Eye Problems

For much of our lives our eyes are designed to take care of themselves. They are cleansed by our tears, which naturally contain chemicals that kill bacteria. But our eyes are vulnerable, and at times become the victims of infection or allergy, or may be affected by some other medical condition, like hayfever or seborrhoeic dermatitis.

As we age our eyes change shape. When they change shape from back to front we become short-sighted, and when the change occurs from top to bottom we become long-sighted. Taking care of ourselves generally will also help to preserve the health of our eyes.

Loss of vision

According to iridologists our eyes are a reflection of what is happening inside the body – not something that conventional doctors would agree with. Orthodox medicine acknowledges, though, that hardening of the arteries may be detected in older folk by checking for a pale ring around the iris. Another eye problem that can occur in later life is glaucoma, in which there is an increase of tension within the eyeball as a result of blocked drainage from the eye. Although the symptoms may initially appear like conjunctivitis, with red and bloodshot whites, glaucoma may be a threat to our sight. The tension can be reduced by drugs or the blockage will need to be cleared rapidly, and so it is important to be examined quickly.

Two major causes of loss of vision are cataracts and macular degeneration.

CATARACTS

A cataract is a gradual clouding of the lens of the eye, in which a jelly-like substance grows over the lens of the eye. They are a major cause of blindness all over the world. A number of risk factors for their formation have been identified, some of which are nutritional, and these include:

- age
- diabetes
- sunlight exposure, especially ultra-violet B radiation
- poor diet with poor intakes of vitamin A, in the form of carotene and its relatives which are found in spinach and other dark green vegetables.
- possibly consumption of dairy products with an inability to digest milk sugar or lactose.

- use of steroid drugs and other medicines
- diarrhoea. This is possibly due to loss of nutrients or as a reflection of poor general health.

Free radical damage

Oxygen is the basis of all plant and animal life. It is our most important nutrient, and needed by every cell. In normal biochemical reactions oxygen can become unstable and capable of 'oxidising' neighbouring molecules. As a result, high energy chemical substances called 'free oxidising radicals' (FORs), or more commonly referred to as free radicals, are released in all cells. If they become too numerous, they attack the body and cause damage to the cells and tissues. FORs, when out of control attack the structural proteins, enzymes and cell membranes of the lens of the eye.

The treatment of cataracts usually involves their surgical removal with sometimes replacement of the lens. As yet there is no evidence that they can be prevented (although progress is made by use of nutritional supplements) but this may change with time.

Some protection may be achieved in those taking low dose aspirin or similar analgesic (often used in treating arthritis but also used for the prevention of heart disease). And long-term usage of a vitamin C supplement has also been associated with a reduction in risk, but only after ten or more years.

MACULAR DEGENERATION

The macular is the most sensitive part of the retina, located at the back of the eye, that perceives the majority of fine vision. Healthy function of this part of the eye is necessary for reading, driving, writing and any fine work.

The degeneration of this part of the eye is mainly age related and is a major cause of irreversible blindness among those persons aged 65 years and more. Again, studies have been performed to look at risk factors for the development of age-related macular degeneration. Attention has focused on nutrients. So far we know that the risk of this condition is influenced by:

- smoking, which increases the risk.
- atherosclerosis, or a narrowing of the arteries in the neck, may be an additional risk factor in the elderly.
- a low intake of carotenoids in the diet. Agents like beta-carotene (vegetable vitamin A) that do not have any vitamin function. High concentrations are found in spinach or collard greens.
- low intake of vitamin C from foods, though this effect is small.

In practice what this means is that eating healthily in your formative and middle years may help retard the rate of decay of tissues in later life. Smoking once again seems to accelerate this risk of tissues degenerating.

What your doctor can do

Not much really except refer you to a specialist.

What you can do

- Follow The Very Nutritious Diet (see page 437).
- Ensure that your diet is rich in fresh fruit and vegetables especially spinach, tomatoes, carrots and any dark-green vegetables.
- Consider taking a multi-vitamin containing good levels of selenium, beta-carotene, vitamin C, vitamin E, zinc and the powerful anti-oxidant, superoxide dismutase (SOD). These nutrients are FOR scavengers which, if out of control can damage the retina and micro-circulation in the eye.

Fatigue and Chronic Fatigue Syndrome

Tired when you go to bed, tired when you wake up. Tired at work, tired when you get home. It's a familiar story, and even if you are not a habitual victim of chronic fatigue you probably know someone who is. Indeed this is one of the most common complaints for which we now consult our doctors, and more women suffer than men.

There are, of course, different types of fatigue. Most of us have experienced fatigue after a period of hard and fruitful work, and then hopefully, noticed a return in our energy after a good night's sleep or a relaxing holiday. Some of us, however, suffer from fatigue day in, day out, despite the amount of sleep or rest we have. The causes of this problem vary from the physical to the psychological, and both aspects need to be considered in the majority of those suffering with significant fatigue. This chapter deals with severe fatigue that is troublesome enough to cause the individual to change her lifestyle in some way.

During the last ten years there has been a great deal of research and publicity about severe fatigue, particularly ME (myalgic encephalomyelitis). This term is now replaced by Chronic Fatigue Syndrome which also replaces other similar terms such as post-infective or post-viral

fatigue. Chronic Fatigue Syndrome (CFS) often, but by no means always, follows an acute infectious illness, such as a sore throat, glandular fever or gastro-enteritis.

What causes it?

The interest of doctors in these chronic fatigue syndromes is a landmark in medical thinking, with research being focused on a symptom, for which there are many possible causes, and not a single disease state. There are serious and not so serious causes of fatigue, so it is important to determine into which category an individual falls. Research has shown that up to ten per cent of those with severe fatigue can be found to have some underlying health problem.

Some sufferers may have a physical illness which may not yet be fully developed, some may have recently experienced acute infection, and others may be mainly depressed. The first step must be to eliminate the possibility of any serious underlying cause before progressing to self-help measures.

As a rule of thumb, fatigue which is persistent or prevents you from working and requires you to make drastic changes to your home life and social calendar, should be regarded as possibly being due to a serious cause. This also goes for fatigue that is associated with weight loss, fever, significant pain or any other troublesome symptoms. This should always prompt you to check with your doctor as your first course of action.

Causes of fatigue (not so serious):

- lack of sleep
- stress or overwork
- lack of physical fitness
- poor quality diet.

Causes of fatigue (serious):

- physical illness, e.g. heart, liver or kidney disease
- after viral or other infection, e.g. glandular fever or 'flu
- depression
- rarely, a continuing infection, e.g. tropical.

