urhp NEWSLETTER

SUMMER 2017



Items in this newsletter include:

URHP conference June 2017 • *Lyme Disease - the next pandemic* • *Progesterone - the oldest hormone?* • *URHP Oath* • *Poldark Grand Banquet* • *Diary Dates*

Unified Register of Herbal Practitioners Newsletter

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URHP NEWSLETTER TEAM - SUMMER 2017
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LETTER FROM THE EDITORS

This is our first digital edition of the bi annual URHP newsletter. It is different to the Journal as it is only for URHP members and you can contribute anything you like to this. News, exciting books you have read, questions you have reflected on in your own practice, workshops that you have attended and anything else relevant to our herbal community. It is a less formal forum. The Journal which we share with AMH will continue to be published every Spring and Autumn.

In this edition we have a write up of our AGM, conference and speakers presentations. Annette highlighted the epidemic of Lymes disease and how serious and deadly this is. She has had some success with her patients and is organising a multi-disciplinary conference in October in Cornwall in which vets, doctors and she will speak. Do try to attend. Details are in the box following this. Vicki has sent in some in depth references to the American Herbalists publications around Lyme's as it has been a major problem there for longer than the UK. It does require our attention and from Annette's talk it is clear that herbal medicine has a lot to offer to people affected by it.

Judy Evans spoke to us of the importance of progesterone which was a wakeup call to many of us as we did not know that the lack of it is so far reaching in its effects.

Because this is a digital newsletter we have included more photos than usual. Please send in any items for the Journal by March 1st 2018 to lizlyden@msn.com or vbpitman@talktalk.net We have a new Registrar, Trixie Vordeman, and she will be sending out renewal notices in January. In the meantime do inform her of any changes in your practice details or personal or email address.

If you would like to become an editor of the newsletter and/or journal do let us know. More help is always welcome. Lastly a big welcome to all of our new members – we hope that you will be actively engaged with us for many years to come.

Liz and Vicki, Editors.

Unified Register of Herbal Practitioners

Oath

I swear by all that I hold dear and by all those influences that have lead me to the practice of herbal medicine that I will fulfil according to my ability and judgement this oath and this covenant:

To apply herbal treatments and natural methods for the benefit of the sick according to my abilities and judgement and to recognise my limits and consequently to refer patients appropriately.

To recognise that I come from a long tradition of herbal medicine which I have a responsibility to uphold.

To recognise the necessity in protecting and nurturing the environment in general and the production of sustainable herbal remedies in particular.

That whomever I treat my only objective will be to improve their health.

That whatever I may see or hear in the course of my practice in regard to the life of my patients, I will keep this to myself, recognising the importance of confidentiality in a therapeutic relationship.

That if I fulfil this oath and do not violate it, I may be granted the simple pleasures of life as I will have a clear conscience and an open heart.

URHP Conference Overview 2017

by Laura Yarham URHP

It was a warm and pleasant Friday afternoon when we arrived at the beautifully appointed Purley Chase for another weekend of delights, surprises and rich, valuable learning as well as highly valuable connections with our herbal colleagues.

After initial greetings alongside sampling scrumptious treats with our welcoming drinks, we all settled ourselves in to this charming place of peace and calm, readying ourselves for a stepping off from the usual hectic pace of life to a rather more gentle and reflective space. This is the gift of coming away for a weekend conference together in such tranquil surroundings. Stopping to take stock of all we have achieved and all we want to focus our energies on in our herbal world is essential if we are to move forward effectively and this is what we achieved.

Our first exploration into deepening our knowledge began after an early dinner. It was led by our very own Judy Evans, who is a naturopathic Herbalist, talking to us about natural ways of treating the menopause. Judy used her own experience of previously very difficult monthly cycles to demonstrate how effective natural approaches can be. In the past, she had gathered huge amounts of research in order to help herself and came upon the work of John Lee MD and his insights and treatments using



natural progesterone backed by many years of clinical research. We all took in this information (as easily as this remarkable cream is absorbed into our skin!) with great interest and, for me, it certainly highlighted an area that I would want



to develop in my practise. Judy covered as much as she could in the time allotted and gave us a great overview of the various ways that we can all approach this rather challenging time of life with our clients. It has to be said, some of us of a certain age, were already on the website ordering the natural progesterone cream before we went to bed!

The next day dawned bright and we all had great expectations of the forthcoming day. We were not disappointed! What a fabulous day we had with not only a fascinating and moving narrative but also lively discussion with plenty of laughter. Our speaker for the day was Dame Commander Annette Montague-Thomas. For those of you who have not been fortunate enough to have met her, Annette is one in a million: she brought energy and passion to all she spoke about, enlightening us with her own particular story and in doing so, motivating us all to follow our own herbal paths with courage and determination.

Annette is founder of The Global Natural Healthcare Trust Charity and she took us on her journey from early work with UNICEF in Africa to how she came to set up her own charity in 2000. This all began with Annette seeing a documentary about the HIV/ AIDS pandemic and how this was devastating townships in South Africa. She was so moved that with her innate steely determination, she flew out to Africa with a vision and a mission in her head and her heart, not entirely sure where she would begin, but knowing that she must, at least, try. There



aren't many who would have fought in the way Annette did and still does, against such odds and brought into being an exceptional medical centre with a team treating many people each day; a farm where all the herbs used are grown; a children's hospice; a children's unit (The Cuddle Centre) and an adult respite centre. All this has come about from one woman working tirelessly: finding solutions, being proactive, engaging others, collaborating with funding agencies





while using her skills as a herbalist to achieve her goals.

We all, I think, sat in the lecture room that day, silenced at times with awe that such an undertaking had been achieved. Annette has such a gift of storytelling and delighted us with anecdotes that literally had us howling with laughter. She was also open to questions and discussion as her story unfolded, which gave a beautiful flow to the day.



In the latter part of the afternoon, we focused on the devastation that Lyme's disease can have on people's lives with Annette giving us the benefit of her own experience in meeting and treating a young girl with this illness. This was an opportunity as well, for those who also had knowledge and involvement in dealing with Lyme's, to share this with the rest of the group. There was much to communicate on this subject and we closed the session with renewed interest and new ideas about how to approach such an overwhelming disease.

This had been a day packed with creative energy. We had heard a story that stimulated us to move forward in our own professional lives and left us with a feeling that with the right combination of vision and action, anything could be achieved. We also had an insight into the incredible power of herbs and how they had brought their own particular healing to this community when in



the hands of a skilled practitioner. After such a highly charged day, we were very happy to tuck into the usual delicious supper and those who still had the energy partook of an evening of singing, music and conversation, entertained by the talent within our own membership.



The Sunday morning was dedicated to the AGM, reports from the council and further discussion of topics raised the previous day. There was a lot of positive energy amongst us, as we planned

the next few months and how we would engage more with our local communities, as well as tackling political issues in the wider world of herbalism. It must be said that there was much beneficial collaboration between us all and we came out of the morning with a real feeling of moving forwards and working together for both the URHP and our precious plants, which after all, deserve much gratitude for the gifts they bestow on us as medical herbalists.

