'S.E.E.D.' NEWS # 98 – 2016

Welcome to our 98th Newsletter.

We are pleased to announce the completion of a major facelift of our website www.theseedinstitute.co.uk which now has a fresh new look and many new features. Please take a look and bookmark it in your browser. We would welcome your feedback – tell us what you think!

In addition we are offering several new courses in 2017 including Abdominal Massage, Aromatherapy & Ayurveda, Advanced Massage Techniques Refresher Day, Aura/Energy Massage and more.

We have two new tutors – Annabel Fox our new Reiki tutor who is adding her Combining Reiki & Massage Course to our Reiki schedule and Sally Tyler who is giving us our much awaited Abdominal Massage Course!

Please note that the news and views expressed in our newsletters are not necessarily our own; we offer them to your critical faculty as to their usefulness.

If you have any news or views that you would like to share, please send them to us for publication.

You have received this Newsletter because you have shown an interest in what we do. If you would like to be removed from our e-mail list, let us know your name and e-mail address and it shall be done!

Best wishes,

Jane Rose

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September – October 2016 'In-House' Courses

Please note that a lot of The S.E.E.D. Institute Courses are available as Distance-learning, which Students have found very valuable. Please ask for details.

Please ask for further details if you are interested in any course.

Courses are run in **Ash, Surrey (near Aldershot)** (40 miles south of London and easily accessible by train from Waterloo or from Heathrow and Gatwick Airports) and **Stour Row, Shaftesbury, Dorset** (easily accessible by road and rail).

Please 'click' on the appropriate link if you would like further details of any of the Courses.

September 2016				
20	Pregnancy Aromatherapy Massage http://www.theseedinstitute.co.uk/PCM.php	£105	10.00 – 5.00	Stour Row, Dorset
21	Babies & Children Massage http://www.theseedinstitute.co.uk/PCM.php	£105	10.00 – 5.00	Stour Row, Dorset
21-22	Hot Stone Body & Foot Reflex Massage http://www.theseedinstitute.co.uk/HS1.php	£210	10.00 – 5.00	Ash, Surrey (nr. Aldershot)
24	Sitting Back Massage http://www.theseedinstitute.co.uk/SBM1.php	£120	9.30 – 5.30	Stour Row, Dorset
24	Ayurvedic Chakra Basti http://www.theseedinstitute.co.uk/CB2.php	£110	10.00 – 5.00	Stour Row, Dorset
25	Deep Tissue Massage http://www.theseedinstitute.co.uk/DTM.php	£120	9.00 – 5.30	Stour Row, Dorset

Founders:
Alison Perrott S.P.C.Dip A, MIFPA, BTAA, AcadSK John Perrott MBCS, MIMIS
Principal:
Jane Rose T.S.I. Clin.Dip.A, MIFPA, CTLLS

October 2016				
3-7	Aromatherapy Massage incl.Foot Reflexes http://www.theseedinstitute.co.uk/AR101.php	£650	9.00 - 5.00	Ash, Surrey (nr. Aldershot)
6-7	Foot Reflex Assessment & Massage http://www.theseedinstitute.co.uk/FR1.php	£210	10.00 - 5.00	Ash, Surrey (nr. Aldershot)
10	Through the Towel Techniques http://www.theseedinstitute.co.uk/TTT.php	£105	10.00 – 5.00	Ash, Surrey (nr. Aldershot)
17-18	Palliative Care & Complementary Medicine http://www.theseedinstitute.co.uk/PALL.php	£217.50 (incl. materials)	10.00 – 5.00	Ash, Surrey (nr. Aldershot)
19	Tsuboki: Japanese Foot Massage http://www.theseedinstitute.co.uk/TFM.php	£145 (incl. DVD & Ridoki Steel Roller)	9.30 – 5.30	Ash, Surrey (nr. Aldershot)
20	Tsuboki: Japanese Face Massage http://www.theseedinstitute.co.uk/FAC1a.php	£135 (incl. DVD & Assessment	9.30 – 5.30	Ash, Surrey (nr. Aldershot)
21	Hands Free Massage http://www.theseedinstitute.co.uk/HFM.php	£105	10.00 – 5.00	Ash, Surrey (nr. Aldershot)
22	First Aid http://www.theseedinstitute.co.uk/FIR1.php	£100	9.30 – 5.30	Stour Row, Dorset
23	Trigger Point Techniques http://www.theseedinstitute.co.uk/TRI.php	£120	9.00 – 5.30	Stour Row, Dorset
25-26	Return to Practice http://www.theseedinstitute.co.uk/RTP1.php	£210	10.00 – 5.00	Stour Row, Dorset
25	Strain/Counterstrain Techniques http://www.theseedinstitute.co.uk/SCS.php	£120	9.00 – 5.30	Stour Row, Dorset
26	Soft Tissue Dysfunction & Muscle Energy Technique http://www.theseedinstitute.co.uk/MET.php	£120	9.00 – 5.30	Stour Row, Dorset

