



I'M WELL

# CARING CLINIC NEWS

The Caring Clinic  
35 Barkers Road  
Nether Edge  
Sheffield  
S7 1SD  
Tel.0114 255 1345

Website: [www.thecaringclinic.co.uk](http://www.thecaringclinic.co.uk)



I'M HAPPY

## This Edition Is About Increasing Awareness

### Science Or Commonsense?



There would have been more merit and benefit to us all if we could have written the headline "Science and commonsense". At this time it does look as though we can have one or the other but not benefit from both.

In a recent interview for a newspaper article I was asked what I thought was the most important issue in achieving longevity. I suspect the interviewer expected me to talk about food selection or the use of supplements, issues that I do believe to be important. What I actually said to the journalist was that after twenty-three years of using Applied Nutrition, helping people with all sorts of illness, I am more than ever convinced that **the key element to achieving wellness and longevity is Peace of Mind.**

Can I prove this statement with science? No. There is no blood test to measure peace of mind; there is no pill, supplement or pharmaceutical, that will provide peace of mind. But any illness or crisis can be the catalyst and the opportunity to begin to make the changes that can ultimately bring peace of mind.

It is now accepted that smoking contributes to illness and grudgingly mainstream health professionals are beginning to accept that food selection can influence health and brain function positively and negatively. Despite these obvious signs of accepting some aspects of commonsense, for the most part we are not encouraged to be responsible for our own health. Many Doctors actively discourage their patients from asking questions. Our culture, mostly for profit, encourages us to do what ever we like and when such action or lack of action has a negative influence on our health we are encouraged to believe there is a specialist within the NHS that can put it right!



The NHS is described as a health service free at the point of delivery. In reality it is an illness service that at inception helped millions of poor people to seek the help they needed, but the long-term effect has been to discourage people from looking to themselves to prevent dis(ease). This is no way to find peace of mind. It is a concept that discourages questions.

If you are unwell it is always worth asking lots of questions, not least, "does my belief system inhibit my prospects of recovery, and has the way I have led my life till now contributed to the current crisis? Do the side effects of my prescription outweigh

the potential benefit and most importantly **what can I do to help myself?**”

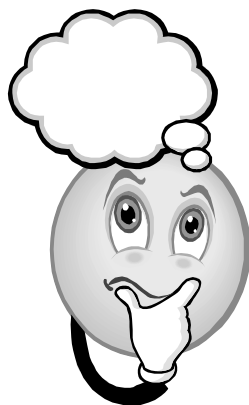
It is that last question that transformed my life when I was very ill. Unfortunately most people will need a crisis of some description before asking such a question, but it is the question that is most likely to lead to finding peace of mind. Most times it is a progressive and sequential journey of self-discovery, i.e. one change leading to another.

The most powerful tool we have is the power of thought both positively and negatively, extremes of doubt lead to more doubt and insecurity, fear feeds fear, anxiety tends to lead to greater anxiety and so on. It is no secret that once you turn those negative thoughts around positive action follows.

**“Yesterdays thoughts have created your present. Today's thoughts are creating your future”**

(James Newman)

Increasing the use of B vitamins and balancing calcium and magnesium will have a positive influence on anxiety and the like, but if at the same time you can begin to change the thought patterns that have contributed to the problem, the out come and the positive influence on health is always that much more significant.



There is scientific proof that shows that the use of appropriate supplements and a highly varied diet contribute greatly to improved health

Commonsense says that **if you always do what you have always done you will always get what you have always got. Conversely, if you do not like what you have got, it is time for change.**

Brian Hampton.

## EDITORIAL

### Science and Profit etc.

Anyone who has read other articles written by me will know, one of my major concerns is the way science is manipulated in the name of profit.

I always have difficulty when asked by a client for my views on **vaccination** and I am hoping the article we have reproduced from “100% Health”, a magazine and Email service provided by Patrick Holford, will clarify some of the issues involved.