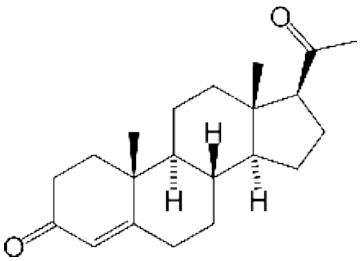
Our nurturing weekend was rounded off for those who were able to stay, with a magnificent herb walk led by Barbara Wilkinson, who has the true ability to let the joy of each herb shine through with her narrative and deep understanding of the plant kingdom.

This was a hugely successful conference, where, with our ability to stop, reflect and plan, we were able to, not only enjoy the compelling content our speakers laid before us, but also to step forward with new creative ideas and plans for ourselves and our professional association.

Laura Yarham
URHP

What is Progesterone? The oldest hormone

by Judy Evans URHP



Progesterone, the oldest hormone, is about 500 million years old and is vital to all vertebrates: fishes, reptiles, birds and all mammals, including humans.

It plays many roles in vertebrates of both sexes, some of which are: regulating blood sugar, developing intelligence, building bones and brain activity. In the higher animals it is involved in reproduction where it is converted by the adrenal glands into cortisone, oestrogen, testosterone and others.

William Allen and George Corner first isolated progesterone in 1934 and proposed the name because of its progestational activity in the pregnant female. An unfortunate name in many ways as it has now come to be regarded as a female sex hormone, it's many other roles having been forgotten. Unlike oestrogen and testosterone, it does not impart any secondary sexual characteristics.
It was not until 1943 that Russell Marker made progesterone from the plant steroid diosgenin. Originally he used the Mexican wild yam, Dioscorea villosa, but diosgenin has now been found in many plants, including fenugreek and the soya bean. Once it was found that progesterone could be made in bulk, the biochemists started converting it into all the other hormones we use today, cortisone, testosterone, oestrogen and the synthetic progestins (or progestogens). Again causing progesterone to be forgotten.

There is still much confusion in the minds of both the laity and the professions between progesterone on the one hand, and the progestins (or progestogens) and yam creams on the other. Progesterone is made in our body from cholesterol, which is first broken down into pregnenolone and then into progesterone, which in turn can be broken down into the other hormones we need. Some preparations available contain "natural progesterone" which has an identical molecule to that the body makes. The progestins on the other hand have an altered molecular structure and the various so-called "yam creams" contain no progesterone at all. The latter do contain diosgenin, which the body cannot, however, convert into progesterone.

Hormones are chemical messengers and can only work once inside the nucleus of a cell. To get into the nucleus the hormone needs a carrier which is called a receptor. Receptors are very specific, they will only transport the hormone for which

they are made. Progesterone receptors will not transport the synthetic progestins into the cell nor can they make use of diosgenin.

Balancing Your Hormones
progesterone is very safe to supplement

When you know that a large part of our general and mental health are governed by our hormones, it becomes clear that maintaining the correct balance is essential for optimum well-being particularly in women. Two of the most important hormones are progesterone and oestrogen which regulate the monthly cycle and are mostly in balance during a woman's menstrual life. If for any reason this very sensitive equilibrium is disrupted, many problems can and do occur as listed under Symptoms & Diseases.
Conventional medicine is often given to correct this imbalance by providing hormone substitutes such as the synthetic hormones contained in the Pill or HRT. These can be effective but have many disadvantages due to the side-effects. This is mainly because they are not natural to the body, are very powerful, given as a one size dose suits all and cannot follow the proper hormonal pathways as nature intended. Logically thinking, it would therefore make sense to supplement with hormones which are bio-identical to those which the body produces naturally. This is extremely important especially for the hormone progesterone which is all that women may need in the first place. This is because progesterone is the precursor to nearly all the other steroid hormones such as oestrogen, testosterone and all the cortico steroids which are involved with controlling stress. It can help make and rebalance them if there are any symptoms that one is too dominant or another too low.

Unlike other hormones, progesterone is very safe to supplement with as it has no known harmful side-effects. In fact, it has many well researched and proven beneficial roles within the body and is not just involved with reproduction. It protects the heart and cardio vascular system, protects against cancer, has a role in protecting against osteoporosis, plays an important role in brain injury and repair, and maintains pregnancy to full term which is not possible if a woman does not produce adequate amounts naturally.

Natural progesterone, so called because it is bio-identical to the progesterone produced in the body, is not a drug as many articles have erroneously stated. It is a hormone which our body desperately needs when it becomes deficient or other hormones become more dominant such as oestrogen or testosterone. It is produced in significant amounts during every 'normal' monthly cycle which balances and negates the potential harmful effects of too much oestrogen. It is produced in huge amounts during pregnancy. The mother's body is awash with progesterone which surrounds the developing foetus until birth. This is a measure of how safe and important progesterone is. Compare this to the safety of the contraceptive pill or HRT which contains very powerful synthetic hormones which millions of women are using in most Western countries today. It is interesting to know that one of our most natural potent oestrogens called oestradiol is lowered significantly during pregnancy as the body, in its infinite wisdom, knows that oestradiol can have an adverse effect on the embryotic stages of the baby's life. See the book 'Our Stolen Future' by Theo Colburn.

A very few women will experience a worsening of their symptoms when first using progesterone as a supplement. This does not usually last very long and is a sign that it is starting to make changes which is similar to when first becoming pregnant. Also, it may be a sign that the body's hormones are grossly imbalanced as recognised by symptoms when not using any form of hormone therapy yet still suffering. In these cases, the body will have already tried to adapt naturally by reducing the sensitively of receptor sites for any of the hormones which have become more dominant such as oestrogen which is often the case. Again, the body has an inbuilt wisdom which will keeping trying to maintain the correct balance. The technical term for this is called Homeostasis. However, if there is not enough progesterone or oestrogen to quell the body's natural 'thirst' for any of its hormones when they have dropped significantly or the ratio is out of balance, then symptoms will continue relentlessly with no other obvious choice but to suffer or turn to conventional HRT or the contraceptive pill. At these times progesterone supplemented at normal physiological amounts (that which the

body normally produces) can help enormously for most women.

It would seem logical that natural progesterone would be the first hormone to supplement with as it is the first to drop to very low levels as a woman nears her menopause and the ovaries are 'spluttering' out of eggs. As long as she is having a period, oestrogen is still quite high, but progesterone which is only produced in significant amounts with ovulation is usually very low by this time and her body struggles to balance the still quite high oestrogen levels.

After, menopause when oestrogen drops, progesterone supplementation can be of help as it makes oestrogen and may keep the levels high enough to keep menopausal symptoms at bay, but not high enough to start periods again. If the oestrogen levels have dropped too low even for progesterone to be of help, then supplementing with a good quality and high potency phytoestrogen can make up the difference. This is known as natural HRT and if symptoms are very severe, then a little bio-identical oestrogen can be obtained from your doctor to use with natural progesterone. This is by far the safest combination and when used in the doses the body is used to, poses no risk of further imbalance.