BOOK REVIEWS

The Muscle and Bone Palpation Manual with Trigger Points

Author: Joseph E Muscolino

ISBN: 9780323221962

An excellent book- covers palpation of all the major areas, trigger points, referral patterns and stretching. Of particular interest to the Reviewer were the therapist assisted stretches which were illustrated very well.

The Clinician's Handbook of Natural Medicine (Third Edition)

Author: Joseph E Pizzorno, Michael T Murray, Herb Joiner-Bey

ISBN: 9780702055140

An excellent book that would be useful for any practitioner. New chapters in this book cover female infertility, mal-digestion, bronchitis, pneumonia, pregnancy health and primary prevention of adult diseases. Very easy to read and designed to be portable. Working condition by condition it gives pretty much everything that you need to know to assess and treat said condition. Includes very handy algorithms for 'at a glance' overview.

Marma Therapy: The Healing Power of Ayurvedic Vital Point Massage

Author: Dr Ernst Schrott, Dr J Ramanuja Raju and Stefan Schrott

ISBN: 9781848192966

Very well illustrated, this hardback book would be a most useful addition to the book-shelf of anyone interested in knowing more about the emotional and physical aspects Marma Therapy. Easy to read with step-by-step instructions to illustrate techniques.

Aromatherapeutic Blending: Essential Oils in Synergy

Author: Jennifer Peace Rhind

ISBN: 9781848192270

Whilst the blending of essential oils can be a matter of what goes well together to get a suitable aroma (if one works on olfaction alone) there is merit in looking at blending in terms of the chemical make-up of the essential oils to determine what works well together chemically (taking into account the 'quenching' qualities of the essential oils). This book achieves this and more by taking evidence-based profiles and identifying contenders for synergistic blends.

Principles and Practice of Homeopathy: The Therapeutic and Healing Process

Author: David Owen

ISBN: 9781848192652

An excellent book giving a good basis for understanding homeopathy. Five themes are to be found through the book: Philosophy, Materia Medica, The Case, Case Analysis and Case Management. An essential study guide for the Homeopathy Student as well as a welcome refresher for those who are already qualified.

STRAIN/COUNTERSTRAIN

In 1954, Dr. Lawrence Jones (an osteopath) had a patient who had been suffering with back pain for two and a half months. After six weeks of treatment there was no improvement and the client was still unable to sleep for more than 15 minutes at a time.

Dr. Jones eventually experimented with trying to find a comfortable position for the client by passively putting the client in a variety of positions until he "achieved a position of surprising amount of comfort, the only benefit he had received in four months' treatment."

During further investigation into myofascial pain, Dr Jones identified the small zones of tense and tender muscle and fascial tissue that have become known as *trigger-points*. He recognised that these tender points could be probed intermittently during treatment; after finding the position of comfort he discovered a palpable decrease in tension and tenderness in these points.

In many cases no tender point could be identified in the area of pain but are, as Dr. Jones investigated and identified, in remote areas, seemingly disassociated from the area of lesion. He discovered anterior tender points that were associated with pain throughout the spine and responsible for a significant percentage of back pain.

The tender points used in counterstrain techniques are not located in or just beneath the skin as are many acupuncture points, but deeper in muscle, tendon, ligament or fascia.

