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NEWSLETTER OF THE 'IN' GROUP: THE INFLAMMATORY NEUROPATHY SUPPORT GROUP OF VICTORIA INC., supporting sufferers from acute Guillain-Barre Syndrome (GBS) & Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and other Inflammatory neuropathies

THE NEXT MEETING WILL BE HELD ON 24TH JUNE, 2018 FROM 2-4PM
AT THE ASHBURTON LIBRARY,
154 HIGH STREET, ASHBURTON. ALL WELCOME.

OUR GUEST SPEAKER WILL BE FROM ST. JOHNS AMBULANCE
ON TRANSPORT FOR THE ELDERLY

A small plate to share would be appreciated. Thank you.

The last two meetings for 2018 will be held at the Balwyn Library in Whitehorse Road.

*BALWYN LIBRARY 19th August 2018 2-4 pm (Includes AGM)

Following the AGM there will be a special treat with **Comedian, Don Jones to entertain us.** We encourage you to bring your family and friends to enjoy the fun with you.

*BALWYN LIBRARY 2nd December 2018 12-5pm Annual Luncheon

Notes from the March Meeting.

Margaret: Welcome everyone. Great to have you all here. Our guest speaker Malcolm is the local chemist and he has been to our group before and is excellent and I'm sure you will enjoy hearing from him all about our medications. He will be here in another half hour.

Apologies: Peter Males, Neil McCoy and Val Blakey.

Our next meeting we will have a speaker from **St. Johns Ambulance.** They have a **Community Transport Service.** At the moment it is just Monash and surrounding areas but they said to me they are going into the other areas. Apart from taking you to hospital or the doctor they will take you to visit friends, etc. That should be interesting.

One of the sad things you probably remember, quite a few of you, that Cheryl and Bruce would come to our meetings. **Bruce has passed away, so Cheryl rang to tell us. She still wants to get the Newsletter. Her sister gave a very nice donation to our research work and her CWA friends gave a donation as well. That was lovely of them.**

Gwen, Doug and I went to see the lady who gave us all these wonderful dolls. Her mother had made them all and Gwen is now sewing them together. The dolls are beautiful. I wrote to her mother and thanked her. Her mum is in a nursing home and her daughter took the letter in, read it to her mum, who nodded her head and smiled. So she knew that we were getting the dolls to sell to put the money into research. That was wonderful.

A big thank you to Gwen because every time we see Gwen (and we see her regularly, more than at meetings), there is **an envelope with money in it** because all **her friends are buying these lovely dolls.**

Doug: This is a brief financial update. 6 months to December, our revenue has increased by \$6,990 which is very, very good. There was \$64 from book sales, our Christmas Luncheon realised \$914, our Craft sales \$486 and that's all dolls and that's just for 6 months, because last year we got something like \$800 from Gwen which was brilliant. **Donations were \$4,406** and Subscriptions of \$1,120.

Against that our expenses were internet costs of \$75, meeting room hire for 4 meetings, two here and the final two for the year back at the Balwyn Library which is our original home. I have paid the City of Boorandarra \$84. They give us a very good discount because we are a not for profit association and incorporated and we get the room for about half price. That is very good and we thank them for that. Newsletter costs \$520 and sundries and our total expenses \$1,067. Net income for the 6 months is \$5,923. With what we have in the bank which is our only asset, we currently have \$9,992. **We are well on the way to give a donation for research.** Our income does slow down in the latter part of the year because our subscriptions are due in July, but I am very confident we will have a nice donation to give to Andrew.

Melva: Sadly over the past year each posting of the Newsletter is followed by returns with a note saying "Passed Away". Our original members are now in their 80's and 90's.

Gwen: I would like to give a plug for the dolls. We have a lot of dolls and all of them have been donated. My friends have bought dolls and some people are very generous here. If you know anybody who wants to buy a doll, tell them they are extremely cheap. They are very good value. For a doll valued at about \$200 you get for approximately \$80. People who don't know about dolls don't realise how valuable they are, so tell your friends. When there is a new grandmother they like to have a doll they keep for the grandchildren. Sometimes 18 year old girls like them too and little girls of course, but they are breakable. They are not toys. They are heirlooms. We have all sizes, even life-size ones.