Wide-ranging surveys have revealed a pattern connecting common non-serious health problems with mild to moderate fatigue which includes muscular aches and pains, bowel problems, headaches, premenstrual syndrome and sleeping difficulties including snoring, and allergies. Addressing these problems can often result in a reduction in the associated fatigue.

When a doctor has to assess a new patient with significant fatigue it is probably best to consider the following four broad groups:

1. It can accompany any acute infectious illness, such as 'flu or a cold. Occasionally, an infection is hidden and this can be the case in some tropical illnesses or parasitic infections. If anyone with fatigue has a fever usually measured at more than 37.5 degrees centigrade, then they should be carefully checked for a possible hidden infection.
2. Fatigue can also follow an infection. After the acute episode has resolved, the individual can be left with fatigue, which instead of resolving in a week or so, drags on for months and even years. This condition is sometimes called 'ME' (myalgic encephalomyelitis). That mouthful simply means inflammation of the muscles and nervous tissue, and there is now evidence that patients with ME can, at times, have evidence of damage or alteration to either the muscles, the nervous system or immune system (the part of our body that fights infection). It seems in some ways that the infection, after causing an acute illness, goes into a slow or hidden phase which can sometimes reappear. This is particularly true for the glandular fever virus, but may also be true of other virus infections.

   The term ME is now commonly replaced with Chronic Fatigue Syndrome (CFS). This is used to describe significant fatigue present for at least three months which typically, but not necessarily, has followed one or more infections. Several of the following features should also be present:
   - the fatigue is worse after exercise
   - headaches
   - forgetfulness or poor concentration
   - muscle aches and pains
   - recurrent sore throats
   - painful enlarged glands in the neck or elsewhere.

   Doctors still disagree about this definition. In practice, if this picture is present, and continuing infection, other underlying illness, drug or alcohol abuse, or severe depression are excluded, then this allows at least a working diagnosis of CFS (or ME).
3. Fatigue can also be caused by a wide variety of physical illnesses, including heart conditions, thyroid disease, arthritis, conditions affecting the immune system or nervous system, kidney problems and so on. These conditions should be suspected in older patients, those who experience weight loss or have other unusual symptoms. They will usually be detected by blood and urine tests, together with x-rays. In order to eliminate the possibility of any underlying sinister problem, it is important that all those suffering with severe fatigue do see their medical practitioner for a check up.

4. Fatigue of varying degree is often caused by nutritional factors. This can either be due to a lack of vitamins or minerals, or sometimes other dietary problems. Though we are often told that the average diet in countries like the United Kingdom, Australia and New Zealand should provide all the vitamins and minerals we need, careful scrutiny of the evidence from both governmental and other sources, doesn't always support this claim. In fact mild nutritional deficiencies are not uncommon, especially among women of childbearing age, the elderly and the ill, and these can affect muscle and brain metabolism and result in loss of energy. This is easily underestimated by the medical profession through lack of knowledge, and may consequently be overlooked.

A relatively recent survey in the UK revealed that up to 20 per cent of adults have a dietary intake below the new minimum recommended by the government's advisers. This applies particularly to the minerals iron, magnesium and potassium, as well as some of the B vitamins. Deficiency of any of these nutrients can cause fatigue. Most are essential to the function of muscles, nerves and the immune system.

There is good evidence that deficiency is particularly common in certain groups. Iron deficiency, for example, causes anaemia in four per cent of adult women of child-bearing age in the UK. This is mainly because of heavy or prolonged periods with a further ten per cent of women of child-bearing age having evidence of low iron stores, and this may explain why fatigue is more common amongst women. Mild fatigue in such women has long been shown to respond to iron supplements, and is a good example of how a mild or severe nutritional deficiency can be a cause of chronic fatigue.

Who may lack nutrients	Deficiency
women with heavy or prolonged periods	zinc and iron
tea- and coffee-drinking vegetarians	iron
those eating junk and fast food	vitamin B and magnesium
those who drink too much alcohol	vitamin B and magnesium
women with premenstrual syndrome	magnesium
those suffering from depression or anxiety	vitamins B and C
those who eat little fruit and vegetables	vitamin C, magnesium and potassium
heavy smokers	vitamin C
those suffering any illness resulting in weight loss	vitamin B and others
the ill and elderly	vitamin B and others
those with poor resistance to infection	zinc, vitamins B and A

Iron deficiency is most likely in women who are having periods, particularly if they are heavy, and in vegetarians or people who don't consume much meat.

Mild deficiency of the B group of vitamins is also quite common, particularly in those who complain of anxiety, depression or mood changes. This may often accompany fatigue. Again, a poor diet, smoking, and drinking too much alcohol, are all significant risk factors for lack of vitamin B.

The mineral magnesium has attracted considerable interest in recent years. This mineral is essential for nerve and muscle function. Intakes in the UK are acknowledged to be borderline or deficient in some 10 per cent or more of adults. In our own surveys of women with PMS we have repeatedly found that over 50 per cent of women with PMS have low magnesium stores.

Go to your doctor if you suffer serious fatigue and . . .

- you have a fever (a temperature of 37.5°C or 99.5°F).
- you are losing weight.
- you have enlarged glands in the neck, armpits or groin.
- you have pains which disturb your sleep or daily activities.
- your facial appearance or colour has changed.
- you have travelled abroad, especially to Asia, the Far East, the Mediterranean, or South, Central or North America.
- you have had contact with animals other than known pets.
- you are troubled by any joint swellings and pains.
- you have bowel problems such as diarrhoea, a change in the colour of your stool or severe abdominal pains.
- you are aged over 50 years.

What your doctor can do

Establish whether there is a serious underlying cause to your symptoms by:

- Taking a history of your symptoms and giving you a thorough physical examination, with routine blood screening, including a full blood count – to look for anaemia or evidence of infection; serum ferritin – to check your iron stores (particularly useful for menstruating women); thyroid function – to assess the status of your thyroid; biochemistry tests to assess kidney and liver function; measurement of blood calcium, sodium and potassium – to assess mineral imbalances.
- Enlightened doctors may care to measure your red cell magnesium level. This is a simple test that can be performed at district hospital level. Reduced red cell magnesium is associated with fatigue, PMS, muscle cramps or fibromyalgia.