They are characterised as follows:

- by tense, tender, oedematous spots on the body
- are 1 cm or less in diameter with the most acute point 3mm in diameter
- they may be multiple for one specific joint dysfunction
- they may be a few cms long within a muscle
- they may be arranged in a chain
- anterior points correlate with spinal joint dysfunction and posterior pain
- appendicular points are often found in a painless area opposite to the site of pain and/or weakness

Over the next 30 years Dr. Jones continued developing and documenting his theories and discoveries in understanding the application of counter-strain therapy and tender points as reliable indicators of lesions, in order to administer treatment with increased confidence and with greatly improved results.

Strain/Counterstrain is a passive positional technique that places the segment (spinal or other) in a position of comfort. It is a gentle and powerful manual technique: the technique is reliable and effective and is applicable to a large range of musculo-skeletal dysfunctions.

It is used to alleviate chronic muscular spasm and related pain. Both a reduction in muscle spasm and normalisation of muscle-tone is achieved by placing the client's extremities, or trunk, into positions of greatest comfort, with each position being specific to the treated muscle.

This is a slow technique where the position is maintained for a short time to inhibit the hyperactive nervous system activity producing the painful muscle-spasm.

The treatment halts inappropriate nociceptive and proprioceptive activity that maintains the somatic dysfunction by markedly shortening the involved muscle(s) and connective tissue.

HANS SELYE: GENERAL ADAPTATIONAL SYNDROME (GAS)

Hungarian-born Hans Selye (1907-1982) wrote about his ideas on stress in the British journal 'Nature' in the summer of 1936.

Selye wrote that the body passes through three universal stages of coping:

Alarm: there is an 'alarm reaction' – an acute inflammatory response, in which the body prepares itself for 'fight or flight'. However, no organism can sustain this condition of excitement and a second stage of adaptation ensues (provided the organism survives the first stage).

Any physical or mental trauma will trigger an immediate set of responses that combat the stress. Because the immune system is initially depressed, normal levels of resistance are lowered, making the body more susceptible to infection and disease. If the stress is not severe or long lasting it is usual to recover rapidly.

Resistance: in the second stage, when stress factors are continuous or repetitive, a resistance or adaptation to the stress is built.

In the stage of adaptation, muscular tissue becomes progressively fibrotic and, if this change is taking place in muscle that has a postural rather than a phasic function, the entire muscle structure will shorten.

The fibrotic tissue lies in altered (shortened) muscle and cannot 'release' itself to allow the muscle to achieve its normal resting length. The result is altered tone and structural change to the muscle fibres and the tight fibrotic tissue need to be released and stretched.

The body quickly adapts to stress, with a tendency to become more resistant to illness and disease. The immune system works overtime trying to keep up with the demands placed upon it. One can become complacent and assume that the effects of stress can be resisted indefinitely.

Therein lays the danger. Believing that there is immunity from the effects of stress, we typically fail to do anything about it.

Exhaustion: if the duration of the stress is sufficiently long, the body eventually enters a stage of exhaustion and it ages 'due to wear and tear'.

As the body is unable to maintain homeostasis and the long-term resistance needed to combat stress, there is, invariably, a sudden drop in resistance level. People differ in resistance and tolerance to stress, but immunity, at some point, collapses following prolonged stress reactions.

Life sustaining mechanisms slow down, organ systems begin to break down, and stress-fighting reserves finally succumb to what Selye called 'diseases of adaptation'.

Selye called these three common responses the 'General Adaptation Syndrome' (GAS) and proposed that certain changes take place within the body during stress that disrupt normal physiologic mechanisms and trigger an array of diseases. He looked at different types of organisms - from rats and monkeys to humans – and recorded that physical and emotional stress induced a pattern that, if left untreated, always leads to infection, illness, disease and eventually death.

Describing a syndrome as 'a group of signs and symptoms that occur together and characterise a disease', Selye analysed how the 'general syndrome of being sick' characterised diseases generally. The search for understanding and application of knowledge concerning this syndrome became the central feature of Selye's academic and scientific career.

