

Practitioners

Nutri-Link

*Linking Science & Nutrition*

Dear Carer,

Thank you for requesting further information about the Nutri-Link Practitioner Network of qualified Nutritionists.

Inevitably there will be questions you may have that this document does not answer. Please contact your nearest Practitioner who will be happy to spend a few minutes with you on the phone, to help you to decide where within the programme it would be appropriate to start.

Autistic Spectrum Disorder (ASD) continues to increase in prevalence across the UK and Ireland and remains a highly challenging condition for the child/adult parent and clinician.

Due to unique biochemical individuality which manifests itself in a wide range of differing behaviours, this condition requires an individualised management programme, with a cooperative relationship between all parties involved.

Ethical, functional nutritional intervention supports the aims of the carers and sufferer in achieving benefit with minimal risk. The aim of the practitioner is to pursue effective nutritional strategies for the future health and well-being of the autistic child.

The use of nutrients (vitamins, minerals, fatty acids, amino acids, etc.) based on case history, symptoms and laboratory testing can produce a wide range of beneficial changes with minimal risk. Specialised supplements require skilful intervention and symptom assessment. Planning a strategy and interpreting events require careful objective as well as subjective opinion and treatment adjustment.

There are times when the use of medication may be necessary and as a group we do not exclude the need for appropriate pharmacological intervention.

Listed below are areas of evolving interest in the health care community and whilst it is not exhaustive includes many of the areas of care that you might expect to be addressed during your programme.

If you wish to explore these or other options please contact your nearest practitioner for advice on how to proceed.

We wish you and your family the best of improving health!

Nutri-Link Ltd.

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## The Vision: To positively impact ASD children's development

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### • What's biologically different / imbalanced in ASD children?

Low Secretory IgA	Persistent measles	CMIS disruption
Inflammatory Bowel Disease	Opioids involved	Gastritis
Nutritional deficiencies	Melatonin deficiency	Dysbiosis
Leaky gut	Nutritional defects	Elevated ammonia
Reflux oesophagitis	Food allergies	Purine disorders
Heavy metal burdens	Brain autoimmunity	Sulphation defect
Thrombophilia	Perfusion defect	Serotonin defect
Seizures / sensory issues	Dopamine defect	Omega 3 deficiencies
Chromosomal (Fragile X, Rhett's, congenital disorders - rare) etc.....		

### • What does this tell us?

- o A wide range of biochemical imbalances that create problems, especially when they exist in one individual.
- o It distinguishes sub-groups within the autistic spectrum.
- o Identifies the biochemical impact occurring within the body.
- o It provides evidence for the connection between the gut & brain.

### • Precipitating Events

- o To make sense of the regression history we need a wounding event, which causes changes in the gut and then the brain.
- o What can cause this?
- o Toxins, viruses, metals, antibiotics, immune defects are some of possibilities
- o Synergistic combinations of these are highly likely

### • These issues need to be addressed – Need to Prioritise

- o Priority is unique to each child
- o Progress requires attention to details
- o All issues will be addressed eventually
- o However, the gut is generally the best place to start (i.e. CMIS)

### • Sequence of Treatment

Your practitioner can guide you according to case history, symptoms and test results. However, here is a suggested sequence for treatment.

- o Food intolerances (i.e. gluten, casein)
- o Gut immunity (SIgA)
- o Gut ecology & gut lining integrity
- o Gut detoxification & eliminations
- o Digestion
- o Absorption
- o Liver detoxification support
- o Nutrient restoration (vitamins, minerals, essential fats, amino acids)
- o Heavy metal detoxification

### • Gut Imbalance is the Core Focus

- o Inflammation within the bowel / measles virus etc
- o Opioids
- o Dysmotility = constipation / diarrhoea / reflux
- o Leaky gut
- o Dysbiosis (unwanted microbes in gut: yeast / bacteria / parasites)
- o It is imperative to change the gut & immune environment so these don't grow anymore. Whilst it is possible to eliminate the yeast or parasites they will probably re-establish if the environment is not changed so they cannot survive in the gut.