In the same vein, my views on the adverse effects of added sweetness is well known. My first concern for any added sweetness including “safe” products like Zylosweet is that by using such products our taste buds do not get a chance to change. I am aware, myself included, the more sweetness we have the more sweetness we desire. The reverse is also true and a good reason for avoiding added sweetness. The health hazards associated with chemical sweeteners have been well documented but profit needs keep the diet hype rolling. For that reason we have partly reproduced an article, **“The Sweetest Scandal”**, from a recent Complementary and Alternative Medicine magazine.

References for both articles are available.

I am pleased that finally an august body, like the FDA has finally accepted that mercury amalgam fillings are hazardous. The foot note at the end of the article, taken from WDDTY is significant-simply drilling an existing filling can be hazardous. But protocol exist to protect any patient who wants to rid their mouth of this poison.

Continuing the commonsense theme we have reproduced an article I wrote for [www.gotosee.co.uk](http://www.gotosee.co.uk) about **role modelling**, a technique used extensively in business and sport that also applies very readily to health and well being.

## Dr Halvorsen Answers Your Vaccination Questions



Dr Halvorsen is the author of the excellent book [The Truth About Vaccines](#) and a GP with more than 20 years experience in NHS practice. He started to offer mercury-free vaccines to his NHS patients before these

vaccines became widely available, and has offered the single measles, mumps and rubella vaccines as an alternative to the MMR for many years. In response to parental demand, he launched Babyjabs, a London-based children's immunisation service that offers parents a comprehensive choice of single and small combination vaccines, as free from additives as possible, to complement the standard NHS schedule.

**Q: Would you condone not vaccinating children at all, especially if they have a healthy diet/lifestyle? Or do you believe there are certain vaccinations, which are vital for children in our modern day? Also, don't vaccinations compromise our immune systems?**

A: I do not share the view of many of my medical colleagues that full immunisation is essential for a child's health. If parents make an informed decision not to vaccinate their child, then I do not believe this is irresponsible. Deciding if, how and when to vaccinate can be both difficult and confusing. However, I do recommend that all children are vaccinated against tetanus, while at the other extreme, I am at a loss to explain why all children are vaccinated against mumps, which, in the overwhelming majority of children, is a harmless illness.

There is evidence that vaccinations can have adverse effects on our immune systems – for example, delaying giving a baby vaccines by a few months can reduce the risk of asthma by more than half.

**Q: Overall what vaccinations would you recommend children in the UK to have, if any?**

A: I believe that parents should be allowed to make an informed decision as to what vaccines to give their child; this is what we encourage – and offer – at Babyjabs. Unless your child is never going to play in fields, then I would strongly encourage tetanus vaccination. I recommend vaccination against diphtheria and polio, but there is absolutely no need to start these at two months; unless the child is traveling to a high-risk area, both these vaccines could be left until later in childhood. On balance, giving the single measles vaccine is safer than catching measles. It is important that all girls are immune to German measles before they could become pregnant; immunity can be obtained by catching German measles naturally (though this is unlikely now that most children are immunised) or from vaccination. The benefits of vaccinating against the various types of meningitis (Hib, Meningitis C and Pneumococcus) and whooping cough are more finely balanced and depend on your priorities as a parent.

**Q: When our son was six (five years ago) he had the measles vaccination only. Not long after, he was diagnosed with Type 1 diabetes and since then we have been reluctant to do the mumps and rubella as single vaccinations. The GP will only offer the MMR. What would you advise?**

A: There are certain vaccines that it may be best to avoid if your child, or a close relative, has diabetes. These include Hib, mumps, MMR and hepatitis B. It is not essential for a boy to be immunised against mumps or rubella – and you could get a blood test done to see if he is protected against measles.

**Q: Please can you explain why MMR is so controversial and why it is considered okay to give these vaccines separately but not together.**

A: Of all the vaccines available, the MMR is the one about which I have the most concerns. Though safe in the majority, it is likely that it causes autism and bowel disease in a small number of susceptible children. Sadly there is no test to find out which children are more likely to develop problems after the MMR. It is probable that the single vaccines are safer, provided that they are separated by a sufficient amount of time – I usually suggest six months, though the optimum time is not known for certain. Separating out the vaccines by giving them singly minimises the risk of the viruses interacting in a way that could be harmful.

