



FEBRUARY 2020

A warm welcome to the Millhouse Community and to other readers.

2020 may be a determining year for New Zealand. The Australian bush fires that began in December, and are still burning, are making us constantly aware of the adverse effects of climate change. The same message is being told on TV ONE's 'Seven Worlds, One Planet' series presented by David Attenborough, reemphasising the need to act now to prevent an over-heated world causing greater catastrophic events. The Ministry for the Environment's website highlights that 48% of New Zealand's greenhouse gas emissions come from agriculture and current farming practices.

In this newsletter Sharon Yiu, now a final year medical student, finishes off her presentation on Bowel Cancer, which is largely caused by a lack of plant fibre and a diet of mainly animal meat and processed food. This information is not new. In the 1970's, surgeon Dr Dennis Burkitt noted that colon cancer was a rare event in the indigenous African population, and advocated consuming a high plant-fibre diet. This accelerates the elimination of toxic bowel waste, which protects against the development of bowel cancers.

If we adopt a plant-based diet, drastically reduce our consumption of meat and dairy products, and eliminate processed food, the need for farm animals will fall, lowering methane emissions, as well as preventing the development of colon cancer. This will require creative thinking from the farming sectors.

MILLHOUSE NEWS

PRACTICE NURSE CLINIC

Leonie and Gabriella are both prescribing nurses. Gabriella will commence her weekly Nurse Clinic shortly, seeing patients with acute needs as well as offering lifestyle advice to those with chronic disease. You can book directly through the *ManageMyHealth* online to see Gabriella.

RECEIVING BLOOD RESULTS – PATIENT PORTAL

A reminder again that we no longer notify *normal results*. However, if there are any concerns, we will contact you immediately, by phone and/or TEXT. Remember you have access to all your own results through the *ManageMyHealth* on-line patient portal. (You will need to register at reception and receive an activation code, before you can access your on-line investigations).

BOWEL CANCER - Sharon Yiu, 5th Medical Student writes (PART TWO)

In PART ONE Sharon told how bowel cancer causes the second highest number of cancer deaths in New Zealand, largely due to the food we eat. She highlighted practical ways to prevent cancer by eating high-fibre plant foods, avoiding processed food, and consuming minimal red meat and animal fat. When you do have meat, avoid cooking it at high temperatures (BBQ, grilling). Lastly, but not least, Sharon advised that if you experience a change in bowel habits and/or any bleeding, which may indicate bowel cancer, you should promptly seek medical attention. Sharon continues:

EXERCISE AND BOWEL CANCER

Obesity and decreased physical activity increase the risk of colon cancer. Studies suggest that regular exercise may prevent up to 15% of colon cancer and also lowers the risk for breast, uterine, lung, oesophageal and pancreatic tumours as well as brain meningioma. Regular sustained physical activity not only improves longevity but enhances quality of life, by reducing fatigue and promoting improved energy balance. Consider implementing a regular exercise programme 2-3 times each week. The table opposite gives suggestions for physical activities most of us can undertake.

FOLIC ACID/FOLATE AND BOWEL CANCER

Folic acid is a vitamin found in fruits, dark green vegetables and dried beans. Studies have shown that a deficiency of dietary folate correlates with an increased occurrence of colorectal cancer. Moreover, a high intake of dietary folate was inversely associated with risk of colorectal cancer. Therefore, it can be concluded that diets rich in folate will help prevent colorectal cancer, although further studies are required in order to assess the role of folate taken as a supplement.

ALCOHOL AND BOWEL CANCER

The mechanism by which alcohol might be linked to cancer is unknown but it has been proposed that alcohol reduces folate levels in the body and promotes abnormal DNA formation and repair. Studies looking at the effect of alcohol and colorectal cancer have consistently found heavy drinkers to have a higher risk of colorectal cancer. Intake of 30 grams of alcohol per day is associated with increased risk of colorectal cancer compared with low intake. Ultimately, current research would suggest minimising alcohol intake to reduce the risk of developing colorectal cancer. A consumption of less than 30 grams/day, and supplementation with folate, is recommended in people who consume alcohol regularly.

URGENT ADVICE - WUHAN CORONAVIRUS

IF you have just returned from China

especially Wuhan & the Hubei Province AND

You are unwell with symptoms that include any of fever, sneezing, sore throat, cough or breathing difficulties (respiratory infection).

DO NOT COME TO THE CLINIC

RING US FOR ADVICE - PH 537 4980 – and speak to the Practice Nurse

OR contact HEALTHLINE - PH 0800 611 116

IF YOU DO COME we will ask you to speak to us by phone from your car.

THE 30-MINUTE EXERCISE GUIDE

Exercising doesn't have to mean expensive gym membership and treadmills!

