

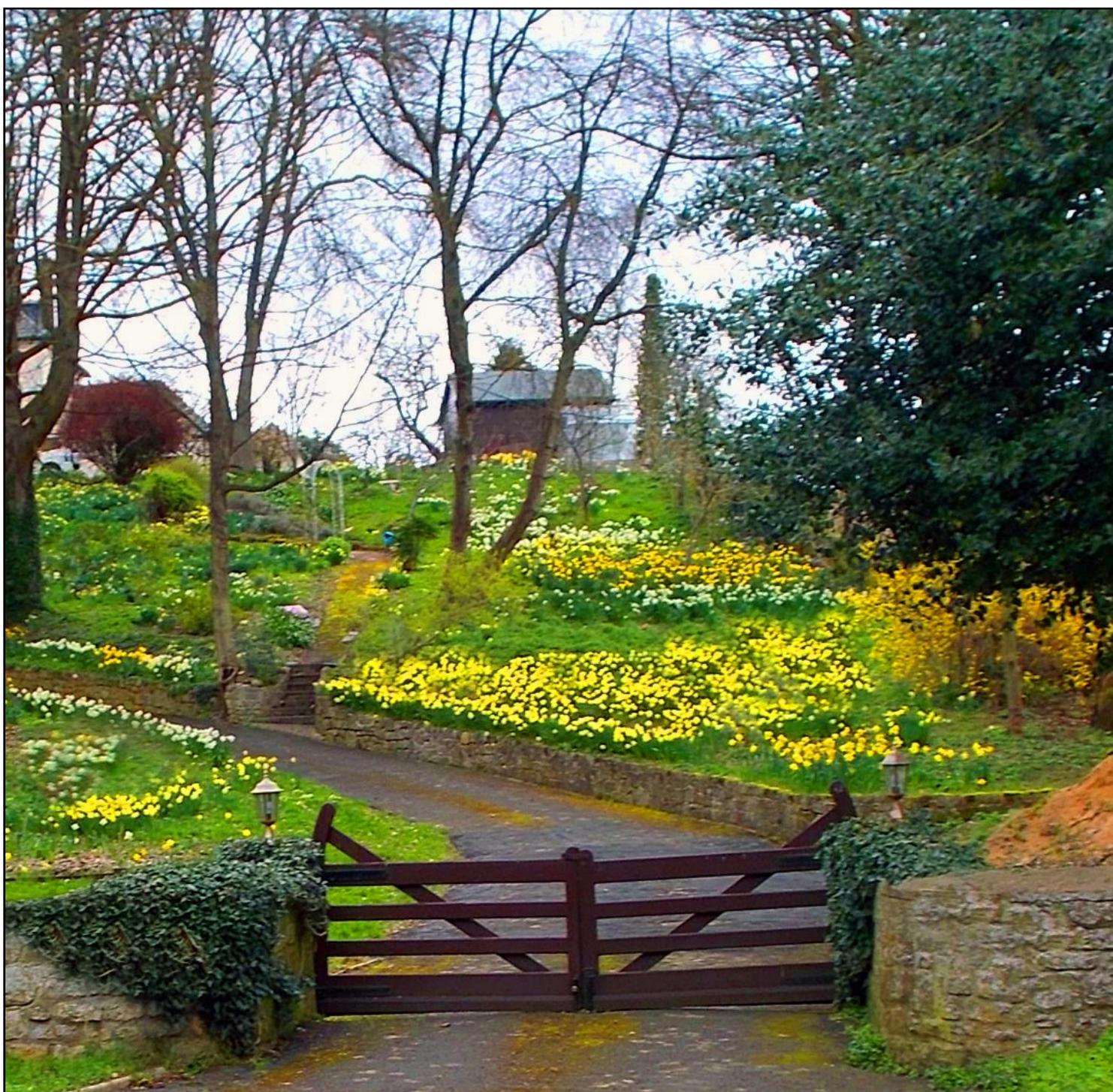
Pathways

Price £ 5.00 (Free to members)

The newsletter of Leger ME/CFS Supporting Myalgic Encephalopathy or Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS), Post Viral Fatigue Syndrome (PVFS), Fibromyalgia Syndrome (FMS), Patients & Carers.

Welcome to Pathways No 75. **Spring 2023 Edition.**

Featuring more about author Dr. Sarah Myhill and the General Medical Council



In Spring in many parts of the surrounding countryside Daffodils produce a vivid display of yellow. This picture is no exception It is of the driveway to the old Vicarage in Brodsworth near Doncaster

You Post: Oddments from the Leger ME Facebook Page

Leger ME has a Closed Facebook Account. This means membership is restricted to Leger ME members and invited guests. If you wish to join, please contact the office. Facebook is not for everyone, so I thought it would be interesting to reproduce some recent postings.



Unknown Artist Writes In Snow on Hospital Roof.

Isn't this great!

A guy called Joe Dawson took this picture this morning of a giant "get well soon" message which has been carved by a mystery artist into snow on the Royal Hallamshire Sheffield hospital's roof after a recent snowfall.

Confused Blackbird?

Here is a posting from Carolyn. The cage was ordered from the Royal Society for the Protection of Birds in order to stop birds bigger than blackbirds e.g. doves, pigeons, magpies and predators helping themselves to food intended for smaller birds.

Here the blackbird is a little confused with the snow, so Carolyn sympathetically provided him with his own plate of food.



Easter Bunny

Spring is just around the corner. This is so cute. This photograph is from 'Villager Jim' the photographer, to share this with the group hoping it brings a smile..



When you are stressed you eat ice cream, cake, chocolate and sweets.
Why?
Because 'stressed' spelt backwards is 'desserts.'



You write in - A selection of Questions and Answers from the office post bag.

Pauline Writes: Please could you add some up to date information on Vitamins and what to definitely take as opposed to could take. What helps with exhaustion?

I have seen some people taking as many as twenty different supplements, which duplicate and overlap actions. There is scope for a maximum of six supplements and these are as in the inset on the right.

Angela writes: Thank you for your help and advice regarding statins after a rough start. My GP has now prescribed a non-statin Ezetimibe 10mg daily which is now suiting me well. A recent blood tests showed my total cholesterol was 6.3 mml/l and I have another blood test in 3 months to see if it has come down.

That sounds like great progress from where you were, but still some way to go to target. You need to continue with your doctor to get the Total Cholesterol down to less than 5.1 mml/l. Also, ideally the LDL component of cholesterol should be around 1.4mml/l. Your doctor may need to add in another medicine to achieve this. For the benefit of Pathways readers, we major ed on cholesterol control in Pathways 74, which can be downloaded from our website.

There are a few people with ME/CFS who can tolerate statins, but on the whole most people with ME/CFS cannot. Ideally before starting a statin trial, you should have your blood level of Q10 (Ubiquinone) checked, as many people with ME/CFS have low levels and this is a potential cause of dangerous side effects.

Jane writes: I'm wondering if you know anything about LDN for ME? Is there anyone around Doncaster willing to prescribe?

I am assuming that you mean Low Dose Naltrexone for LDN. I am not aware of anyone in our area willing to prescribe it. At the NHS it is used to treat opiate addiction overdose. Any beneficial effects for ME/CFS are thought to be due to its hormonal side effects. A while ago, we did try to get a local research project going locally, but unfortunately hit brick bureaucratic walls. Let us know if make any progress.

Susan Writes: My doctor has prescribed me a Butec patch for pain control. It works well but the only problem is that I have to move it around my body because there is an itchy rash where the patch has been. What can I do about it?

Vitamin and Mineral products for ME/CFS

1) Vitamin D3: The only thing that the latest version of the ME/CFS Nice Guidelines states that people with ME/CFS should have their vitamin D3 levels checked. However, sometimes an NHS doctor will not do this, so the only option is to pay privately buying vitamin insurance. As far as D3 is concerned there are loads of products available in Supermarkets and Pharmacies. What you should be going for is a supplement of 800 -1000 units of vitamin D3 daily. You have to work out yourself if it helps or not.

2) Multivitamins and Minerals: Buying a single vitamin product is as expensive as buying a multivitamin/mineral product. I advise people to buy a comprehensive A-Z vitamin and mineral supplement for example Centrum, Boots Multivitamins and Minerals. Many people with ME/CFS are depleted in B vitamins, magnesium, and Zinc. A comprehensive A-Z supplement will cover this all in one go.

3) Essential Fatty Acids: A lot of people report that an Omega 3-6 oil supplement helps. VegEPA is the only product that has been professionally researched for ME/CFS. Some people say it works well, others say it has no effect. A lot of different suppliers have their own versions usually known as Essential Fatty Acids. It is really a case of trying it and seeing what happens.

4) Magnesium: Magnesium supplements either work or they do not. There is a very good theoretical reason why magnesium should help. Suitable products vary from magnesium salts e.g. citrate maleate to expensive magnesium phospholipid complexes.

5) Q10: Some people say that Ubiquinone (Coenzyme Q10) supplements help but these are expensive. Many people with ME/CFS have low levels of this substance, but it is unclear to me if supplementation helps. In theory it should help with energy levels

6) Amino acids: Some people report benefits, and some say they are a waste of money. N-acetyl cysteine seems to be the favorite.