**The MMR is the only vaccine in use to contain three different live viruses,** and this is believed to be the reason why it causes a problem in some children.



**Q: My daughter is 18 months and not yet vaccinated. I have read so many horror stories and so I am really hesitating about having her vaccinated. If I do, I would simply like to give her the diphtheria, tetanus and polio. My pediatrician says they are no more supplies of these vaccinations and is trying to persuade me to have the 5-in-1. Is it possible to get single vaccinations and, if so, is it possible to obtain them without mercury?**

A: At Babyjabs, we offer parents a comprehensive choice of single and small combination vaccines for their child. These include single vaccines against tetanus, diphtheria and polio; all the vaccines we offer are free of mercury and, where possible, aluminium-free. Sadly, these vaccines are not available on the NHS where the only choice is the 5-in-1 vaccine or nothing.

**Q: My daughter has had single vaccines for rubella and measles vaccinations but not mumps (I was told there was no vaccination available at the time). I know there is a booster for MMR but have discovered that there is a school of thought that says that single vaccines are more effective and therefore a booster does not need to be given. I would like to know if this is true – not because I want to give my daughter further vaccinations but so that I can be aware of whether she may still contract any of these illnesses.**

A: The MMR and the single measles, mumps and rubella vaccines are effective in most children after one dose. A second MMR dose is given to cover those children in who one or more components of the vaccine may not have worked first time around. The single vaccines are at least as effective as the MMR, and there is some evidence that the single mumps vaccine may be more effective than the mumps component of the MMR. The effectiveness of one dose of the single vaccines is approximately: measles 90%, mumps 85%, rubella (German measles) 95%. There is a blood test available with which you can check whether or not your child is immune to these diseases, and thus whether or not they need a second dose.

For further information visit

[www.babyjabs.co.uk](http://www.babyjabs.co.uk).

**Q: I live in Switzerland and our canton has just announced free vaccination for young girls between the ages of 13 and 18 against cancer of the cervix. I would very much like to know your opinion on this new vaccination.**

A: The new HPV vaccine is about to be offered to **all UK 12-year-old girls from this September**. HPV is very common, but of those women who catch HPV, only 1 in 2,500 will go on to develop cancer of the cervix. Cervical cancer is a rare disease. Under a thousand women die from cervical cancer every year in the UK, a tragedy for those individuals and their families, but a small number in population terms. There are 18 other cancers from which a woman is more likely to die. We do not yet know if the vaccine is safe, particularly as there has been



hardly any research on 12 year-old girls, the very people to whom it is about to be given. We will not know for 20 years whether the vaccine will do what is actually claimed – that is prevent cervical cancer.

There are two HPV vaccines available. **The vaccine being used in the UK, Cervarix, has had its application for a license in the USA refused**, possibly because of a novel ingredient (the adjuvant AS04) that has been used very little in vaccines. What's more, Cervarix doesn't protect against the two most common kinds of genital warts, while the other HPV vaccine used in most countries (Gardasil) does. Both these vaccines were launched with unprecedented hype – and the two rival manufacturers are expected to bring in \$4 billion every year from global sales.

**Q: Is there a list of the types and dates of all vaccines, utilised in health initiatives in Great Britain?**

A: Please refer to my book, *The Truth about Vaccines*.

**Q: Do children vaccinated for Men C need a booster?**

A: All children who received a course of Men C vaccines at three, four and five months, but without any booster, will have little or no protection. To maintain immunity throughout teenage years, they require a booster dose. Those aged less than ten when they were given a single dose during the mass immunisation campaign of 1999/2000 may also require a booster.

