

Health Triangle

109/February 2023

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UK Health Radio



Health Focus: Hoarding Disorder

**Endometriosis
and Me** by Denise Gow

Renew Reset Recharge

by Janey Lee Grace

BREAKING NEWS

**UP TO 50% OF
NHS CARE-COSTS
ARE RELATED TO
PREVENTABLE
ILLNESSES!**

**DOES THERMAGE
TREATMENT REALLY
WORK?**

AGEING IS A CHOICE

by Robert Manni

Why I Am a Nurse on Strike

Vulnerability
is the key



“Love is just a word until someone comes along and gives it meaning.”
– Paulo Coelho, “Aleph” –



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Health
Triangle

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Editor's Note:

This Month ▲

“TO KEEP THE BODY IN GOOD HEALTH IS A DUTY.
OTHERWISE WE SHALL NOT BE ABLE TO KEEP
OUR MIND STRONG AND CLEAR.”

BUDDHA

Welcome to the first edition of **Health Triangle Magazine** of 2023! One theme which emerges, in different forms, in this issue is the idea of taking personal responsibility for our own individual health.

Breaking News asserts that the NHS would save hundreds of millions of pounds Sterling every year if preventable illness was more widely recognised as a real win: win opportunity - rather than being lazily ignored the way it is at present.

An anonymous nurse explains how his decision to strike is more about ethical values than an inflation-ravaged pay packet. **Janey Lee Grace** highlights the opportunities offered by an excellent organic diet. New arrival **Robert Manni** shares his personal experience of how his five-point plan has worked to enrich his whole life both physically and spiritually. Hypnotherapist **Niki Cassar** discusses another 5-Path Advanced Hypnosis process, which she studied in California with its founder **Calvin Banyan**. There is also fascinating if disturbing feature on the key practical and psychological factors that can so easily reduce the quality of lives for those living with disabilities.

In the strongest contrast, we look at the unbelievably privileged lives of the Duke and Duchess of Sussex, as presented in their 6 part Netflix Docuseries and as expressed in over 400 pages of almost uninterrupted self-pity by Prince Harry in his current memoir, Spare. With the help of a Pulitzer-prize-winning ghost-writer, Prince Harry articulates his savage hatred for the British tabloid press, his irrational envy of his older brother, William, the Prince of Wales and confesses to his own habitual abuse of drink and drugs. Morbidly fascinating it may be but in no way is it a role model for good living. Hopefully you can find plenty of that elsewhere in the magazine!

With all good wishes for the rest of 2023!

Reg Starkey
Editor





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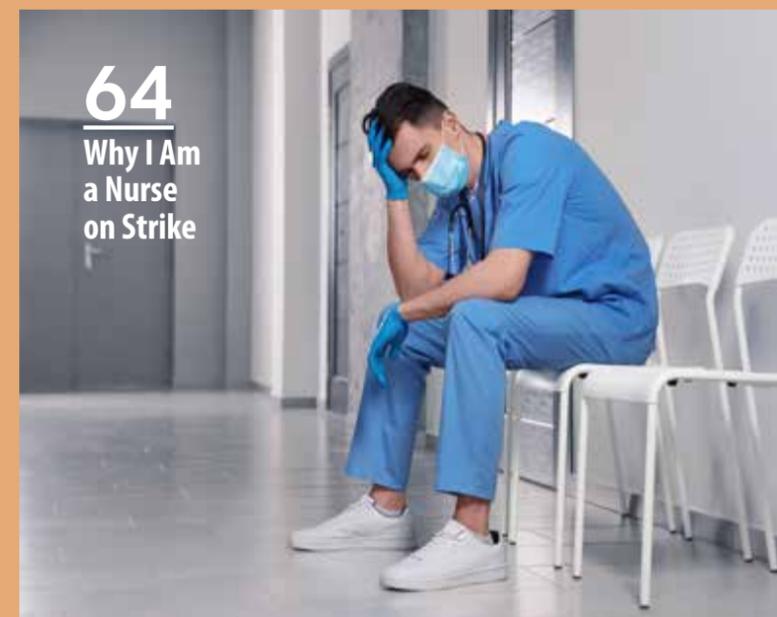


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Hoarding Disorder



A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.

Hoarding is considered a significant problem if: the amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms the clutter is causing significant distress or negatively affecting the quality of life of the person or their family – for example, they become upset if someone tries to clear the clutter and their relationship suffers

Hoarding disorders are challenging to treat because many people who hoard frequently do not see it as a problem, or have little awareness of how it's affecting their life or the lives of others.

Some may realise they have a problem but are reluctant to seek help because they feel extremely ashamed, humiliated or guilty about it.