- Make some assessment of your nutritional state, and look for evidence of vitamin B deficiency in particular. Lack of vitamin B12 and vitamin B1 can be serious, and fatigue may be one of the earliest symptoms. Moderate deficiencies of several of the B vitamins including vitamin B6 have recently been found in a small group of chronic fatigue syndrome patients. Specialist supplements of vitamin B3 (nicotinamide) are sometimes used.
- Consider referring you to a specialist for further assessment. This is most likely if the fatigue is severe and prolonged, has been accompanied by weight loss, fever or significant foreign travel, or has caused you to make major lifestyle changes as previously discussed.
- Treat depression if this is a major component of your illness, but this should not stop doctors from looking for underlying physical or nutritional causes.
- Refer you to a specialist unit, or a behavioural psychologist, as simple coping techniques have been shown to help speed up the recovery process.

Maureen's story

Maureen was a 47-year-old nurse who lectured in further education. She suffered chronic fatigue and, as a result, her moods were so wildly out of control. She was in the process of disciplinary action at work and finding life generally difficult when she approached the WNAS.

'I had experienced symptoms for nearly 25 years, but they had become markedly worse in the last three years. My doctor had prescribed numerous forms of hormone treatment which seemed to make the symptoms worse. My total exhaustion, irritability, anger and aggression had almost totally alienated me from the world. I was struggling along on the contraceptive pill continuously as my doctor felt my symptoms may improve if we could suppress ovulation.

I had so much time off in the last three years because of exhaustion and my wild moods. I had reached the point where I was afraid to go out of the house. I was so tired that I could not get out of bed in the morning without a friend phoning to command me through the procedure, limb by limb. My doctor had sent me for counselling and had even referred me to a psychiatrist, but I walked out half way through the appointment as I was so angry with his suggestion that I should pull myself together.

I often felt like ending my life. I had upset so many people and had lost most of my friends. At work I was regarded as unreliable, and regarded as an oddity.

Then one day I read about the book, No More PMS! *in* Woman and Home *magazine and decided to read it. To my utter amazement my complete fatigue and mood changes were described almost exactly by other case histories. I made some changes to my diet myself by following the instructions in the book whilst I was waiting for an appointment with the WNAS. After an in-depth consultation I was asked to make considerable changes to my diet. I cut out certain grains, caffeine, and biscuits, which I used to eat day and night. I also took supplements of Optivite and went back to exercising, which I had let slip from my routine.*

At my follow-up appointment, six weeks later, I was able to report that I had been on an even keel with no wild mood swings, and was feeling so energetic that I had taken to early morning walks. I could hardly believe it and nor could my friends and colleagues especially those who had previously had to resuscitate me in the mornings. I came off the pill too, and my headaches also disappeared.

Within three months I had lost half a stone in weight, I was wonderfully stable each day and had regained my energy and enthusiasm for life. I had renewed my friendships, and was promoted to co-ordinator at work within six months. It has now been two years since my treatment with the WNAS. I feel alive again and can't sing their praises enough. I remain healthy and happy, am keeping to the wheat-free, caffeine-free diet and have taken an additional part-time job as a night nursing sister. I am enjoying it immensely.'

What you can do

Many treatments or cures have been put forward, some showing some very high success rates, and there are many self-help measures that can be implemented to help overcome symptoms of fatigue.

- Follow the recommendations for The Very Nutritious Diet on page 437 and the suggested menus for fatigue on page 472.
- Tidy up your diet by concentrating on good sources of magnesium – green leafy vegetables and most wholesome foods – and avoid sugar, sweets, and soft drinks which contain hardly any magnesium at all. Women with PMS often have low levels of magnesium, and it seems that the same is often true of people suffering with fatigue.
- Many other nutrients, if deficient, are known to affect the function of the immune system. These include vitamins A, C, E and the trace element, zinc. A healthy diet and a strong multi-vitamin supplement with 20 to 30 milligrams of zinc should be adequate. Specialised fats

and oils, as found in evening primrose oil and fish oils, have been used to help those with chronic fatigue. In one placebo-controlled trial a supplement of Efamol Marine at 8 capsules daily helped a high proportion of those whose fatigue was post-infective in type. Again this should be combined with eating healthily and possibly a multivitamin preparation.

- In addition to deficiency of certain nutrients, sometimes other dietary problems can cause fatigue. There is evidence in those who have certain types of allergy, that fatigue may be one of the associated symptoms. Intolerance to certain foods seems to be a factor, and this can be suspected if there are symptoms of allergy, including eczema, asthma, nettle rash, migraine headaches and bowel problems including irritable bowel syndrome. In one study, allergy to wheat protein was linked with increased complaints of fatigue, headaches and bowel problems. It is not known how commonly this is a cause of chronic fatigue, but it does seem to be worth considering.
- Symptoms such as anxiety and depression, often accompany fatigue. In fact many physical problems can also cause mental symptoms. Stress, in any form, may also aggravate mental symptoms, and even reduce the ability of the immune system to fight infection. So if you are feeling stressed it is important to find a workable way of overcoming the stressful factors and to spend a little time every day relaxing, see page 29.
- Exercising regularly to the point of breathlessness and losing weight, if you are overweight, can also help mood and stimulate the immune system. You should only exercise regularly if your fatigue is mild and you have no underlying illness.
- Complementary therapies including homeopathy, herbal medicine and acupuncture may be worth considering. One report from Doctors Sheila and Robin Gibson from the Glasgow Homeopathic Hospital concluded that dietary change, nutritional supplements, homeopathy and psychotherapy helped in 70 per cent of participants.

Of course, frantic modern living is likely to contribute to us feeling tired all the time. Many of us devote insufficient time to preparing food or taking adequate exercise or relaxation. Not enough sleep, stress at home or work, lack of exercise and a poor quality diet can all reduce our energy levels. Addressing the problem directly by taking a much-needed holiday, embarking on a regular exercise programme or taking steps to improve your nutritional intake may well be all that is needed to restore your vitality.

Working long hours and not eating wholesome food regularly is likely to make your blood glucose levels fall, which results in symptoms of tiredness. The solution is not merely to suddenly eat more glucose, as the

body finds it hard to adjust to the rapid rise and fall that this causes. Rather eat wholesome food little and often. So aim for three good meals, with nutritious between-meal snacks, such as fruit, nuts and raisins, a sandwich with cheese, meat or fish, or rye crackers and peanut butter, which give a more sustained rise in blood sugar.

Some people seem excessively tired and dopey just after a meal. Men seem particularly prone to this phenomenon, which is likely to be worse at lunch time or after a large meal and is aggravated by drinking alcohol. A smaller, lighter lunch, especially one of salad with meat, fish or vegetarian protein, avoiding alcohol and taking a twenty minute walk afterwards will usually prevent this form of transitory tiredness. The alternative is to have a siesta after your midday meal. This is what the Mediterraneans and lions do, and is simply a response to the physiological need to rest while digesting a large meal.

