

SPHERE

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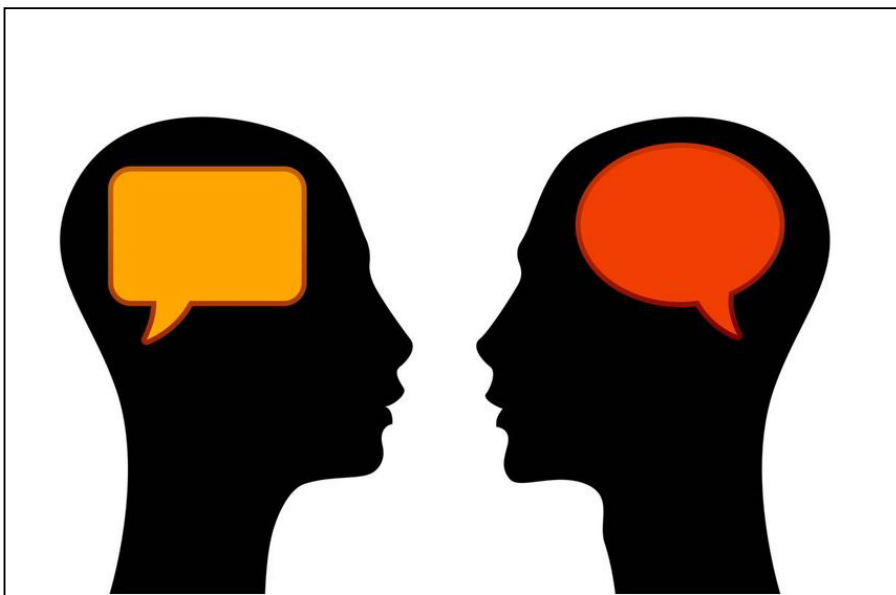
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2013 – Make this your year! Study Day – February 23rd

Give yourself the confidence to find that person and tell him (or her) - if you choose.

Study Days help people like you to get this pesky virus into perspective. Learn all about telling a partner - you don't have to, but it's good to know how to. Other members like you said: "It's changed my life in sexual relationships" - "My perception changed totally" - "Brilliant – everyone should attend".

Be there – it's why you joined – booking form enclosed.



Contents

Cover – Come to the next Study Day

Medical matters:

The low down on cold sores and Alzheimer's - 2

Vaccine trial - 2

Herpes simplex research: the how -3

Herpes simplex research – the why? What does this mean for you? - 5

Dr John Green's "Question and Answer" session - 7

7 steps to a happier you - 10

Greens for health - 11

News from the office:

The man who paid too much - 13

Conference with Anna Soubray and Dr Janet Wilson - 14

Dates and Mates - 15

My Story – Jim - 16

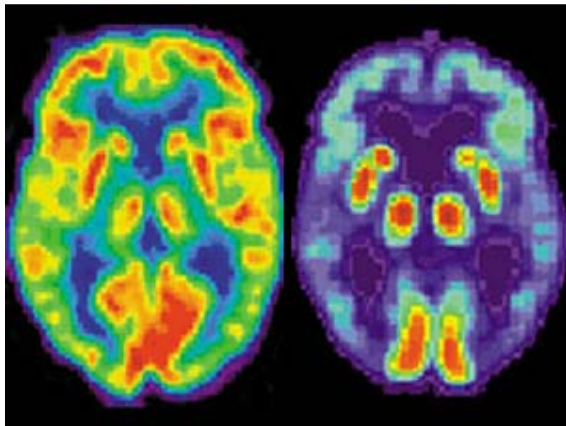
MEDICAL MATTERS

Cold sore DNA found in brains of people with Alzheimer's

The Daily Mail recently reported that the cold sore virus "may be one of the main causes of Alzheimer's disease". Researchers have found that the herpes simplex virus type 1 (HSV1) could be present in up to 60% of Alzheimer's cases. There is a suggestion that existing cold sore drugs could be used to treat the condition.

The news coverage could be interpreted to mean that people with facial cold sores will develop Alzheimer's or that infection with the cold sore virus alone could cause Alzheimer's. However, this study was not set up to investigate these questions.