It sounds like some sort of contact skin reaction. You need to stop using the product and you need to contact your doctor with a view to him or her prescribing a different presentation or different medicine. The different manufacturers of similar medicines may use vastly different excipients. In the meantime you could get some relief for the rash by using an emollient hydrocortisone cream where the patch has been. Please let me know what action your doctor takes.

Gwengi Writes: For quite a long time now I have suffered from a sore running ear. My G.P. has prescribed many things over the past year, but without success. I have eventually lost patience and used an ear powder that I use for my dog. Surprisingly, this has cleared up the problem fully. Is there anything wrong with using a pet medicine on myself? And do you have any idea why it has worked for me ?

*I checked up on the reputed ingredients in the powder you used. They are **Talc**, a mineral ground rock used to help the powder flow. **Magnesium stearate** which is an inert carrier to bulk up the powder. **Sanchi extract and ginseng** - these contain saponin glycosides which are soap like substances which act like an antiseptic. **Zinc oxide** strips off the top layer of skin and is mildly antibacterial and **Mupirocin**. This is a topical antibiotic useful against superficial skin infections such as impetigo or folliculitis. It may also be used to get rid of methicillin-resistant Staph. aureus (MRSA) when present in the nose without symptoms. Due to concerns of developing resistance, any use for greater than ten days is not recommended. It is normally used as a cream or ointment applied to the skin. It is used in a prescription product called Bactroban which is a Prescription Only Medicine (POM).*

I do appreciate that with bad ME/CFS you can lose patience with the NHS system. It is not a good idea to use pet medicines on ourselves. Pet ear powders are usually a mixture of antibiotics and insecticides and that is possibly the reason why it worked. Really you should have persisted with your doctor. What really should have happened is that a swab should have been taken and sent off to the hospital labs to try and identify the causative organism. A report would have been sent back with a recommendation about which antibiotic to use.

Bari writes: I have just received a PIP review form today and they are asking for it to be returned within a week. I have had a look at the postmark, and it tells me that the form was printed three weeks ago. Can a make an appointment to see you for a 1 to 1 ?

No problems with the 1 to 1 session but you will have to wait your turn. The problem is that a lot of Leger ME members have suddenly received similar documents which appear to have been in the post for several weeks. When they arrive, there is only a week or 10 days before they are wanted back. You need to do the following:-.

- 1) *Contact DWP and explain the situation and get an extension. It usually takes about three weeks to fill out the form properly. And get the supporting documents.*
- 2) *Get a copy of your summary car record and repeat prescriptions from your doctor.*
- 3) *Fill you the questionnaires I send will you.*
- 4) *I will need to see copies of your previous PIP applications, any letters from hospitals, recent treatments and services and interventions,*
- 5) *I will also need to see the following*
 - i) *Any Doctors, Hospital, Laboratory or Therapists reports you have.*
 - ii) *Medical card or something with your doctor's name and address.*
 - iii) *Medicines you are taking supplied by your doctor, hospital or you have you have purchased yourself, homeopathic, complementary or alternative medicines*
 - iv) *Any food supplements, multivitamins, minerals.*
 - v) *Repeat prescription forms, hospital discharge letters.*
 - vi) *Anything else you wish to discuss.*

You can also choose a 1 to 1 via Microsoft Teams if you have the right equipment or device.

Welfare Rights Matters

With thanks to Steve Donnison from Work and Benefits

The Hardest Conditions to Claim PIP For

No PIP claim is easy. Some conditions have a better chance of an award than others.

Benefits and Work has compiled a list, which members can download, of over 500 conditions arranged in order of how hard it is to get an award of PIP. The overall average success rate for PIP claims is 52%. But this can vary greatly depending on the condition.

So, for example, awards for continence related conditions tend to fall below the average:

- Stress incontinence 7%, Irritable bowel syndrome (IBS) 26.1%
- Awards for arthritis, on the other hand, are above the average:
Primary generalised Osteoarthritis 74.0%, Rheumatoid arthritis 74.7%
- Awards relating to mental health vary widely:
Generalised anxiety disorder 7%, Post traumatic stress disorder (PTSD).2%, Schizophrenia.7%
- Some conditions are extremely likely to attract an award:
Dementia 94.1%, Motor neurone disease 97.5%, Downs syndrome 99.6%

But on its own this does not tell the whole tale. For example, it does not tell us what percentage of claimants got the enhanced rate of one or both components.

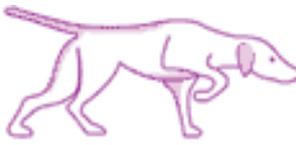
We can drill down further into DWP statistics to get these details. But it would be an enormous task to produce this information for every condition. And it still would not tell us whether claimants are more or less likely to get the award that they think is correct. So, we would like to hear from readers about which conditions you think are the hardest to make a PIP claim for. Based on your feedback, we will produce more information about award rates for specific conditions.

Over 400,000 PIP Claimants Should Be Protected from Punishment

Last month we learnt that 42,000 claimants lost their PIP award in 2021 because they failed to return their AR1 PIP review form. We also revealed that claimants with serious mental health or cognitive conditions who have difficulty communicating or engaging with the PIP process, have their files watermarked as Additional Support (AS), although they are not classed as vulnerable. These claimants should be asked to attend a PIP assessment even if they fail to return their form. Now the DWP has published figures showing that the total number of current PIP recipients with an AS marker is 422,200. If you or your client is refused PIP due to failure to return a form, it would be worth checking whether you have an AS marker on your file.

UC (Universal Credit) Sanctions Hit Almost 1 In 7 Claimants

The rate of universal credit sanctions hit an all-time high of 6.86% in October 2022, before falling slightly to 6.51% in November 2022, according to the latest DWP statistics. DWP figures show that sanctions have risen by 4.16 percentage points in the last 12 months. Almost all sanctions are for failure to attend or participate in a mandatory interview. At the last year over half a million claimants were sanctioned for this reason, a total of 98.4% of all the sanctions dished out. Benefits and Work members can download a 30 page guide to Ways to prevent and overturn ESA and UC sanctions.

Benefits and Work
Guides you can trust 
SUPPORTING CLAIMANTS SINCE 2002

Leger ME members have access to these guides as part of the membership deal. Please contact the office to request a download.

New Sanctions Trap for UC Claimants

Universal credit (UC) claimants are to be faced with a new sanction trap disguised as help to move into work. The scheme has been condemned by the DWP staff union, even though JobCentre workers stand to gain from a £250 incentive. Under the new Additional Jobcentre Support scheme claimants are being forced to attend JobCentre 10 times over a two week period. Missing, or failing to participate, in a single session is likely to lead to a sanction. The scheme is being evaluated at 60 JobCentres across England and Scotland. The DWP are offering a bonus to recognise and reward JobCentre teams who exceed their aspirational targets. The reward is a £250 voucher for each member of staff in the best performing JobCentre.

No explanation has been given of what aspirational targets consist of and whether they include getting people off benefits, sanctioning claimants or getting claimants into unsuitable and insecure work. The PCS union, which represents DWP staff has no doubt, however, that the main purpose of the scheme is to make life harder for claimants, saying:

Our members will see through this pilot for what it is a government hellbent on making it more difficult for people to claim benefits and which will increase the risk of poverty for those customers who fall foul of this pilot. Asking more customers to travel more often into JobCentres does nothing to help our staff or their workloads and does nothing to help the customers find the work that they need.

But it does a lot for the DWP budget.

Prepayment Energy Meters, Are You Due Compensation?

Energy suppliers were told by Ofgem last week to pay compensation to customers wrongly forced to have prepayment meters. To get a warrant to force fit prepayment meters, energy companies swear an oath that they have complied with their supply license. The license says that they must not seek a warrant to enter the homes of vulnerable people.

People who count as vulnerable include those who have a physical or mental health condition which makes it hard to use a prepayment meter could include problems with reaching the meter, reading the meter, adding credit, or getting to a shop where they can buy credit.

People who have an illness that affects their breathing, or which is made worse by being cold will also be classed as vulnerable, as will people who rely on medical equipment that needs electricity such as a stairlift or dialysis machine. Nor can they use warrants on people who would find the experience very traumatic. Many people affected by these issues will be PIP claimants. Magistrates now believe that energy companies have simply chosen not to check whether customers were vulnerable before applying for a warrant. As a result, there is a temporary ban on applying for warrants and people who have been a victim of sharp practices may be eligible for compensation. We received reports of one disabled member with severe anxiety who was visited by two big men with a court order. They threatened to break in unless she allowed them access to fit a prepayment meter. Please share your story if you have been affected.

Work Capability Assessment (WCA) To Be Abolished and Claimants to Be Sanctioned by Bots?

There are strong indications that the government is set to announce the abolition of the WCA and the introduction of automated sanctions for UC (Universal Credit) claimants. If the WCA is abolished, we do not yet know how the DWP will decide who gets an additional payment because they are unlikely to ever be able to work. Or will the LCWRA element simply be done away with altogether in the future? We also do not know who will decide whether you should be subject to sanctions if you do not seek work, because your condition prevents you doing so. As well as abolishing the WCA, the DWP is allegedly planning to strengthen UC sanctions, train staff to apply sanctions effectively and automate the issuing of sanctions notices. If correct, this will mean that sanctions, which are already at a record level, will climb to new heights as DWP bots send out notices for every allegedly missed appointment regardless of the reason for non-attendance. Whilst any changes to the WCA are likely to take years to introduce, changes to sanctions could be brought in quite rapidly.