**Q: How bad is aluminium in vaccines? Surely the amount is insignificant compared to what's naturally in our diet?**

A: The amount of aluminium a baby gets in the diet every day is not hugely different to the amount of aluminium contained in one day's vaccinations. However, the crucial difference is that hardly any of the dietary aluminium (less than 1%) is absorbed into the body, whereas all the injected aluminium in vaccines is. **This means that babies receive in vaccines the equivalent of over one hundred times the maximum recommended daily safety levels for dietary aluminium.** It is known that aluminium can cause brain damage, and that newborn babies are likely to be more susceptible to the effects of aluminium. The metal has been linked with hyperactivity and learning disorders in some children. There have been virtually no good quality studies on the safety of aluminium in vaccines, so we just do not know whether the aluminium contained in vaccines could be harming some children. Caution should rule the day, and the amount of aluminium in vaccines should be kept as low as possible.

**Q: The so-called experts are now promoting mercury in vaccines to be safe. I would like to know your take on this?**

A: Mercury is one of the most toxic substances known to man and should never have been a component of vaccines given to babies and children – or even adults for that matter. It has probably contributed to the rise in numbers of children with autism, hyperactivity, speech disorders and other developmental problems. While it is no longer added to vaccines given in the UK, mercury-containing vaccines continue to be given to tens of millions of children, many poorly nourished, around the world every year.

## The Sweetest Scandal

**The latest evidence on artificial sweeteners shows that not only are they the cause of many health problems, including cancer, but they also make you fat**

It's one of the greatest lifestyle mysteries of modern times: Americans have the highest intake of low-fat and sugar free foods in the world and yet, they are among the most obese people on the planet. Why? For years doctors have puzzled over what they have come to call the 'American Paradox'



**The latest bombshell finding is that sugar substitutes can make you fat.** Indeed the very reason people use these low calorie sweeteners may result in the opposite effect.

There is also accumulating evidence that these food additives are not as innocuous as their manufacturers and the authorities like to claim. For example there's continuing evidence that aspartame can cause cancer, a charge levelled at the substance as early as 30 years ago.

### Weighty Issues.

Professors Terry Davidson and Susan Swithers are psychobiologists working at Purdue University, Indiana, in the Ingestive Behaviour Research Centre. The Centre studies the food choices that individuals make. Five years ago they puzzled over the **American Paradox** and came up with a theory. In a paper called 'A Pavlovian Approach to the Problem of Obesity', they speculated that the body may be using taste to control its food intake. "Much as Pavlov's dogs learned that the sound of a bell signalled food, people may learn that both sweet tasting and dense, viscous foods signal high calories," they suggested. "The body may use this information to determine how much food is required to meet its caloric needs." The crucial point, they theorised,

was that this delicate act of self-regulation might be upset by artificial sweeteners (Int J Obes Relat Metab Disord, 2004:28:933-5).

To test their theory they mixed sweetened yoghurt with the normal feed of laboratory rats. One batch of rats were given yoghurt sweetened with artificial sweetener (saccharin), while the yoghurt given to the other batch was sweetened with ordinary sugar. The results were extraordinary. The saccharin fed rats consumed more calories in total than the rats that had the normal sugar, so of course ended up gaining more weight. In fact, on average, they were a staggering **25% heavier after just five weeks.** In another related study the researchers saw the same phenomenon.

The researchers, in a third study to measure energy expenditure, found that saccharin fed rats had slightly lower energy expenditure after eating a high calorie meal containing sugar. "In addition to somehow stimulating food intake, we think that artificial sweeteners may blunt the energy expenditure mechanism as well," says Davidson and Swithers. Although these studies have used animal models and therefore may not necessarily apply to humans, the researchers see no reason why, in this case, their findings shouldn't hold true in people.