If too much progesterone cream is used on the fatty areas of the body over a prolonged period of time, it can accumulate in those areas and the only risk here would be that the body will try and create homeostasis again. It will do this by 'tuning down' or 'closing off' receptor sites or in some cases increasing other hormones to match the higher levels of the dominant hormone. This is only the body doing what it does naturally which is to protect itself and the only risk would be that the hormones become less effective creating the same symptoms as before when not using any hormones. It is also important to use the correct areas of the body which is on thin skinned areas of the body where blood vessels show through easily. Avoid all fatty areas.

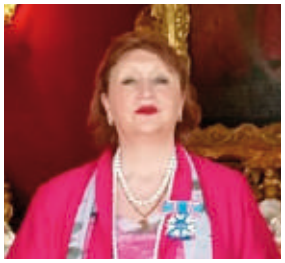
So when there are clear signs and symptoms of hormonal imbalance, it is essential to recreate the correct balance for each individual using the correct physiological amounts of progesterone and, in some cases, a little natural oestrogen if needed.

A practitioner who is experienced with progesterone therapy can help guide you through this period if necessary.

Judy Evans
URHP

Overview of presentation by Annette Montague-Thomas

By Vicki Pitman URHP


Annette Montague-Thomas

2017 Conference featured Dame Annette Montague-Thomas who shared with us her work in South Africa for victims of HIV-AIDS and malnutrition, and now TB – through the Global Natural Health Care Trust (www.gnhct.com). She also highlighted in a dramatic way a UK health issue, Lyme Disease, which is likely to become more widespread.

Annette has made 217 trips over sixteen years to Orange Farm near Johannesburg where she started and developed a herbal pharmacy-dispensary (the first in the basement of her hotel), a herbal clinic (now moved into its third and best location), established a herb growing and processing farm, an orphanage and as if that was not enough, a children's hospice which opens this August. It was very moving to hear about how - from scratch and mortgaging her house and selling precious possessions to raise monies – she has accomplished this: how she managed to get permission from the SA health ministers to open her clinic, recruit and train nurses in her approach; about her early and continuing struggles to make her vision a reality; and about

how the work is progressing. She has had help of course from key supporters such that The Trust is in a position, having received donations of testing equipment and support from the necessary independent and experienced personnel, to begin clinical trials following 100 patients every month for a year, which, it is expected, will validate what is already being shown clinically. By receiving herbal medicines, and good health care, including nutrition, patients' viral loads decrease and their CD4 counts increase and they are able to survive and live better lives. Annette's work has been recognised by the United Nations Collaborative International Scientific Research Institute. Not content with all of this, Annette is starting a similar facility through the charity in her native Cornwall, to provide care to people with AIDS, HIV and Lyme Disease as well. In another way also Annette challenged us, by opening up a debate about the current situation in the UK as regards training institutions for herbalists: Is there a place and need for a new one? We discussed this at length, and more may come of this in the future.

In her presentation, Annette warmed our souls with her engaging sense of humour and self-effacing side, as well as her utter commitment and incredible determination. It was truly awe inspiring and I'm so sorry that more members could not have been there. We are so fortunate, as a profession and as the URHP, to have such a pioneering leader among us.

Annette then turned her attention to the issue of the growing number of cases of Lyme Disease in the UK. She has treated a few cases over past decades, but numbers are expected to rise as there are more deer, the main vector for the ticks which infect humans with the Bartonella and associated bacteria, and also as more people are taking to the woods and countryside. Annette showed us an example of Health Mapping (see URHP-AMH Journal vol.9 no 1 Spring 2017) which maps which areas of the UK are seeing increases in incidence. Lyme Disease is very difficult to diagnose in fact and that there is currently no laboratory in the UK which has the expertise to identify its presence in blood samples. Annette is therefore using a laboratory in the US where for about 30 years LD has been affecting people, so far greater awareness for



longer and expertise developed. (See also The Journal of The American Herbalists Guild, Vol. 11, No,2, Autumn 2013, Ed.). Annette showed a moving online video made by one of her current patients, a young woman in her twenties who had contracted Lyme with devastating effects on her neurological systems such that she was in great pain and could hardly move or walk. Fortunately she is making good progress. Tia Poore has started a website to help herself, Ticked Off, Tia's Time with Lyme http://tiastimewithlyme.weebly.com/. On it she tells her moving story and posts a video to help others understand the devastation Lyme Disease can cause. Annette's protocol with Tia has included major alterative herbs, Scrophularia, Burdock and others. It is crucial to treat the digestive system to improve assimilation and include anthelmintic as ' parasites will be there' in any event involving insects. For neurological symptoms she prepares a bone and muscle formula. (Tia has been making steady progress under her care.) Annette cautions that GPs are not recognising LD or are treating it as something else, such as a multiple allergy syndrome.

Again, Annette is showing tremendous leadership in bringing the healing of herbal medicines to those who need them in the most critical of conditions. Further she remains supportive of fellow herbalists, encouraging and inspiring us to fulfil the potential of herbal medicine and is truly 'at the heart of herbal medicine.'

Vicki Pitman
URHP

African Palliative Care Association

Membership Certificate

APCA Membership: APCA1668.
This is to certify that Dame Annette Montague-Thomas as of 24-05-2017 you have been registered as an APCA member for the period up to Dec/2017 and your Membership number is APCA1668.
Should you require information about palliative work in Africa, please visit our website: www.africanpalliativecare.org
You can contact us at members@africanpalliativecare.org
Thank you for signing up for APCA membership, welcome to the African palliative care community. Your membership will be automatically renewed for free if you successfully recommend a new member during this period.

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GNHCT Trustee reports April 2017



Greetings Trustees around the globe. I have just returned late last night from my 213th working visit. South Africa saw half the country out on protest last week, marching against their President. I have never witnessed anything quite like it in Africa, during my 30 years of African experience! But on GNHCT must go!

The face of GNHCT is changing, as this year we will be carrying out various clinical trials with The South African Department of Health; and two if not four internationally renowned virologist will be joining us. You can all imagine my glee as finally we are professionally moving forward again. Once these trials are completed, our formulas then go through to the South African MCA ,Medicines Control Agency to be approved for manufacturing, then we will receive our product licenses. I have already selected a large pharmaceutical company to manufacture the formulas. The products will then be offered to The South African Department of Health for clinical use. I will try very hard to work at the top level; and intend to put this forward to other countries in Africa, once we have the manufacturing in place. If GNHCT get this right, then we are suitable candidates to seriously help the African economy. With the correct expertise, we should get this right.

The cruel reality is that AIDS is NOT over at all, and on top of this South Africa is dealing with "Another horror" that of Drug Resistant T.B. which is killing thousands and thousands of people. Dr Aaron Molsoaladi South Africa's Minister of Health, quotes the following:

We have 9 Million known AIDS cases and only 3.4 Million people are on the ARVS antiretroviral's, (you could double this 9 million figure to

be honest I say!). 80% of the medical specialist in our country see 16% of the population, leaving the other 84% struggling in long queues, or left unseen. Without the support of PEPFAR and UNAIDS South Africa could not afford to roll out the ARV/ART programmes as it would cost half the countries entire budget.