Margaret: Now we can say a **big welcome to Malcolm Levy who is our Chemist** and he is going to **speak to you and answer any questions**, which I'm sure you will have. **Welcome Malcolm and thank you very much for giving up your Sunday afternoon.** Applause.

Malcolm: Thank you very much. They say **laughter is the best medicine** so we tend to do a lot of it; in my Pharmacy anyway.

We run our pharmacy on a one-on-one type relationship with customers. We want to know who you are, where you are, who your kids are and we get to know you as a person, the patient as an individual, as opposed to the other crowd springing up all over the place – like Chemist's Warehouse. Those type of places. You can go in there and you're lucky if the pharmacist knows your condition and can communicate what your problem is and if you go back again, forget it, you find somebody else, because it is a shift work situation. Actually, medicine has got pretty bad in Australia and that's why, **as a patient, you now have to take responsibility for yourself.**

A case in questions was yesterday I was called to a nursing home. The phone rang and **the nurse told me the patient has a rash and it's a shingles rash and they have now called out the doctor again, for the fourth time. The Locum Doctor has arrived and he has told her to put him on to such and such a cream.** So the nurse **phones the pharmacist to come out and deliver the cream.** (Sometimes to the other side of Melbourne.)

I remember the patient. He is one of our regulars. I ask **"What exactly is the problem?"** She says **"It's itchy."** Well shingles does tend to get burning and itchy. Yes that's fine. But I say, **"How big is the area we are talking about?"** She says, **"Half the size of a dinner plate."**

The tube is 2 grams and is made to be applied to the lip and now you want to apply this twice a day for four days. **We don't sell this by the bucket.** Not even at the Warehouse. **Are you sure this Doctor got it right? Does he know what he's doing?** She says "Hang on I'll put him on." She puts him on.

As it happens he is from South Africa where I'm from and we are chatting and I said **"What are you actually trying to do?"** He says, **"He's got these blisters.** I thought if I put this cream on, it will help him." I said, **"Let's go back a step. Did you give him an antihistamine injection maybe to stop the itching within minutes?"** He says **"Oh no. I don't carry anything with me. I have a pen and a piece of paper."**

I said, "Okay. Well **this comes in 2 gram tubes** and you are going to **need about 40 grams** per application **twice a day for 4 days** and just for the record the correct dosing is 5 times a day. He says "Oh. **I don't know what to do then.**" I say **"Well it's lucky you have the pharmacist on the phone."** He says, **"Why don't we put him on Calamine Lotion.** That's a cheap option; that's a good version. I'll put him on calamine lotion. **Good old calamine lotion.** I said. "Yes that's brilliant. **That will dry it out and it will itch like a bugger so he will scratch a hole in his back by the morning.**" He says "Well maybe we shouldn't do that." I say **"Then let's get back to where is your doctor's bag with your injections so you can deliver symptomatic relief immediately?"** His answer **"No I don't carry medicine with me."** Well that's another story.

Back to the Pharmacy. I encourage you to get a relationship going with your Pharmacist. As I say, in my place we get to know you, a bit of humour when you come in. Everybody feels better. If you walk out with a smile on your face and your wallet a bit lighter we are all happy. It is very important to get that relationship with your Pharmacist.

The government is spending a lot of money at the moment saying "Don't phone triple zero unless it is an emergency." **First of all check with your local GP. At the moment they are your specialists in life.** Some of them are about 23 and haven't any experience in life, so be careful. You can then **phone Nurse On Call.** **They give a really good service.** Then there is **your pharmacist, which is great, because we are all over the place. Come in, it costs you nothing, why not, that is what we are there for.**

The Government is on a big push at the moment cutting costs with generic medications, so go to your pharmacists and confide in them. The Privacy Act is in force throughout. I cannot tell you about Doug's sore knee or Margaret's problems because of the Privacy Act. It's 100% confidential and you are getting the advice that you need. Not saying it is always the best, but it is **leaving the Ambulance for the guy who is having that heart attack down the road.**

Pharmacy itself is changing big time. I'm sure you have all walked into your pharmacy, picked up your supplies and as you walk out the door thought "Oh, what is this?" The box has changed again. It has some funny name on it. You can, it is quite within your rights to say, "Please, I want the same generic every time or I don't want generic medicine."