Welsh GP Suspended for Nine Months After Promoting Vitamins And Iodine For Covid-19. *from the BMJ;380:p278*

A GP in private practice has been suspended from the UK medical register for nine months for promoting dubious treatments, including putting misleading claims about Covid-19 online.

A medical practitioners tribunal heard that Sarah Myhill posted videos and articles on her website during the pandemic, describing “safe nutritional interventions” which she said were “now so well established that vaccination has been rendered irrelevant.”

But the tribunal was told that the substances were not universally safe and had potentially serious health risks, and there was no evidence that they were effective.

The tribunal found that Myhill, who practices in Powys, promoted and endorsed the use of high doses of vitamins C and D and the inhalation of iodine through a salt pipe for the treatment of bacterial and viral infections including covid.

She also promoted the use of ivermectin without articulating the risks and sold an iodine preparation on her website.



(Dr) Sarah Myhill

“These agents risked patient safety in that they exposed patients to potential serious harm, including toxicity,” said tribunal chair Julia Oakford. Myhill “should have notified the public and her patients that the treatment was not licensed, not universally safe, and that there were potential health risks associated with using the treatment in the manner she recommended.”

The tribunal found that Myhill “does not practice evidence based medicine and may encourage false reassurance in her patients who may believe that they will not catch covid-19 or other infections if they follow her advice.”

Myhill was also found guilty of serious misconduct in failing to reconsider her treatment plan after she failed to diagnose a fractured hip in a patient who had a fall, and in not recommending his admission to hospital when his condition had not improved.

She did not attend the tribunal hearing and told the General Medical Council that she would “shred” any communications she received from it. Counsel for the GMC urged the tribunal to strike her off the register, and the tribunal noted as aggravating factors her refusal to cooperate with the regulator, lack of insight, and the fact that the potential for harm extended to “countless individual people.”

On the other hand, the tribunal considered as a mitigating factor that she had been subjected to more than 30 GMC investigations in the past, affecting her attitude towards the regulator, without any previous findings of misconduct made against her, and that there were no specific patient complaints in this case.

Oakford said the tribunal took the view that Myhill’s individual breaches were not serious enough to constitute fundamental incompatibility with continued registration as a doctor. Erasure would “deprive the public of an otherwise good doctor with over 30 years’ experience.” Suspension for nine months would give Myhill “time to consider her position and institute remediation and develop insight, having read the tribunal’s determination,” added Oakford.

The tribunal ordered a review hearing at the end of the nine months.

Response To GMC Action To Suspend Me from Its Register - 1st February 2023.

By (Dr) S. Myhill.

The General Medical Council is not fit for purpose. Established in 1858, it is the oldest regulatory body in the world. I like to use analogies – had the GMC been my patient then I would diagnose senile dementia. In suspending me from its register for my advocacy of vitamins, minerals and natural therapies, the GMC has demonstrated how it is controlled by Big Pharma aka Big Pharmaceutical Companies.

General Medicine has been reduced to symptom suppressing, pill popping, and doctors have become glorified prescription medicine dispensing automatons. Through its actions the GMC is bringing the medical profession into disrepute. It is no wonder that our glorious NHS is in decline – doctors are no longer allowed to doctor. Any doctor who strays from this pill-popping path risks GMC persecution, loss of job, career and security.

I strayed from this path in 2000 when I started to use natural remedies in my practice of medicine, and this is when GMC persecution began. Since then, the GMC has investigated me on 38 occasions involving 7 Interim Orders Hearings and one non-compliance hearing, all of which I won. One reason that I kept on winning was iterated by GMC KC Mr. Tom Kirk when he stated,

“The problem with the Myhill cases is that all the patients are improved and all refuse to give witness statements”.

I applied to deregister from the General Medical Council in August 2020 and since then I have been working as a Naturopathic Physician. I decided to do this in order to escape the relentless GMC prosecution I have endured since 2001. Indeed, I am one of the most investigated doctors in the history of the GMC.

As soon as I applied to deregister, the GMC launched five further investigations against me and apparently this gave it reason to refuse my request to deregister. However, I considered myself deregistered, ceased paying GMC fees, ceased GMC annual reappraisals, and stopped using prescription medication.

Instead, I registered with the General Naturopathic Council (<https://gncouncil.co.uk>). I now have the clinical freedoms I need to be an effective physician. As with all previous GMC investigations, there were no patient complaints.

The GMC disliked my advocacy of nutritional supplements to prevent and treat covid 19. The fact is that nutritional supplements are extremely safe with zero deaths from any vitamin or mineral throughout the world. See these figures concerning the USA - Supplement Safety Confirmed by America's Largest Database See http://www.orthomolecular.org/re_sources/omns/v19n06.shtml

I sent the GMC a plethora of references to support my clinical work which it chose to ignore. Instead, it called me to 2 Fitness to Practice Hearings that I was expected to attend daily. These Hearings ran from 7th November 2022 to 9th December 2022, followed by another that ran from 23rd January 2023 to 27th January 2023.

Since I had been working as a Naturopathic Physician for nearly 3 years and any sanction that the GMC could impose would not affect my practice in any way, I decided not to invest any more time, effort or money into my defence. I did not attend the hearings; I did not engage further with the GMC because I knew that the outcome would not affect my Naturopathic practice in any way.

At present, I have no intention of appealing against the GMC decision - I simply cannot be bothered. I would prefer to invest my time and energy into further developing effective Naturopathic medicine. I work closely with, and am, Clinical Director of the College of Naturopathic Medicine – the leading educational centre for Naturopathy.

See - College of Naturopathic Medicine (<https://www.naturopathy-uk.com>) and College of Naturopathic Medicine - Outstanding Contribution Award 2022.

I shall continue to work as usual. I shall continue to publicly air my views on the safe and effective treatment and prevention of covid 19 and Long Covid. I shall continue to advocate vitamin D, vitamin C, vitamin B12 and iodine along with dietary and lifestyle changes to reverse disease and improve health.

These are all interventions which the GMC describe as having the potential to cause “serious harm” and “potentially fatal toxicity”. You could describe water as having such properties – an overdose of water is diagnosed as drowning. The only real surprise is that the GMC has chosen not to investigate my on-going concerns over the covid -19 vaccine which is clearly causing far more harm than good.

The very nutritional interventions I advocate, that the GMC condemn, we now know are highly effective in improving natural immunity. Natural immunity is far superior to covid vaccines. We now have the evidence to prove this - evidence that the GMC, Big Pharma, the Department of Health and Social Care and the BBC chose to ignore.

Please see NHS Doctors on the Frontline website (<https://www.nhs-corona-doctors-on-the-frontline.com>) for hundreds of medical papers supporting my views on the benefits of nutritional interventions.

I am now registered with the Association of Naturopathic Practitioners. I am delighted to be a patron and the Clinical Director of the College of Naturopathic Medicine.

Interpretation

The General Medical Council is the professional body which regulates and licenses the Medical Profession, a role which is profoundly guarded. Their role amongst others is to protect the public from undesirable doctors and therefore protect the integrity of the medical profession. Most professionals have a similar professional regulator. The problem is that many of these professional bodies represent ‘the establishment,’ are conservative in their outlook and resistant to change. Throughout the time I have followed her career, she has always ‘thought out of the box’. The main reason her individualised practice strategies flourished was really due to the awful way the ME/CFS patients were treated by the NHS before NICE guidelines. Remember Simon Wessely and his advocacy of Cognitive Behaviour Therapy and Graded Excise as a now discredited?

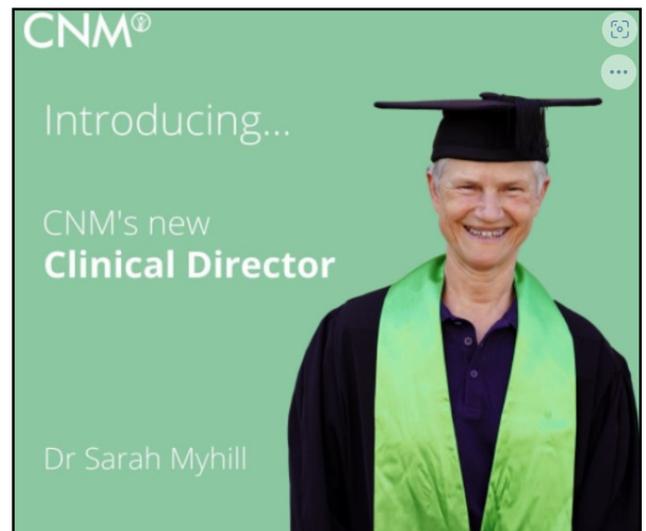
Megadose dose vitamin C will act as an antioxidant but will be eliminated by the body. I know of no evidence or clinical trial to justify this. The usual body requirement is 50mg daily.

Vitamin D3. From members’ experience, we know that many people with ME/CFS are depleted. We also know that when this depletion is treated there is a significantly small improvement in wellbeing. Some people believe that abnormally low levels of D3 may be a factor in the onset of ME and MS. I know of no evidence or clinical trial to justify this. The usual body requirement is about 800 units daily.