GAS is thought to be the main reason why stress is such an abundant source of health problems. By changing the way the body normally functions, stress disrupts the natural balance – the homeostasis (crucial for well-being) - speeding the ageing process

Selye included, among other diseases, high blood pressure, gastric & duodenal ulcers and various types of mental disorders and called them 'diseases of adaptation'.

Through his presentation of these and related ideas, he stimulated much discussion and controversy. He played an indirect, though major, role in the stimulation of ideas concerning the sources of 'wellness' as well as of 'sickness'.

He wrote of two types of stress: pleasant stress contributing to human well-being (eustress) and unpleasant stress contributing to disease (distress).

After completion of his academic and professional studies in Prague, Paris and Rome, Selye received a Rockefeller Research Fellowship and accepted a position at Johns Hopkins University in Baltimore, Maryland. In 1932, he was appointed Associate Professor of Histology (the microscopic, scientific study of organic tissue) at Montreal's McGill University. By 1945 he had become the first Director of the Institute of Experimental Medicine and Surgery at the University of Montreal and stayed until he retired in 1976. Subsequently he established the International Institute of Stress.

ESSENTIAL OIL RESEARCH

SMOKING WITHDRAWAL

Inhalation of vapour from black pepper extract reduces smoking withdrawal symptoms.

Rose J & Brehm F, 1994, Inhalation of vapour from black pepper extract reduces smoking withdrawal symptoms. *Drug and Alcohol Dependence*, vol. 34, no. 3, pp. 224-9. Nicotine Research Laboratory (151-S), V.A. Medical Center, Durham, NC 27705.) (http://www.ncbi.nlm.nih.gov/pubmed/8033760 accessed 07/06/11)

Abstract

Previous studies have suggested that sensory cues associated with cigarette smoking can suppress certain smoking withdrawal symptoms, including craving for cigarettes. In this study we investigated the subjective effects of a cigarette substitute delivering a vapour of black pepper essential oil. Forty-eight cigarette smokers participated in a 3-h session conducted after overnight deprivation from smoking. Subjects were randomly assigned to one of three conditions: one group of smokers puffed on a device that delivered a vapor from essential oil of black pepper; a second group puffed on the device with a mint/menthol cartridge, and a third group used a device containing an empty cartridge. Subjects puffed and inhaled ad libitum from the device throughout the session during which no smoking was allowed. Reported craving for cigarettes was significantly reduced in the pepper condition relative to each of the two control conditions. In addition, negative affect and somatic symptoms of anxiety were alleviated in the pepper condition relative to the un-flavoured placebo. The intensity of sensations in the chest was also significantly higher for the pepper condition. These results support the view that respiratory tract sensations are important in alleviating smoking withdrawal symptoms. Cigarette substitutes delivering pepper constituents may prove useful in smoking cessation treatment.

ANTI-MICROBIAL

Elgayyar M[1], Draughon FA, Golden DA, Mount JR. http://www.ncbi.nlm.nih.gov/pubmed/11456186

Inhibition of growth was tested by the paper disc agar diffusion method. Antibiotic susceptibility discs were used as control. Minimum lethal concentration (MLC) was determined by the tube dilution method. Essential oil from cardamom was evaluated to have some inhibition for each of the test strains that included: *Listeria monocytogenes*, *Staphylococcus aureus*, *Escherichia coli* O:157:H7, *Yersinia enterocolitica*, *Pseudomonas aeruginosa*, *Lactobacillus plantarum*, *Aspergillus niger*, Geotrichum, and Rhodotorula.