Predictably, the industry has been quick to retaliate. "Studies like this are a disservice to the consumer because they oversimplify the causes of obesity", says the US Calorie Control Council. "It is true that there has been an increase in the use of low calorie artificial sweeteners at the same time that we have seen an increase in obesity, but there has also been an increase in the use of cellphones and nobody is suggesting that they cause obesity"

Nevertheless the data amassed by Swithers and Davidson appears to tally with observations made in the real world. Twenty years ago, Florida physician Dr H.J. Roberts, a passionate campaigner against artificial sweeteners, reported that 5% of his patients

showed “paradoxical weight gain” with low calorie drinks, such as Diet Coke, that contains aspartame (J Appl Nutr,1988;40:85-94)

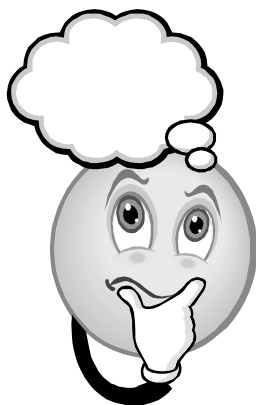
More recently, University of Texas Health Sciences Center researchers investigated the relationship between artificial sweeteners and people’s weight. They monitored nearly 2000 people for eight years and found that although all of these individuals had been normal weight at the start of the study, by the end of the observation period, about a third of them had become obese.

The researchers focused their analysis on the intake of soft drinks and sodas. Interestingly, although sugared drinks contain far more calories, it was those who chose diet sodas who put on more weight.



**“There is a 41% increase in the risk of being overweight for every can or bottle of diet soft drink a person consumes each day,”** reported lead researcher Sharon Fowler.

These findings are not proof of a causal relationship between artificial sweeteners and weight gain, as one explanation may be that the fatter people get, the more they may feel obliged to switch to diet drinks. Nevertheless it offers food for thought.



## **Aspartame: The Worlds Best Selling Artificial Sweetener But Is It Safe?**

Aspartame (NutraSweet, Spoonful, Equal, Equal-Measure and Canderel) is used in over 6000 products, from low calorie drinks to toothpaste, and is consumed by over 200 million people. Despite it being given a clean bill of health by government agencies across the world, aspartame’s track record is anything but straightforward.

**1965** Accidental discovery of “an organic compound with a profound sucrose (sugar) like taste” by drug giant G.D. Searle.

**1970** US neuroscientist Dr John W. Olney finds aspartame causes brain damage in mice.

**1974** FDA approves aspartame for limited use in “dry foods”, but then rescinds it.

**1980** FDA recommends against approval in response to Japanese data showing aspartame may cause brain tumours in rats.

**1981 January** G.D. Searle president and Republican Party supporter Donald Rumsfeld applies for full FDA approval the day after Republican president Ronald Reagan takes office.

**1981 July** FDA approves aspartame for use in dry foods, with a stated acceptable daily intake (ADI) of 50mg/kg body weight/day.

**1982** UK approval given with an ADI of 40mg/kg body weight/day.

**1983** FDA approves aspartame in drinks.

**1987** FDA Task Force reports that “Searle has not submitted all the facts of experiments to FDA...experiments have been poorly conceived, carelessly executed, or inaccurately analysed or reported”

(Continued on page 8)

(Continued from page 7)

**1988** US clinical psychologist Professor Ralph Walton analyses 166 peer-reviewed studies of aspartame: the industry-funded studies all say that aspartame is safe, but 91% of the independent studies conclude it is not.

**1988** EU gives approval, and its additive number is E951

**2006 January** In the UK, 46 MPs sign an Early Day Motion calling for aspartame to be removed from the list of permitted food additives.

**2006 March** Italian researchers claim that aspartame is carcinogenic.

**2006 May** The European Food Safety Authority (EFSA) declares that “there is no need to further review the safety of aspartame”

**2007 April** The FDA “finds no reason to alter its previous conclusion that aspartame is safe as a general purpose sweetener in food”

**2007 November** International scientist employed by the Washington, DC-based Burdock Group (“our food industry solutions help you bring your products to market safely and profitably”) declare that “the weight of existing evidence is that aspartame is safe at current levels of consumptions” (Crit Rev Toxicol, 2007;629-727)

*Some people would want to debate the safety of aspartame but considering its rather chequered past the question you surely have to ask yourself is: “Would you want to consume aspartame?” If the answer is no then be sure to check your labels in the supermarket for **E951 or any artificial sweeteners.***

## Your dental fillings are toxic, the world's major health regulator finally admits



Amalgam fillings in our teeth are toxic and harmful to our health, America's health regulator, the Food and Drug Administration (FDA), finally admitted recently after claiming for years that they were safe.