Vitamin B12. Most people with depleted B12 will show symptoms of pernicious anaemia. Usually in conventional medicine monthly or 3 monthly doses will fix the problem. There is evidence that a high dose, particularly if injected works as an antioxidant. However, this is not universally accepted as a treatment for ME/CFS. In the UK B12 injection is a prescription only medicine.

Fractured Hip. Anyone trained in first aid will instantly recognise a fractured hip. The issue around the missing of a is unforgivable- but we do not know all the circumstances.

Covid Vaccines matters are not clearcut. The early AZ vaccine was a dirty vaccine in terms of horrendous side effects. The later Pfizer vaccines are a lot cleaner and more effective. The early variants of Covid killed a lot of people, but later on the vaccines gave protection against serious illness. There are still significant numbers of Covid deaths occurring, usually to unvaccinated and very seriously ill people.



What is a Naturopath?

With thanks to the College of Naturopathy

A Naturopath is a health practitioner who applies natural therapies. Her/his spectrum comprises far more than fasting, nutrition, water, and exercise; it includes approved natural healing practices such as Homeopathy, Acupuncture, and Herbal Medicine, as well as the use of modern methods like Bio-Resonance, Ozone-Therapy, and Colon Hydrotherapy. At a time when modern technology, environmental pollution, poor diet, and stress play a significant role in the degradation of health, a Naturopath's ability to apply natural methods of healing is of considerable importance. Frequently, a Naturopath is the last resort in a patient's long search for health. Providing personalised care to each patient, the naturopath sees humankind as a holistic unity of body, mind, and spirit.

Using a range of alternative methods of diagnosis, a Naturopath can often successfully pin-point a predisposition in the body, before the onset of acute disease, and treat the patient with specific therapies and changes in the patient's lifestyle. A Naturopath usually practices in a freelance environment, with the option to work in hospitals, spas, research, health care, administration, management in the retail industry, or in the media. One can find a Naturopath in a nutritional and family consultancy, as well as in a Beauty Clinic. Specialization in infertility, skin problems, sports, children, or geriatrics is possible. The growing acceptance of Naturopathy world-wide, and greater movement and communication within the European Union offers a wealth of opportunities for future professional and personal development.

The Origins of Naturopathy

The principles of Naturopathy were first used by the Hippocratic School of Medicine in about 400 BC. The Greek philosopher Hippocrates believed in viewing the whole person in regards to finding a cause of disease, and using the laws of nature to induce cure. It was from this original school of thought that Naturopathy takes its principles.

The body has this capacity to heal itself if given the right conditions and naturopathy, along with acupuncture, homoeopathy, herbal medicine, and most other holistic modalities subscribes to this basic understanding of the body's own innate intelligence. Prevention is better than cure – a Naturopath may remove toxic substances and situations from a patient's lifestyle to prevent the onset of further disease.

Modern day Naturopathy

Modern orthodox medicorapart from all its positive and beneficial attributes, does not subscribe to this idea of wholism or to the importance of prevention.

As long ago as the second century BC, the Yellow Emperor, in the Classic of Internal Medicine, said:

*A doctor who treats a disease after it has happened is a mediocre doctor.
A doctor who treats a disease before it happens is a superior doctor.*

Indeed, Chinese physicians were paid to keep their patients healthy and were either dismissed or not paid if the patient became ill. This ensured a health system, not an ill health system, as we know it. Unfortunately this understanding has changed to a new paradigm-wait until it is broken and then fix it. This is not intelligent medicine and part of a Naturopath's role is empowering the patient to take responsibility for his or her own health.

This is not always an easy task amid a hostile environment of toxins and chemicals.

Naturopathy principles.

- The healing power of nature – nature has the innate ability to heal.
- Identify and treat the cause – there is always an underlying cause, be it physical or emotional.
- Do no harm – a Naturopath will never use treatments that may create other conditions.
- Treat the whole person – when preparing a treatment plan, all aspects of a person's being are taken into consideration
- The Naturopath as a teacher – a Naturopath empowers the patient to take responsibility for his/her own health by teaching self-care.

What does a treatment consist of?

An initial consultation with a Naturopath normally takes about an hour. During this time, the Naturopath will ask questions about the person's condition, medical history, diet and lifestyle, and any conventional treatments that they may be taking. The consulting Naturopath may then use Iridology (looking into the iris), or tongue and nail diagnosis to get a better picture of the complete health state of the client. If needed, pathological testing such as hair, stool, or blood analysis may be recommended.

Once all of the information is gathered, a treatment plan is formulated that addresses all areas of the person's life, providing the body with the optimum chance to heal itself. The treatment plan may include advice on diet, lifestyle, exercise, herbal medicine, homeopathic treatments, or other suitable remedies. A Naturopath may also refer the client to other practitioners as part of an integrated health care approach.

Challenges

The modern day Naturopath faces many more challenges than those of their forebears. Most of us now live in a sea of electromagnetic pollution, coupled with a plethora of chemical pollutants which were completely alien to man 40 years ago. Add to this a dose of denatured food fast-tracked by technology and we have a heady mix of health problems waiting to happen.

In short most people have too much of what they shouldn't have in their bodies and not enough of what they should have. The Naturopath of today needs a very eclectic approach to meet these challenges and guide their patients back to vibrant health. Whilst never losing sight of the basic fundamentals of the nature cure, the modern-day Naturopath might employ a raft of skills such as herbs, homoeopathy, manipulation, flower essences, acupuncture or biochemical supplementation to augment their work.

These may be necessary to offset many of the suppressions brought about through living in our modern times with all its concomitant stresses that seek to strangle the life force in our bodies.

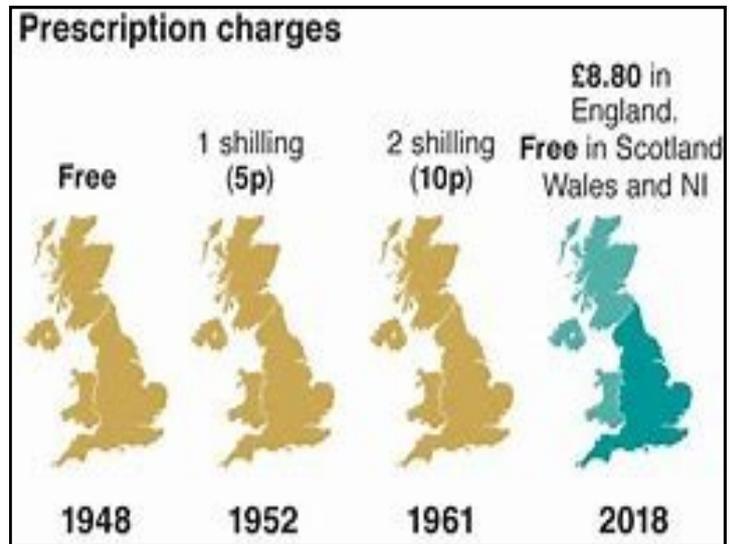
Sunshade Improvisation.

During last summer on several days the temperature exceeded 40C. This is far too hot for the fish in the pond or us. We managed to improvise a sunshade for our patio using a polypropylene dustsheet purchased from our local DIY store. It worked?



Annual Rises in Prescription Charges.

The Department of Health and Social Care (DHSC) has announced that from 1st April 2023, the NHS prescription charge will increase to £9.65 per prescription item (note: some items may incur more than one charge or different charges for surgical appliances). Amendments to the National Health Service (Charges for Drugs and Appliances) Regulations have been laid before Parliament which will introduce changes for NHS prescription charge and prescription prepayment certificates (PPCs), as well as the introduction of the Hormone Replacement Therapy (HRT) PPC. The cost of PPCs has also increased, with the price of a three-month PPC at £31.25 (an increase of £1.00) and a 12-month PPC at £111.60 (an increase of £3.50). PPCs offer savings for those needing four or more items in three months, or 12 or more items in a year. The recently announced HRT PPC will cost £19.30 (the cost of two prescription charges). Please note that whilst the HRT PPC was originally announced as costing £18.70, this has increased to reflect the rise in the prescription charge. This PPC can only be used when a patient is prescribed a listed HRT medicine.