I will harp on generics for a minute. 90% of the medicines we get in Australia are made in India. There is nothing wrong with it. It is quantity controlled. So when I tell people there is a brand premium, you have to pay more (Government imposed) to get your Panadeine Fort, the originated brand, but Prodeine Fort is exactly the same, they say "No. It doesn't work." Remember I am just a dumb Pharmacist. What would I know? So then you take out the two boxes and you put them beside each other in front of the patient. You open them up and **you show them the tablets. They just happen to be identical.** You look at **the box size. It is identical.** You look at **the amount on the box it is identical, except for the two words Panadeine and Prodeine.** Then you put it on its side. One is brought to you by Sanofi Aventis which is Panadeine Fort the originator. **The address is shown** and if you look at Prodeine Fort it doesn't say Sanofi Aventis it says another name, but **the address is the same.**

So what actually happens, (my brother is a Production Pharmacist and makes this stuff) **the tablet is manufactured in India.** They send it to Australia in a massive 55 litre bucket. It is huge and there are thousands of them inside. **It is delivered to the factory in Sydney** and there they have a packing shed. **So you pour the tablets in one side and they come out the other side and you put a foil on them.**

So there is a plastic blister that goes at the bottom. The tablets get loaded into the plastic blister with a hopper that's wobbling and then the foil gets put on top of that and comes out and the foil says Panadeine Fort. When they have made enough of that batch, they press the button and the machine stops. The foil comes off. The next foil goes on. They line it up and they push the button and off it goes again and they

produce Prodeine Fort. The difference is the colour and the printing on the foil. THERE IS NO DIFFERENCE.

A lot of my older customers, family and friends, will come to me and I will say to them, **“Oh I haven’t seen you for a while”** and they say, **“I have been in hospital. I was really, really sick.”** I say, **“Oh are you better now?”** They reply, **“Yeah, yeah, the doctors at the hospital are fantastic. I am perfect.”** They say, **“These are my scripts. All my medicines have changed, but I don’t want generics. They don’t work.**

I say, **“When you were in the hospital how did the medications work there?”** They say, **“Fine, fine they fixed me up.** I was there for a week and I’m a new man.” I say, **“Brilliant. Well I’ll just let you know that in hospital they work on the Tender system. They buy the cheapest generic. That’s what you get, so I don’t quite understand how come when you walk out the door the generics don’t work for you anymore.** There is nothing in our genetic makeup that will do this.” They say, **“Oh, okay, maybe we can use generics.”**

We have a very large nursing home within our practice and there it is only generic and it works. There are no hiccups. We still have people coming in who say, **“This is no good. This doesn’t work.”** **Get into the habit of chatting to your pharmacist and using generic medication.** Your pharmacist knows the best ones. **Cut your costs down dramatically.**

While on the subject of costs, **if you have a Health Care Card, a concession card, you will be paying \$6.40. Some of the discounters are chopping it down to \$5.40.** They give you a \$1 discount to try to get you in their door. The government thinks this is fine, creating a price war. The only people who benefit are the public. When you see the pharmacies going out of business the government will scratch their heads like in 1994 when pharmacy in Australia was almost dead and buried. Then they realized and said, **“Hang on, we had better get some guys (like me) to come in and prop the industry up because we have run out of pharmacists.”**

This \$5.40 nonsense that has come in, we see the end of it, as when it comes near the end of the year everyone comes in and says “How come I’ve not reached my safety net this year?” We say, **“Well did you perhaps go to the \$5.40 warehouse down the road?”** They say, **“Yeah. It saved me x amount of dollars during the year.”** We say, **“Well unfortunately the amount you pay goes towards the safety net and because of the volumes they have (and they gave you 10 times what you should have got) you didn’t reach your safety net this year, so you have to pay for the whole year. Then of course it is “our” fault. They say, “You should have told me.”**

So the cheapest is not always the best. Once again, chat to your pharmacist as to whether it is going to be beneficial to you. If you don’t reach the safety net we can’t discount wherever we can. Unfortunately, you only get what you pay for.