Alternatives can include:

- washing your car
- vacuuming
- washing windows or floors
- walking or jogging to work
- walking the dog
- taking the stairs
- cycling with the kids
- swimming or water aerobics



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CALCIUM, VITAMIN D AND BOWEL CANCER

90% of our Vitamin D is synthesised in the body through skin exposure to UV sunlight. The remainder comes from the diet; Vitamin D is found naturally in oily saltwater fish, egg yolks, livers and mushrooms. Both Vitamin D and calcium are thought to exert cancer-protective effects by decreasing cell proliferation, inhibiting the development of invasive blood vessels and stimulating the normal cycle of cell death. Studies have showed that mortality from colorectal cancer is higher in areas with less sunlight. In addition, populations consuming higher amounts of fresh fish, shellfish, calcium and vitamin D have a lower incidence of colorectal cancer. In conclusion, there is large evidence suggesting the benefits of vitamin D and calcium – including sunlight-induced, diet-derived and supplemented - in preventing colorectal cancer. Further studies are needed to determine whether gender is a factor. On the basis of current evidence, I suggest an intake of vitamin D at a dose of 2,000 IU per day which is regarded as safe, and aiming at calcium intakes of 700-800 mg per day. Modest duration of sunlight exposure should be sought and a diet rich in oily fish, shellfish, milk and dairy products that contain high amounts of calcium and vitamin D are recommended.

CURCUMIN AND BOWEL CANCER

This is a chemical found in turmeric spice that has antioxidant, anti-inflammatory and anti-tumour properties. Curcumin has been shown to work by inhibiting cell invasion and helps with reducing the number and size of rectal cancers in patients with a familial history (familial adenomatous polyposis). Add turmeric daily to your food and consider supplementing with curcumin.

GREEN TEA AND BOWEL CANCER

Green tea is rich in a chemical group called Flavonols (including catechin and epicatechin). The benefits of flavonols have not only been shown experimentally in the laboratory, but also in animal models and in large population studies. Consumption of green tea has been associated with a 40% reduction in risk of colorectal cancer in a cohort of Chinese women.

ZINC, SELENIUM AND BOWEL CANCER

Studies exploring the effect of zinc and selenium on colorectal cancer have been controversial. At present, research does not provide substantive evidence for selenium supplementation or for dietary zinc intake in the prevention of colorectal cancer.

AND DONT FORGET DIETARY FIBRE

Sharon spoke about the importance of fruit & vegetable fibre in PART ONE. Her table below highlights the variety of high-fibre foods we should consume; these enable the 'good' gut bacteria to thrive (= a healthy microbiome) and thus provide protection against bowel cancer and many other diseases. Take the Bowel Transit Time Test above to determine the wellbeing of your GUT.

Take the BOWEL TRANSIT TIME TEST

Eat 2 tablespoons of sweet corn or a lot of beetroot and see how long it takes to notice corn kernels or bright pink colouring in your stools.

Check in the toilet after each motion for 2-3 days. The first glimpses in a healthy bowel are seen around 18 hours.

If you are not seeing corn kernels or beetroot till 72 hours later, or more, your bowels are sluggish. If this is the case, consider eating more plant fibre and ensure you are drinking adequate amounts of water.



Choose HIGH FIBRE FOODS

- ✓ Foods made with whole grain
- ✓ Whole grain pasta, brown rice or wild rice
- ✓ Fresh fruit & vegetables (especially if the food eaten is with skin & membrane where appropriate)
- ✓ Salads made from a variety of raw vegetables
- ✓ Baked beans, lentils & split peas
- ✓ Nuts, popcorn seeds & dried fruits

Avoid LOW FIBRE FOODS

- × White bread
- × Refined cereals
- × Foods made with white flour
- × Refined pasta, instant/white or polished rice
- × Fruit juice & sugary drinks
- × Plain lettuce
- × Meat, fish & poultry
- × Crisps & similar snacks

Hopefully this newsletter has provided you with some insight into bowel cancer prevention. May you keep up with the momentum, get motivated to change to a healthy diet and lifestyle and be rewarded with a longer, happier and a healthy life.

Sharon Yiu (5th Year Medical Student -2019)

On behalf of Millhouse we wish Sharon every success in her final year of medical training.

To all newsletter readers and Millhouse patients, may 2020 be a healthy and memorable year for you.

Yours in good health,

Dr Richard J Coleman

General Reference:

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<https://www.healthnavigator.org.nz/health-topics/bowel-cancer/>

<https://bpac.org.nz/BPJ/2012/May/colorectal.aspx>

<https://bowelcancernz.org.nz/about-bowel-cancer/prevention/>