

Health & Well-being

RoodlaneMedical

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Dr Gill's Blog



Someone recently told me that Google launched a company in 2013 called Calico which "hopes to cure death". The cover of Time led with "Can Google solve death?"

My instant response to that was I absolutely don't want this to happen. The world would become far too crowded and if everything went on forever it would be less fun.

To be fair, Calico seems to focus on research on ageing but there is something worrying about this type of thinking – rapid ageing isn't necessary for all organisms, it is thought to be associated with a reproductive advantage (thank you radio 4 for that snippet of information) and some creatures – clams for example live enormous spans of time. One was recorded as 507 years old and the average age of the clams used in chowder is 106.

Now let's place this in context of the fact that Belgium has just carried out its first euthanasia on a minor (a young man of 17) and that euthanasia is free of charge in Belgium. Significant numbers of French people go there to die. The UK will cease to have access to this once we leave the EU. A little known Brexit issue.

These very elderly people have blood supply to major organs and to muscles as efficient as in people 30 years younger. They identified a blood test for a peptide hormone, Adrenomedullin (bio-ADM) which is an indicator of the good microcirculation and so potentially one biological marker of a long life.

It seems these healthy souls enjoy a combination of Mediterranean diet, an active lifestyle and a relatively low stress environment in a small community with a lot of social and family support. There is a high intake of rosemary which is known to improve brain activity and it is likely that for this particularly fortunate group of people it is a combination of all of these factors that gifts longevity.



So what do we really want? Eternal life at the hands of Google or an early death at the hands of a Belgian doctor?

Personally, my observation after spending most of my working life with people who are unwell is that we want to live as long as we reasonably can, in the best health that we reasonably can and then die an easy and painless death at a time and place of our choosing.

Most doctors I know would not want to live forever and would want to have control over the way that they die.

These topics take me to the heart of the purpose of this blog and these newsletters. The more all of us know about how to live our lives in the most healthy and restorative way we can, the more control we take of the length and quality of our lives. Many health issues are not lifestyle related but many are and the aim should be to achieve quality of life avoiding chronic debilitating illnesses as far as possible and then, if we are lucky, die relatively quickly of a short but incurable illness.

So this month a piece of information and a diet to try:

The medical press has reported research from La Sapienza University in Rome identifying a group of "Super Agers" in one particular area (Cilento) who have outstandingly good blood flow through small vessels – microcirculation.

Having gained weight on holiday and determined to keep my waist measurement down (an indicator of risk of metabolic syndrome) I decided to follow the odd diet my son is using. Why not? He tells me actors use it when they need to alter their body shape for a new part.

This consists of:

A smoothie of 250ml orange juice, a banana and a handful of frozen berries for breakfast with black tea or coffee

Up to 5 eggs a day (I have never managed more than 4)

Unlimited spinach and other undressed salad leaves and celery

A small handful of pine nuts

Two tablespoons of natural peanut butter (no palm oil)

One chicken breast

300g of vegetables

Light soy sauce

He was right – I can drop up to a pound a day on this and when I entered the components into "myfitness pal" it seems it is pretty much perfectly balanced nutritionally.

Duncan's diet! Add Rosemary perhaps?

Looking after your Lifestyle

Time to escape the vape...?

How many times have you ventured into work only to be caught out by secondary smoking someone else's cigarette smoke or the sometimes interesting vapours of an e-cigarette?

We all know that smoking is bad for our health but scientists are now claiming e-cigarettes could be just as harmful to our heart as smoking normal cigarettes. Studies found an average vaping session caused similar damage to the aorta (main artery in the heart) as smoking cigarettes can do.

This somewhat contradicts the [advice given by Public Health England \(PHE\)](#) in 2015, who mentioned vaping is 95% less harmful than tobacco.

Although currently unknown, it is thought disease could emerge within the next 10-20 years as new figures show the number of people vaping in the UK has doubled in recent years.

Imperial College said studies had shown short-term health risks from vaping but longer term issues were uncertain and are therefore requesting a call for urgent research.

The World Health Organisation along with scientists from the London School of Hygiene and Tropical Medicine and the University of Liverpool expressed concern about their safety.