I suggest you stick with the \$6.40 and get a good rapport with your pharmacists.

The Safety Net is changing every year. It has changed again to I think \$272 a year for concession and \$1476 for a general patient. That’s off the top of my head but I may be wrong. Two sides to that. **If you need it, the 20 day rule comes into play. We can get you there as soon as we can legally without doing a dodgy. We can advise if you are not going to get there. We can tell you what your options are.**

There are guys out there doing a dodgy. For example, let’s talk about Paracetamol. **Paracetamol is not covered on the PBS** and it hasn’t been covered on the PBS for about 2-1/2 years. **If you walk into my pharmacy with a prescription from a doctor saying Panadol Osteo (there is a generic brand as well now) I am obliged to fill it.** It is a legal prescription from a Doctor. Everything is correct. Your Medicare number is on it. I really don’t have to ask any questions. I can just do it.

Well my training and the Government has told us it is an incorrect prescription. The doctor shouldn’t have written it in the first place. It is not really your place to say you are not entitled to it, but you can if you want.

What happens is, they run an audit and they pick it up at Medicare Australia. They know exactly what is going through before we even put a label on your medicine. Medicare Australia knows about it as every pharmacy is on line now.

They do the audit and visit the Doctor and say “Mate you wrote 10 prescriptions last month for Panadol Osteo. None of these patients are Torres Strait Islanders or of Aboriginal decent or the few others who are entitled to it, so why did you give them the prescription?” The doctor says, “Oh I didn’t think. I didn’t know. Oh sorry, I made a mistake.” The Government then take the money out of his account.

There is a thing I have to go to on Friday called **Pain Check**. With **Codeine off the market** (you can still get it but you have to go to the Dr to get a script and get permission) **they are now encouraging us to become more qualified** to be able to **handle your pain queries more efficiently** and give you perhaps **more Ibuprofen and Paracetamol**. **We have to do it**. It’s going to be there. **It is something the government is pushing for as well.**

The Government is doing great things for you guys. Things like Meds Check. Meds Check is a scheme going where you walk into your Pharmacist and he will sit you down and say “Let’s run through your medicine quickly. Do you understand how all this works? Are you okay with what your medicine is, how you take it and where you store it? It is another service to you so you can check your medication.

Another one is called a Medication Review. There are people called **Consultant Pharmacists**. **The Doctor can refer you to the Consultant who comes into your home at a time when it is convenient to you, sits you down, goes through your medicines, asks you to bring everything out from under the cupboard, the kitchen and the bathroom.**

So he goes through the entire range of what you have and **he sends a report back to the Doctor** saying, **“According to you your patient is on A, B, C and D, but when we got there we actually found the following**. All the St. Johns Wart, Glucosamine with Chondroitin, vitamin C, A, D, E, in bucket loads which they got from the Warehouse because it is cheaper if you buy the bigger one, the real big one, which works out much cheaper for you but expires under the sink. It goes off. **That review is sent back to the Doctor. He reads it, Medicare pays him for reading what we produced and sent back to him and he can act on it if he wants.**

Now that’s a service you can use and I suggest, if you are having problems with your medication, talk to your pharmacist. He can do a Meds Check. If he feels it is too involved, he can refer it to the doctor. He can do that. We can initiate a medication review as well and have the consultant come in and look at it if we feel it is going to be of benefit to the patient.

That’s basically it with regards to pharmacy in general.

Last year they encouraged us to give dose administration. You know, they are the boxes we do. For the last two years there has been a push to get the oldies on to them. They are good for them. They can see if they are missing doses and it is a great system.