So in less serious cases, excellent results can be gained by making sure you get a little more sleep, cutting your workload a little to combat the associated stress, taking more exercise, improving your diet, and having a holiday if possible.

Fight fatigue

- eat three meals a day, with wholesome snacks in between.
- cut down on sugary foods, refined carbohydrates and chocolate.
- eat three servings of fresh fruit per day.
- eat three portions of fresh vegetables, including a green leafy one, per day.
- eat protein-rich foods at least once a day.
- avoid bran and bran-based cereals and use corn and oat alternatives.
- limit bread to 2–4 slices per day.
- keep alcohol consumption down.
- consume 300–600 ml of milk (1/2–1 pint) per day and 112–225g (4–5 oz) of cheese per week.
- cut down on tea and coffee and try herbal teas and alternative coffees (see page 6).
- enjoy your food.

Complementary therapies

Although most of us prefer not to given a serious diagnosis for our symptoms, when the verdict is 'no apparent underlying cause' it can be immensely frustrating. As well as implementing the advice given in this chapter is would be worth enlisting the help of one or more complementary practitioners.

Acupuncture would regard symptoms of fatigue as a deficiency syndrome. The practitioner would be looking for deficiency of Qi or the life-force in the blood, and will treat the deficiency.

There are numerous homeopathic remedies that are available for the different sorts of fatigue including Apis melifica, useful for aches and pains, Lycopodium clavatum for symptoms of fatigue and inertia, Natrum muriaticum, a remedy for the pale and weak and Pulsatilla, for the frail, pale female with changeable symptoms, and useful for those who do not tolerate stress well. You could try these yourself, or consult a qualified homeopath.

The herbal practitioner also has a lot to offer, and would be worth consulting if symptoms persist. There are many different herbal remedies for fatigue including St John's Wort, vervain, yarrow, echinacea and stinging nettle.

Cranial osteopaths consider that the membranes around the brain and spinal cord can become 'tight' and cause ill-health. Relaxation, massage and a consultation with a cranial osteopath may be very helpful.

See also: References and Recommended reading (*Tired All the Time*).

Fluid Retention

This is also known as idiopathic oedema. 'Oedema' is the medical term for swelling, 'idiopathic' means that the cause is unknown and is just a clever way of doctors disguising their ignorance. Though there are a variety of causes, the commonest is simply the retention of salt and water in the subcutaneous tissues. This shows up particularly in the feet, in the fingers and sometimes in the abdomen. In severe cases the face may be affected.

It is well known that fluid retention is much more common in women and is very often worse in the premenstrual phase. Some studies have shown that it can be associated with fatigue and a tendency to depression, but before deciding that the swelling is simply 'idiopathic', care should be taken to exclude other causes.

What your doctor can do

- Consider the possible causes of swelling including heart failure (see page 233), underactive thyroid (see page 417), kidney failure, swelling due to blocked lymphatic drainage following infection, or possibly due to a familial disorder.
- If simple idiopathic oedema is diagnosed a low-salt diet is recommended, and this should always be the first line of treatment. Careful studies conducted by doctors at Charing Cross Hospital in London clearly demonstrated that a restriction of sodium (salt) leads almost

always to clearance of idiopathic oedema. Our bodies are composed of 70 per cent water, and the reason we retain fluid is because each cell in the body has a mechanism to balance sodium and other minerals. It is primarily sodium that governs the retention of water and it seems that some women are particularly unable to tolerate large amounts of salt in the diet. Our western diet has become laden with salt, with intakes some ten to 50 times our actual requirements.

- Prescribe diuretics if all else fails. This is very much a poor option and a last resort, although it is indeed a common treatment. Low-dose mild diuretics often do not produce lasting benefit as the body adjusts to the effects on their chemistry.

What you can do

- Be vigilant with a low-salt diet (see page 449), as we consume far more salt than we need and most of the sodium salt in our diet comes from hidden sources rather than added salt in cooking or at the table. This will mean doing without crisps, other salted savoury snacks, bacon, sauasages and greatly limiting the intake of bread.
- Avoid wheat if you also suffer with abdominal bloating. This might indicate a food sensitivity. When the body perceives a food as 'toxic' it may accumulate fluid in the cells.
- Fluid restriction is not required although it is inadvisable to drink very large amounts. Watch out for some mineral waters which actually contain significant amounts of sodium, and choose those rich in calcium and magnesium if possible.
- Lose weight if you need to.
- Restrict your alcohol intake to no more than two units per day.
- Follow the The Very Nutritious Diet (see page 437). High intakes of magnesium and potassium will help the body get the balance of sodium right.
- Take supplements of magnesium and multi-vitamins (see Premenstrual Syndrome, page 394, for further advice).
- Ginkgo biloba has been used in the treatment of oedema due to its ability to improve circulation, particularly to the extremities. Ginkgo should not be taken if you have been prescribed anti-coagulant medication or you are pregnant.
- Put your feet up. Lying down aids clearance of fluid from the legs and also the body's ability to pass it out in the urine.
- Have a cup of coffee? This has modest diuretic effects. Perhaps a cup of coffee first thing in the morning, whilst putting your feet up for a couple of hours to read the newspaper, may help you to offload some of the fluid that has accumulated overnight.

Complementary therapies

Most herbal remedies have diuretic properties, so see a qualified herbalist for advice.

A homeopathic remedy, Agis mel, is traditionally used to treat this sort of problem. These avenues are worth exploring but will not replace the need for a low-salt diet. Manual lymphatic drainage is a useful therapy in conjunction with dietary modification, but you must consult a professionally trained practitioner.

Alison's story

Alison was a 38-year-old welfare worker with two children who suffered severe water retention which made her life a misery. She felt swollen and tired for two weeks each month which was severely disrupting her life.

'For two weeks before my period each month, with unrelenting regularity, my body would begin to swell. Within days, my middle swelled up so much that I looked at least five months pregnant. My waist would increase by inches and my face puffed up. My eyelids felt tight and my breasts sore because of the swelling. I could hardly fit into my bra, and even walking felt uncomfortable.

Every month I'd be so bloated, I felt like a pudding and everything was an effort. I was lethargic and lacking in energy. My doctor prescribed progesterone suppositories which made me feel even more bloated. When I returned to ask for further help he told me I needed to see a psychiatrist. I felt insulted as I knew that my symptoms were not psychological. I went off and tried to help myself with vitamin B6 and evening primrose oil. They did help a bit, but not significantly. My doctor's reaction had put me off trying to get help, so I struggled on for another couple of years.