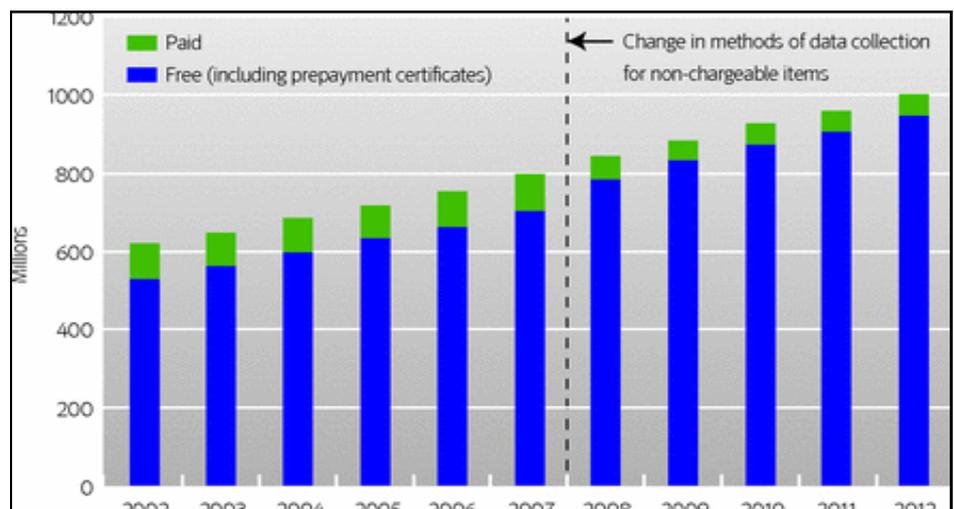


Prescription charge type	Previous charge (up to 31st March 2023)	New charge (1st April 2023 onwards)	Increase
Single charge (per prescription item)	£9.35	£9.65	£0.30
HRT PPC (valid for 12 months)	N/A	£19.30	N/A
3-month Prepayment Certificate	£30.25	£31.25	£1.00
12-month Prepayment Certificate	£108.10	£111.6	£3.50

The Government states that these increases are in line with inflation. The actual charges bear no relationship to the cost of the medicines supplied. The NHS pay only a fraction of the prescription charge to the Pharmacy for dispensing.

Janet Morrison Chief Executive of the Pharmaceutical Services Negotiating Committee stated:

“The rise in prescription charge will once again hit the most vulnerable patients the hardest and it will continue to put community pharmacy teams in an impossible position – it is not our job to police a tax that many people cannot afford, and we should not have to help patients to make unbearable decisions about which medicines to pay for. While Government and the NHS have deemed it acceptable to put inflationary increases on their charges to patients, they refuse to offer community pharmacies any help at all with inflationary pressures: why is it one rule for us and another for them?”



Why Doncaster's Repeat Prescriptions Are Taking More Than a Week To Process.

From a handout available from local Pharmacies around Doncaster

A Doncaster wide initiative from Community Pharmacy Doncaster (LPC)

Dear Patient,

We would like to make you aware of the **7 Day prescription order & collection timeframe** required for regular repeat prescriptions.

As a result of the NHS moving to the electronic prescription model, it now takes at least 7 days to prepare patients' regular repeat prescriptions. Prescriptions are **not** ready for collection as soon as they are sent from your GP practice to the pharmacy. There are a number of checks and steps that need to take place, including sourcing stock from an ever more challenging supply chain.

We therefore encourage you to **plan ahead and allow enough time** to contact your GP and order your medication at least **10 days before it runs out**.

Note: It is important that you do not stockpile medicines. If you order when you have 10 days of medication left, your prescription will be ready in 7 days' time.

You will therefore have 3 days of medication left when you collect your prescription, ensuring you have a few days left before running out should something prevent you from picking your prescription up on day 7.

Your local pharmacy team will, of course, support you to ensure you receive your medication when it is required but you must take responsibility and allow sufficient time to order medication from now on.

This new 7 day timeframe brings with it numerous benefits. Pharmacy teams will be able to respond quicker for requests for advice and for acute and urgent medication. Having to return to the pharmacy to collect medicines that were out of stock, will occur less often.

If you have any questions relating to the information in this letter, please don't hesitate to speak to your GP or local pharmacy team.

Ordering your prescription when you have 10 days of medication left will significantly reduce the chance of running out which puts more pressure on the NHS to deal with urgent prescription requests.

Please help us to help you.

Best wishes

Your Pharmacy Team



Who Can Get Free Prescriptions?

You can get free NHS prescriptions if, at the time the prescription is dispensed, you:

- are 60 or over
- are under 16
- are 16 to 18 and in full-time education
- are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate (MatEx)
- have a specified medical condition and have a valid medical exemption certificate (MedEx)
- have a continuing physical disability that prevents you going out without help from another person and have a valid medical exemption certificate (MedEx)
- hold a valid war pension exemption certificate and the prescription is for your accepted disability
- are an NHS inpatient

You're also entitled to free prescriptions if you or your partner (including civil partner) receive, or you're under the age of 20 and the dependent of someone receiving:

- Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance (but not contribution based.)
- Pension Credit Guarantee Credit
- Universal Credit and meet the criteria
- If you're entitled to or named on: a valid NHS tax credit exemption certificate – if you do not have a certificate, you can show your award notice. You qualify if you get Child Tax Credits, Working Tax Credits with a disability element (or both), and have income for tax credit purposes of £15,276 or less
- A valid NHS certificate for full help with health costs (HC2). People named on an NHS certificate for partial help with health costs (HC3) may also get help.

Check you're eligible for free prescriptions using use the eligibility checker. APP . Bear in mind that you could get a heavy fine if you mistakenly claim for a free prescription.

Medical exemption conditions

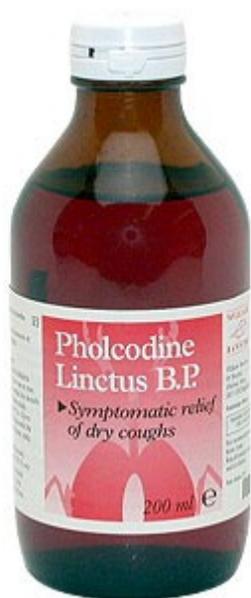
People with certain medical conditions can get free NHS prescriptions. You need to ask your doctor for an FP92A, a form to apply. Medical exemption certificates are credit-card-size cards.

- cancer, including the effects of cancer or the effects of current or previous cancer treatment
- a permanent fistula (for example, a laryngostomy, colostomy, ileostomy or some renal dialysis fistulas) requiring continuous surgical dressing or an appliance
- a form of hypoadrenalism (for example, Addison's disease) for which specific substitution therapy is essential
- diabetes insipidus or other forms of hypopituitarism
- diabetes mellitus, except where treatment is by diet alone
- hypoparathyroidism
- myasthenia gravis
- myxoedema (hypothyroidism requiring thyroid hormone replacement)
- epilepsy requiring continuous anticonvulsive therapy
- A continuing physical disability that means you cannot go out without the help of another person (temporary disabilities do not count, even if they last for several months).

Receiving DLA or PIP or just having ME/CFS, FMS, Long Covid or CFS does not automatically qualify you for free prescriptions unless you meet another criteria.

Medicine Matters: Two long standing ingredients now considered to be unsafe.

Pholcodine



Withdrawn

Certain cough medicines sold behind the counter at pharmacies are being withdrawn over safety concerns. This is due to there is a very rare chance that some people could experience an allergic reaction linked to an ingredient called pholcodine. It is recommended that people should check the packaging of any cough tablets or syrups they have at home to see if pholcodine is listed among the ingredients. If you do find something in your medicine cupboard it should be safely disposed of.

Medicines containing pholcodine withdrawn include:

Boots: Night Cough Relief Oral Solution, PL 00014/0230, Boots Dry Cough Syrup 6 Years+, Boots Day Cold & Flu Relief Oral Solution
Haleon: Day & Night Nurse Capsules, Day Nurse Capsules, Day Nurse
Galenphol: Linctus, Paediatric Linctus, Strong Linctus
Covonia Dry Cough Sugar Free Formula
Numark: Pholcodine 5mg per 5ml Oral Solution
Well Pharmaceuticals Pholcodine 5mg per 5ml Oral
Care Pholcodine 5mg/5ml Oral Solution Sugar Free
Pholcodine Linctus Bells Healthcare 5mg Per 5ml Oral Solution
Superdrug Pholcodine Linctus BP
Others: Pholcodine Linctus BP, Strong Pholcodine Linctus BP, Cofsed Linctus.

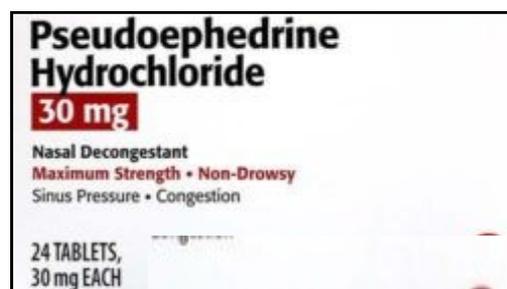
This list is not exhaustive. If in doubt read the label or seek expert advice. It is likely that the brands will be reformulated with an alternative to Pholcodine

Products containing pholcodine do not need a prescription but cannot be bought without consultation with the pharmacist as they are kept behind the counter. It will be worthwhile talking to your local pharmacist about taking a safer alternative.

The Medicines and Healthcare Products Regulatory Agency described removing the products from sale as a precautionary measure. Pholcodine has been used as a cough suppressant since the 1950s, but evidence now suggests there is a very small risk or chance - less than one in 10,000 - that some users may have a bad allergic reaction if they later go for surgery and need a general anaesthetic which involves the use of a muscle relaxant or "neuromuscular blocking agent". Europe's medicines regulator has already made the same recommendations to recall cough products containing pholcodine.

Pseudoephedrine aka Sudafed

Experts are assessing a very rare but potentially serious brain side effect of nasal decongestants bought on the High Street. Ones containing pseudoephedrine are being reviewed because they may cause vessels supplying the brain to contract or spasm, reducing blood flow. The concern is this could lead to seizures and even a stroke. However, drug regulators stress the likelihood of this happening is extremely low. Products already include warnings about the rare risks on patient information leaflets that come with the medicines, as well as more common side effects such as headache and dizziness.