We really got involved. **All day that was what we were doing in the pharmacy, getting these things ready for the nursing homes and private patients as well**. They gave us money, but they could never tell us how much it was because they had to wait and see what the government gave the Guild and **depending on how many people claimed on the scheme the government gave a rebate, so it was like a lucky draw**. In business, as pharmacists, we accept that and say yes pass whatever you want. **Once we got it all up and running, everyone was happy, it is great for the public, they capped us at 200 people per pharmacy for the year.**

So you phone up and say **“Guys, we do 600. How come we can only do 200?”** They reply it is **the decision of the Review Board**. You say, **“We have done all this work. We have set it up and we are doing exactly what you want and then you cut us down to 200.”** They say **“We’ll look at it next year.”**

If you find you are battling with your medication and you are maybe forgetting or you think you might have had the dose but you can’t remember, go check with your pharmacist. Get onto the system. Most of us do it for free. We can do it for who ever. It really can work well if you need it. Pharmacy is going that way. Meds Check.

I see the **Warehouse guys are now starting off free vaccinations** in house. You can go to a Warehouse who advertises **\$10.99 for a flu injection**. Good luck. **I just want to know who is giving my flu injection and a lot of my friends are GP's and they say, "Let's just wait for the first patient to have an anaphylactic reaction; the first patient to die, then see how much longer that goes on for. Be very careful who is jabbing you. I am qualified. I can do that for you.**

From the pharmacy side, build up your rapport with the pharmacist. They have a lot of information. They are highly trained. We don't know everything. We have a great reference resource.

Be careful of Dr. Google who is not qualified. A lot of people come in quoting that they saw on Google this red rash could be this or that. Go and chat to your pharmacist. He can pull up that report and if he is not sure, hopefully he will have the integrity to say "I actually don't know, but I can give you a referral. I can phone your doctor and say "John Smith is here. We don't know what is going on. Can you please see him urgently?" If you don't have to wait for days and you can get in within an hour because the doctors tend to listen to us, then use that facility as well.

Question: We often hear that if you have a balanced diet you don't actually need vitamin supplements. I have noticed in pharmacies and shops rows and rows of vitamins. How often would the normal person on a normal diet need to purchase vitamin supplements?

Malcolm: The body knows what it needs. I am a firm believer in a Multi Vitamin. If you take your multi vitamin and later on in the day you go to the loo you will notice that the colour of you urine has changed. It might be orangey or it could be brownish, could be a bit pinkly. If you actually smell it, you will smell the vitamin B coming out. This is an amazing thing this body. It absorbs what it needs and chucks out everything else.

Personally, I don't believe you need Vitamin C with 5000 in a container, plus Vitamin D plus Alpha this and Beta this, plus Zinc, plus Calcium, etc. etc. It is marketing – classic marketing.

We have to attend these continual educational lectures. They check up on us. When did you do this? When did you do that? I have a lecture this Friday all day. By the time I get home and have my dinner, my grandchildren will be sleeping. You have to do it to get your points.

We go to this lecture on new drugs which is a course on its own. **Every day there are new drugs coming up – amazing.** Up stands the guy and he is the leading expert in Melbourne and Australia on orthopaedics. He is The Man. He gives the lecture and a little biddy in the front stands up and says **"Excuse me. Glucosamine with Chondroitin."** And he says "The best stuff since sliced bread. **You pharmacists, if you don't sell every person over the age of 50 Glucosamine with Chondroitin** – it must be the sulphate not the, if you don't sell them this you are doing your patients a disservice. We need to build up the cartilage layers. (When I work on the motorbike I can't get up anymore. My knees are buggered.) **You pharmacists have to be professionals."** So we go back to the pharmacy and when Doug walks in we say, **"You must have some Glucosamine with Chondroitin in a big container pal because Margaret can take it as well."**

A year later we have to do the same course again because we have to get the points so every year we go back. After the lecture the biddy down the front stands up and says, "Excuse me, Glucosamine/Chondroitin." The lecture says **"Let me just stop you there. You people rip the public off. There is no scientific proof whatsoever that it works. How can you as pharmacists sell that rubbish to people?"**

That is unfortunately what it is about. I am not saying all of it. **If you have a specific need, if your Doctor discovers through a blood test that you are low in Vitamin D, by all means take a Vitamin D supplement,** but one will tell you that you must have Ostelin because it is the brand leader, because they can advertise on TV. It is all the same. Just be careful there.