"We still have a major problem"

Anyone who thinks that the AIDS; and AIDS related disorders situation is under complete control, is either ill-informed or completely ignorant.

We now on top of this have the horror of Drug Resistant T.B. At this present time we are beholden to USA drug companies for T.B. Treatment and their prohibitive costs. We need to find our own cures.

To date 20 top Pharmaceutical companies have donated 40 Million Rand to train 1,000 PhD AIDS Specialist for South Africa. So best GNHCT get on with its work; and takes those that matter, along with us.

Nedbank

I took Thabile Zulu out to lunch on my arrival, to thank her for the wonderful support that Nedbank have offered with the new Viral Load Machine.

Cephied

We now have two to three months training on the Viral Load machine before it is used in clinic. The next step I have requested is for their support for 120-150 tests each month for the one year complete clinical trials. They have already agreed to their top virologist working with us one day a month for one year. This is good news.

Partec

We are now having an updated training for us all on the C.D. 4.parameters (Training/ Bloods) with Sysemex who took over from Partec Germany who will also be part of the overseeing team at our clinical trials.

Nurses

All nursing council registrations are up to date; and in May, Palliative training is being set up by Hospice SA. All nursing certificates are displayed.

Insurance

I professionally have full indemnity insurance in SA. We will have full cover for residential patients in our care. We also will have The Closed Clinical Trials fully insured.

Closed Clinical Trials

I have copied in relevant Trustees and the John Ackroyd Trust and Nedbank with the procedures. The SA DOH department of health will be running this one year trial ;and we have now 4 viroligist 2 are from South Africa and 2 are international.

Research Funding:

I am now looking for research funding, as funds are out there; and with the highly qualified team that I am pulling together, we should have some serious professional clout.

Policies and Procedures

PPS's are being put in place for GNHCT to allow and approve the CCTS.

Clinical Trials

All clinical trials have to be registered with NEMSA Policies and Procedures for Pendennis House.
We will follow SA Hospice association PPS and be guided, again I have copied in relevant Trustees. All of this will take 3 months.

Medical Units

Each residential unit has to have a licence as I have reported in Trustees reports over the years
We can NOT obtain any licence until we have 6 months funding in place, this then proves we have forward planning. This is before we are considered for DOH funding.

Each medical unit will cost R1.3 million £130,000 per year with current SA regulations.
So to obtain those licences we have to have R 1.9 million rand in place.£190,000. Two of our SA Trustees Aubrey Ngkatle and Sipono Sibeko both work for the SA Department of Health, which is why I chose them. They are senior officials. Some Trustees seemed to have MISSED this point BUT I have been very clear on these official matters. I am very professional and 16 years of my life; and much personal funds have gone into making this happen.

Hersol Pharmeceuticals

HP are the largest and most professional manufacturing pharmeceutical company in Africa and they are perfect for GNHCT to partner with.
They will work with the SA Medicine Control Agency to approve our range to obtain product licences. This again is a year's procedure.

Herbal Medicine

It is safe in qualified hands. No risks or dangerous Medical Herbs are used ;and nothing is moved forward without approval from our professional medical Trustees both in SA and the UK.

Clinic Charges

We see all our patients for FREE and always have. We used to give all medicines for FREE in the beginning; and then with the magnitude of the project we had to start charging R40 £4 for a 500ml bottle. In the UK this would cost £35.R350.Also a consultation in the UK is £40 so in all we give at GNHCT as much as we can. In South Africa the government clinics charge R40 £4 just to open the file. Our R40 £4 pays for the bottle of medicine.

Costs Involved:

We use around 120-150 cases of 500ml bottles per year and every month 10-15 cases are used at R430 per cases so R4,300 £430 is the minimum cost. Plus we use 6-12 cases of vodka per month in the dispensary so thats another R5-10,000 R500- £1,000.

Wages

We are down to 11 staff from 21. Each member of staff is paid R3,250 and the manager is paid R4,500. We have just engaged a new SRN with palliative nursing experience who has agreed to work for R4,500 to work at Pendennis House as we have helped several members of her family. The minimum wage at the Nursing Council is R20,000 £2,000 plus pension funds. GNHCT could never afford to employ three SRN's at that level unless full funding came in.

Property

We were given this land in January 2001 by the head of Land Affairs in Lenasia Mrs Govinda. In 2003 the zones changed; and we then came under another district, Johannesbug ; and we were then duly given the land again by Mr Bongani in Land Affairs Seur St Johannesburg. Next we were contacted ;and they had to retract the gift; and then offered us a 99 year lease to which we agreed and signed.

Then we engaged a SA lawyer to oversee the paperwork and the lawyer came back with a three year lease.I refuted this ;and we had another meeting at the Sauer St office where Matshedisco confirmed that I had been given the land by her boss in her very presence. We now have a new Black African Lawyer who really does know his job, as sadly we wasted two years with a useless lawyer. I am now informed that GNHCT have serious rights; and could never be moved off the land. He stated that if the government had wanted us off the land, then by now they would have informed us. We are now legally classed as 'Community Services' and are under the same status as any other government clinic.

Rotary

I hope several clubs will pull together here as some clubs are seriously active ;and others just use it as an evening's outing. I have given 17 Rotary talks over the years so I really take note of what clubs are doing.

In Cornwall St Austell Rotary Club is amazing; and the work they get through is quite incredible,

as the support they give within the community is staggering. If I had the time, this is the club I would be very proud to be part off. Likewise St Ives who have great leaders. I am also hopeful on Truro my home town; and have two talks later in the year, so although it might come a bit late, for what we are all working on right now, it will be of benefit. Shaftsbury its Phil Proctor at the helm who is not only a GNHCT Trustee but a truly outstanding Rotarian with Global vision. I truly am grateful to have such a Trustee.

In SA the clubs are into education/ feeding programmes but sadly the clubs are very empty with most members 70-85 years plus, several too tired to even listen. I have this first hand be assured from members sadly that have resigned. Recently Peter Brown from Shaftsbury club UK joined me, a true Rotarian through and through .Complete with his facts in place before he arrived Peter was taken around the project, of course the 4x4 was empty! as it had been unpacked, so Peter wondered why I needed another one, and of course it started first time, when it had taken me 40 mins to get it going that very morning! And it had R1,000 £100 worth of fuel that I had put in it that same day, so he could not see that that fuel would last three days! And often it gave us serious problems as it is old and has 300,000 on the clock. Also there was a tractor ploughing; and water spraying out over the growing fields. Two of the killer security dogs were duly tied up and the other three ran around wagging their tails. It all looked at its best; and we were so happy to have his company.