The study found an association between HSV1 in the brain and brain plaques in six brains with Alzheimer's and five normal elderly brains. It also found more viral DNA in the plaques from Alzheimer's brains (90%) than



Healthy brain on the left, a brain with Alzheimer's on the right

plaques from normal brains (80%). The researchers also found that 72% of the viral DNA in the brains of Alzheimer's disease patients was in plaques, but in normal people only 24% of the viral DNA was in plaques - more of the viral DNA was associated with plaques in Alzheimer's disease compared with normal people.

The researchers highlight possible differences between people who get Alzheimer's and those who do not: possibly people who do not get Alzheimer's produce less amyloid (a substance that deposits in the brain and is implicated in the formation of brain plaques), or are better at clearing it.

The results may support the involvement of HSV1 in the formation of plaques in the brain, but there is as yet no indication why some people develop Alzheimer's while others with brain plaques and HSV1 do not. The success of using in situ PCR [a DNA test] to investigate latent (or hidden) infections is an important finding, which could prompt more research.

Larger laboratory studies, and (more importantly) animal and human studies will be needed before it is known whether this avenue of research will result in a practical application for preventing Alzheimer's.

In many ways, this research poses more questions than it answers. Facial cold sore infections are so common that we would expect most Alzheimer's patients to have been infected with HSV1. Other agents may be required before HSV1 becomes part of the picture, but we do not know what they might be. Lifestyle, diet, stress or hormonal imbalances may also feed into the process and perhaps the HSV1 involvement is a consequence of having Alzheimer's and not a cause. There will need to be a lot more research before we have a proper understanding of the relationship between HSV1 and Alzheimer's.

Vaccine trial on Immunovex which has completed a Phase 1 trial

The new owners of BioVex Ltd are Amgen, a US company. The Amgen PR person in the UK assures us that Amgen will be publishing a report on the phase 1 trial as soon as they can. She says they are committed to following the requirement that all clinical trials are reported to the public, and she will contact our office as soon as she has any news.

Is there any research on herpes simplex? Yes there is!

Many companies sell “Research and Markets” reports – one of them earns its living by producing over one and a half million reports on every conceivable area of the stock market. These are sold to people or companies who are thinking of investing and want an in-depth report in a particular field.

This is the overview from one such report:

“The Herpes Simplex Therapeutics Market is Forecast to Show Modest Growth until 2016

The global herpes simplex therapeutics market was worth approximately \$2.9 billion in 2009. In 2001 the market was valued at approximately \$1 billion and it grew at an approximate Compound Annual Growth Rate (CAGR) of 14% from 2001 to 2009. The global Herpes Simplex therapeutics market is expected to reach \$6 billion by 2016, growing at a CAGR of 11.1%.”

We researched the items/companies on this report, including the products currently available for herpes simplex, the products being researched, the companies doing the research, etc. There are 38 companies working on – or working with – the virus, with a total of 40 products. ‘Working on’ will include early stage laboratory activity (such as the first Medical Matters story above) as well as products such as the vaccine which has completed its phase 1 trial (second Medical Matters story above). The ‘working with’ can mean that companies are using modified herpes simplex virus to treat cancers (as reported in *SPHERE* 27/2) and this kind of research has been omitted from this report.

Old drugs

See full details of how these drugs work in our ‘Antiviral Therapy’ leaflet. Some of these trials involve slightly tweaked versions – e.g. different adjuvants/ligands – in order to see if this will improve their bioavailability. This is desirable because of the difficulty our bodies have in ‘holding on to the drug’ so as to use it 24/7:

- Four research projects involving aciclovir (Zovirax)
- Three on valaciclovir (Valtrex)
- Three on famciclovir (Famvir)

New drugs

A helicase-primase inhibitor has been ‘coming soon’ for many years. This compound works differently from the current three antivirals (old drugs) and this will make them very useful for the few people who don’t find the current drugs helpful.

