive tests like biopsy to determine if the blood test is "right or wrong".

However, diagnosis may be set to improve, with a new study at the University of Surrey published on 1st March showing some promising results from a 3 year study of a new urine test. This test looks for a protein called Engrailed-2 or "EN2" which is important during development of the human embryo, but its production switches off at birth. Analysis of urine samples from 288 patients found that EN2 is switched back on in prostate cancer and can be detected using the new urine test that is simple and cheap to provide. The study reported it was much more accurate at diagnosing the cancer than PSA testing. This may well simplify and improve accuracy in diagnosis, further studies will show how well it can distinguish between the aggressive cancers and those unlikely to cause life threatening problems. So,



Special Offer - Introduce a friend and get a £50 voucher to use at your next full consultation. More good news, your friend will also get £50 discount from their first consultation. Make sure you both quote "friend offer" and you will receive your voucher once your friend has attended.

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this heralds better news for the future of prostate cancer diagnosis, what about treatments?

Treatment? Testosterone, the male hormone, is a major trigger for prostate cancer cell growth. Therefore the mainstay of conventional treatment uses hormone control to reduce testosterone production. Surgery and radiotherapy have a well established role locally at the prostate as well as some newer treatments such as photodynamic therapy and HIFU (focused ultrasound), which may have the benefit of reduced treatment side-effects. Chemotherapy is usually recommended in advanced cancer and is generally not thought to be of benefit in earlier stages of the disease.

There are two new and exciting developments which herald good news for any prostate cancer sufferer, each with their interesting story to tell.

The Immune Approach - Dendritic Cell Vaccination:

Firstly, the role of the immune system in fighting cancer is a fascinating area. It has been known for many years that in rare occasions the immune system is capable of producing spontaneous remission of advanced cancers, sometimes following fever and infections. This was first documented by a brilliant Orthopaedic Surgeon called William Coley, who

noticed sarcomas (bone cancers) disappearing in several of his patients after a fever. He then set out to inject groups of cancer patients with modified bacteria to create a fever and immune response. He saw improvements in several of his patients and pioneered the way for "cancer immunotherapy".

We now know that there are key immune cells which coordinate immune response, allowing recognition of diseased and cancerous cells. These cells are the scouts of the immune system and are called dendritic cells. They constantly survey our lymphatic system, blood, skin and gut for signs of infection, cellular damage or foreign challenges. When they recognize a damaged or abnormal cell they take fragments of information back to the lymph nodes where they make contact with the killer cells of the immune system which become targeted to clearing the challenge.

Recently a Dendritic Cell Vaccination became FDA-approved for prostate cancer after being proven to extend life span significantly in hormone-resistant prostate cancer. This approach uses a vaccine which is made of the patient's own dendritic cells, which have been developed from a previous blood sample and have been cultured to mature in a mixture containing markers found on prostate cancer. The matured and active dendritic cells are then injected back into the

patient with the aim of triggering the immune response against the cancer. This is a logical and very well-tolerated approach that in time could represent a paradigm shift in cancer treatment.

A new medicine – created in a Eureka moment!

Secondly, a new medication called Abiraterone recently completed a series of large trials. This has fewer side-effects than chemotherapy and falls back to the hormone method of treatment. However, there is a clever difference with Abiraterone that means it can be of use when the other hormone treatments have stopped working. The usual testosterone treatments work as a "chemical castration" to reduce the body's normal hormone production, but the effectiveness reduces over time, and the tumours have been found to house enzymes capable of making their own hormones. Abiraterone blocks an enzyme called CYP17 which gives the tumour its ability to make its own testosterone and in essence starves the tumour's ability to make its own testosterone "fuel".

Abiraterone was created by Professor Gerry Potter back in 1990. The scientist, now based at DeMontford University, was in his first few days of work having just completed his PhD. He developed the medication after a sudden moment of clarity as to the structure of the CYP17 enzyme he was trying to block. After that he created and synthesized

the new medicine within 2 weeks, a process that would normally take months to years!

A recent multi-center study, which included 1,195 men from 13 countries revealed such positive outcomes that the trial was halted early and unblinded prior to the projected completion goals being met. At the moment the medicine is only available in medical trials after chemotherapy and is not yet FDA approved, but it should hopefully reach this milestone soon and become more available within 2011.

