



MILLHOUSE INTEGRATIVE MEDICAL CENTRE

PARTNERING IN HEALTH AND HEALING

NEWSLETTER FEBRUARY 2023

A warm welcome to the Millhouse community and other readers,

Since the onset of Covid, New Zealand general practices have experienced greater demand for acute medical services as well as patients needing increased psychological and social support. Consequently, primary care has often been too stretched to assist patients in learning how to self-manage their medical conditions to improve health.

I am grateful for the dedication and support of the Millhouse Team – our doctors, nurses, management and reception staff - who during the last two years have endeavoured to respond to all enquiries and medical issues. Gabriella's contribution has been immense, seeing many acute patients with complex problems, as she trained to become a Registered Nurse Practitioner. I am also thankful that we were able to replace Josie and Michael, when they resigned, with experienced Practice Nurses Phyll and Sue.

A new initiative in General Practice. In the 1960's the Californian Kaiser Permanente organization, one of the largest not-for-profit health consortiums in USA, realized that 60% of all doctor visits were related to stress and other emotional factors which adversely affected patient health. Kaiser then explored less-costly behavioural approaches and later other managed care institutions trialed brief targeted change interventions. These initiatives used *Behavioral Health Consultants (BHC)*, in Hawaii, Florida and Minnesota, and found this approach was more effective and cheaper than traditional treatments.

In 2018, the NZ Government's nation-wide inquiry into '[Mental Health and Addiction](#)' showed that an "epidemic of mental distress and addiction affected all layers of our society." One of the follow-up strategies the Ministry of Health (MOH) implemented was to pilot, in 2020, a [Health Improvement Practitioner \(HIP\)](#) initiative in general practice, modelled on the North American BHC experience. The trial was successful and the MOH is gradually rolling out the HIP program throughout New Zealand. HIPs work side-by-side with the medical team, using brief targeted behaviour changes to enhance preventive and clinical care for mental health and substance addiction and to relieve emotional distress and the adverse effects of chronic illness. As well as improving patient wellness, this integrated care approach fostered greater communication between individuals and the primary health team.

In December 2022, Millhouse was given the opportunity to have a HIP at the clinic. We have been privileged to have Vani El-Khishin join us. Vani is a skilled therapist with 15 years social work experience. She has empowered individuals and families, counselled the grieving, supported those suffering emotional and physical stress, and encouraged many to explore new wellness strategies. The sidebar above outlines the specific areas our HIP (Vani) can help with.



Vani is based fulltime at Millhouse. Her consultations are free and there are no barriers for practice-enrolled persons seeing her. Appointments are for 20-30min and can be made by ringing Reception. Half her time is taken with prearranged bookings and the remaining appointments Vani uses for pressing same-day referrals.

In this newsletter I also briefly reflect again on the Covid four country experiences, comment on Vitamin D, a successful Long Covid pilot trial and the importance of exercise to improve health and wellness.

Our Health Improvement Practitioner has the skills and knowledge to help you with:

- Managing thoughts, feelings & behaviour
- Stress, anxiety & depression
- Coping with loss
- Sleep difficulties
- Drug & alcohol problems
- Family & relationship issues
- Domestic violence & parenting challenges
- Chronic pain
- Living with adversity from chronic illness
- Navigating gender identity & sexual orientation

MILLHOUSE NEWS

HIP/BEHAVIORAL HEALTH CONSULTANT I have already mentioned we are delighted to welcome Vani with her years of experience to the medical team. Vani can see any person enrolled in the practice for 20-30min appointments, including "warm handovers" from the medical team on the same day they visit the practice.

HAVING YOUR OWN DOCTOR is a core value of the Millhouse clinic. When registering at Millhouse you select a doctor of your choice, and we endeavor to maintain that ongoing relationship with you.

Dr Aileen	Child & women's health complex medical conditions, IUCD insertion - Cantonese & Mandarin
Dr Dan	Nutritional medicine
Dr Ric	Acupuncture, nutritional medicine, minor surgery
Dr Satya	Child & women's health, IUCD insertion. minor surgery - Tamil, Teluga, Hindi
Dr Stephanie	Child & women's health - Korean
Dr Therese	Child & women's health, IUCD insertion - Arabic

However, there are times, especially during emergencies and when your doctor is on holiday that you may need to consult another of the medical team - a doctor, Gabriella our nurse practitioner or one of the practice nurses. The table outlines our doctors' special interest areas and the languages in which they can communicate. (also found on our [website](#))

PROTECTIVE MASKS continue to be worn at Millhouse, so the COVID virus is neither given nor received during a consultation. If you are uncomfortable with this decision, please choose a VIDEO or PHONE consultation to discuss your medical concerns with your family doctor or Practice Nurse. FACE-TO-FACE consultations are available by phoning Reception.