This unprecedented about-turn marks the sudden end of a lawsuit that had been mounted by advocacy groups, such as Moms Against Mercury, who are seeking to ban the use of mercury in amalgam fillings and children's vaccinations.

In an official statement, which has been posted on the FDA website, the regulator admitted that mercury-containing dental fillings “**may have neuro-toxic effects on the nervous systems of developing children and foetuses.**”

The statement puts the US in line with a handful of other countries that already ban the use of mercury fillings in pregnant women. The FDA is calling for further research, and may announce a complete ban on amalgam fillings.

**Dentists warn that an inexpert removal of amalgam fillings can cause serious chronic illness, and they're right.**



(Source WDDTY E-NEWS 26th Sept 2008)



## Study finds the more supplements you take the healthier you are.

Supplement fanatics have long been accused of '**just making expensive urine**' but an authoritative study, published in the Nutrition Journal, finds that the **more supplements a person takes, the healthier they are.**

The study, conducted by Dr Gladys Block at the University of California, examined a number of health measures, including blood vitamin levels and disease risk, in three groups of people - those who took no supplements; those who took a multivitamin usually based on basic RDA levels; and those who took a combination of many supplements such as vitamins C, E, D, essential fats, lecithin, coenzyme Q10, glucosamine, B complex and others. Almost nine out of ten of the multiple-supplement users consumed 20 or more different kinds of supplements throughout the year. The study was partly motivated by the concern that taking large amounts of supplemental nutrients might lead to adverse effects from overdosing, but the results showed startling health benefits and disease risk reductions the more supplements were taken, with no apparent downside.

**The risk for diabetes was 73% less and the risk for coronary heart disease was 52% less in the multiple-supplement takers** compared to those who didn't take any supplements. On self-assessment, the multiple-supplement takers were 74% more likely to rate their health as 'good' or 'excellent'.

**In blood tests, none of the multiple-supplement takers had sub-optimal levels of vitamin C**, while 94% had optimal levels (defined as greater than 1.0mg per decilitre). However 32% of the non-supplement takers had sub-optimal levels, as did 9% of the single-supplement takers. Less than half (47%) of the single-supplement takers had optimal vitamin C levels.

One of the best overall indicators of health is your **homocysteine level**. The lower your homocysteine, the lower your risk of heart disease, strokes, Alzheimer's disease, depression, osteoporosis and pregnancy complications.

In this study, four times as many people not taking supplements (45%) had elevated homocysteine levels (above 9  $\mu\text{mol/l}$  - averaging 9.6) compared to the multiple-supplement takers (11% - averaging 6.1). Single-supplement takers were three times more likely (37%) to have raised homocysteine levels. Elevated homocysteine is most reliably lowered by supplementing optimal levels of vitamin B2, B6, B12, folic acid, TMG and zinc.

**Multiple-supplement takers also had significantly higher HDL 'good' cholesterol**, lower triglycerides, a better HDL/cholesterol ratio and lower blood pressure - all reliable indicators of reduced risk for cardiovascular disease.

There was no indication of risk of overdose or negative side-effects from taking multiple supplements. Far from wasting their money 'making expensive urine', this study strongly suggests **that popping a handful of supplements a day is likely to add years to your life and life to your years.**

These findings are completely consistent with the emerging science helping to define what 'optimum nutrition' really means. More people are realising that supplementing your diet is necessary if you want to achieve optimal health. An estimated four in ten people in Britain now take supplements, although most take a single supplement, usually based on the basic 'RDA' levels for the main vitamins and minerals. (The RDA is the government-recommended level required to avoid deficiency rather than achieve optimal health.)

