



The Campbell M Gold Newsletter

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Campbell M Gold

Consultant

**Self-Help and personal Development through
New Thinking, and Hypnosis and Subliminal
Programs**

Just the Facts...

Welcome

Welcome to this special edition newsletter...

In this issue, we take a look at the current, Dec 2012, "MRSA" and "Norovirus" problem, and some recommendations on how to deal with it.

As always, no hugs, just the facts... So let's jump right in...

Kind regards,

Campbell M Gold

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Keep Up-to-Date

**The Health Information reflected in this Newsletter is subject to change.
Please visit the "Health Archive" on our website for the latest updates to
the various subjects:**

<http://www.campbellmgold.com>

MRSA

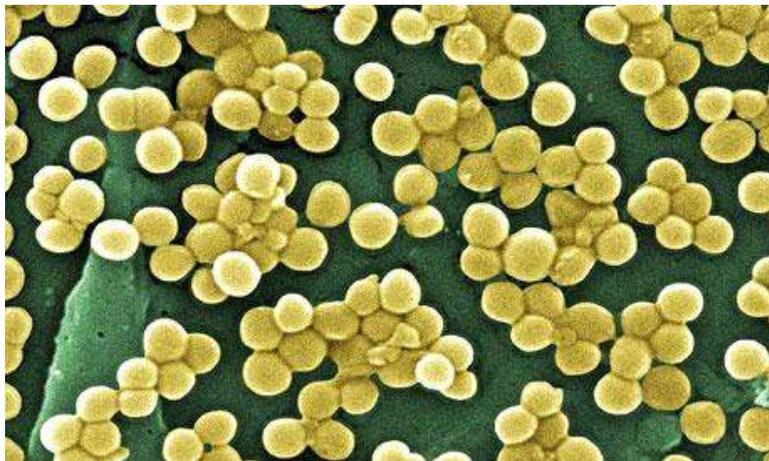
(Methicillin-resistant Staphylococcus aureus)

Introduction

MRSA (Methicillin-resistant Staphylococcus aureus) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant Staphylococcus aureus and oxacillin-resistant Staphylococcus aureus (ORSA).

MRSA is any strain of Staphylococcus aureus that has developed, through the process of evolution, resistance to beta-lactam antibiotics, which include the penicillins (methicillin, dicloxacillin, nafcillin, oxacillin, etc.) and the cephalosporins.

Staphylococcus aureus (also known as staph) is a common type of bacteria, which is often carried on the skin, inside the nostrils and the throat, and can cause mild infections of the skin, such as boils and impetigo.



*MRSA bacteria magnified by a scanning electron micrograph.
Deaths linked to the bacterium dropped by
25% between 2010 and 2011.*

S. aureus (Staphylococcus aureus) is the cause of skin infections such as boils, pimples, impetigo, and skin abscesses, and is a common cause of wound infections.

If staph bacteria get into a break in the skin, they can cause life-threatening infections, such as blood poisoning or an infection of the inner lining of the heart (endocarditis).

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MRSA infection

Infections with MRSA are usually associated with high fevers and signs of the infection. Most commonly these are infections of the skin and soft tissues (like boils and abscesses).

Less commonly, MRSA can cause pneumonia and urine infections.

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How serious is an MRSA infection?

MRSA strains of bacteria are no more aggressive or infectious than other strains of *S. aureus*. However, infections are much more difficult to treat because many antibiotics do not work against MRSA.

Infections with MRSA can sometimes become more severe than they may otherwise have been if the cause of the MRSA infection is not diagnosed early and an antibiotic is not effective was given at first.

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How is MRSA contracted?

MRSA infections are more common in people who are in hospital or nursing homes. Medical authorities often refer to this as healthcare-associated MRSA (or HA-MRSA).

Hospital patients are especially at risk because:

- They often have an entry point for the bacteria to get into their body, such as a surgical wound, burn or an intravenous drip.
- They are often older and weaker, and thus are more vulnerable to infection.
- They are surrounded by a large number of other sick people, which means bacteria can easily spread through direct contact with other patients, staff, or contaminated surfaces.

MRSA is also known to develop outside hospitals and nursing homes. This is known as community-associated MRSA (or CA-MRSA). This is more common in crowded environments where there is frequent skin-to-skin contact and poor hygiene, such as homeless shelters, hostels, and military bases.