NEWSLETTER FEBRUARY 2023

FOUR-COUNTRY COVID REVIEW

New Zealand continues to have the highest rate of Covid of the four countries, and if we consider that 40% may have unknowingly contracted the infection, the total viral cases would be much higher. Taiwan with a population of 22.5 million has benefited from its highly organized public health system and continues to have the lowest mortality rate. *Kracken* XBB.1.5, the more infectious Covid-19 variant, has arrived, and no doubt others will follow, but is no more dangerous than *Omicron*.

Several Millhouse patients have contracted Covid during their Middlemore Hospital stay. Please be vigilant if you are susceptible to respiratory illness; use the strategies to maintain a strong immune response that I discussed in our [newsletters](#) over recent years.

LOW VITAMIN D levels are frequently seen at Millhouse in dark-skinned individuals, those living indoors, sufferers of chronic illness and in some with muscle aches and pains. Vitamin D deficiency affects immune function, but its use as an acute therapy in Covid infection remains controversial. However, a recent report from John Hopkins University, reviewing the records of 400,000 military personnel attending the USA Veteran Affairs hospitals, showed that Vitamin D supplementation was associated with [better outcomes in Covid illness](#), with a lower risk of dying. Not surprisingly the veterans with the lowest levels of Vitamin D had the greatest benefit.

If you are at greater risk of Covid infection, supplement regularly with Vitamin D unless you have kidney stones or raised blood calcium levels.

LONG COVID PILOT TRIAL

Myalgia Encephalitis/Chronic Fatigue Syndrome (ME/CFS) occurs following a viral infection in 1-2 percent of the population. It was first documented in 1934 after poliomyelitis in Los Angeles (called atypical polio), then at the London Royal Free Hospital in 1955 (they called it the 'Royal Free Disease' and 'Benign Myalgia Encephalitis'). Later, in the winter of 1984, another outbreak occurred at Lake Tahoe USA, following glandular fever (Epstein Barr virus) infection; there Dr Paul Cheney used injectable B12 to relieve many with ongoing fatigue. In that same year at Tapanui in Southland, Dr Peter Snow documented prolonged flu-like malaise, mood changes, sleep disturbance and pain in 28 people; in NZ it became known as Tapanui Flu. Since that time, other outbreaks have occurred including the current post-viral effects of Sars Cov-2 which has been referred to as 'Long Covid'.

Over the years, many doctors have been dismissive of ME/CFS. Hopefully Long Covid, which occurs in 1 of 5 persons who have had significant infection and ongoing symptoms beyond three months, will generate research that brings greater understanding and effective therapies for this debilitating illness. Currently investigations are exploring cell energy disturbances, inflammation, brain, blood vessel and immune dysfunction.

I was interested in a recent pilot [observational study](#) from Dublin University where 38 of 52 patients who had Long Covid for nearly a year were given Low Dose Naltrexone (LDN). LDN increases the feel-good brain endorphins but also influences the 'bug'-detecting Toll-like receptors on the innate immune cells; these initiate the inflammatory response as discussed in previous newsletters. After taking LDN for three months, improvement was seen in patients' daily living activities, energy, less pain and improved levels of concentration and sleep. Mood did improve but was not a significant finding. LDN is not a subsidised medicine.

THE IMPORTANCE OF EXERCISE

The human body was designed to move, and exercise is the ultimate panacea to improve health and wellness.



Exercise is anti-ageing, increasing oxygenation in the body, stimulating brain and nerve development, boosting memory, lowering blood pressure and weight, improving diabetic control and lung and gut function, protecting against cancer development, strengthening muscles and thus preventing falls, enhancing sleep and libido, and lowering anxiety and depression – and having many other benefits.

Currently health recommendations suggest 2.5 hours of moderate intense exercise (a 30min walk on 5 days) or 1.25 hours of vigorous exercise (a 20min run on 4 days) each week. Exercise is hard work and requires persistence, meaning many do not achieve this goal. What if there was an easier way?

In the 1960's German physicist Manfred von Ardenne showed that the lung function of older men and women who used short bursts of intense exertion, followed by rest, improved lung function. Then the 29-year Buffalo Health Study demonstrated that lung function was a strong [predictor of longevity](#). In 2005 [Professor Martin Gibala](#) of the University of Ontario showed how average-fitness young men who cycled vigorously for 30 sec then rested for 4 min, and repeating the sequence between four and seven times, received the same physiological benefits as a person performing traditional prolonged endurance training. This is known as High Intensity Training; to learn more, I recommend Dr Michael Mosley's YouTube videos, books and recently, [podcasts](#).

Finally, on 29 November Medscape, the online medical news, headlined 'You can get all the exercise you need in just 8 minutes a day if you work out a bit harder'. This referred to a [recent study](#) reviewing the fitness trackers of 72,000 people over 6 years and concluded that short bursts of vigorous exercise for 15–20 min/week were associated with a 16–40% lower mortality and even less if extended to 50–57min weekly, lowering the risk of cardiovascular disease, inflammation, and cancer.

Yours in good health

Dr Richard J Coleman



15-20 min/week of vigorous physical activity were associated with 18-24% lower all-cause mortality with an optimal dose of 50-57 min/week

Reference List on request