We were not meant to sit all day swallowing tablets. **You have a healthy diet.** I can tell immediately by your skin colour that **you have been out in the sun doing a bit of gardening. You need 20 minutes a week;** I think it is, something crazy like that, **to replenish your Vitamin D levels,** why would you want to shove all that stuff in?

Then you have trouble with your digestion. Really, but you are only on blood pressure tablets. Oh but I'm taking 6 vitamin C a day , I am taking 4 vitamin D, 20 vitamin A's, Glucosamine/Chondroitin because

I must get some cartilage, the Ophthalmologist said I'm getting macular degeneration so I must take..... **Where do you stop? ONE MULTI VITAMIN, ONCE A DAY. We are not designed to live forever.**

A tablet comes out like **Thyroxine 100mcg. It has to be kept in the refrigerated.** They don't tell you there are 10 strips with 20 tablets **and you can actually keep the strip you are using out of the fridge.** Most pharmacists don't tell you that.

Nursing homes wake you up at 6.30 am to give you this tablet. I say guys, are you serious, this little old lady is sleeping, leave her alone. Why do you want to wake her every morning at 6.30am. Let her sleep. Wake her up at 8. Normal people do that.

Has anyone worked out that of a 100mcg tablet she needs exactly 100mcg on the dot? So if, by taking it as she has for the last 20 years at 8am with her other tablets with her breakfast it is affecting her absorption so she is only getting 80% and now she is getting 100%, what does her blood test show that she has been doing for 20 year? The blood tests show it is normal. Exactly within the range you wanted. So why wake her up at 6am in the morning.

The same with generic medicines. You don't know that you need 300mg exactly. So that generic might only give you 297mg of which you only need 265 to have the desired dosage for your body, which is specific to you. **How would you know?**

This is how - Symptoms. How you are feeling? This is where rapport with your pharmacist comes in. If you come in and say "I'm not feeling too good. I think it's the heat." We can say, "Why don't you sit down. Let's check your blood pressure. See what your blood pressure is doing. We can also take your blood sugar if you are on blood sugar tablets. We can then take a look and say, "Yes it's running a bit low. I am going to give your doctor a ring and let him know what we found or I can write it down and when you go back to see him, mention you have seen me and this is what we found and then he can react accordingly."

At the nursing home, the biggest problems we have are staffing and **medication rounds**. Staffing is something spectacular and a subject on its own, but medication rounds take time. **What we like to stick to is 4 doses a day. Breakfast, Lunch, Dinner, Bed.**

So we had a family brought mum in and the daughter started. Mum likes her thyroxine at 6.30 in the morning with the paper. She wants her breakfast with her morning meds at 7.38 because they finish reading the news at 7.37 and that gives her a chance to nip to the toilet. Midday medicine mustn't be before 12.42 because the midday show is on and she can't miss that and she wants her suppositories warmed at 7.30 in the evening.

We sat there listening and thinking this is going to be a nightmare because the pack is breakfast, lunch, dinner, bed. I can change the times, whatever you want we can do it, but to make one ward round easier for the staff to get to everybody, they get their meds at breakfast, lunch, dinner, bed – 4 doses a day.

No, no, we have to respect the wishes of the patient and the patient has free choice which all of you have by the way. We can't tell you where you have to deal, which pharmacy you go to, free choice and **then the doctor attending the meeting said, "Now let's get this right. This patient is now in nursing home care, not at home anymore. Different party. Different rules. Unfortunately when you move to a nursing home scenario it is breakfast, lunch, dinner, bed. That's what it is going to be and it works for everybody.**

We have it that way so everybody can get the right amount of medication when they need it. They don't run late on rounds. They don't forget, or drop the medicine, or give it to the wrong person. We avoid that. It is very important to do it that way.