Abstract:

The beneficial health effects of extracts from many types of plants that are used as seasoning agents in foods and beverages have been claimed for centuries. The purpose of this study was to examine the effectiveness of selected herb and spice essential oils for control of growth and survival of micro-organisms. Inhibition of growth was tested by the paper disc agar diffusion method. Antibiotic susceptibility discs were used as control. Minimum lethal concentration (MLC) was determined by the tube dilution method. Essential oils from anise, angelica, basil, carrot, celery, cardamom, coriander, dill weed, fennel, oregano, parsley and rosemary were evaluated. Inhibition ranged from complete with oregano to no inhibition with carrot oil for each of the test strains that included: Listeria monocytogenes, Staphylococcus aureus, Escherichia coli O:157:H7, Yersinia enterocolitica, Pseudomonas aeruginosa, Lactobacillus plantarum, Aspergillus niger, Geotrichum, and Rhodotorula. Oregano essential oil showed the greatest inhibition (zone, > or = 70 to 80 mm) (MLC, approximately 8 ppm). Coriander and basil were also highly inhibitory (MLC, approximately 25 to 50 ppm) to E. coli O:157:H7 and to the other bacteria and fungi tested. Anise oil was not particularly inhibitory to bacteria (inhibition zone, approximately 25 mm); however, anise oil was highly inhibitory to molds. Because some of the herbal and spice essential oils are highly inhibitory to selected pathogenic and spoilage microorganisms, they may provide alternatives and supplements to conventional anti-microbial additives in foods.

HEALTHY PAGES

Healthy Pages produce a free, daily and weekly e-mail newspaper that is well worth receiving. email: info@healthypages.co.uk web: www.healthypages.co.uk

Recent items of interest include:

Roseroot alternative treatment for depression

A recent study published in Phytomedicine measured the effectiveness and safety of roseroot extract as an alternative treatment for depression. The study was led by Dr. Jun J. Mao, associate professor of family medicine, community health and epidemiology at the Perelman School of Medicine, University of Pennsylvania.

Fifty-seven adults took part in the study, which was the first ever randomized, double blind, placebo controlled, comparison trial of roseroot extract. Researchers compared the effects of roseroot extract on mild to moderate major depressive disorder with sertraline, a commonly prescribed antidepressant.

Each participant had had two or more major depressive episodes, depressed mood or loss of interest in activities for at least two weeks and exhibited depressive symptoms such as significant unintentional weight change, fatigue and suicidal thoughts. The participants received either treatment with standardized roseroot extract, sertraline or a placebo over the course of twelve weeks. During the twelve week treatment period changes in the participants' depression was monitored.

The researchers found that although the participants receiving sertraline were more likely to report improvements in their symptoms by week 12 of their treatment than participants receiving roseroot extract, the differences were not statistically significant.
In comparison to the participants receiving a placebo, patients taking roseroot were 1.4 times more likely to show improvement in depressive symptoms with patients taking sertraline having 1.9 times odds of improvement.

Significantly more patients receiving sertraline (63%) reported side effects compared to only 30% of participants receiving treatment with roseroot extract. This suggests that roseroot may have a more favourable risk to benefit ratio than sertraline for treating mild to moderate depression.

Past research has suggested that roseroot could enhance mood by stimulating the receptors of neurotransmitters such as dopamine and serotonin in the brain that are involved with mood regulation. Other research suggests that rosewood extract affects beta-endorphin levels in the body.

"These results are a bit preliminary but suggest that herbal therapy may have the potential to help patients with depression who cannot tolerate conventional antidepressants due to side effects."- Dr. Jun J. Mao, Perelman School of Medicine, University of Pennsylvania

Ancient chant of OM backed by modern science

Researchers at Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow, India have confirmed that listening to the sound of OM activates the areas of the brain involved in emotional empathy and relaxes the parts of the brain used in everyday functioning.

"Listening to the OM sound activates areas of the bilateral cerebellum, left middle frontal gyrus and right precuneus…Listening to OM recruits neural systems implicated in emotional empathy," said Uttam Kumar of the Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow, India.

The study, which was published in February in the journal of Cognition and Emotion, used MRI scanners to monitor the brain activity of 21 men. Three sound conditions were compared – the ancient chant of

OM, a similar but non-meaningful sound condition [the sound TOM] and the meaningful sound condition [the Hindi word AAM]. The behaviour interleaved gradient technique was employed in order to avoid interference of scanner noise.