The staff loved Peter as he addressed each member. Peter also had great vision; and thought that a Norwegian Club would take up the International Challenge as they had several medics on board who would show a keen interest. It would be wonderful to have a couple of Rotarian Doctors that could come out and really get stuck in taking bloods; and once the medical units are open, overseeing the residential patients. There is of course protocol to go through, as the Department of Health will NOT allow observers to take patients pictures or film unless they have written authority on how this is being used. Also they are not allowed to administer/prescribe/care without written permission where medical qualifications/registrations/insurance are all checked. Even I had to go through this, which I was delighted to do.

The Wish List:

New or newer 4x4. Patients bus. Tractor/plough/ trailer .Petrol generator . This list is considerably shorter than it's ever been thanks to donations in South Africa of items. But we are looking at £100,000 matching Rotary grant.

Poldark Cornwall

We are happy to report that dear Karen Colman true to her word presented GNHCT to the present Ross Poldark/Aiden Turner and the entire film crew in London last week, Aiden then happily posed with the new GNHCT-UK brochure and the new Poldark Loyalty card which is just about to go on sale, here in Cornwall, members get 10% off everything; and already there are over 100 companies in Cornwall supporting this venture. The aim is to get 1,000 companies on board. GNHCT gets £10 for every card sold. All Cornish Businesses are being approached to join in, a grand luncheon is planned where the 100 top Cornish businesses will be invited along with the offer of a company Filmlet to promote their companies in Cornwall. This Filmlet will be on offer at a special rate. There will also be a Poldark Ball later in the year, again GNHCT will benefit.

GNHCT - United Kingdom

At present this is for Cornwall ;and we are now looking at land for sale or by donation or 99 year lease. This has already attracted quite a lot of interest from various walks of life. www.gnhct-uk.com GNHCT- UK will require a professional fundraiser full time which will enable funding bids to be submitted along with organising fundraising events. We have a new website/brochures/postcards/business cards in place and on display. Once the funding starts to roll I shall looking for a Development Director CEO. This person must have the correct qualifications; and be able to oversee and manage the new Cornish Day Centre with holistic and healing for the incurables. This will be a full time post.

GNHCT - Africa

This is who we are right now; and what GNHCT was formed for, 16 years on we are heading for 30,000 patients, at the last count November 2016 we were 28,512 so I don't think it will be long before we are over that. The great thing about this charity is we are very professional with all of our accounts audited in the U.K. and again in SA. Fundraising is very hard work and I am reliant on the monthly donations by standing order of £5, £10, £20 and plus, which help with the running costs. We have had some large donations over the years which have been a total godsend, and we still have Stephen Potts who is a total dear trying to get further funds to keep us going. I too constantly send e-mails and fill in applications when possible in South Africa. Here in Cornwall my dear friends are always planning a fundraiser; and those close friends of our late Sue Rosevear, have no intention of letting me down, for which I am eternally grateful. They have kept me going and are very loyal.

Mrs Sues Sundays:

When I am in SA the first Sunday is a Mrs Sues day. Here we have a Barbeque followed by chocolate cake. This is now the second month as the staff loyally water the white rose bushes every single day, around Sues memorial. We will never let the memory of Sue Rosevear fade, the staff although disappointed not to have met her ,all felt they knew her well as I was always telling them news or e-mailing Sue.

Waiting on in South Africa:

1. The Eskom Foundation for 6 further growing tunnels. We have now been sent a form requesting our bank details so this looks very promising to have before the SA winter when we lose so many vital Medical Herbs.
2. O.K. Furniture/ShopRite who have now agreed to donate One washing machine/ cooker/fridge freezer/irons/kettles/10 oil heaters for Pendennis House. This is being delivered on my 66th Birthday!!
3. Plumb House for 10 showers/10 sinks/10 toilets for Pendennis House. Directors meeting next week.
4. Marley SA have already donated all of the roofing insulation boards and allowed us the roof at cost price for Pendennis House.
5. Nedbank have donated the Viral Load Lab Machine £38,000 this coupled with The John Ackroyd Trust has given us the latest GeneX machine which is the most advanced lab machine ever developed.
6. The Hawthorn Trust have donated funds for the 10 new children's beds for Pendennis House.

The Clinic:

Busy every day with excellent results on last month's new patients.

Dispensary:

150 x 5 litre amber bottles of various formulas were made up, and are all ready for the next working trip.

Lab:

Already we are in training for the new machine ;and I am giving the team daily updates on micro biology studies. With Drug Resistant T.B. we are preparing for further training. With this gloves/masks and gowns will be donned the entire time and patients will be separated. I won't personally be taking any bloods or sputum, this will be The Department of Health team. It's a reality that GNHCT have the lab right opposite the settlement where 3.2 Million reside so our services are very useful in any crisis, not even the three new government clinics have any lab facilities. Nurses were as usual good with taking bloods and carrying out pre/post counselling . The results with the latest GNHCT formulas for AIDS are excellent.

Farm:

Our new borehole pump has burnt out; and it's the fourth time it has gone wrong in less than one year so South African Breweries that donated the £34,000 will be taking up the battle as they send a lot of work to this company. Crops meanwhile are doing o.k. as we have had heavy rains, but we are on the 5th day without any irrigation working so it's a slightly nail biting situation until a new pump is installed. The Medical Herbs have excelled themselves with all the constant watering and we have milled all

dried stock which has been entered in the stock book and ready for use.

All new maize will be planted in August along with all the other EMR food crops. This is for our own GNHCT emergency food supplies. We now own www.herbalemr.com Foil packaging has been sought along with a sealing unit. It is here that the SA Department of Agriculture will work with us. We can clear and develop the rest of the farm when we have our own equipment as now we hire in an old tractor and it's a nightmare as it breaks down each time.

Long term I would love to work with Rotary on the EMR feeding programme.

Pendennis House:

This brand new unit feels wonderful, and it's not even completed yet, but the sheer size of it; and the facilities it offers are going to be very useful for children, allowing them to have their last days receiving love and medical palliative care, enabling them to close their little eyes feeling safe and with dignity. We shall have Hospice SA out again next month to inspect the progress. The morgue room will require a cooling unit. We will need heaters/coolers for the rooms. I have explored Solar systems but they are very expensive.

The Cuddle Centre:

Will re-open as soon as funds are in the bank. It's a big unit for 60 children. Food/nappies/ medication and fully qualified nursing team all will need to be funded. This is NOT an orphanage. There is still some work to be carried out and I am hopeful if Mr Bob Holt can assist from NED UK then I will have the help I need, but he is a very busy gentleman; and I also want to try hard to get further items donated before he starts to save any further outlay/delays.

St Pirrans Respite Unit:

This just needs the suspended ceiling and 150 new ceiling boards. We also will need more scaffolding . Then new toilet/showers and a kitchen unit. Plus 14 more adult beds.

Drying Sheds:

We have cleared out the big green sheep shed of 1,500 vodka bottles from the dispensary; and are then re lining the inside and making wire mesh shelves to place over a ton of medical herbs to dry. It needs to be extended by another 20ft with more iron sheets both side and roofing. The huge wire growing cage next to it will now be filled in; and used to dry the Organic Maize. Maize will be dried/milled and stored in this building. Again I am going to ask Mr Bob Holt to look at the situation to see what is possible.