My husband read an article in the newspaper relating to the work of the WNAS in which one of the patients reported symptoms similar to mine. I wrote off immediately to ask for help. The detailed questionnaire and diet diary arrived shortly after and I set about completing it. The WNAS worked out a programme for me that involved cutting out chocolate bars, which I used to crave, and bread, tea and coffee had to go too. Instead I was asked to concentrate on fresh foods. Every day I had to eat lots of vegetables, salad and fruit. I drank herbal tea and fruit juice, and small amounts of decaffeinated coffee. As well as the fresh foods, I had to take vitamins and minerals to help speed up my recovery and to exercise regularly.

I had a constant headache for the first week and felt sluggish. Once the first two weeks were over I felt smashing. Within two

months I was really feeling slim and positive. The bloating disappeared and my breasts were no longer tender.

Six years on now I'm still full of energy, my skin looks smooth, my nails no longer split and break, and I no longer have cravings for food. I am two stones slimmer now without dieting, I'm more confident and can honestly say that I feel like a different person, I'm really amazed.'

See also: Standard references.

Food Craving

Just as cars need regular petrol and oil, so our bodies have specific nutritional requirements in order to keep them running efficiently. Too little 'nutritional fuel' results in us running out of steam and having difficulty maintaining our bodyweight. Equally, too much food and drink can leave us feeling wiped out, both physically and mentally. Craving food, particularly chocolate, is very common, and affects approximately three-quarters of all women in the UK to some degree, with 60 per cent feeling that chocolate was a problem for them. It is not uncommon for women to get into a routine of eating in excess of six bars of chocolate each day, sometimes whole packets of fun-size bars, followed by biscuits, cakes and sweets. A little of what you fancy does you good, but excessive consumption does little for our self-esteem, or our waistlines.

What causes it

The brain and nervous system require a constant supply of good nutrients in order to function normally. Eating nutritious food little and often would probably provide all that was needed, and indeed is the way we were designed to sustain ourselves. Many of us are not shopping regularly for fresh food or spending time in the kitchen preparing proper meals. We often rely on pre-prepared meals and fast food in order to satisfy our hunger, without realising that these do not fulfil our need for nutrients. Then, little by little, we reach for these sweet foods in order to give us a boost, which they undoubtedly do, but it is short lived. A biochemical merry-go-round develops, which becomes less and less under our control as time progresses. The progress and results of this are listed below.

- When we haven't eaten for a while or consumed much nutritious food our blood sugar levels drop.
- The brain, which requires glucose in order function normally, sends out a red alert asking for more glucose, ideally in the form of nutritious

food. Unfortunately as we are not educated about nutrition, we often supply the body with refined sugar in the form of a sweet processed snack, or chocolate, which is largely composed of refined sugar, which doesn't contain any vitamins or minerals whatsoever, but does demand good nutrients in order to be metabolised.
- The result of eating the refined sugar snack is that the blood sugar levels shoot up rapidly, flooding the blood with sugar.
- The brain then sends another message to say that there is too much sugar in the blood, which triggers the release of the hormone insulin, whose function it is to drive the sugar back into the cells. It does this so efficiently that the blood sugar levels then goes back to low again, and the whole cycle begins again as a result.

The trick is knowing how to break this cycle, which often develops into a real addiction, and just like alcohol, drugs or smoking, involves a period of withdrawal.

LOW BLOOD SUGAR

Low blood sugar levels usually follow some traumatic event in a woman's life, or alternatively can occur gradually due to poor nutritional intake. Very often women feel low after pregnancy and periods of breast-feeding, when the nutrient demands placed on our bodies are greater than at other times in our lives. Following a broken relationship, we often become vulnerable, so we shun normal meals in favour of comfort eating. Equally, when life becomes stressful, whether with financial pressures, dissatisfaction at work or loneliness, we often find our way to the chocolate counter. It is not simply lack of will that stops us taking control, but real biochemical needs that develop as a result of poor dietary management over a period of time. There is nothing wrong with enjoying food and eating modest amounts of chocolate after a proper meal, but when the cravings take control of you it is time to do something about it.

The WNAS have undertaken several surveys on low blood sugar and food cravings, and some fascinating factors were revealed:

- Women, it seems, suffer more commonly than men, probably because of our hormone cycle, and because the nutritional demands that are placed on their bodies vary throughout the stages of their lives.
- From a sample of 1,000 patients, we initially discovered that just under 80 per cent suffered with cravings for sweet food in their premenstrual phase, in the days before their period was due.
- A further survey of 500 women of all ages showed that 78 per cent admitted wanting to eat less chocolate, and 60 per cent claimed it was a problem for them.

- Weight gain, poor skin quality, fatigue and flagging self-esteem were the commonest resulting problems experienced.
- The most recent survey we undertook on 295 women also revealed this and the following :
  - 74 per cent crave sweet food.
  - Sweet food consumption was related to age and occupation.
  - Most felt worse after eating sweet food, with fatigue being the worst complaint.
  - Women who consume lots of sweet food tend to drink more coffee, smoke more cigarettes and eat a less healthy diet.
  - Retired people, housewives and unskilled workers consume far more sweet food than managers and directors.
  - Chocolate and cakes were the most popularly craved foods. Severe sufferers burning their way through at least £15 per week in order to satisfy their cravings.

HYPOGLYCAEMIA

There are three main types of hypoglycaemia. The most common type is that caused when an insulin-dependent diabetic either injects too much insulin or fails to eat soon enough, or to eat an adequate amount of food after an insulin injection. The effect of an excess of insulin is to lower the blood glucose to levels that can cause a marked reaction.

Hypoglycaemia can also occur as a result of certain diseases. Very rarely, a tumour of the pancreas may cause secretions of insulin and profound hypoglycaemia, particularly if the person goes without food for several hours. Additionally it can accompany disorders such as liver disease, especially alcoholic liver disease, over- or under-activity of the thyroid gland, as a side-effect of some drugs, after operations that change the emptying pattern of the stomach and after alcoholic binges.

More severe forms of low blood sugar, often referred to as reactive hypoglycaemia, can be measured and dealt with medically, and indeed persistent symptoms should be medically investigated. Reactive hypoglycaeamia is the term used to describe a fall in blood sugar following a rise brought about by eating a meal with a high content of starch or refined carbohydrates, sucrose or glucose. There has been much debate over the significance of reactive hypoglycaemia. It is probably much less common than was at first thought. The exact nature of the chemical signals involved has not yet been worked out, but it probably involves changes in carbohydrate and protein metabolism in the brain.