Making a discovery like that in a career is remarkable, but Gerry also developed another medicine to block an enzyme found in many other cancers, and he feels the potential for this second medicine is far greater than even that of Abiraterone. Read more about this second medicine and the natural equivalents found in our diet in next month's Newsletter...

Prevention?

If prostate cancer is so common it raises the big question – what can men do to reduce their chances of developing prostate cancer? There are several nutritional factors that have been published as potential benefits in reducing risk. Firstly, lycopene, an antioxidant found in tomatoes seems likely to have a role. A study of



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over 40,000 health professionals found that men who ate more than ten tomato-based foods daily had a 35 percent lower risk of developing prostate cancer than those who ate the least amount of these foods.

Selenium deficiency has also been implicated. In one study, a total of 974 men with preceding history of skin cancer were given a selenium supplement (200 micrograms per day) or a placebo. Selenium treatment was associated with a 63% reduction in prostate cancer incidence over 10 year follow up. Selenium is mainly taken in our diet via grains and cereals, but intensive agriculture has left large areas of our country with depleted soils, and hence depleted foods. Other studies have been performed with varying results yet the key seems to be preventing selenium deficiency.

Lastly, several laboratory studies have shown the benefit of green tea catechins at inhibiting cancer growth in experimental models. Epidemiological studies from China and Japan where Green tea is consumed widely compared those with prostate cancer to the healthy population and found a protective role in those who consumed more green tea. So, drink green tea, eat tomatoes, watch your selenium intake and look after your immune system!

World Glaucoma Day

I am the Office Administrator at the Dove Clinic and have worked here for 10 years this year. I thought I would write about my experience of being diagnosed with glaucoma, as the 12th March is **World Glaucoma Day**.

I have worn glasses for a number of years for reading and close work, and every 3 years visited the optician for check-ups and new glasses. At one of my visits the optician commented that my eye-pressure was a little high, but not serious and could I return when I am next passing to have another check. At that time it did not seem very urgent and I simply put it out of my mind and didn't bother.

Another couple of years on and struggling with my glasses, I went for another check up. This time the optician commented that my pressure was too high and she was going to refer me to the eye hospital for assessment. I was initially referred to the local assessment clinic, before seeing an Eye Consultant at the Eye Hospital. After tests I was informed that I had chronic closed angle glaucoma and that I must take some eye drops and would need to have a procedure carried out called a YAG laser Iridotomy on both eyes. This is when a tiny opening is made in the iris under the upper lid

which improves the flow of fluid around the eye. This treatment was necessary in my case as it was important to bring down the pressure in the eyes to a level that is low enough to prevent harm to the optic nerve and drops alone would not achieve this. A lot of glaucoma patients only need to have eye drops to improve their eye pressure.

When I saw the Eye Consultant, he said I would have the laser treatment within 3 or 4 weeks. I was asked if I had any pain and it was at this time I realised I had been rather foolish. Over the previous year I had been getting pain over the left eye, generally at night time and my sight seemed impaired. I put it down to tiredness or a slight migraine and just took paracetamol, it was always better by the morning. It turned out that this pain was increased pressure and I was in danger of optic nerve damage!

I was treated very well by the NHS, having the procedure on both eyes completed within 8 weeks. I have had different eye drops and medication and now everything is stable and I am checked at the hospital every 4 months at present.

The message here I think is do not ignore unexplained pain around the eyes and even if you do not need to wear glasses, it would be a good idea to have an eye pressure test, especially if there is a family history of glaucoma or you have noticed a deterioration in your vision. It is one of

those 'silent' diseases that can steal your sight!

Val Hallett

Meeting Customer Needs.

Dr Richard Fuller has availability 5 pm – 7pm on Tuesday 15th March, 5th April, 26th April

Dr Julian Kenyon on Thursday 24th March, 7th April, 28th April.

Please telephone our Reception Team if you would like to have an evening appointment.

Facebook:

You are welcome to join our Facebook group at:

www.facebook.com/pages/The-Dove-Clinic/155866397792132

Chronic Fatigue Syndrome:

www.cfsmedicine.co.uk