The results revealed that listening to the sound of OM in contrast to the meaningful Hindi word condition activated areas of bilateral cerebellum, left middle frontal gyrus [dorsolateral middle frontal], right precuneus and right supramarginal gyrus. Listening to the sound of OM in contrast to the non-meaningful sound condition led to cortical activation in the bilateral middle frontal right middle temporal, right angular gyrus, right supramarginal gyrus and right superior middle frontal gyrus.

What is OM?

The sound of OM [or AUM] is of Hindu origin but is also sacred in Buddhism and Jainism. Today the sound of OM is chanted during yoga classes as an opening and closing practice. Hindus believe that during creation, the divine consciousness took the form of the first primordial vibration manifesting as the sound OM. OM is featured in all the Upanishads – the ancient Indian spiritual texts.

In Hindi the three sounds A [a-kāra], U [u-kāra], M [ma-kāra] make up the sound AUM. A-kara translates as form or shape such as the trees or any other object. U-kāra means formless or shapeless like water, air or fire. Ma-kāra means neither with shape or shapeless but still existing, such as Universal energy.

Patanjali, who wrote the Yoga Sutra – the foundational texts of Ashtanga or Raja yoga, taught that when we chant the sacred sound of OM and simultaneously contemplate the meaning of it, our consciousness becomes one-pointed and prepared for meditation. Commenting on the Yoga Sutra, the ancient sage Vyasa said that through chanting OM, “the supreme soul is revealed.”

FROM: WWW.CANCERACTIVE.COM

We highly recommend this web-site for excellent up-to-date information on all aspects of cancer. Their aim is to help people increase their personal odds of beating cancer.

Vaccine may prevent 80 per cent of breast cancers

American Scientists have developed a vaccine that, in trials with mice, prevented a cancer cell protein forming. The protein is present in about 80 per cent of all breast cancers.

The trials were conducted with mice, which have 99 per cent of the same genes as humans. The researchers reported this vaccine as an enormous breakthrough and the plan is to take it forward to three stages of human Clinical Trials. These could take 10 years to complete. Currently about 42,000 women are diagnosed with breast cancer each year in the UK, although about 12 per cent of these are false positives.

Chris Woollam Comments: As readers (of CancerActive) know my views on the issue of vaccines have been consistent for a number of years now: The failure of drugs to cure cancer on a large scale has meant that cancer bodies and drug companies have had to change their rhetoric and focus. No longer do they glibly talk ´cure´, but a more modest vocabulary of ´cancer survival´ and ´cancer management´.

But this is not due to humility. 2 million people live with cancer in the UK today. Cancer rates are forecast to double over the next 20 years. So that´s going to mean some very big profits keeping 4 million people alive with daily and weekly drug regimes. A cured person on the other hand is someone who has dropped out of the ´target market´ to use a marketing term.

So drugs companies have come up with another string to their bow ´If finding a ´cure´ for cancer is so elusive, why don´t we create vaccines to prevent the cancer in the first place?´ Then we can target everybody not just the 5 per cent with cancer. Brilliant, 20 times the potential market!

Now, I am all for prevention; like cutting out dangerous chemicals and pesticides in or on our foods and in our in-home, personal care and household products, and so on. Unfortunately, many of the companies searching for cancer ´cures´ are also making these toxic products, so vested interests overwhelm common sense

But what better than to find a virus at the heart of every cancer and create a vaccine to eradicate each? Every man could then have a 5 yearly triple jab against prostate, lung and colon cancer, every woman against breast, lung and colon too. The profits will be HUGE!

Already the HBV vaccine to beat liver cancer has been developed and seems to offer a serious benefit.

By contrast, as many of you also know, I consider the fuss made over cervical cancer vaccines positively ignorant. The vaccines knock out a few strains at best of the HPV virus and may prevent 70 per cent of HPV induced cervical cancer. But only time will tell, the vaccines have only been tested for a short period, ´experts´ are already saying that women may need a top up every five years (who knows?), other factors cause cervical cancer (there is some research evidence pointing a finger at talcum powder), the vaccine has never been tested with males (who have a different biochemistry to females) yet ´experts´ think all boys should be vaccinated too, an injection for females and males in the UK will cost the Health Service 2 billion pounds which we don´t have, blah, blah, blah. Dr Diane Harper one of the top researchers involved in the Clinical Trials for Gardasil and Cevarix has gone on public record saying that ´This vaccine will not decrease cancer rates at all.´ I rest my case.