(P.Holford E-News Nov 2007. Gladys Block et al, Usage patterns, health, and nutritional status of long-term multiple dietary supplement users: a cross-sectional study, The Nutrition Journal, 6: 30, 2007)

## ROLE MODELING IN HEALTH

A well accepted route to success in business and sport is to study successful people and what they do and then apply that approach to your own aspiration. The same principle can be successfully applied to health, but it is a concept that seems to have largely bypassed orthodox medicine. **Doctors** are encouraged to **study disease and consequently become very good at finding it.** In this model the professional is looking for the one cause of the named illness so that they can apply a common cure for everyone identified with the same condition.



Unfortunately there are huge profits to be made by many people, organizations and corporations from supporting this paradigm. On the other hand **Complementary Therapists** for the most part, in the interest of holism, **study wellness and then look at what needs to be done to bring wellness (health) to someone who is ill or diseased.** In a situation like this there may be some common aspects of therapy that can be applied to each patient/client, but by definition there is a need to individualize a programme of recovery. Always the limiting factor for any therapy is the limit of the therapists' knowledge, which inevitably leads to some shortfalls. For example counselling has many benefits in many situations, but talking therapies that ignore the role of food in mood control are not necessarily going to be fully effective. The same is true the other way round, a nutrition therapist unable to see emotional pain in their patient/client is also going to provide a shortfall in potential recovery.

It is for this reason there needs to be a paradigm shift in health care and it involves

the person with the problem taking a more active role in their recovery. The NHS has brought many benefits but the way it has developed actually discourages people from taking responsibility for their own health.

No one therapist, orthodox or complementary is ever going to have all the answers a patient/client needs. Therefore that person needs to be in control of investigating their own best route to restoring their health. In other words they need to recognize the value in role modeling. In its simplest form it is a matter of finding some one who has had a similar problem and investigate how they overcame it and apply the same approach to themselves. The approach is more likely to involve a lot of reading of books and/or consulting the Internet. It could also mean interviewing therapists to ensure empathy and understanding and so on until you have gathered sufficient information so that you can decide upon your treatment priorities.

Orthodox treatment may well be the first answer to buy the time needed to introduce lifestyle changes. Equally you may find that for many degenerative and chronic (long term) conditions Complementary Therapies have better answers, usually with **fewer side effects to worry about.** As a guideline it is worth applying the three-month rule to any therapy of your choosing. With Applied Nutrition Therapy you should have clear and discernable improvements within this time frame. If with this or any other therapy you are not getting the results you deserve it is time to move on by either changing your therapist or adding another modality. Knowledge and action of this nature brings power to the patient.

Successful modeling is about replacing, “the why me?” and “the poor me” approach to life with the more helpful, “**here is the problem, what is the solution?**” approach to life. The only down side to this paradigm shift in health care is that you as an individual have to make some changes, and for some people the changes can be profound but in all cases the benefits are there just waiting to be found.

# PAM'S PAGES

## Caring For The Whole Person.

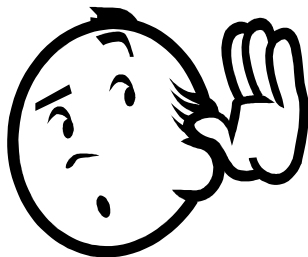
Most of those reading this Caring Clinic News will have been ill or stressed on some level and in fact practically everyone has.

When I was younger, I'd had a lot of that. From a traumatic premature birth in India and onwards I was always ill. I missed nearly all my schooling up until the age of 11 and after that my schooling was spasmodic (luckily my dad was a teacher.) Our doctor called me 'Skinny Lizzie' and was even prone to calling at our home uninvited to see how I was. I'm grateful for the help and support he gave, but it didn't get me to where I wanted to be i.e. a healthy person, living my life.

Over the years I was drawn to different therapists, therapies, books, courses etc. I learned that I had to, in many ways, be a pioneer and do it myself. I discovered that there is a body, mind, spirit link. Also, that to become a whole, healthy person I needed to address and help these parts and help them to communicate and integrate with each other— and then with other people, the world and maybe even the cosmos.