St Agnes House:

If we get the donation from The Japanese embassy then we will order the 300,000 concrete blocks. The site is cleared, the four sewerage tanks are in place and we await a green light! This is for Research and Development purposes.

Birthday:

My 66th birthday was going to be spent on safari, however I have found it necessary to change this; and put the safari on hold until next year! Instead I am going to treat myself to 20 pallets of concrete blocks to build a small church that will sit 50-100 people. This site was originally cleared for a gym, then we handed the children's sports team over to Standard Bank as our runners are some of the best South Africa has ever had. Standard Bank flew one of our children down to Capetown last year, it is then I decided that it was in the children best interest to have a professional coach and move forward ,which is exactly what's happened. We do a great deal of praying in clinic and many of you know I am a hands on healer. I looked out one morning last week at the old gym site; and thought I want a church of no denomination , where people can just be, the churches take money from the poor on Orange Farm; and so many people are unable to go to church for this reason, which for me is the worst sin ever. So my church will be FREE and serve tea and coffee for FREE and it will have simple wooden benches with just a large wooden cross. On Sunday afternoons it will be open for bible study for children, and if God is willing ,then so am I. We have some wonderful pastors as friends, even Daniel our plumber of old is now a pastor. Also our wonderful accountant Janice and her husband Markus are training to be ministers, so I feel that our Christian family

are all around us. My staff were so thrilled that they gathered their friends together, who all want to help build Dr Annette's church. How good is that?

So there is my report and I fly again on the 25th April. May God bless you all and support you in your times of need.

Annette Montague-Thomas

GNHCT Trustee reports May / June 2017

Dear Trustees,
freezing cold weather embraced me on my arrival for my 217th working trip to South Africa. This was indeed a very successful ;and positive trip for GNHCT.

Sad News:

I am sad to report that Trustee Phil Proctors darling father has just died, Doug Proctor, was one of those special souls one does not forget. I am also sad to report that South African Trustee Sponono lost her 34 year old daughter, the shock of which rippled through to us all as it was so unexpected. Our thoughts are with our friends ;and Trustees in these sad times.

Laboratory

Funds are in for the Gene X Cephied Viral Load testing machine.
We have paid a bit more for the most advanced one on the market and this one will test for T.B. as well.

Closed Clinical Trials

We have the registration paper work underway and expertise waiting. We require 1,200 tests, these tests cost R275 each so CEPHIED have now agreed to donate 300 which is magic. The rest ,900 I am trying hard to get funding.

I have applied for European Funding for our clinical trails. So much for the Welcome Trust U.K. who were NOT interested as they felt we had already started the project?

We could do with £100,000 to run these R1 Million. I have upped the insurance in South Africa to cover these items and awaiting for My Way who insure the 4x4 ,to offer a quote.

Clinic

Busy with many new patients. It really is jungle drums that bring them.Our oldest patient now over 100 is on a total mission to bring in the sick.She dances in my consulting room as she tells her story of how sick she was before she met GNHCT.

We send out over 2,000 text a month to remind the patients that I am arriving, although they have the date 4 weeks in advance the text messages are a good prompt. I saw the worst case ever of Elephantitus where a woman legs were so swollen that they had gone rock hard and I could not see her feet, infact I thought she was walking on stumps until I lifted one of her legs. Unreal the cases that come in, so many in total desperation.

Borehole Upgrade

God bless South African Breweries who duly paid another few thousand for our upgrade.We have the borehole pump replaced as it burnt out and now another pump with a float to keep the tanks full which is fully automatic so wont burn extra electric.We can also extend to the maize fields. R340,000 in total has been paid to the borehole company.

The Maize

In total we have had 7 tons of Organic Maize meal. Each month more and more patients are collecting a 12.5 k bag.The Min of Agriculture agents are truly impressed and have promised to support us more.

EMR Emergency Food

All will be planted in August.
The foods will be dried and milled and put in hot sealed printed foil bags ready for use.
One cup of food to mix with 4 cups of water once cooked will offer a family of four a substantial meal. This should attract funding long term from the Department of Agriculture.

The Veg Garden

Although winter the veg garden nursery has alot going on so we should have a bumper crop this coming year.

Porthtowan Nursery (Tunnels)

Several varieties of hard to grow Medical Herbs are beginning to thrive. Eskom are coming through with R72,000 so another 6 and larger tunnels will be up in the next few months which will help so much. One tunnel cost R11,000 but we have decided to do them ourselves and make them longer and rounded as the first one is rather too small.

Pendennis House Childrens Hospice

This building continues to flourish as the next load of roof timbers arrived and more sand and cement were purchased. Also two more donations arrived from U.K. furnitures, washing machine
and fridge freezer. Last month they gave us a cooker and 12 oil filled radiaters. Now we are awaiting kettles/irons/ stainless steel pots/ pans/vacuums and fans/side cabinets.

The bathroom items I am trying hard to get donated and if not I have a quote at cost to use. The electric wiring will be completed by the end of July; and then the ceiling boards can go up. Next the windows will be made and set in. August we should be completed.

The Cuddle Centre

Needs some extra steel welded to the door as the rain when heavy floods the reception area!
Kitchen Utensils to purchase
then we are there with all the basics.
Just praying for funding to re open.

St Pirrans

Is on hold until Pendennis House is completed.

Church

Our FREE church of no denomination happily received two cases of new bibles in English. We are to receive another case in Zulu and another in Xhosa. Janice our God sent accountant and her husband arranged this gift for us. This will be a small building to hold 100 people where they can worship have healing and just be. There will be NO MONEY collections.

VAT

GNHCT are to get their first VAT Back (as we are a PBO) cheque will be deposited next week.
It will be about R9,000 The next one will be in September which should be even higher.
The next VAT back should be enough for more Blood Testing units for the new machine.

Patients Bus

I spoke again to the Japaneese Embassy and we should know if we were successful or not by the end of the month. This application was not only for the bus but 300,000 blocks for our proposed Research and Development Centre.

PEPFAR

In August we should be informed if we were succesful with our funding application for The Presidents (USA) Funding for our running costs.If this comes through we will never look back.

OLD MUTUAL FOUNDATION SOUTH AFRICA

I am just working through the above foundations funding application which has to be in by July, I keep trying to get running costs for the three medical units.

FNB (First National Bank)

FNB fund hospice's in South Africa so I am going to try FNB for the running costs for

Pendennis House.

PHILIPS ELECTRICAL SA

I have written to the above manufactures about the possibility of having solar lights and hot water for the center in SA. Obviously I shall try hard to get equipment donations!

4x4

A total nightmare which I try to make light of. In went a new Bendix starter motor and brake fluid and anti-freeze and petrol at R3-400 day. No matter what I spend on this vehicle it still breaks down.

I went to see a second hand one, but I noted that the engine number had been taken off so it made me realise that the vehicle was probably stolen; and was then advised by the police that only buy from a registered garage, shopping on line one would get no guarantees and many of these companies went under overnight. Pay that bit extra and have a year's guarantee from a reputable dealer with a service history.