It's really important to encourage a person who is hoarding to seek help, as their difficulties discarding objects can not only cause loneliness and mental health problems but also pose a health and safety risk. If not tackled, it's a problem that will probably never go away.

WHY SOMEONE MAY HOARD

The reasons why someone begins hoarding are not fully understood.

It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired, and people with learning disabilities or people developing dementia may be unable to categorise and dispose of items.

Mental health problems associated with hoarding include:

- severe depression
- psychotic disorders, such as schizophrenia
- obsessive compulsive disorder (OCD)

In some cases, hoarding is a condition in itself and often associated with self-neglect. These people are more likely to:

- live alone
- be unmarried
- have had a deprived childhood, with either a lack of material objects or a poor relationship with other members of their family

- have a family history of hoarding
- have grown up in a cluttered home and never learned to prioritise and sort items

Many people who hoard have strongly held beliefs related to acquiring and discarding things, such as: "I may need this someday" or "If I buy this, it will make me happy". Others may be struggling to cope with a stressful life event, such as the death of a loved one. Attempts to discard things often bring up very strong emotions that can feel overwhelming, so the person hoarding often tends to put off or avoid making decisions about what can be thrown out. Often, many of the things kept are of little or no monetary value and may be what most people would consider rubbish.

The person may keep the items for reasons that are not obvious to other people, such as for sentimental reasons, or feeling the objects appear beautiful or useful. Most people with a hoarding disorder have a very strong emotional attachment to the objects.

WHAT'S THE DIFFERENCE BETWEEN HOARDING AND COLLECTING?

Many people collect items such as books or stamps, and this is not considered a problem. The difference between a "hoard" and a "collection" is how these items are organised.

A collection is usually well ordered, and the items are easily accessible. A hoard is usually very disorganised, takes up a lot of room and the items are largely inaccessible.

For example, someone who collects newspaper reviews may cut out the reviews they want and organise them in a catalogue or scrapbook. Someone who hoards may keep large stacks of newspapers that clutter their entire house and mean it's not actually possible to read any of the reviews they wanted to keep.

SIGNS OF A HOARDING DISORDER

Someone who has a hoarding disorder may typically:

- keep or collect items that may have little or no monetary value, such as junk mail and carrier bags, or items they intend to reuse or repair
- find it hard to categorise or organise items
- have difficulty making decisions
- struggle to manage everyday tasks, such as cooking, cleaning and paying bills

- become extremely attached to items, refusing to let anyone touch or borrow them
- have poor relationships with family or friends

Hoarding can start as early as the teenage years and gets more noticeable with age. For many, hoarding becomes more problematic in older age, but the problem is usually well established by this time.

ITEMS PEOPLE MAY HOARD

Some people with a hoarding disorder will hoard a range of items, while others may just hoard certain types of objects.

Items that are often hoarded include:

- newspapers and magazines
- books
- clothes
- leaflets and letters, including junk mail
- bills and receipts
- containers, including plastic bags and cardboard boxes
- household supplies

Some people also hoard animals, which they may not be able to look after properly.

More recently, hoarding of data has become more common. This is where someone stores huge amounts of electronic data and emails that they're extremely reluctant to delete.

WHY HOARDING DISORDERS ARE A PROBLEM

A hoarding disorder can be a problem for several reasons. It can take over the person's life, making it very difficult for them to get around their house. It can cause their work performance, personal hygiene and relationships to suffer.

The person hoarding is usually reluctant or unable to have visitors or even allow tradesmen in to carry out essential repairs, which can cause isolation and loneliness.

The clutter can pose a health risk to the person and anyone who lives in or visits their house. For example, it can:

- make cleaning very difficult, leading to unhygienic conditions and encouraging rodent or insect infestations
- be a fire risk and block exits in the event of a fire
- cause trips and falls
- fall over or collapse on people, if kept in large piles

The hoarding could also be a sign of an underlying condition, such as OCD, other types of anxiety, depression and dementia.

WHAT YOU CAN DO IF YOU SUSPECT SOMEONE IS HOARDING

If you think a family member or someone you know has a hoarding disorder, try to persuade them to come with you to see a GP.

This may not be easy, as someone who hoards might not think they need help. Try to be sensitive about the issue and emphasise your concerns for their health and wellbeing.

Reassure them that nobody is going to go into their home and throw everything out. You're just going to have a chat with the doctor about their hoarding to see what can be done and what support is available to empower them to begin the process of decluttering. Your GP may be able to refer you to your local community mental health team, which might have a therapist who's familiar with issues such as OCD and hoarding.

If you have difficulties accessing therapy, the charity OCD-UK may be able to help.

It's generally not a good idea to get extra storage space or call in the council or environmental health to clear the rubbish away. This won't solve the problem and the clutter often quickly builds up again.