### • Gastric Abnormalities

- o Upper and lower reflux
- o Gastritis
- o Defective secretin activation
- o Gut inflammation
- o Inadequate digestive enzyme production
- o Inadequate hydrochloric acid

### • Exogenous opioids

- o Gluten does not seem to be properly digested. Improper digestion converts the gluten to opioids in the gut
- o The opioids in ASD children leads to problems in the brain's opiate receptors
- o Casein, a protein from dairy products, can do the same thing
- o Initial Dietary Action Plan
  - Stop all dairy / milk products
  - Simultaneously prepare to go gluten free
  - Go gluten free (GFCF Gluten free/casein free)
- o 80% of the children GREATLY benefit from GFCF Diet

- **Sequence of Treatment Contd**
  - Recommend all ASD children to stay off dairy products due to their weakened immune system.
  - There are no set time limits for adhering to these dietary recommendations – sooner started the better.
- **Leaky Gut**
  - Normal gut functions are:
    - Digestion
    - Assimilation/absorption
    - Defence
    - Neutralisation and prevention of absorption of toxins (CMIS)
  - The CMIS has the largest surface area in body (400 m<sup>2</sup>)
  - Normal gut functions are almost always impaired in ASD children
  - Gut inflammation and inappropriate immune activation is common with detrimental effects on the brain.
  - Gut inflammation leads to leaky gut (increased intestinal permeability)
- **What can we do to help the gut**
  - If reflux oesophagitis exists address food allergies / intolerances
  - Correct small intestinal bacterial imbalances
  - Correct constipation and impaction to help reduce auto-intoxication
  - Solve diarrhoea
- **To poo or not to poo! It is vital to reduce the level of toxins within the ASD child. The following issues exist with regard to bowel motions in ASH children:**
  - Pain
  - Soiling
  - Constipation
  - Diarrhoea
  - Little interest in eating
  - Night time waking
  - Reflux
  - Foul smelling breath
- **When there is normal poo, a happy, healthier child (not always cured) but better develops!**
- **Nutritional deficiencies can lead to:**
  - Failure to thrive
  - Multiple inefficient enzyme pathways (e.g. sulphation, Phase II liver enzymes, fatty acid metabolism enzymes)
  - Lack of energy, mitochondrial deficiencies
- **Gut Problems – what to test?**
  - Urine organic acid test (Organix via IWDL)
  - Comprehensive stool analysis (CSA via IWDL), and consider parasitology
  - Urinary peptide opiate test (IAG test via University of Sunderland)
  - Food allergy profile (FACT via IWDL)
- **Gut Problems – what to address?**
  - Improve Common Mucosal Immune System (CMIS)
  - Improve SIgA
  - Improve probiotic/prebiotic status
  - Improve digestion with enzymes where necessary
  - Then ... address Yeast, Bacteria & or parasites
- **Treatments for an imbalanced gut:**
  - Saccharomyces boulardii
  - Lactobacillus GG & other probiotics
  - Wholly Immune powder
  - Colostrum & Laktoferrin with Colostrum
  - Digestive enzymes
  - Antifungals (non-drug)
  - Antibacterial agents (natural)
  - Fibres to resolve constipation
- **Diarrhoea**
  - Children can have anywhere from 1-6 of yellow, foul poos a day
  - This tells us that there is a digestive problem in the gut!
  - Treatments: remove gluten and casein (i.e. GFCF), add S. Boulardii, Lactobacillus GG as a priority
  - Also consider: digestive enzymes, add probiotics, add fibre, ensure adequate hydration, add magnesium, and consider leaky gut protocol, vitamin A and zinc. Consider use of anti-fungals, anti-parasitic agents, and colostrum and Laktoferrin. The sequence of the approach is all important to reduce adverse effects. Your practitioner will direct the sequence.
- **Constipation includes:**
  - Huge hard stools or pebbles
  - Infrequent in every 2 days or 1 a week
  - Foul smelling
  - Pellets