- AiCuris spun off Bayer Healthcare AG in the beginning of 2006. They reported on their Phase-II trial for AIC316 in July 2011: the trial was “a *double-blind randomized placebo controlled dose-finding trial to investigate different doses of a new antiviral drug in subjects with genital HSV Type 2 infection*” said Dr. Burkhard Timmler, Associate Director Clinical Development at AiCuris. Professor Anna Wald from the University of Washington confirmed that this new drug showed “*an excellent antiviral efficacy in humans, a clear dose response and an overall good safety profile.*” Dr. Marie Paule Richard, CMO of AiCuris comments “Encouraged by this data the planning and preparation of the Phase 3 program is now underway with high priority”.
- The Astellas Pharma US helicase-primase product, ASP2151, completed a phase II trial this year, and it showed similar efficacy to the old drugs.
- BioAlliance’s Sitavig completed a phase III trial in 2009. Sitavig is a mix of aciclovir and lauricidin. The idea is you only need to take one right at the start of an outbreak to prevent it. It is a tablet that sticks to the side of your mouth and slowly dissolves.

Creams

- NanoViricides Inc is working on an idea called HerpeCide-I. This is a skin cream formulation for

herpes cold sores and genital warts. The nanoviricide® technology permits direct attacks at multiple points on a virus particle. It is believed that this leads to the virus particle becoming ineffective at infecting cells. Antibodies, in contrast, attack a virus particle at only a maximum of two attachment points per antibody.

- Blistex/Abreva (containing docosanol) claims to work by “strengthening the healthy skin cell membrane”; this may work like Loma products.

Also runs – and less impressive:

- Penciclovir/Fenovir/Denovir/Vectovir – a cream based on Novartis’s famciclovir (not rated by our advisory team, but praised by a dentist!)
- In 2008, Simplivir – a cream with which CytoGenix Inc was planning to do a phase I safety trial. No news since.
- In 2007, Osel Inc reported that their MucoCept Platform involves a genetically altered bacterium, *Lactobacillus*, carrying a gene of interest. It could be inserted vaginally where it takes up residence and turns into a local drug factory. The system can be used to produce biologically active antibodies, peptides, and vaccine antigens – in this case it could target HIV and also herpes simplex virus and human papilloma virus.
- Herpid (idoxuridine) is still listed – although it has not been used for a long time.
- Viroxyn contains 7.5% benzocaine, a pain reliever like lidocaine – a small trial found lidocaine aborted half the outbreaks and shortened the rest.
- Orajel too is a benzocaine treatment – see above.

Vaccines under development

- HerpV vaccine from Agenus was expected to go through a Phase II trial in the US this year. It would be given to people with type 2 to see if it stops shedding between outbreaks. No report on this yet.
- ImmunoVex has completed its safety trials (Phase I). We are waiting for Amgen to decide whether it will invest in efficacy trials.
- JuvarisBiothermatics’ JVRS-100 adjuvanted vaccine has demonstrated substantial and long-term protection in the guinea pig HSV-2 infection model, the established standard for assessing pre-clinical efficacy. There’s not been a human trial yet.
- Genocea – working on two vaccines (one for treatment and one for prevention). It hasn’t reached the stage of trials in humans, but they’ve partnered with several companies and raised \$35 million, which means that the investors believe their products will prove to be useful.
- Longtime readers may remember reading about PowderJect. This UK company was taken over by

Chiron Corp (US) in 2003, which was taken over by Novartis (Switzerland) in 2006. Since then there has been no further news of this vaccine.

- The GSK vaccine is still listed by “Research and Markets” - although their vaccine has been shelved. It was only helpful to women, and then only gave as much protection as having had a type 1 infection in the past. The company withdrew it.
- Oddly, injections of foscarnet (Foscavir) or cidofovir (Vistide) which are indicated for a herpes virus that causes glandular-fever (cytomegalovirus), is sometimes given for herpes simplex in severely immunocompromised people.

Microbicide gel

- Starpharma Holdings Limited’s lead pharmaceutical development product is VivaGel® (SPL7013 Gel), a vaginal microbicide designed to prevent the transmission of STIs, including HIV, genital herpes and bacterial vaginosis. Starpharma has a licence agreement with Ansell Limited to develop a VivaGel®-coated condom, and a licence agreement with Okamoto Industries Inc in relation to the VivaGel®-coated condom for the Japanese market. Okamoto is the market leader for condoms sold in Japan, the world’s second largest condom market. Since nonoxynol-9 was withdrawn from the market, we have been hoping that there would be a gel/cream that we could apply to kill off any virus present on the skin surface. This one could be one we could use.
- Amazingly, Tenofovir – the ingredient in HIV/AIDS pill which is also marketed by Gilead Sciences under the trade names Truvada and Viread – has been looked at as a treatment for herpes simplex (as well as HIV) in a gel formulation. This is a pretty large gun to bring to bear on a minor virus: it can have major unwanted effects.