Experts say anyone with concerns about medication should speak to a doctor or pharmacist. All medicines can have some side effects. People take pseudoephedrine to relieve nasal congestion. It comes in sprays, liquids and tablets, and is sometimes mixed with other medicines for coughs and colds or allergies. What is pseudoephedrine and how does it work? The drug can help clear blocked airways and reduce stuffiness through its action on blood vessels in the nose. The UK-wide review for pseudoephedrine was initiated after regulators in France alerted European drugs regulator the EMA, which is also conducting a review, about some recent, rare cases. Experts will look at two brain blood vessel conditions - posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS). RCVS can cause sudden, severe thunderclap headaches that often recur over a span of days to weeks.

Recipe Corner

Fish and Cauliflower Kedgeree (Serves 2)

Preparation 15 minutes cooking time 25-30 minutes

Cooking Method

- 1) Cut the cauliflower into florets, place into a food processor and whizz to form small grains.
- 2) Place the fish and vegetable stock into a large frying pan and bring to the boil, cover and cook over a very low heat for 6–8 minutes until the fish is cooked.
- 3) Meanwhile, heat the oil in a large non-stick frying pan. Add the onion and sauté for 6–7 minutes until softened and golden. Stir in the garlic, ginger, chili and curry powder and fry for 1 minute, stirring continuously. Lift the fish out of the stock using a fish slice. Flake, keep warm and set aside. Add the reserved stock and peas to the onion mixture and cook for 2 minutes.
- 4) Stir the cauliflower into the onion mixture, cover and cook over a low heat for 8–10 minutes, stirring occasionally until the cauliflower has absorbed all the stock and is tender.
- 5) Deshell the eggs and cut them in half.
- 6) Stir the flaked fish and parsley into the cauliflower and season to taste with pepper.
- 7) Arrange the eggs over the kedgeree. Serve with lemon wedges to squeeze over.

Vegetarian Shepherd's Pie. (Serves 3)

Preparation time 5 minutes cooking time 30-40 minutes

Cooking Method

- 1) Preheat the oven to 200°C/ gas 6. For the topping, peel and roughly chop the sweet potatoes and add to a pan of boiling water, cooking for about 15–20 minutes, until soft.
- 2) Drain, then season with pepper, and beat in the mustard and milk with a wooden spoon until the mash is smooth and creamy.
- 3) To make the filling, add the oil to a pan, throw in the onion and cook for 5 minutes, stirring regularly.
- 4) Add the carrot and mushrooms and cook for a further 5 minutes until the onions are golden brown.
- 5) Now add the thyme, tomatoes, lentils, pepper, vegetable stock and soy sauce.
- 6) Stir, then bring to a gentle boil, turn down the heat, cover and simmer gently for 5 minutes.
- 7) Put the lentil mixture into an ovenproof dish and top with the sweet potato.
- 8) Bake for 15-20 minutes until golden brown. Serve with green vegetables.



You need the following

Small cauliflower, trimmed
 ½ tsp rapeseed or sunflower oil
 ½ onion peeled and thinly sliced
 1 garlic cloves, peeled and finely chopped
 ½ red chilli, deseeded and finely chopped
 ½ tsp finely chopped ginger
 1 tsp curry powder
 200g skinless smoked haddock
 75ml vegetable stock,
 100g frozen peas
 2 boiled eggs
 Flat leaf parsley, chopped
 Lemon wedges, to serve



You need the following

For the topping:

400g potatoes
 50ml semi-skimmed milk

For the filling:

½ tbsp sunflower oil
 1 small onion, finely chopped
 1 small carrot, finely chopped
 2 mushrooms, finely chopped
 good pinch thyme
 200g tin chopped tomatoes
 200g tin of green lentils in water
 good pinch white pepper
 50ml vegetable stock
 10 ml tbsp light soy sauce

Folic Acid

Folic acid is a B vitamin which is vital for the formation of red blood cells. The form of folic acid occurring naturally in food is termed 'folate'.

What does folic acid do?

Folic acid, together with vitamin B12, is necessary to form red blood cells. A deficiency of folic acid can reduce the ability of red blood cells to carry oxygen, this is called 'macrocytic' (large cell) anaemia.

Together, both vitamins also help nerves to function properly.

Folic acid is also essential in the formation of DNA (genetic material) within every body cell, allowing each cell to replicate perfectly.

Sources of folic acid

Folate is found naturally in a wide variety of foods, and is also present in foods fortified with folic acid.

As folic acid is a water-soluble vitamin (dissolves easily in water), it is lost from vegetables during cooking. This can be reduced by avoiding over-cooking, and steaming or microwaving vegetables instead of boiling.

How much folic acid do I need?

If you are not likely to become pregnant, you should be able to obtain sufficient amounts of folate in their diet by eating a healthy diet containing a wide variety of foods.

What happens if I don't get enough?

Folic acid deficiency can result in some general symptoms – tiredness (caused by anaemia), weakness, diarrhoea, loss of appetite and weight loss.

A lack of folic acid can also cause headaches, heart palpitations, a sore tongue and behavioural disorders.

Deficiency can occur if you are not getting enough folate in your diet or if requirements increase (such as during pregnancy).

Sometimes you can become deficient because you are losing lots of folic acid losses (such as in Crohn's disease or untreated coeliac disease), if you are using some medications such as water tablets (diuretics), or in alcoholism.



Daily recommendations for folate (folic acid) intake (μg = micrograms)

Pregnancy and lactation (breastfeeding)
Adults and children over 11 years:
200 μg

Anyone considering pregnancy: 200 μg
plus a supplement* containing 400 μg

Pregnant people: 300 μg plus a 400 μg
supplement* during the first 12 weeks
of pregnancy

Lactating people: 260 μg

*You may need to take 5mg/d of folic acid preconception and up to 12 weeks of pregnancy i.e. if you have had a pregnancy previously affected by neural tube defects or if you have diabetes or take anti-epilepsy medication - ask your doctor.)

The foetus rapidly develops spine and nerve cells in the first few weeks of pregnancy. Inadequate blood levels of folate at this crucial time increase the risk of the baby's spine developing a 'neural tube defect', resulting in spinal malformation called spina bifida.

For this reason, anyone considering pregnancy, and up to 12 weeks of pregnancy is advised to:

- Take a folic acid supplement, or pregnancy specific vitamin supplement providing 400µg every day
- Eat a diet rich in folates and folic acid from foods naturally containing the vitamin and from fortified foods

During the whole of pregnancy and lactation, it is advisable to eat a diet rich in folate as requirements for the vitamin are higher.

Folic acid and heart disease

Research has demonstrated that folic acid supplements can reduce high levels of homocysteine – an amino acid in the blood that irritates blood vessels – which has been associated with increased risk of heart attack or stroke.

A high level of homocysteine is found in populations with a high incidence of heart disease, which is the main cause of death in the UK. However, reducing homocysteine levels does not reduce rates of heart attacks or deaths from any cause. Homocysteine level is thought to be an indicator rather than a risk factor for heart disease.

Recent research has shown a slight reduction in stroke with folic acid supplementation but results are inconclusive and more research is required to understand this finding.

Folic acid supplements and food fortification

Despite recommendations, many people do not take folic acid supplements in early pregnancy and many pregnancies are unplanned. Routine fortification of flour with folic acid is a simple way to increase folic acid intake for everyone. Many countries, such as the USA and Canada, have introduced mandatory fortification of flour with folic acid, and seen a significant reduction of the number of neural tube defect births.

Good sources of folic acid:

- spinach, kale, Brussels sprouts, cabbage, broccoli
- beans and legumes (e.g. peas, blackeye beans)
- yeast and beef extracts
- oranges and orange juice
- wheat bran and other whole grain foods
- poultry, pork, shellfish and liver
- fortified foods (e.g. some brands of breakfast cereals – check the label).

The UK government is currently considering mandatory fortification of flour with folic acid. A recent review of scientific research has not found evidence of increased health risks. The UK Chief Medical Officers and the British Dietetic Association strongly support mandatory fortification of flour with folic acid.

Can I take too much?

It is advisable for those aged over 50 years or those with a history of bowel cancer, not to take folic acid supplements containing more than 200µg/day. For other people, long-term intakes of folic acid from fortified foods and supplements should be below 1mg/ day for adults (lower amounts for children), although this limit is currently being reviewed.

Summary

Most people (other than people who are or could become pregnant) should be able to obtain sufficient folate in their diet by eating plenty of vegetables, fruit, beans and wholegrains.

These foods will be naturally high in folate and may protect against bowel cancer and heart disease.



Leger-ME:

www.danum.me

Mutual Support and Signposting Group for people suffering with Fatigue Syndromes *

Meetings are held,
on the 3rd Thursday
of each month between
1pm and 3:30pm
@ The Linney Centre,
Weston Road (behind the shops),
Balby Doncaster DN4 8NF.

1 to 1's sessions are available by appointment only.

For more information contact: Mike at Leger ME, Doncaster

✉ mike@danum.me.uk 01302 787353 (Please leave a message)

*We have a policy of not accepting unregistered calls,
with all calls being logged.