- **Treatments for constipation – the restoration of motility**
  - o Organic ground flax meal (Allergy Research) – best soaked before consumption
  - o Enema
  - o Glycerine suppository
  - o Magnesium citrate (600-800mg a day – side affect can be diarrhoea!)
  - o Calcium & Zinc
  - o Magnesium Glycinate (helps with hyperactivity)
  - o Buffered Vitamin C powder (Allergy Research) acts as a gentle laxative when increasing doses are administered.
- **Maldigestion and Malabsorption**
  - o Many ASD children lack the digestive enzymes for breaking down foods
  - o Do Comprehensive Stool Analysis to identify many digestive and gut ecology imbalances including lack of enzyme production.
  - o Start with small dose ½ capsule with each meal (before meal) – there are a variety of different enzyme products.
- **Probiotics**
  - o Friendly bacteria that live in the gut play vital roles within it. Lactobacillus GG (Culturelle) is the world's most researched probiotic that improves SIgA and limits the level of toxins that can cross the gut lining into the body.
  - o Probiotics create a friendly environment that is very hostile for yeast and unfriendly bacteria
  - o Good sources: Culturelle, Allergy Research, Biotics Research.
- **Colostrum**
  - o Can also be considered as a transfer factor
  - o It appears to be toxic to viruses and fungi to repair intestines
  - o Naturally high in Laktoferrin
  - o American grown cow-based without casein
- **Immune Dysfunctions**
  - o Cytokines (immune messengers of inflammation). When anything is chronically inflamed, there will be cytokines produced. The gut issues are of utmost importance to handle.
  - o TH1 / TH2 – are two arms of the immune system. They need to be in balance. TH1 fights bacteria, virus, and fungi. TH2 fights cancer, allergies and antibody responses.
  - o ASD children would appear to have an imbalance in TH1 and TH2. causing an immune system imbalance. Many of these children's immune systems cannot fight basic things like viruses, bacteria, fungi which consequently contribute to the toxin load on the brain.
  - o Inappropriate production of Tr1 and TH3 which mediate inflammation.
- **Cytokines**
  - o Inflammation markers
  - o One of the prime links between gut-brain interactions
  - o Children who have seizures have been found to have over active cytokine production
  - o Excess cytokines or an imbalance in cytokines also promotes leaky gut
- **Gut Brain Link**
  - o Immune system, vagus nerve, toxins & liver and peptides, and cytokines.
- **Essential Fatty Acid Depletion**
  - o Omega 3 fatty acids are required in supplement form
  - o Fatty acids are crucial to brain development, and much else besides including reducing inflammatory cascade.
- **Nutritional disorders can arise from poor diet, increased need in ASD children, and poor digestive function:**
- **Other important issues**
  - o Elevated ammonia
  - o Sulphation deficiencies (Epsom salts can be very effective) and the trace mineral molybdenum may be required in supplement form. Sulphation relies on molybdenum.
  - o Autoimmunity to myelin (body attacking self – reflects error in immune system)
  - o Antibodies to blood vessels
  - o Thrombophilia
  - o Seizures
  - o Nutritional disorders
  - o Heavy metal toxicity
  - o Food allergies
- **Food Allergies**
  - o IgE: reactions to allergies (itchy eyes, nasal, rash) – these are generally known because the reaction is immediate.
  - o IgG: reactions are called intolerances and can manifest up to 72 hours later and can therefore be difficult to identify.
  - o Immune reactivity to food may not only involve IgE and IgG. Therefore the Food Allergen Cellular Test (FACT) by Individual Wellbeing (IWDL) may be appropriate.
  - o No single test gives 100% accuracy for adverse reactions to foods
  - o Eliminate food allergies / intolerances for 3 months. Then go three days on and four days off for food allergies that are not so extreme – this is called rotation.
  - o Gluten needs to be avoided for at least 9 months, with casein avoidance for at least 3 months (see above).