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Complementary Treatment

IMPORTANT NOTE

Any treatment should be selected in consultation with a qualified health practitioner

Tissue Salts (Acute - 4 tabs hourly - alternated; then 4 tabs, 4 x daily until condition is resolved:

- Ferr Phos
- Calc Sulph
- Silica

Homeopathy:

- belladonna

Supplements:

Activated charcoal caps/tabs - 4 x caps/tabs every hour for 4 hours; then 4 x caps/tabs, 4 x daily for 14 days.

Garlic Oil Caps (High Strength) - 1250 mg, 1-2 x cap, 4 x daily for 14 days
Acidophilus - 1 x cap of 1-2 billion CFU (Colony Forming Unit), 3 x daily

Vit C - 1,000 mg, 3 x daily
Vit B Complex - 100 mg daily

Zinc - 25 mg daily
Selenium - 75-100 ug daily

Omega 3 Fish Oil Cap - 1,000 mg daily
Omega 6 Oil of Evening Primrose Cap - 2,000 mg daily (Starflower Oil Caps may be substituted)
Echinacea Cap - 400 mg, 1 x cap, 2 x daily for 14 days

Swedish Bitters - 20 ml, 3-4 x daily

Aromatherapy oil

Tea Tree - applied topically and used with a steam inhaler

Lavender - applied topically and used with a steam inhaler

Sage - used with a steam inhaler

Other

Albas Oil - used with a steam inhaler

Hydrogen Peroxide therapy

When indicated, Hydrogen Peroxide therapy is strongly recommended.

3% for topical application; and as per therapist's direction when taken orally.

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Allopathic Treatment

Minor skin infections may not require any treatment other than the draining of any pus from the infection site.

More serious infections are treated with antibiotics that MRSA has not yet developed a resistance to.

The selected antibiotic will depend on the specific strain of MRSA involved.

Depending on the severity of the symptoms, the patient may need to have a much longer course of treatment compared to a normal staph infection.

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How do bacteria become resistant to antibiotics?

Antibiotic resistance can occur in several ways:

- Strains of bacteria can mutate and over time and become resistant to a specific antibiotic.
- If a patient has been treated with an antibiotic, it can destroy many of the harmless strains of bacteria that live in and on the body. Consequently, this allows resistant bacteria to quickly multiply and take their place.
- The overuse of antibiotics in recent years has played a major part in antibiotic resistance. This includes using antibiotics to treat minor conditions that would have got better anyway or not finishing a recommended course of antibiotics.

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MRSA Deaths

364 deaths in England and Wales were linked to methicillin-resistant *Staphylococcus aureus* (MRSA) in 2011, down from 485 the previous year.

The resistant strain accounted for 57% of all such cases where *S. aureus* was mentioned, up from 50% in 2010.

638 English and Welsh death certificates mentioned *S. aureus* in 2011, of which almost one in four named the bacterium as the underlying cause of death, according to data released by the Office for National Statistics.

Among deaths mentioning MRSA itself the proportion selected as the underlying cause was 17.86%.

Between 2001 and 2005 there were 6.7 fewer MRSA-related deaths per 100,000 people in the least deprived quintile of England's population than in the most deprived.

For 2006-2010 the gap widened to 8.0 deaths. These figures use age-standardised mortality rates, whereby the observed rates for different age groups are applied to the population in question under the assumption that the same age structure applies.

In the case of England the increase in inequality for death rates between the top and bottom quintiles was statistically significant, in that there was no overlap between the 95% confidence interval ranges for each five year period.

In Wales the gap widened from 7.5 more deaths per 100,000 to 8.7, but was not statistically significant, as the 95% confidence interval ranges for difference in death rate in 2001-05 and 2006-2010 overlapped.

The number of death certificates mentioning MRSA has fallen steadily over the last five years. 2011's total is less than a quarter of the corresponding figure for 2007.

The proportion of all deaths mentioning *S. aureus* in which the methicillin-resistant strain has been named has varied considerably over the same period. It rose to 82% in 2008, fell in 2009 and 2010 and then increased in the latest set of figures.