ROTARY MATCHING GRANT

Tractor/plough/harrow/disc/trailer.
Patients Bus
4x4 four door raised long wheel base.
Petrol generator.

St Austel club will come through of that I am certain, Shaftsbury are waiting for their new President to get settled in and St Ives I am waiting for an update which is long overdue and rather unusual!!

Henley on Klip Club South Africa will help to handle any matching grant from here on.

Property 99 year Lease:

South African Trustees are now talking with Land Affairs to secure the 99 year lease. Our new South African black attorney is well pleased with the progress. We have been on the farm for 14 years.

The Department of Agriculture have written to Land Affairs urging them to secure this lease to enable them to assist further. DOA spent a great deal of time at the farm last week.

The Department of Health have written a very strong letter of recommendation to Land Affairs assuring them that they support all the work that GNHCT have given to their country, and assuring them that they are delighted with the forward planning of clinical trials and ;product licences. DOH also spent two hours on site last week.

We seem to have progressed well with this new attorney who really does know what he is doing, all of the registrations, memberships and insurance certificates have been included in his presentation.

All that remains is to pray that I can keep the 4x4 on the road until a miracle happens and that fundraising in the U.K. remains consistent to hold it all together.

Our Poldark Ball is on Friday 22nd September and lends itself to be a wonderful evening. Trustee Pauline Burton-Page and her friends are all coming and we hope to have a special weekend which starts at Penhale with smoked salmon and champagne, then we all leave by private bus to Trerice. Most people will stay at the nearby Premier Inn and we shall have a taxi waiting to and fro anyone.

I fly on the 27th June

God bless you all

Annette Montaque-Thomas

Diseases & Neglected Tropical Diseases

A Pathogen is anything that can produce a disease. There are several substrates including pathways where pathogens can invade or host.

Soil is an agent that can harbour some of the most persistent pathogens that can get into our chain of food.

- Bacterial Pathogens
- T.B. Mycobacterium Tuberculi/n
- Streptococcus
- Food Borne
- Shigella
- Camplobacter
- Samonella
- Tetanus
- Typhoid
- Diptheria
- Treponema Pallidum
- Syphillis
- Mycobacterium Leprae
- Leprosy
- Viral Pathogens
- Small Pox
- Influenza
- Mumps
- Measles
- Chicken Pox
- Rubella

- Fungal Pathogens
- Consumes dead organisms Crops/plants
- Prionic Pathogens
- Mad Cow Disease
- Jacob Disease
- Algal Pathogens
- Algea
- Mammalian Pathogens
- Found in dogs and cats

Tropical Diseases:
Aids
T.B.
Malaria

These are the three main diseases we think of as NTD's. However there are several more diseases that love the humidity and lack of hygiene and bugs and worms ready to kill!

1. Buruli Ulcer
Which is a bacteria that forms mainly lower limb lesions which then gets into the muscles and bones and can prove fatal.

2. Chagas Disease

Another bacteria found in contaminated food from insects and gets into the lymph nodes and can be fatal causing heart failure.

3. Denge Fever
Chikungunyi
Mosquito (female) mainly in the rainy seasons / monsoons. This is not unlike Ebola as it offers haemorrhagic fevers and internal bleeding.

4. Dracunculiasis
Guinea Worm disease. This is caused by drinking contaminated water. The adult female gw carries up to 3 million embryos.The worms if treated are expelled through the feet.

5. Echino Coccosis
Tapeworm meat infestation
Trypanosomosis
African Sleeping Sickness
Tsetse Fly

6. Leishmans
Sand-fly bites, causing enlarged liver and spleen. Dreadful cutaneous (top) ulcers of magnitude.

7. Leprosy
Hansens Disease

8. Lymphatic Filaris
Elephantitus
9. Schistosomiasis
Soil pathogen

10.Onchoceriasis
River blindness

11. Rabies
Infected lesions on dogs when dogs attack other dogs. Rabies in a human goes to the brain causing extreme fear and madness.

12. Trachoma
Chlamydia Trachomosis causing rough inner eyelids and swelling. If left untreated will lead to blindness

13. Yaws
Skin muscle bone disease caused by baboon bite or infected meat
Very disfiguring.

14. Is just enough in one day, to take in!

THE GLOBAL NATURAL HEALTHCARE TRUST CHARITY

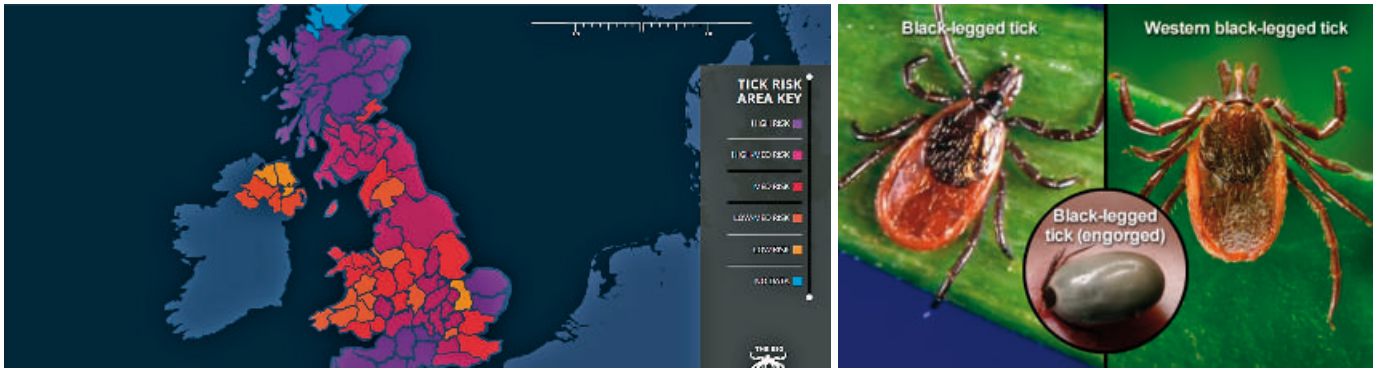
1st GNHCT CONFERENCE ON LYME DISEASE
October 21st 2017
The Waterside
Lanlivet
Bodmin
CORNWALL