- **Chromosomal Abnormalities**
  - o No defining genetic pattern
  - o As many as 20 chromosomal areas may be acting in autism
- **Persistent Virus Infections**
  - o Detection and sequencing of measles virus on patients with Inflammatory Bowel disease
  - o Measles virus genomes in hyperplasia / enterocolitis
  - o It has been documented that the measles virus exists in gut diseases with children that have developmental disorders
- **Result of Persistent Viral Infections**
  - o Autoimmunity to brain & gut
  - o Wounding of gut (i.e. cytokines are produced)
  - o Failure to clear pathogens from the gut
  - o Activation of coagulation
  - o Activation of inflammatory response
  - o Possible alteration of the blood brain barrier
- **Autoimmunity brain vessels**
  - o Anti-myelin basic protein – (similar to Multiple Sclerosis)
  - o TH1 / TH2 – are two arms of the immune system. They need to be in balance. TH1 fights bacteria, virus, and fungi. TH2 fights cancer, allergies and antibody responses.
  - o Vaccines seem to create an imbalance in TH1 and TH2 in ASD children. TH2 goes up and TH1 goes down – causing an immune system imbalance. Many of these children’s immune systems cannot fight basic things like viruses, bacteria, fungi which consequently contribute to the toxin load on the brain.
  - o ASD children then seem to become allergic to the world due the imbalance and autoimmune conditions.
  - o This is documented in ASD children / medical journals.
- **Possible simple solution: Give Vitamin A/ SacroB supplements prior to vaccinations**
- **Subtle Hyperammonaemia**
  - o Ammonia comes from the metabolism of amino acids / proteins
  - o ASD children may have a dysbiotic urease enzyme producing bacteria and yeast
  - o 70% of ASD children have this imbalance
  - o This condition has been observed to increase self stimulatory behaviour
  - o Excess ammonia causes brain fog
- **Decreased Melatonin Activity**
  - o This may affect a sub group of ASD children with poor sleep cycles
- **Thrombophilia Data**
  - o Accelerated coagulation
  - o Can cause strokes in very young patients
  - o Can cause sluggish, low blood flow
  - o Many parents & siblings have this problem
  - o Viruses and inflammation can trigger these abnormalities
  - o This may have significant implications and may determine the course of treatment
  - o May be helped with Nattokinase
- **Perfusion Abnormalities in the Brain (this requires medical assessment)**
  - o Spect scans find cerebral blood flow abnormalities
  - o Nemotope / Trental (US medications) Inc are drugs that help blood flow & enhance blood distribution
- **Secretin**
  - o This is a natural hormone produced in the small intestine
  - o Secretin tells the pancreas to secrete bicarbonate to neutralise the partially digested acidic food leaving the stomach, which then permits the next stage of digestion to occur.
  - o Secretin is one of a number of hormones involved in digestion.
  - o Digestive enzymes may be something to consider
- **Treat Ammonia levels**
  - o Alpha ketoglutarate
- **Supplements:**
  - o Primary goal of supplementation to optimise normal physiology
  - o Improve SIgA levels
  - o Improve GI Function (i.e. digestion & absorption of minerals such as zinc, iron, selenium and calcium) – Red Cell Mineral test will reveal specific needs – via IWDL, and your practitioner will recommend specific doses of required minerals.
  - o Improve and balance gut immune functions
  - o Improve function of immune system
  - o Enhance cognitive abilities
  - o Improve red cell membrane function
  - o Reduction of autistic behaviours
  - o Reduce high copper if present (Cu is likely to be increased because of low Glutathione)
- **Active Support for Normal Growth & Neural development**