Where MRSA has been mentioned in a death certificate, the proportion of cases in which it was the underlying cause has fluctuated around 18% since 2008.

Similarly, identifications of *S. aureus* as the underlying cause of death have remained steady at around 24% of all mentions of the bacterium since 2009.

Mortality rates have been consistently higher among males than females for both *S. aureus* and MRSA since such figures were first recorded, but rates across both genders and bacteria fell in 2011.

The death rate for males where *S. aureus* was mentioned fell 30% year-on-year from 13.8 per million to 9.8, and by a fifth for MRSA from 6.8 to 5.4.

Among females the rate for *S. aureus* dropped by 41% from 8.2 per million to 4.8, and by a third from 3.7 to 2.4 for MRSA.

Between 2007 and 2011 mortality rates increased with age for both gender and both bacteria. For males, the mortality rate ranged between 2.3 (*S. aureus*) and 4.3 (MRSA) per million for under 45s, but rose to 411.2 (MRSA) and 524.5 (*S. aureus*) for those aged 85 and over.

For females the mortality rates for under 45s were 1.7 (*S. aureus*) and 0.5 (MRSA), rising to 197.5 (MRSA) and 256.6 (*S. aureus*).

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Summary

Age-standardised mortality rates for deaths mentioning Staphylococcus aureus and MRSA, England and Wales, 1993 to 2011 (rate per million population)				
Year	Staphylococcus aureus, Males	Staphylococcus aureus, Females	MRSA, Males	MRSA, Females
1993	8.8	5.1	1	0.4
1994	7.9	5.8	1.7	0.8
1995	12.5	6.4	4	1.7
1996	14.7	7.6	5.7	2.6
1997	14.7	8.4	7.3	3.6
1998	16	9.4	7.6	3.8
1999	18.5	9.5	9	4.1
2000	21.5	10.7	12.2	5.9
2001	21.8	11.8	12.7	6.5
2002	22.6	11	14.6	6.9
2003	24.2	13.9	16.6	8.8
2004	26.9	14.1	19.4	9
2005	32.6	19.4	25.8	14.4
2006	35.7	18	26.8	13.2
2007	33.8	16.7	26.3	11.8
2008	22.3	13.3	18.2	10.3
2009	19.2	10.9	11.7	5.9
2010	13.8	8.2	6.8	3.7
2011	9.8	4.8	5.4	2.4

Source: ONS - Adapted from <http://www.guardian.co.uk/news/datablog/2012/aug/22/mrsa-related-deaths-fall-but-poor-still-worst-affected>

End

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Please visit the "Health Archive" on our website for the latest Health Items.

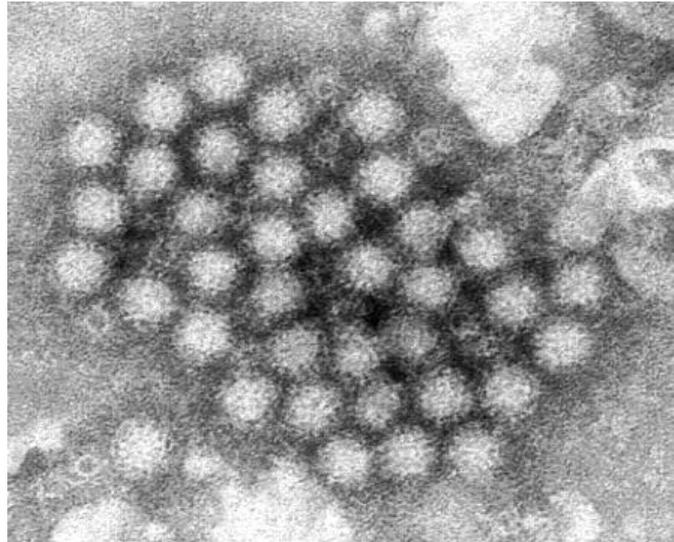
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NOROVIRUS

(gastroenteritis)

Introduction

Norovirus, also known as the "winter vomiting bug", is the most common stomach bug in the United States and in the UK. It affects people of all ages; and is particularly prevalent in UK NHS hospitals.



*Picture of norovirus particles seen using transmission electron microscopy.
SOURCE: CDC/Charles D. Humphrey*

The highly contagious virus causes vomiting and diarrhoea.