* Fatigue Syndromes are long-term health conditions and where Fatigue and Pain are the primary symptoms which include ME/CFS, Post Viral Fatigue Syndrome, Fibromyalgia Syndrome and Post/Long Covid Fatigue Syndrome.

Advice to Members Regarding DWP forms for PIP, ESA and Related Forms.

There has been a considerable number of members who have received DWP forms that appear to have been in the post three weeks. This only gives members a week to return the filled out form. The reason for the delay may be related to post office or civil servants or other disputes or strikes. If you do receive a DWP or other form or need our help, it is important that you contact us as soon as possible for guidance. In practice it usually takes several weeks to access the additional evidence needed and get the form filled out. So, you also need to contact the DWP or other organisation and ask for an extension, usually this is granted, and in the DWP case of DWP forms it is usually four weeks.

We have a considerable number of cases experience over the years. When someone asks for help with a form fillout, first we have to do a Case Review. This is a review and research process to focus on how you are progressing with your Health and Welfare matters. The process is to gather information:-

- To help us explore more about the interventions used in the management of your conditions.
- To help us identify your current needs and review how they are being managed.
- To explore your thoughts, beliefs, and expectations in the management of your health and welfare matters.
- To help us to identify any future problems that may arise.

Then the form fill-in assistance service is to help you to fill in a DWP form or other similar type of form. Help you draft the form prior to filling it in:-

- Explain any issues that may arise from the form fill-in service.
- Provide additional information and help that is available to you from other sources.
- Try to identify any future problems that may arise.

There is no guarantee about the outcome of this service. The DWP and other organisations check all information you provide and compare it with their own sources to obtain information and advice which is outside our control. Assumptions are often made if the information is insufficient which may be against your interest. It is therefore important that as well as the DWP or other information is submitted, and additional evidence is also included.

The additional evidence without exception includes a copy of the NHS Summary Care Record, Current repeat medicines, results of tests and investigations, consultant letters, details of an appliances, medication aids, test devices and so on. As all cases are individual, what needs to be submitted varies considerably according to the case.

There are number of additional factors from experience which we know can considerably affect the outcome of an application:-

- Bear in mind that the DWP can only use any information submitted. They are not allowed to start using intuition or investigate what has not been submitted.
- The DWP will reject an application without adequate strong medical evidence. The DWP staff are trained to ignore evidence more than a year old unless substantiated or in context. If older it is likely to be ignored.
- NHS based evidence counts more than non NHS evidence. So, a letter or evidence from a GP or NHS hospital would probably have more weight than a letter from a private therapy service or private doctor.
- A Social Services review and care plan is good quality evidence and will help the DWP significantly come to a more accurate decision or better decision.
- If you go abroad for more than four weeks, you need to inform the DWP. In our experience after three months abroad a PIP claim will be stopped because you are outside the country.

Research Corner

With thanks to Meresearch.org.uk and Autumn 2022 Breakthrough

[Mitochondrial supplement?](#) (Cash & Kaufman, J. of Translat. Med., 2022)

One metabolite potentially depleted in ME/CFS is oxaloacetate, and anecdotal reports suggest that an oxaloacetate supplement may improve physical and mental fatigue in some patients. When it was tested in a trial of 76 ME/CFS patients, treatment with these capsules did appear to reduce fatigue by around 25% (assessed using a questionnaire). However, the study did not have a placebo arm and it was not randomized – both considered vital in assessing the efficacy of treatments. A more rigorous trial is therefore needed to support the findings.

[Predicting severe ME/CFS](#) (Jason et al., Journal of Rehabilitation Therapy, 2022)

Around 10% of individuals with infectious mononucleosis (mono) meet diagnostic criteria for ME/CFS six months later. To investigate whether they could predict this, researchers looked at several factors in college students who had developed ME/CFS following mono. Patients with gastrointestinal symptoms, an irritable bowel, and abnormally low immune markers at the time of mono had an almost 80% chance of developing severe ME/CFS six months later. These findings support the importance of these factors in the development of ME/CFS.

[Is fibromyalgia similar to ME/CFS?](#) (Ramírez-Morales et al., Autoimmun. Rev., 2022)

There is much debate about whether fibromyalgia (FM) and ME/CFS are similar illnesses. While they share common symptoms such as pain and fatigue, there are differences in their apparent causes and presentation. An analysis pooling the results of 21 studies found a well-defined clinical overlap between the two conditions – almost half of FM patients met diagnostic criteria for ME/CFS. The authors say this might reflect a similar underlying cause, such as a history of viral infection leading to autonomic dysfunction and chronic inflammation.

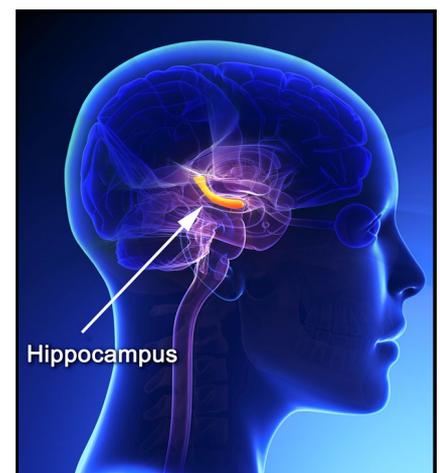
[Transmission electron microscopy](#) (Jahanbani et al., PloS One, 2022)

Transmission Electron Microscopy (TEM) represents a step up from traditional light microscopy because the beam of electrons used can provide much higher resolution images and so capture much finer details. But what can the technique tell us about ME/CFS? Researchers at Stanford University used TEM to look at immune cells from people with the illness, and their findings suggest that an increased number of these cells are dying due to apoptosis (programmed cell death) or necrosis (caused by damage). They also found abnormalities in the mitochondria (which generate energy in the cell).

[Changes in the hippocampus](#) (Thapaliya et al., J. of Neuroscience Res., 2021)

Recent research from Australia suggests that symptoms of ME/CFS such as fatigue, pain and sleep disturbance may be linked to structural changes in a part of the brain called the hippocampus. This region participates in cognition, memory, and regulation of the hypothalamus. Using a technique called magnetic resonance imaging, the researchers found that volumes of specific areas of the hippocampus were greater in ME/CFS patients who met the strict International Consensus Criteria (ICC) than they were in healthy control subjects. This was not the case in patients who met only the more general Fukuda diagnostic criteria for ME/CFS.

Furthermore, increases or decreases in the size of different areas of the hippocampus were associated with symptoms including fatigue, pain, sleep disturbance and physical function, and these links were stronger in ICC patients. The researchers suggest that their findings indicate the hippocampus may be involved in some of the symptoms of ME/CFS, including brain fog, memory problems and the ability to do complex tasks. However, the results need to be replicated on a larger scale to confirm this.



North of Doncaster – South of Wakefield (3)

Personal thoughts from Trevor Wainwright.

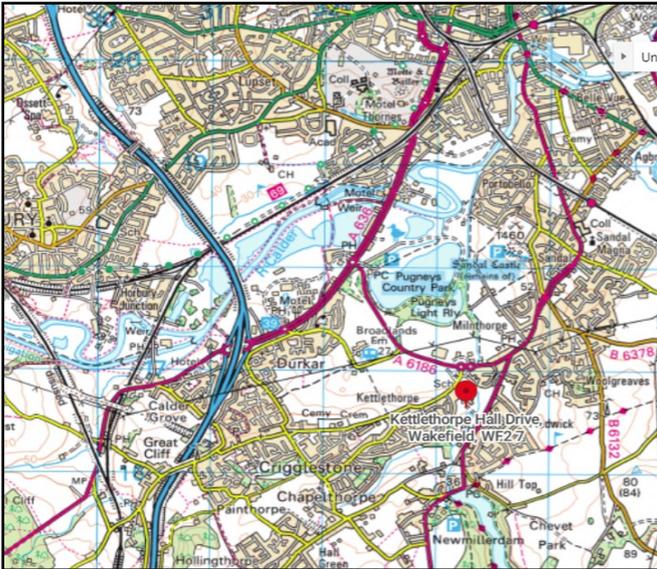
Well, we missed out on the pictures of Kettlethorpe Hall and its surrounding area as something went wrong in getting them to Mike in time for publication, however, now is the time to try and remedy it.

There is not much I have been able to find out about the hall itself but something about the family who commissioned it to be built and its link with another Wakefield landmark.



Kettlethorpe Hall

As it is a private dwelling there is no public access to it, which could be a shame as the gardens looked rather interesting, anyway let's get on with what I've been able to find out.