- **Protein deficiency:**
  - Rice Protein powder (Biotics Research) - one tablespoon / daily - ages 4-6 yrs  
1 ¾ tablespoons a day – ages 7-10 yrs
  - Need zinc to metabolise protein as well as make hydrochloric acid.
  - Sources of protein: Dairy, Soy, Fish, Rice protein powder = rice may be preferred source due to low risk of intolerance
  - Essential Fatty acids (omega 3 and omega 6 fatty acids may well be needed). A RBC blood test via IWDL will reveal this. However, additional amounts in supplement form are likely to be required, and there are no contraindications to taking them.
  - All ASD children need omega 3 fatty acids but since many fish oil supplements are contaminated with unwanted metals and PCBs, it is recommended that a pure, molecularly distilled form be taken. Super EPA, EPA Lemon and DHA Strawberry are all pure fish oils made by Allergy Research. These all contain EPA and DHA
  - Flax seed oil does not contain any EPA or DHA and its beneficial oils may not convert to these all important long carbon chain fatty acids.
  - Oils must not be heated
- **Iron deficiency/excess**
  - There are a number of markers for determining iron status: a RBC count, serum iron, haemoglobin, serum ferritin, and total iron binding capacity are ideal. Iron deficiency or anaemia may be a result of maldigestion and may NOT require iron supplementation, especially as iron feeds bacteria in the gut.
  - Laktoferrin combined with improved digestive function may restore iron levels.
  - Molybdenum is required to release iron stores from the liver and may also be necessary to supplement, especially as molybdenum is vital for sulphation, a process which is commonly impaired in ASD children.
- **All of those supplements can be hard to swallow! This is one reason why prioritisation is vital – limit the supplements that are most needed at the time. Your practitioner will recommend what to take and when to take it.**
  - Blend drinks
  - Divide doses during day
  - Small capsules can be swallowed from age 5.
  - Tip the child's head face down and the capsules will float to the back of the throat to swallow.
- **Calorie deficient**
  - Some ASD children just don't eat and end up being malnourished in terms of calories
  - It is all the more important to ensure adequate micro-nutrients if this is the case
  - Hide calories in the foods or drinks they will eat, by adding olive oil or other pure and unprocessed, unheated fatty acids to drinks (e.g. coconut oil)
- **Carbohydrate Excess**
  - Remember, carbohydrates are just complex forms of sugar
  - Need to lower sugars and lower carbohydrates
  - Children can crave sugar which can/will alter behaviours
  - Important to remember: balance each meal with protein, carbohydrates and a fat since this helps to balance blood glucose levels.
  - Chromium is one of the most important minerals to help balance blood glucose levels. Biotics Research make a liquid chromium supplement seek advice on dosage from a practitioner.
- **Trace Mineral Deficiency**
  - This is extremely common in the general population let alone children with ASD.
  - Various tests help to identify specific needs: Organix (urinary organic acid test) and Packed RBC Mineral Screen (via IWDL) are two examples.
- **Improve function of immune system**
  - Increase low levels of SIgA with S. Boulardii & Wholly Immune
  - Vitamin A
  - Vitamin C (250-500mg daily)
  - Vitamin E (100-200 IU)
  - B6 & its activated form of P-5-P (25-50 mg)
  - Fatty Acids (omega 3 & omega 6)
- **Methylation Pathways**
  - Start with small doses and increase to 250-500 mg of TMG (trimethylglycine) daily
  - TMG is demonstrated as effective as Prozac for mood (breaks down like a SAME supplement)
  - TMG enhances proper fat absorption and also helps toxins from building up in the brain
  - Try DMG and TMG – one will work – either of these can help speech