Member: Over the years I have been deficient in iron and I was given a short course of iron tablets. Last year they did a blood test and said I was deficient in iron again and they said go and get some iron tablets from the chemist. **The chemist showed me several different ones and I was told by the lady in charge of that area that Bio Iron was the best** and also the most expensive on the market. (Malcolm: Of course.) This is the best to take. It is double strength.

So I took that for about 6 months and then **I looked at the small print and it said, "This is not intended for use with people with iron deficiencies." Would it have some other use?**

Malcolm. No. The reason you got that particular brand is simple. She had obviously done the course from that particular company. **It is a commercial decision 9 times out of 10.** When it comes to iron, there are other things that come into it. **The lovely young lady hopefully was trained enough to ask if your Vitamin C levels were okay, or if you are taking a multi vitamin as iron won't be absorbed unless there is enough vitamin C in the system, so there are better products than that available.**

These days they are doing iron infusions, where you go to your doctor and they put in an iv line and they give you **iron through intravenous infusion.** It seems to work. **Iron deficiency is very difficult.** It is a case of correct dose, correct medicine, for a long time and you will get it up again.

Once again, check your diet. They have now said that with our cholesterol tablets, (which all of us are on), don't eat red meat. Don't have that stuff it is poison. But don't forget, if you don't eat any meat you need to double your vitamin C, treble your iron tablets. It is going to constipate you; you will need colostrum and senna; that will give you cramps; you can take Buscipan for that; take Lactulose; don't forget to put in the water; restrict your diet because you don't want too much water going down. Come in and we will sell you all that, no problem.

Member: Why do they say it is not designed for people with iron deficiency?

Malcolm: It depends on the dose and how much is getting absorbed. For **short term** course, yeah it is okay, **but if it is long term,** to me it is saying hang on a minute, if this guy is on it long term (and I don't want to ask you in front of all your friends), **I will pull you aside and ask you what colour are your stools? Has there been a change perhaps.**

We need to look at things like that. **If you iron levels are dropping, it is not because you are getting old. It might be because** all this other gunk you are taking from the warehouse places is **chewing a hole in your stomach and you have been having a little bit of a bleed. This is why your stool has gone a little bit darker or perhaps more irregular. It means you are losing a little bit of blood from inside which is causing your iron levels to drop.**

Then if you then tell us you have been out of energy lately, we check your haemoglobin. I can't do it but your Doctor can be asked to check these blood levels and yep, you have an anaemia problem here. Let's send you for a gastroscopy or colonoscopy and see what is going on.

My view, (back to the gentleman in the back) if you are taking a multi vitamin, once a day, you should be fine. If anything else is happening and you are finding changes like that, it is not for me to say, "Yep, take this one over here. It is advertised on TV; it's the market leader at the moment; it can do everything for you.

Member: So I have been had. Malcolm: No. I tend to be a little cynical as **I believe if you are having a proper diet, eating correctly, a balanced diet, a little bit of meat, not every day, enough of the regular normal foods that we eat on a daily basis, unprocessed, don't let the missus over cook it, medium rare steak, you shouldn't have those problems.**

Member: : I have a hiatus hernia and have been taking Nexium for many years and the doctor a year ago said to take some Gaviscon, because I was complaining about a cough. Does Gaviscon have any side-affects? I only take it at night.

Malcolm: They are basically seaweed. It is the best as far as I am concerned. Nexium is perhaps one of the better brands, but it is always good to change. It is what is called a Proton Pump Inhibitor.

Gaviscon as a product is fantastic. All the others are antacid. All we have got is hydrochloric pooled acid in our stomachs which is what breaks up the food. **All the others neutralise it – all the antacids. They make it alkaline.** It stops that burning. **What Gaviscon does as opposed to the others, it has an affect where it forms a raft in the tummy.** That sodium alginate (seaweed), when it comes into contact with the acid, makes a gooey mess. **It forms a raft on top of the stomach content, so it keeps it down. So that reflux, you won't get it with Gaviscon. Nexium is a great drug. Maybe go back to Losac** which was the originator.


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INFORMATION

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Supporting sufferers from acute Guillain-Barre` Syndrome (GBS) , Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

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