However, the theory goes wrong if it is found that viruses do not lie behind every cancer. Only recently claims that a virus XMRV lay behind prostate cancer have been shown to be rubbish. ´No link at all´ was the conclusion in the research published in Retrovirology. So the jury is out, but mark my words vaccines against ´viruses´ lying behind cancer is what the cancer bodies will be increasingly espousing (as they are prodded with very big Pharma Company sticks).

But this breast cancer vaccine is different. It neither knocks out a virus, nor boosts the immune system to fight one off, as with the history of vaccines from polio to measles.

This virus attacks the very process that is cancer, to knock out a protein. It is very clever.

Two problems that I can see: **First,** cancers are genetically different; your breast cancer is not the same as that of the lady sitting opposite you. I sincerely hope this vaccine can deal with this variation. We want cancer prevention and if a clever vaccine provides it, for now that will do.

Secondly, can you really see this getting to market? Suppose it does. Then 80 per cent of the sales of Tamoxifen, Arimidex, Herceptin and other brands disappear overnight, not to mention the decline in importance and revenue of breast cancer charities! I so hope that this view is just cynical and that here, in this vaccine, we do have a genuine breakthrough that makes it to the doctors´ surgeries. But within two days I had already seen 5 articles raising concerns about, and even dismissing, this breakthrough vaccine.

I´ll put this article in my ´bring forward´ file for ten years time! We´ll just have to wait and see.

New Blood test for cancer a breakthrough in detection

Cancer cells divide roughly 40 times before death occurs. Your death.

But even the best current cancer screening systems do not spot a cancer until it has already divided about 20 times. Physical symptoms of a tumour might not even appear until the division reaches 30 times.

Now two groups of scientists from Kansas and Nottingham University have developed a simple blood test which measures antibodies automatically produced by the immune system in response to the first sign of a cancer cell. Although the test was originally developed for lung cancer, its logic can be applied to any cancer. It could be the best screening test for cancer around in a couple of years.

As the first cancer cell develops, so it produces irregular proteins not normally present in the body. The immune system produces antibodies against these antigens, as they are called, immediately and so the test can pick up a cancer right from the outset. A pilot test, called the EarlyCDT-lung test, on lung cancer is already showing remarkable success with smokers.

The test will shortly be available in the UK but privately. Before the NHS adopts the test, the usual clinical trials will be needed.

Chris Woollam Comments: Apparently in the American Pilot test, merely having the test encouraged some smokers to wake up and stop smoking even though they tested clear.

Frankly, any test that does away with screening mammograms has got to be a good thing, especially if it proves 100 per cent accurate. (Mind you 60 per cent accuracy would be better than mammography, if the figures presented at the European Breast Cancer Symposium a couple of years ago are to be believed!)

And accuracy is a very big issue. We have already witnessed twenty years of the PSA test (which relies on measuring a protein antigen produced by the cancer), and even today some cancer centres say it is wonderful, while others deride it. Figures show at least one in eight PSA tests are inaccurate. So is this new test better, or are we getting carried away again?

Secondly, my concern is rushing off into treatment at the first sign of a protein. This is going to be a huge conundrum. We have recently had Danish Researchers studying mammograms where the unscreened group developed far less breast cancers across a six year period. The conclusion was not that mammograms caused cancer, but that the body was capable of healing itself in many cases if left alone. The researchers quoted other sources suggesting that many of us have cancer at least 6 times in our lives without ever knowing. The body deals with it. If we are to rush into drugs and cancer treatments at the first sign of an antibody, couldn´t that be just as dangerous? I don´t know. While discovering you have cancer cells present as early as possible will certainly mean more people will reach the 5-year survival point (irrespective of whether or not they have treatment), I would like to see if this means many, many more people will be simply diagnosed with ´cancer´ in this case a cancer that may never have ultimately taken hold of their body.

On balance this new test seems excellent news.

Founders:
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