HOW HOARDING DISORDERS ARE TREATED

It's not easy to treat a hoarding disorder, even when the person is prepared to seek help, but it can be overcome.

The main treatment is cognitive behavioural therapy (CBT). The therapist will help the person to understand what makes it difficult to throw things away and the reasons why the clutter has built up.

This will be combined with practical tasks and a plan to work on. It's important the person takes responsibility for clearing the clutter from their home. The therapist will support and encourage this.

Antidepressant medicines called selective serotonin reuptake inhibitors (SSRIs) have also been shown to help some people with hoarding disorders.

If a person is willing to get help then they may feel more comfortable contacting a therapist themselves.

They can refer themselves directly to an NHS talking therapies service without a referral from a GP.

Find an NHS talking therapies service

COGNITIVE BEHAVIOURAL THERAPY (CBT)

CBT is a type of talking therapy that aims to help you manage your problems by changing how you think (cognitive) and act (behaviour).

It encourages you to talk about how you think about yourself, the world and other people, and how what you do affects your thoughts and feelings.

Regular sessions of CBT over a long period of time are usually necessary and will almost always need to include some home-based sessions, working directly on the clutter.

This requires motivation, commitment and patience, as it can take many months to achieve the treatment goal.

The goal is to improve the person's decision-making and organisational skills, help them overcome urges to save and, ultimately, clear the clutter, room by room.

The therapist won't throw anything away but will help guide and encourage the person to do so. The therapist can also help the person develop decision-making strategies, while identifying and challenging underlying beliefs that contribute to the hoarding problem.

The person gradually becomes better at throwing things away, learning that nothing terrible happens when they do and becomes better at organising items they insist on keeping.

At the end of treatment, the person may not have cleared all their clutter, but they will have gained a better understanding of their problem. They will have a plan to help them continue to build on their successes and avoid slipping back into their old ways.



Vulnerability is the key

At the start of this year 2023 I have this question for you: Have you ever felt like you were hiding behind a façade, pretending to be someone you're not?

by Dabielle Sax

Have you ever felt like you were hiding behind a façade, pretending to be someone you're not? It can be exhausting trying to keep up with a persona that isn't truly you. I see it every week in my practice how people get so many signals to realize that they desperately need to stop living for the outside world and start being who they truly are...



WHY I AM A NURSE ON STRIKE



We often do things for a reason only to discover later that there was another reason, a more profound one, that was driving us and that we were unaware of at the time. A few years ago I went to Arnhem to do some research for my creative work. Whilst there I visited the bridge, famous as 'the bridge too far' in the Battle of Arnhem of 1944. I entered the museum and as I walked around I noticed a photograph tucked away in a corner. It was of nurses who died in the battle, died whilst trying indiscriminately to save the lives of soldiers on both sides...

First Aid

REMEDIES

by **Atiq Ahmad Bhatti**, 4th Generation Homeopath
Presenter of **The Homeopathy Health Show**

FOOD POISONING

Food poisoning is something many of us will have suffered from at one point or another due to eating food that is not cooked to an edible standard [such as chicken, red meat or fish], mixing foods that do not sit well in the stomach or partaking of food that is perhaps contaminated.

Fortunately, Homeopathy provides effective treatment that not only reduces the severity of the symptoms but works to cleanse the effects of contamination.

Symptoms of food poisoning can include cramping pains in the stomach/abdomen, diarrhea, associated fever and bouts of nausea and vomiting, putting a great strain on the body itself...

Micro-sized Polyethylene Particles

show adverse effects in cell lines

by **Mikko Herrala**, University of Eastern Finland,
School of Pharmacy



Exposure to high doses of micro-sized polyethylene has adverse effects on cells, a new study from the University of Eastern Finland finds. The researchers investigated the toxicity of micro-sized polyethylene in two different human colorectal cancer cell lines. Being one of our most common plastics, polyethylene is used for a variety of purposes, for example as packaging material. Exposure to high doses of polyethylene was found to decrease cell viability and increase the production of reactive oxygen species in cell mitochondria, which are vital energy-producing...

▲ Disability Issues



UNDERSTANDING THE BARRIERS THAT DIMINISH THE QUALITY OF LIFE OF THOSE LIVING WITH DISABILITIES

People living with disabilities face numerous barriers that impact their quality of life negatively. Some of these barriers are by accident while some of them are out of ignorance by people who do not know they put them up in the first place. While it is true that some of these barriers might also affect non-disabled people, their impact is magnified when they affect those living with disabilities. In this article, we will look at some of these barriers and some potential solutions.

ATTITUDINAL BARRIERS

Attitudinal barriers stem from how people perceive those living with disabilities. We know that these individuals are often subject to discrimination and prejudice from the large society. Many people treat them with pity, fear, and contempt, with some making conscious efforts to avoid ...

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