**'We are all individual and unique and we are also all one'** These are interesting words, but when you actually experience them- wow!

Very often, illness is the body/mind forcing us to listen to what we are not hearing.



Many times, when we experience body pain and dysfunction or difficult feelings we are

not being supported or heard or validated either by other people and/or by ourselves. So the messages get stronger or repeat more often in an attempt to get us to do something about it.

Initially I trained in many different therapies which addressed body, mind and spirit. So I learned massage, aromatherapy, reflexology. Touch for health and Indian head massage to help ease, nurture and care for the physical body. I also did a short course in nutrition. For the mind, I studied counselling, visualisation, inner child work, regression, stress management and hypnotherapy. Healing helped me discover the spiritual aspect as did the Metamorphic technique, colour therapy and meditation.

I used all these therapies on myself regularly as well as using them for other people. Some people called me '**jack of all trades**' (and master of none) and I felt dis-empowered. Then I realised that I was, in fact, a '**multi-faceted diamond**' That felt much better and I took it on as a truth.

At first it was not easy. There was a lot to learn and do. Then it got easier. I regained my health and then found that it took me further. I understood more about not just health, but about growth and evolution and incredible potentials for the human mind, body and spirit. I'm still learning and forever grateful for my experiences here on earth.

Some of you will be aware of and have done all this for yourselves. Others may not want to. Still others may be on the way. If you are just at the beginning, don't be overwhelmed. Start somewhere, one step at a time and be discerning by asking questions of the therapy/therapist. Follow your heart and listen— to your body, intuition etc.

Enjoy.

(Pam's Pages continued)



### Remember

To listen to your body  
To let it rest when it needs to rest  
To move it when it wants to move  
To let it give and receive warm fuzzy strokes  
To appreciate all that it does for you  
To let it play, whatever your age  
To let it deeply breathe fresh air, the breath of life  
To feed it well  
To get help when necessary  
To learn to love how it looks  
To trust and believe in it and watch it respond.



### Remember

To have happy thoughts  
And sad thoughts  
And judge neither  
To re-build a world with your thoughts  
which you love to live in  
To know that change is possible



### Remember

To honour all your feelings  
And that if you deny them  
They will be pushed down  
Deep into your subconscious  
Ready to erupt when you least expect it  
For no apparent reason  
But if you allow them  
And tend to them lovingly  
They will serve you  
And enrich your life



### Remember

You are a spiritual being  
having an earthly experience.  
If you stay in touch  
No matter where you are  
You will be home.

## INFORMATION CORNER

### 1) Caring Club Membership

We are now offering an **Enhanced Membership option** for £35.25pa This **includes** a personal annual **Health MOT/ Review** (worth between £38.19 and £76.38). Plus a **free copy of 'The 90% Diet' book** (£7.95) written by Brian.

The Caring Club standard membership is now £1 a month + VAT i.e £14.10 p.a. This continues to offer excellent value for money and is the first increase in price for years! We are hoping you will use the convenient option of paying by **Standing Order**.

### 2) New Products

**Gillian McKeith's Organic Shelled Hemp Seeds. £3.99 (150g)**

These ready to eat loose, raw shelled hemp seeds are rich in essential fatty acids etc and make an excellent addition to recipes. Sprinkle them on salads, soups, add to breakfasts and smoothies.

**Strawberry Flavoured Toothpaste Great For Kids. £2.99 (100ml)**

Some of you may be familiar with the Aloe Dent Whitening Toothpaste we stock. We got this strawberry flavoured toothpaste in after a request from a member who could no longer obtain it easily. Both these are free from the nasties that come in conventional toothpaste.

**3) REMINDER** :Please write to your MEPS and the Commissioner (address below) to defend consumer access to beneficial, safe and popular high potency supplements as it is now that the levels are being debated.

Commissioner Androulla Vassiliou  
Health and Consumer Protection Directorate  
EUROPEAN COMMISSION  
DG Health and Consumer Protection  
B-1049 BRUSSELS