Low blood sugar can cause profound changes in mental function as well as physical ability and our mood. Some of the associated symptoms are:

- irritability
- faintness
- dizziness
- weakness
- hunger
- nausea
- headache
- fatigue
- palpitations
- sweating
- apprehension
- anxiety

What your doctor can do

It is fair to say that food craving as opposed to low blood sugar is not really recognised as a syndrome, and because of lack of education about nutrition, it is not something that most doctors would be equipped to deal with. Your doctor can:

- measure your fasting blood sugar levels.
- investigate for any other underlying medical problem like diabetes.
- assess your dietary habits to see whether you have an eating disorder.

Gail's story

Gail was a 36-year-old working mother with two young children who had been suffering with uncontrollable premenstrual bingeing since she finished breast-feeding her youngest child.

'I've always been a vegetarian – very health conscious and sporty. Not the type you'd think would suffer PMS. But all that changed after I had my second baby.

When my periods returned, they returned with a vengeance. I suddenly found myself craving bars of chocolate and junk food. At first it was just one or two bars of chocolate a week but, within months, my craving for chocolate was insatiable and I was eating only junk food.

I'd raid the house for anything chocolatey and if I couldn't find anything, my poor husband would have to go and get me my 'fix'. I'd eat five or six bars in one sitting and still fancy more, even though I didn't really like the taste of it. I'd even raid the children's chocolate box. This went on for 21 days out of my 28 day cycle. I put on so much weight, and experienced feelings of violence and aggression which were vented at my family for no reason.

I visited my GP and was told that my symptoms were psychosomatic. I felt guilty and sure I should be able to control my cravings. During my one clear week each month I'd tell myself that next time it would be different. But, of course, a week later I was that madwoman all over again – cramming my face with chocolate and hating myself for it.

Thank heavens I read about the work that the WNAS were doing. Their programme helped me to withdraw from chocolate and caffeine. The first couple of weeks were awful. I had headaches

and suffered terrible withdrawal symptoms. But I had been warned to expect this and so persisted with the programme. Within a few months I was completely back to normal. I had no cravings and began losing weight. All my premenstrual symptoms were gone. It's been five years now and I've never looked back. Personally and professionally, thanks to a resurgence of self-belief and awareness brought about by the WNAS programme, life is wonderful. For the past three years I have studied incessantly to increase my knowledge of financial services, and practice as a financial advisor. I have since been adopted as a partner – all thanks to the WNAS.'

What you can do

A report produced by The Committee on Dietary Reference Values recommends that we cut down our non-milk extrinsic sugars by 50 per cent – this includes any foods or drinks containing sugar. It is not necessarily an ideal recommendation, as it really depends on how much you were eating in the first place. However, it does present an achievable goal that should bring about substantial improvements in both dental and general health.

The COMA (Committee on Medical Aspects of Food) Report on Dietary Sugars and Human Disease recommended improved food labelling – if we are to cut down we need to know precisely how much sugar is in each packet of food we buy. The same report recommended that medical students should be learning about human nutrition as an integral part of their course.

- *Avoid obesity* Obesity is associated with poor blood sugar control and at its worst can sometimes precede a diabetic state. The message is to keep your body weight in the normal range for your height and bone structure.
- *Reduce intake of alcohol* Alcohol can cause liver damage, which can lead to significant hypoglycaemia. Replacing a meal with two or three gin and tonics, for example, can cause a profound rise and subsequent fall in blood glucose levels, producing all the symptoms of hypoglycaemia.
- *Stop smoking* Smoking can increase the release of insulin and glucagon, another hormone which causes a rise in blood glucose, which is also released by the pancreas. Smoking is a powerful appetite suppressant in the short term. If a balanced meal is not consumed, blood glucose levels will inevitably fall.
- *Cut down on tea and coffee* If these are consumed in large amounts, they can also cause an increase in the release of insulin. Large amounts of sugar consumed in tea or coffee can contribute to an unstable blood glucose level.

- *Eat regularly* Irregular eating can lead to swings in blood glucose levels. This is particularly significant for insulin-dependent diabetics. Missing a meal or fasting will cause blood glucose levels to fall to the lower end of the normal range in susceptible individuals.
- *Take exercise* This is the one factor that can improve the control of blood sugar, as well as having many other health benefits. Exercise increases the sensitivity of the body's response to insulin, leading to smoother control of blood sugar levels. Ideally you should be doing at least four sessions of exercise per week to the point of breathlessness.

Useful tips

- Consume nutritious food little and often to keep blood sugar levels constant. Eat breakfast, lunch and dinner each day, with a wholesome mid-morning and mid-afternoon snack to keep the blood sugar levels constant.
- It is very important not to skip meals, as this will only serve to make matters worse. If your day starts with just a cup of tea or coffee and no breakfast, by mid morning energy levels tend to crash and symptoms occur which include cravings for sweet foods. It is the body's way of informing you that the blood sugar levels are low. Having a lunch time drink, and several cigarettes instead of a meal is about the best way of producing swings in blood sugar levels.
- Concentrate on eating foods with a low glycaemic index – those which are converted into sugar at a slow to medium rate. Foods include wholegrain rice, pulses and most fresh fruit and vegetables. *See* the section on Diabetes (page 165) for further information.
- Eat fresh homecooked foods wherever possible.
- Eat foods that are intrinsically sweet like dried fruit, fresh fruit, nuts and seeds.
- Relax whilst you are eating and enjoy your food.
- Plan your meals and snacks in advance.
- Take wholesome snacks out with you so that you don't get caught short.
- Always shop for food *after* you have eaten.
- Concentrate on a diet rich in chromium, magnesium and vitamins B and C. Although we need a constant supply of all the important nutrients, three specific groups of nutrients have been shown to be needed to maintain normal blood sugar control. B vitamins are also necessary for optimum function of the brain and the nervous system, as is magnesium, which is also necessary for normal hormone function, and incidentally, is the most common nutritional deficiency amongst women of childbearing age. Chromium is a curious mineral of which we have only tiny amounts at birth, and these gradually lessen as the years go by. Chromium, like magnesium and B vitamins can be sourced

in food, but we have to know where to look for it, so this calls for a little study of the Nutritional Content of Food lists on page 483.
- At the WNAS we recommend nutritional supplements of vitamin B, magnesium and chromium in the form of a preparation called Normoglycaemia, which acts as a short-term nutritional prop to regulate blood sugar levels.
- Take regular physical exercise, five sessions per week to the point of breathlessness.
- Use the menus for Sugar Craving on page 476 as a guide.