- **Sulphation Pathways:**
  - ASD classically do not metabolise sulphur well. Use Epsom salt baths!! ½ cup of Epsom salts each bath.
  - N-acetylcysteine (NAC) should be used with caution in larger doses since this increases the level of sulphur in the body which may place a burden on sulphation. NAC is also one of the most important precursors to glutathione.
  - Similarly, beware addition of any sulphur product (e.g. glucosamine sulphate) in an ASD child and always ensure adequate molybdenum
  - Epsom salts can be very helpful to resolve “a bad day”
  - Test: Urinary sulphite : sulphate ratio, or low urinary sulphate (see Organix urine test)
- **Alpha Lipoic Acid**
  - This is a potent anti-oxidant that goes after free radicals
  - Start with small doses and increase gradually, since it can produce a reaction similar to a healing crisis in some ASD children. This may well be linked with its role in detoxification of heavy metals.
- **Milk Thistle**
  - Herb that demonstrates to protect the liver and especially help to support Phase 1 detoxification pathways
  - Consider using with synergistic herbs: dandelion and phyllanthus (i.e. Phyllanthus Complex by Allergy Research).
  - Very low toxicity
  - Suggested dose to consider: 250 - 300mg a day
- **Enhance Cognitive Abilities**
  - B vitamins B6, B12 and magnesium
  - Many children respond well to B vitamins
  - Many children respond to B6 / B 12 supplements
  - Essential fatty acids (Super EPA, EPA Lemon, DHA Strawberry by Allergy Research or Blackcurrant Seed Oil by Biotics for omega 6 fats)
  - Minerals
  - CoQ10 (Allergy Research) 30 to 300 mg per day
  - NADH
  - TMG/DMG
  - Ginkgo biloba
  - DMAE
  - AKA (Alpha Ketoglutaric Acid)
- **Improved GI Function**
  - Secretin – IV or transdermal  
Can normalise bowel functions – although as time passes, it has been shown to benefit a very small percentage of ASD children.
- **Tantrums & Meltdowns & Trouble Transitions**
  - GF/CF leaks
  - Look for offending agent: mould? chemicals? fluorescent lights?
  - Clean up the diet!! Excitotoxins, MSG, potatoes, tomatoes, egg plant, corn syrup, hydrolysed vegetable proteins, colours and additives. (Sweet potatoes are OK – different family)
  - Taurine 500 to 2000 mg daily (Allergy Research)
  - GABA 500-1000 mg daily (consider Zen by Allergy Research which combines GABA with L-Theanine)
  - Zinc 10-20 mg in liquid form (Aqueous Zinc by Biotics)
  - Calcium 500-700 mg (C / Cal / Mag powder (2 Cal to 1 Mag))
  - Activated charcoal
- **Metal Toxicity:**
  - Most ASD children - 75% exposed to metal toxicity because of vaccines combined with impaired liver detoxification pathways.
  - Exposure could also come from
    - Air
    - Food (e.g. fish)
    - Drink
    - Trans-placental (from mother’s Hg fillings?)
    - Vaccines
  - Metal toxicity could well be part of the overall problem in an ASD child. There is much work to do before directly addressing the toxic metals, however.
- **Toxicity metals**
  - Binding sulphur groups
  - Interfere with enzymes
- **Lead Toxicity can cause the following problems:**
  - GI system imbalances
  - Brain and CNS disturbances
  - Lower intelligence
  - Growth retardation
  - Hearing loss
  - Behavioural changes including hyperactivity
- **Mercury Toxicity can cause problems with the following:**
  - CNS
  - Neuro-psych problems
  - Irritability, insomnia, depression, emotional instability
  - Antibiotic resistance
  - Visual processing errors
  - Educational challenges

- **Siblings may not have autism, but they may be affected somehow. Most likely this is related to metal toxicity.**

- **Treatment of Mercury Toxicity**

- o Tests: Salivary Antibody Test, Blood Elemental Analysis, Urinary challenge test (Kelmer test), Sweat Test, Hair Mineral Analysis
- o Addressing metal toxicity requires no small amount of preparation work otherwise adverse reactions are likely to ensue: restore digestive function, normalise gut flora, improve integrity of the gut lining, and support liver detoxification pathways and not least restore vitamin and mineral status. This preparation will include the GFCF diet.
- o Any and all heavy metal programmes are ideally supported by a trained Nutritionist and monitored where possible with tests.
- o PorphyraZyme (Biotics Research) is a chlorophyll concentrate
- o Selenium can be used to chelate Hg and cross the blood brain barrier
- o Do proper supplement load: Vitamin C, Selenium, Zinc are crucial – and Epsom salt baths can help too.
- o Offending metals:
  - Mercury
  - Tin
  - Aluminum
  - Cadmium
  - Lead
  - Antimony

- **Prevent Toxicity**

- o Eat some but not too much fish.
- o No amalgams – go for porcelain
- o No vaccines with mercury / thimerosal
- o Sealant vs. fluoride to protect teeth

- **What is in vaccines?**

- o Mercury
- o Aluminium
- o Molecular mimicry (Myelin basic protein)
- o Crude toxoids
- o Live viruses
- o Antibiotics (Neomycin)
- o Planned TH2 Excess provocation
- o Lowest common denominator planning – this is not an individualised treatment.

## **IMPORTANT NOTE**

All ASD children present a delicate combination of issues that need to be handled carefully and individually. What does not work for one child may be wonderful for another child. No one treatment protocol will work for all children. This is why it can be tremendously useful to be guided by a qualified Nutritionist in the following:

- i) What tests to do in the first instance?
- ii) What imbalances to correct in what order?
- iii) What specific supplements to use and which to consider for later use

The Nutri-Link practitioners are trained to be able to make these judgements as well as having a detailed understanding of the biochemical and nutritional imbalances in ASD children.

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