As there is no specific allopathic cure, it is left to run its course, which should not last more than a couple of days.

Noroviruses are a group of viruses that are the most common cause of gastroenteritis, and are also known as small round structured viruses (SRSV) or Norwalk-like viruses.

If norovirus is contracted, plenty of fluids should be drunk to avoid dehydration, and good hygiene should be effected to prevent the bug it from spreading.

Though unpleasant, Norovirus is not generally dangerous and most people make a full recovery within two to three days, without having to see an allopathic practitioner.

Unfortunately, because the virus is always changing, an individual may contract it more than once.

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Symptoms

Symptoms of norovirus usually appear one to two days after contraction and include:

- abdominal cramps
- aching limbs
- diarrhoea

- elevated temperature (over 38C/100.4F)
- headaches
- stomach cramps
- strong urine
- vomiting

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Prevention

Norovirus is readily spread by contact with an infected person, especially through their hands. It can also be contracted through contaminated food or drink, or by touching a contaminated surface or object.

The following measures will help to prevent the virus spreading:

- Disinfect any relevant surfaces, especially if there are infected people about
- Do not share towels and flannels
- Wash your hands with soap and water frequently

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Management

If norovirus is contracted:

- Drink plenty of fluids to avoid dehydration (3 x litres of good water (not tap water - EVER) daily)
- Herb teas are recommended (Green Tea, Camomile, Fennel, Rooi Bos, etc)
- If hungry, eat foods that are light and easily digestible
- Keep warm
- Plenty of rest
- Stay at home - norovirus is highly contagious and there is nothing an allopathic practitioner can do anyway
- Take paracetamol or ibuprofen for aches, pains, or fever

Dehydration Note

Dehydration is the loss of essential fluid, and if left uncorrected it could lead to complications such as low blood pressure, kidney failure, and eventual death.

As well as thirst, dehydration signs include:

- an inability to urinate, or not passing urine for eight hours
- blood in faeces (stools) or vomit
- cold hands and feet
- concentrated urine (dark yellow)
- dizziness or light-headedness
- dry lips and eyes
- dry mouth
- dry, wrinkled skin that sags slowly into position when pinched up
- feeling confused

- feeling tired (lethargic)
- headache
- hypotension (low blood pressure)
- inability to urinate
- irritability
- low level of consciousness
- passing only small amounts of urine infrequently (less than three or four times a day)
- rapid pulse rate
- seizures (fits)
- sunken eyes
- weak pulse

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Allopathic Treatment

None

NHS Note

Norovirus can be diagnosed by having a sample of your stools tested in a laboratory. However, this is not usually necessary because treatment is the same for all causes of stomach bugs. If you have a sudden episode of vomiting and diarrhoea, it is likely you have norovirus.

<http://www.nhs.uk/Conditions/Norovirus/Pages/Symptoms.aspx>

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Complementary Treatment

Tissue Salts (4 tabs, 4 x daily):

- Ferr Phos
- Mag Phos

Additionally, these can be considered to augment the above:

- Kali Mur
- Kali Sulph

Homeopathy:

- Nux Vomica

Supplements:

Activated charcoal caps/tabs - 4 x caps/tabs every hour for 4 hours; then 4 x caps/tabs, 4 x daily for 14 days.

Garlic Oil Caps (High Strength) - 1250 mg, 1 x cap, 4 x daily for 14 days

Acidophilus - 1 x cap of 1-2 billion CFU (Colony Forming Unit), 3 x daily

Vit C - 1,000 mg, 3 x daily

Vit B Complex - 100 mg daily

Zinc - 25 mg daily

Selenium - 75-100 ug daily

Additionally, the following is recommended to strengthen the immune system and augment recovery:

Omega 3 Fish Oil - 1,000 mg daily

Omega 6 Oil of Evening Primrose - 2,000 mg daily

Echinacea cap - 400 mg, 1 x cap, 2 x daily for 14 days

End

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Please visit the "Health Archive" on our website for the latest Health Items.

<http://www.campbellmgold.com>

IMPORTANT

Any health information contained in this Newsletter is not meant as a substitute for advice from your physician, or other health professional. The presented material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation, which may appear herein.

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Thank You

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