See also: Obesity, Alcohol, What's wrong with present-day diet and lifestyle?, Nutrition is the key to health, Recommended reading (*Beat Sugar Craving*), References, A very nutritious diet and the Menu for sugar craving.

Gallstones

Gallstones are formed in the gall bladder, whose function it is to collect and concentrate a dark green fluid produced by the liver called bile. This fluid aids the digestive process, especially that of fats, and contains cholesterol, other fats, calcium and pigments derived from the breakdown of blood cells. Gallstones form slowly, usually over many years, when the concentration of cholesterol, calcium and other chemicals normally found in the bile is so great that they can no longer remain in solution. Often the presence of a small amount of bacteria acts as the focus for the onset of gallstone formation. There may be just one stone or many small stones. Often the stones are 'silent' – being present, but without any symptoms. Their presence, however, may cause pain or other symptoms relating to digestion and liver.

What are the symptoms?

The pain caused by gallstones is often severe, episodic and can last up to two hours. The sufferer is likely to be doubled up by pain, which is usually, though not always, located in the upper right-hand side part of the abdomen. Typically the episode passes off after a few hours. Minor episodes may occur, and can be associated with a feeling of sickness, or alternatively an aversion to large or fatty meals which may indeed trigger the attacks. Sometimes infection also develops in the gall bladder in which case there may be a fever, the pain is more prolonged and the sufferer is visibly unwell. If the gallstone moves and blocks the passage of bile from the liver to the bowel then the person becomes jaundiced and the stools become pale.

So much for the full-blown picture. We now know that gallstones are in fact very common and may cause milder intermittent symptoms of abdominal discomfort, nausea and aversion to fats. In this situation the picture is similar to that of irritable bowel syndrome or of a peptic ulcer. The treatments for these three common conditions are very different, so doctors as well as the sufferer need some understanding of what is going on.

Who gets them?

They are rare in children, but do develop if there is a blood condition that leads to an increase in the breakdown pigments from haemoglobin. This can run in some families. Recent surveys reveal that the prevalence of gallstones, detected by ultrasound examination (like that used to look at unborn babies) rises steeply with age especially after the age of 40 and especially in women. Figures of between ten and 20 per cent in the middle-aged and the elderly are not uncommon. Studies show that gallstones are an example of a 'Western diet' – overconsumption of refined foods, low fibre and an insufficient intake of fresh fruit and vegetables.

What causes them?

- Being female, as women carry approximately twice the risk of men.
- Getting older.
- Being overweight, especially if the fat is distributed around the abdomen rather than the hips. Obese teenagers are especially at risk, as are those who gain weight later in life.
- Fluctuating weight. Feasting then dieting may cause changes to the chemistry of the bile that promotes gallstone formation.
- A diet high in sugar and low-fibre carbohydrates, e.g. potatoes, and low in fresh fruit and vegetables.
- Lack of alcohol! Just one drink per day seems to offer reasonable protection.
- The oral contraceptive pill can cause a slight increase.
- Severe constipation in women is associated.
- Some diseases of the liver and bowel are associated.
- A high level of fats called triglycerides in the blood. This is associated with being overweight, being diabetic, or consuming a lot of alcohol or sugar.

What your doctor can do

- *Ignore them* Gallstones that are found coincidentally, and cause no or very few symptoms, require no treatment. Gallstones are a phenomenon that many of us will acquire if we live long enough. However we may not all live long enough for them to be a problem.

- *Remove them with an operation* This is necessary for most of us if they start to cause problems like severe pain, infection or jaundice. The operation may be needed as an emergency, or more usually is tackled when any acute episode is over. During the operation the gall bladder and the stone or stones are removed, and special attention has to be paid to make sure that all the stones present are found.
- *Dissolve them using chemical treatments* Preparations of acids with cholesterol-dissolving properties are a possible treatment for some with stones made mainly from cholesterol. This technique is useful when the stones do not contain a lot of calcium and are contained within a relatively healthy gall bladder.
- *Destroy them using high energy sound waves* This is technically known as extracorporeal shock-wave lithotripsy. With the abdomen immersed in water, high-energy wound waves can be focused upon the gallstones when they shatter. Combining this with chemical means leads to a 90 per cent success rate in selected patients.

What you can do

If you need an operation have it. Then select those pieces of the following advice that may be relevant to you. If your gallstones are not really a problem, and there is no need for definitive treatment, the following advice may reduce the risk of their becoming worse. Increasing numbers of people will fall into this category. These measures may also be helpful if your gallstones are being dissolved by chemical means.

- Lose weight if you need to (see The Simple Weight-Loss Diet page 452).
- Alternatively follow The Very Nutritious Diet or The Vegetarian Diet (see pages 437 and 455).
- Allow yourself one alcoholic drink per day.
- Don't let yourself become constipated (see page 136).
- Take a supplement of magnesium. The WNAS recommend magnesium amino acid chelate for its ability to relax the smooth muscles of the gut to promote healthy bowel function.
- Don't miss meals. Eat regularly and always have breakfast.
- Supplements of vitamin C, 1g per day, might help by encouraging the breakdown of cholesterol.
- Gallstones are easier to prevent than to treat so ensure that you are following a healthy diet from the outset!

Complementary therapies

Traditional naturopathic texts refer to the treatment of gallstones using the juice of six lemons and 300 ml (half a pint) of olive oil. A small

number of our patients have apparently used this treatment after an overnight fast. According to their testimony they have subsequently passed a number of small stones and been relieved of their gall-bladder pain. This is a potentially dangerous treatment for most patients with gallstones especially those with large or multiple stones. If any reader of this book has successfully passed stones in this way we would be grateful if they would contact us. Photographic evidence or a suitable affidavit would be required! This truly is a kill or cure treatment.

Genital Herpes

In the 1980s there was a 90 per cent increase in the incidence of genital herpes in North America, and a similar increase occurred in the United Kingdom. The term herpes is derived from the Greek word *herpein*, meaning 'to creep', and it was first described by Hippocrates. Genital herpes is a disease that is spread through sexual contact, and may be passed to new partners without either party being aware of the risk. It cannot be cured, it may cause cancer, and it may be passed on to newborn babies who either die or become severely brain damaged. When compared to genital herpes, syphilis and gonorrhoea appear to be relatively mild diseases.