In a new experiment they used normal epithelial cells, which line organs, glands, and cavities throughout the body, including the mouth and lungs.



Cells exposed to the e-cigarette vapour showed several forms of damage, including DNA strand breaks. The double helix that makes up DNA has two long strands of molecules that intertwine. When one or both of these strands break apart and the cellular repair process doesn't work right, it raises the risk of cancer. The affected cells were also more likely to launch into apoptosis and necrosis, which lead to cell death.

For ex-cigarette smokers who are now vaping, the behavioural pattern is still very much the same and in a lot of cases, worse in terms of the ease of accessing an e-cigarette. It is not uncommon to see people carrying an e-cigarette in their hand as they travel, for quick access whenever they wish. This in effect is not helping change behaviours to help reduce the pattern in reaching for a 'quick fix' but instead offers a more accessible and socially acceptable way of 'smoking' thus leading to more frequent and unnecessary use. For further information and support, please visit your GP. For onsite awareness promotions, please contact us.

Doctors Corner

"Doctor my knees start aching when I run or sit for too long and then I have to stop running or I have to get up to relieve the discomfort. What could it be?"



Pain in the front of the knee is very common presentation in a doctor's surgery. A common diagnosis is a condition known as **Patello-Femoral Pain Syndrome**. This may start gradually as a vague, aching pain over the front part of the knee but it can also occur quite quickly. It is aggravated by certain activities like distance running, squatting, lunging, going up or down the stairs, or sitting for long periods. Sufferers usually describe a 'clicking' or 'grating' behind the kneecap (patella) on movement of the knee. The knee may give way as a result of pain and secondary impact on the thigh muscles (Quadriceps).

Features may include the following:

1. Tenderness in the area behind the kneecap or below the kneecap
2. A small amount of fluid in the knee joint
3. A grating sensation (known as crepitus) on kneecap movement
4. Stiffness of kneecap movement
5. Thinning (wasting) of a part of the Quadriceps muscles

Common causes are:

1. Overuse
2. Lower limb malalignment - There are many people who are not very obviously either bow-legged or knock-kneed but who on close examination have a slight angle at the knee so that their leg is not completely straight.
3. Patella maltracking - This is when the kneecap does not move smoothly down the middle of the groove between the two sides of the femur (thigh bone) as it should. Patella maltracking is an imbalance problem. Muscles in the upper thigh pull the patella from different angles when they contract. If one side is tighter or stronger than the other, it will pull the patella out of its normal path. In most cases of patella maltracking, the outer Quadriceps is overactive and stronger than the inner Quadriceps.

Diagnosis

The diagnosis is made from the symptoms, the history of the problem and the examination. Tests such as X-rays or scans are not usually helpful, although they may sometimes be used

to look for other conditions.

Treatment

In the short term:

1. Avoiding strenuous use of the knee is helpful. Symptoms usually improve with time.
2. Pain relief particularly with anti-inflammatory painkillers such as ibuprofen can be useful.
3. Physiotherapy - improving the strength of the muscles around the knee and hip reduces the stress on the knee. Specific exercises may be advised if there are issues with balance and alignment to help correct these problems.
4. Taping - This is a common treatment used by physiotherapists. It involves adhesive tape being applied over the kneecap, to alter the alignment or the way it moves.

In the longer term, treatment aims to correct any abnormal biomechanics (balance/movement issues) which may be causative factors:

1. Physiotherapy plays an important role and individuals may be given long-term home exercise programmes to do for a year or more.
2. Orthotics like shoe inserts can help if an imbalance is being created by foot position or shape.
3. Modification of training regime to avoid overuse may be appropriate
4. Surgery is not common practice due to improved rehabilitation techniques and little evidence that it is helpful.

Prognosis

Overall most people will get better with simple treatments such as physiotherapy but it does take patience as it can be several months before recovery and sports activities may need to be reduced in the interim. Unfortunately symptoms may persist in some people for much longer.

If in doubt it is always worth a visit to the Doctor for an assessment as early intervention is likely to achieve better outcomes sooner.



Do you have a health related question?

Why not try emailing us in confidence and you could see your question answered by a qualified Doctor in our next newsletter!

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