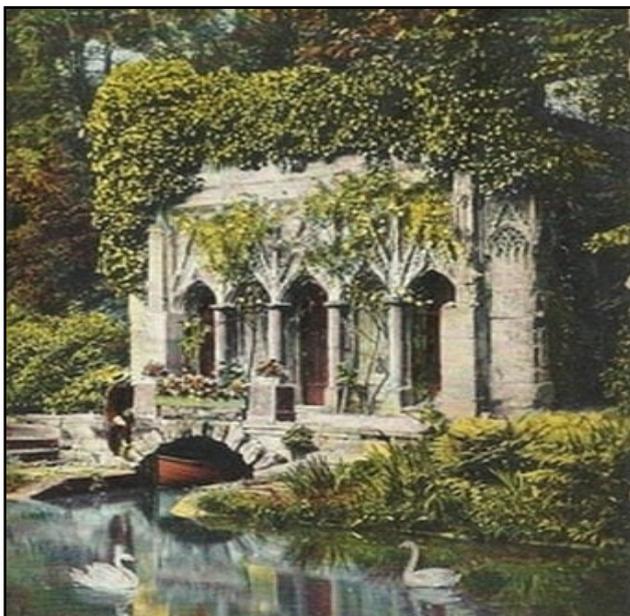
Location of Kettlethorpe Hall. Nearest motorway access point is Junction 39 M1. with thanks to Bing

Built before the Pilkington's acquired the Newmillerdam Estate it underwent multiple renovations in the 19th century, it had its own artificial lake with a boathouse known as "A Folly", a building constructed primarily for decoration, but suggesting through its appearance some other purpose, or of such extravagant appearance that it transcends the range of usual garden buildings.

Kettlethorpe Hall is a Georgian house, Georgian meaning a style of architecture current between 1714 and 1830, named after the first four kings of the House of Hanover, George I to IV, who reigned in continuous succession from August 1714 to June 1830. It was built for the Pilkington family in 1727. The first floor keystone showed this, it is also shown on the base of a large urn shaped ornament on the front lawn. A stone built mansion said to contain Doric columns.



The Doric columns Inside Kettlethorpe Hall which has been unoccupied for many years.



The boathouse

Although this boathouse was said to contain a boat as the photograph shows. The facade of the 14th Century Chantry Chapel, which had been a replacement for the original was said to be no longer fitting with the history of the chapel was moved during renovations in 1847 and replaced by a reproduction of the original facade. The removed facade was then attached to the boathouse folly. Another interesting point is that in 1859 the folly was used as a temporary mortuary; it was also described in a West Riding Architectural Guide as "The most precious of all boat houses". One source describing the Kettlethorpe Hall estate at a time when the boathouse still stood, describes the boathouse's position as being at the Southwest end of the lake.



Maybe the grounds had been separated from the hall years before that and therefore open to the public, as they are now. What is clear is that the boathouse/ Chantry Chapel's western front was going to be lost forever like a forgotten shipwreck if nothing was done at this stage. As Edward Green says in his 2002 article in Cathedral Communications, this 'lovely 14th century facade, which had survived the Reformation, the Civil War and centuries of Yorkshire weather [had been] reduced to a heart-breaking pile of rubble by mindless vandals.' Plans were put forward to move it out of harm's way, such as reconstructing this part of the old chapel in Wakefield Cathedral, but nothing got off the ground. In the end, all that anyone managed to do was the bare minimum. The stones were collected, in the mid 1990's, many from a shallow watery grave and put into storage by the Council.

The remains of the boathouse ?

Like many such buildings Kettlethorpe Hall had apparently lain empty for many years, unlike its larger contemporaries, Gospel Hall in Leicestershire built by Charles Jennens in 1750. Jennens was the person who wrote the libretto for Messiah, Handel composed the music, and Heath Old Hall, Heath Common, Wakefield circa 1709. This is said to have been haunted by Dame Mary Bolles, known as *The Blue Lady* on account of always seeming to wear a blue dress. Both halls had lain empty and were demolished, Gospel in 1952 and Heath in 1961. Kettlethorpe Hall was not and still stands today.

Wakefield Chantry Chapel



Controlled by the Wakefield Angling Club, this lake is originally part of the Kettlethorpe Hall ornamental gardens. Kettlethorpe Hall Lake is small yet well-established and has a lot of natural features. This venue can accommodate up to 25 anglers and provides a reasonable sized car park at the entrance. The lake is home to stunning bream, roach, crucian carp, tench, chub, rudd, perch and larger carp. The depth of this lake is quite shallow, around 3 foot.



Fishing is a great relaxing pastime.

Kettlethorpe Hall Lake

Originally part of Kettlethorpe Hall Ornamental Gardens, the lake is now owned by the Wakefield Council and leased to the Wakefield Anglers Club. The lake stocks a large variety of species making it a diverse place to fish. There is also a great variety of wildlife in the area, particularly birds and amphibians.

The lake is directly connected to Owlter Beck, which carries all the water from the areas surrounding Woolley, Notton and Newmillerdam to the River Calder. The entire area that is drained is called the Owlter Beck Catchment.

The catchment is undergoing a series of projects to improve the quality of the water. Historically the catchment has accumulated too much silt in the river beds. These thick layers of silt make it very difficult for small invertebrates to thrive. Many animals rely on these invertebrates for food, including fish, birds and amphibians, making them a vital part of the food chain.

Yorkshire Wildlife Trust is working to reduce the amount of sediment reaching the river, which will help to clean the water and reintegrate the local food chain bringing back species which have locally disappeared such as water vole and great-crested newt.

KEY

- Owlter Beck
- Catchment boundary
- Kettlethorpe Hall Lake
- Owlter Beck
- Older Wood
- Newmillerdam
- Country Wood
- Buslow Wood
- Road
- Water body

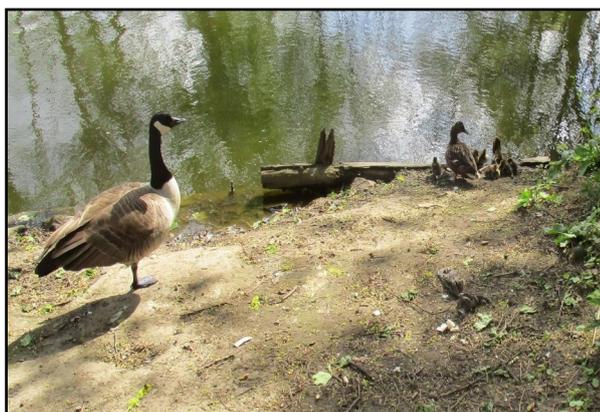
Yorkshire Wildlife Trust is a local charity working to create a county rich in wildlife for the benefit of everyone. We are helping wildlife recover and thrive by protecting and connecting landscapes and sites and by inspiring people to understand the value of nature and why it matters to us all. The charity relies on the support of members, volunteers and funders to continue its work.

To find out more or join as a member please visit www.ywt.org.uk.

Common toads and kingfishers can be seen on the site.

Look out for dragonflies like the broad-bodied chaser

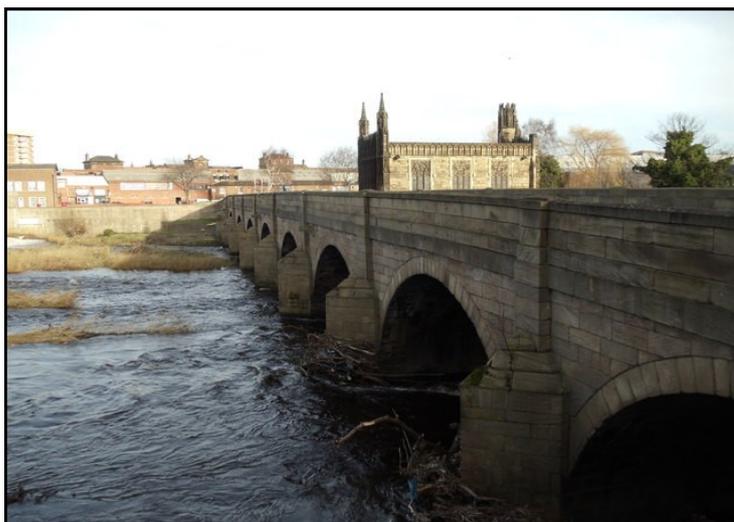
There used to be many great-crested newts on the site but habitat improvements will hopefully bring them back.



Like most other stretches of open water, the lake attracts it's share of birds and wild life. This big bird is a male Canada goose

A heavily weathered information board gives local wildlife information.

So, let us end this article with a bit about Wakefield's Chantry Chapel, also known as The Sentry Chapel. Officially it is The Chantry Chapel of St Mary the Virgin the only survivor of four chantries in Wakefield all were built outside the medieval town on the roads leading to Leeds, Dewsbury, York, and Doncaster. It is the oldest and most ornate of the surviving bridge chapels in England located south of the city centre on the medieval bridge over the river Calder it was used for worship until the Reformation and Abolition of Chantries Act, all Wakefield's four chantry chapels were closed.



In 1842 it was transferred to the Church of England and the Yorkshire Architectural Society, persuaded to undertake its restoration. The chapel opened for Anglican worship in 1848 and was used as the parish church of the newly formed ecclesiastical district of St Mary until a church was built in 1854.



The bridge chapel became a chapel at ease and services were held irregularly. St Mary's merged with St Andrew's, Eastmoor in the 1960s and the impoverished parish struggled with the chapel's upkeep. In the 1980s it seemed likely the chapel would be declared redundant by the Church of England. In January 2000, a parish boundary change brought the chantry into the care of Wakefield Cathedral, ensuring its survival.

Well, that's it for Yorkshire for a while as in the next issue North of Doncaster "Goes West" with articles about where I've been, places of interest and photos for good measure, and who knows I may even throw in a few poems written on location.



The bridge chapel survived demolition because it was and still is a structural element of the bridge. After closure, it was used as a warehouse, library, office, and cheese shop and survived bridge widening in 1758 and 1797. The nine arched bridge being built in stone between 1352 & 1356.