The virus that causes genital herpes is the herpes simplex virus type 2 (HSV-2). This is one of a family of five herpes viruses that cause a wide range of human ills, including chickenpox, shingles, infectious mononucleosis (glandular fever), and birth defects such as mental retardation. Research suggests that HSV-2 is a complicated virus, with over 100,000 different strains or varieties of its basic structure. HSV-1, the virus that causes cold sores can also cause genital herpes as well . As people 'swap' mucous membranes during sexual intercourse, it is likely that either of these types of virus may be present in genital herpes.

What are the symptoms?

Genital herpes affects the vulva, perineum, buttocks, cervix, the vagina, thigh or anal area, and sores can erupt in any of these areas.

Any combinations of the following symptoms may occur:

- Itching
- Fever
- General malaise
- Burning
- Painful urination
- Swollen lymph glands
- Blisters
- Immobility
- Painful bowel movements
- Open sores
- Headaches

When genital herpes repeats itself, as it does, particularly in the first year following the primary attack, some of these symptoms may recur. The attack usually begins when a person experiences an itchy tingling sensation over a reddened area of the skin, which is followed hours or days later by a single blister, or cluster of highly infectious fluid-filled sores that will erupt in one to two days, and then crust over after three or four days. These sores usually appear on the cervix, in the vagina and in the urethra, and in men the sores are generally on the penile shaft.

The primary outbreak may involve intense pain for as long as three weeks, but subsequent outbreaks tend to be less and less severe as time passes, and in some cases they are almost unnoticeable.

What causes it?

The virus can be passed to a woman in any of the following ways:

- sexual intercourse with an infected partner with active sores.
- sexual caresses from a partner with herpetic whitlows, sores on the fingers.
- oral sex with a partner who has a herpes sore on the mouth.

It can also be triggered by internal stimulation of the latent virus which has been hiding in the body, by any of the following:

- emotional stress
- over-exertion
- sunburn
- fever
- ultraviolet light
- onset of a period
- anxiety or depression over the illness
- persistent vaginal discharge
- chafing
- impaired immune system which may be caused by some of the above and by a lack of essential nutrients.

What your doctor can do

- Prescribe Acyclovir, the only effective anti-viral agent. It can be given as a cream for those suffering their first attack, but this does not help recurrent episodes. In tablet form it is not always well absorbed. A dose of 200 mg five times per day for five days can be used to treat repeated attacks, but to be of any use it needs to be taken as soon as symptoms begin, often before there is definitive evidence of the infection. This means your doctor giving you a prescription to carry around with you in the event of a further attack. Long-term use of Acyclovir

to prevent attacks is sometimes used. The dose is 200 mg per day. This is only rarely required.
- Assess you for the presence of other genital infection especially candida.
- Assess and treat your partner.

What you can do

- Report early when you have symptoms.
- Use symptomatic treatment to control the discomfort, which includes painkillers, e.g. aspirin or paracetamol, especially if there are generalised 'flu-like symptoms, and local applications of iodine ointment (messy but effective), ice packs, or used tea bags (an old folk remedy).
- Refrain from sexual intercourse – just in case you wondered.
- Wear underpants in bed at night to minimise the risk of spread to other parts of the body, e.g. the hands and eyes.
- Wash your hands thoroughly every time you go to the toilet.
- Try supplements of Lysine. Lysine is an amino acid found in foods and can replace the chemically related amino acid arginine which is needed by the virus to replicate itself. Supplements of lysine have been used in the treatment of oral herpes with some benefit. Not all studies have been positive. The dose is 500 mg three times per day. Some advise taking it with vitamin C, 1g three times per day.
- Follow a diet rich in lysine and low in an opposing amino acid arginine. This means avoiding nuts, chocolate, carob, oats, wholewheat and soya beans. You can eat more of fish, chicken, meats, milk, cheese, mung beans and other beans but not soya.
- Try supplements of multi-vitamins and zinc in the longer term as a means of improving resistance to infection. Zinc applied topically as zinc sulphate can give immediate benefit, but treatment given in its early stages is more effective. Also follow The Very Nutritious Diet (see page 437).
- Oral consumption and topical application of vitamin C can increase the rate of healing of herpes. It is most effective when treatment is administered in its early stages.
- B-complex helps combat the virus and helps to keep it from spreading. It also works synergistically with the amino-acid lysine to prevent further outbreaks.
- Tea tree oil is a powerful natural antiseptic and is best applied during an outbreak. Use it neat or dilute in distilled water or cold-pressed vegetable oil. Avoid contact with the eyes.
- Liquorice root inhibits both the growth and cell damage caused by the virus. *Do not take* for more than seven consecutive days or if pregnant. AVOID it completely if your suffer with high blood pressure.
- Applying black walnut or goldenseal extract to the affected area may help. See a qualified medical herbalist for more specific advice.

- Garlic in capsule form has natural antibiotic properties and has also potent immune boosting properties.
- Avoid those factors that seem to precipitate an attack.
- Do not get pregnant until this problem is sorted out. You should probably see a venereologist if your genital herpes is recurrent, and you and your partner are planning a pregnancy. It is possible for a woman with genital herpes to bear a normal healthy child, if medical screening procedures are methodically followed prior to delivery. If the screening shows that the infection has become active near or during labour, the baby can be protected by being delivered by caesarean section.

Complementary therapies

Anything that helps to strengthen the immune system may help to increase your rate of healing. The main four therapies – cranial osteopathy, acupuncture, herbal medicine and homeopathy are all geared to do this in their own way. It is a matter of preference which combination of therapies you try.

Julie's story

Julie is a 36-year-old mother of three who works as a receptionist at a Family Planning Clinic. She had suffered with herpes for thirteen years and although she and her doctor tried all sorts of medication nothing really kept the herpes at bay.

'I have been suffering with herpes for so long and they have been much worse for the last couple of years. I remember two years ago we went on a family holiday in the sun and my whole top lip swelled up. It really ruined the holiday. I also had boils on my chin to accompany the herpes which made me feel like nothing on earth. Last year we went on holiday – there wasn't even any sunshine – but I still had an attack. In fact, when I think about it I have had herpes every couple of weeks for years and it seems to last for about ten days each time so I have been rarely free of an ugly cold sore on my lips.

My doctor had prescribed all sorts of products. We have tried antiseptic and I have even tried anti-biotics but nothing seemed to help. In fact, some of the products for herpes seemed to make the sores spread.

I approached the WNAS for some help with my premenstrual syndrome, after reading their book on PMS, No More PMS, *three months ago. Not only is my PMS relatively non-existent now but I haven't had an outbreak of herpes or boils since I began. I can't really believe it and I am thrilled to bits. We are off to Cornwall this year and I am looking forward to a normal family holiday.'*

See also: References.