OPEN TO URHP MEMBERS AND PATIENTS WITH LYMES DISEASE AND THEIR FAMILIES

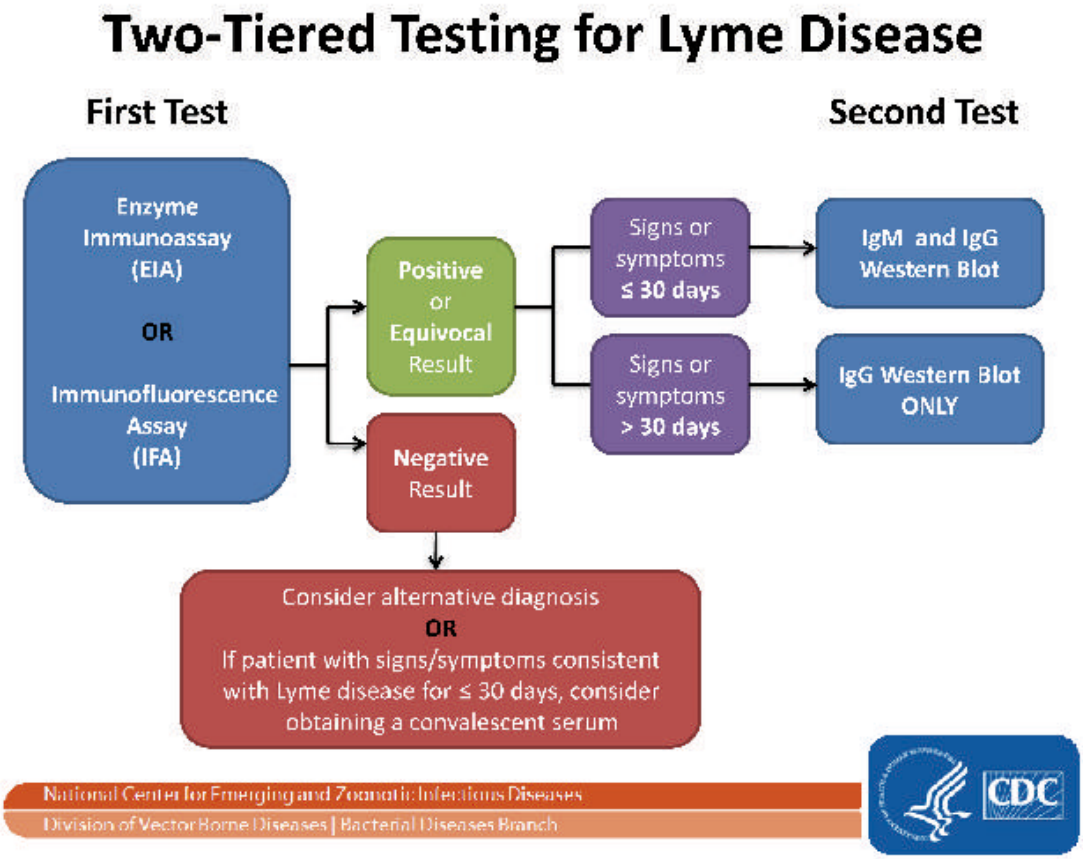
COST £40 per person (lunch included)

Send for programme and full booking details to:
Conference@gnhct.com

KEYNOTE SPEAKERS are Dr Armin Swartz (leading world expert on Lyme Disease) and Dame Commander Annette Montague-Thomas supported by patients, veterinarians from The Big Tick Project, and other medical experts to be confirmed.



Tick Risk Areas (left) ~ Black-legged Tick and Western Black-legged Tick (right)





The Poldark Grand Banquet

The Poldark Grand Banquet,
Trerice Manor, Friday Sept. 22nd
2017. Tickets £90 per person.

Dearest friend,
As you are aware this year GNHCT have been selected as the recipient charity for any corporate fundraising by Poldark's Cornwall. They are working with the National Trust at Trerice, near Newquay to bring together an authentic evening of Poldark themed entertainment accompanied by a Georgian inspired Cornish menu.

You are invited to dress in Poldark theme costumes, but it is NOT necessary if you are not comfortable with that

Programme of Events:

Welcome drinks will be served at 6.00 and weather permitting this will take place in the glorious gardens of the manor on the front lawn so we can gaze on the impressive exterior that inspired Winston Graham's fictional Poldark ancestral home of "Trenwith".

We will be entertained by traditional Cornish music from the Newquay Male Voice Choir. Nos Lowen dancers and Cornish musicians will then welcome us to the house where we will have a private viewing of the house itself after hours.

6.45: The Music of Poldark: a unique show and talk with the fantastic authentic music from the hit TV series. Played live for us by music consultant and composer of Demelza's songs: Mike O' Connor and his partner Barbara Griggs.
7.30: After observing the Cornish tradition of "Crying the Neck", and signalling the end of the harvest we will be lead into dinner by our Nos Lowen dancers, where we will be entertained throughout the evening by characters from Poldark performing random vignettes whilst we partake of a grand banquet of the following:

Bill of Fare:

Starter: finest potage of spiced organic autumn squash with pearl barley and split pea. Served with Cook'a best crusty bread and local butter.

Main course: half a gourmet roasted chicken seasoned with rosemary, lemon and honey. Served with white wine jus. Carrots, onions, fennel and green beans and plentiful roasted potatoes.

Vegetarian alternative: marron, wild mushroom and mixed nut roasted terrine. Served with white wine jus and the same trimmings.

Dessert: blackberry panna cotta with lavender syrup

Cheese Course: a trio of local Cornish cheeses, served with Organic crackers and fresh local chutney, Cornish brie, Cornish Blue, Yarg, coffee and Petit Fours.

We are looking forward to welcoming some of our old friends from the cast and crew of Poldark and maybe even some new ones!

CEO of Poldark's Cornwall: Karen Colam will be your host for the evening and she will welcome to the stage with her, Dame Annette Montague-Thomas and other dignitaries. There will be a charity live auction, a diamond raffle and the evening will wind up with plenty of opportunity to hoist up your skirts and partake in some traditional Country and social dances dating from the eighteenth century. This promises to be a wonderful night to remember and will help the GNHCT to realise the vision for a Cornish treatment centre.

Immediate booking is essential to prevent missing early Bird price or availability as this compact stately home has very limited space and we are so lucky to be allowed to host this unique event in its wonderful surroundings. Gift aid forms will be available on the night so that the charity may maximise the tax benefits from a prestige event such as this one.

Please book now on the link below
https://tinyurl.com/yar3tgaw

For those requiring accommodation many people have already booked The Premier Inn Newquay at Quintrill Downs Newquay which is less than ten minutes away on 0871 527 8818



Dairy Dates 2017

College of Medicine conference on food and health
"Food ~ the future medicine" 14th September 2017
https://www.collegeofmedicine.org.uk/events/#!event/2017/9/14/food-the-future-medicine-2017

AMH Conference and AGM 2017
September 16th at Hampton Court Palace, Surrey.
Watch for more details on the AMH website:
www.associationofmasterherbalists.co.uk
For event details and bookings:
Alicia Sawaya: aliciasawaya.uk@gmail.com
Tel: 01932 344 604

Fetes des Simples: A wonderful celebrations of all things herbal will be held in Rosans, Haut Alps, France September 30 - 0ctober 1, 2017.
Contact fête: fetedessimples@syndicat-simples.org
https://www.facebook.com/events/1893975497553210/

Botanica 2018 (medical herbs and aromatherapy).
University of East Sussex October 21st 2017.

Lyme Disease Conference for URHP members and patients.
Cornwall – see advert after Annette's Conference presentation for details.
For comprehensive Diary dates please check:
www.urhp.com where these will be added as we are informed.

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