More

To give you an example of the reports that keep on coming! These media releases are designed to ‘big up’ the companies. It will be a while before any of these reach the stage of testing on people.

Aug 15, 2012: Genocea Initiates Phase I/IIa Study With Therapeutic Vaccine Candidate For Herpes Simplex Virus-2 Infection 130

Aug 07, 2012: AiCuris To Present Data On AIC316 At International Herpesvirus Workshop 130

Jul 26, 2012: BioAlliance Pharma Receives US Patent Covering Sitavig 131

May 22, 2012: Vical Publishes Preclinical Results Of Herpes Simplex Vaccine In Journal Of General Virology 132

Oct 05, 2011: BioAlliance Submits Sitavir European Registration Dossier Through European Decentralized Procedure 13

Why are companies looking for new herpes simplex treatments when the ones we have work so well? What does this mean for you?

On pages 3 and 4 you will have read that the therapeutics market for herpes simplex is growing and the quest for vaccines and new treatments continues. You might think that this is obvious and welcome, but take a step back and consider why this virus drives such a lucrative and expanding market.

The background

Herpes simplex (on any part of the body) is normally a self-limiting condition – in other words, there may be a pattern of recurrent symptoms but usually the immune system deals with it so well that most people (80%) are not even aware that they have it. Many of them get minor, unrecognised symptoms, but they are not bothered by them. Most of the 20% who have been diagnosed get little more than an occasional itchy spot but some of these people are ‘bothered’ for reasons that have little to do with the physical symptoms. They are worried about transmission to new partners and are interested in treatments that will eliminate this risk or make it less likely.

In other words, they have symptoms that are so slight that they do not really need to use drugs to deal with them. However, they believe that they do need medication because they have been so terrified by drug company inspired ‘diseasemongering’ that they believe that they are walking disaster areas who need extra help to suppress a common virus in case the unthinkable happens – that an uninfected partner – one of the minority who does not have herpes simplex yet – should catch it from them and notice symptoms.

In this way, new companies take advantage of the stigma we have inherited from the time of the original aciclovir marketing campaign.

(Some people do have physical symptoms that are a problem and they may require new treatments or better ways of using existing ones. If you need advice, contact the office. We may be able to help you to control your symptoms.)

People who need effective treatment should be getting it - it already exists and it is cheap. Nevertheless, new investors continue to fund research into finding new ways to deal with a common condition that is seldom serious.

Why is this?

There are several reasons for the growing market and the continuing interest in new herpes simplex treatments:

1. The patents on the existing drugs: aciclovir, valaciclovir (Valtrex) and famciclovir (Famvir) have expired or are about to run out. This is good news because competition should drive down prices and increase availability. This also paves the way for new (still under patent and therefore more expensive) treatments for those who can afford them.
2. More people are being diagnosed. This does not necessarily mean that more people are catching genital herpes, but better testing and shorter waiting times for clinic appointments has led to people being identified who otherwise would not have been diagnosed. In England, since autumn 2006, a 48-hour target for clinic appointments has made a big difference.
3. New markets around the world are growing as living standards rise. Increasing affluence and the growth of the middle class in countries such as India, China, Brazil and parts of the Middle East has led to a ‘Westernisation’ of the culture in these countries.



More people now have the lifestyle and income to be able to 'afford' to worry about infections that they would previously have thought too trivial to treat. A burgeoning media – television, print and internet, is able to supply the health information required to stimulate the demand for treatments.

4. The Internet allows the hype to be ramped up. The original hype of thirty years ago has been reinforced and taken on a new lease of life as the internet has become ubiquitous. Pharmaceutical companies are no longer alone in trying to scare people who may not need treatment (because they don't have symptoms) into demanding it (because of the fear of infecting others). Patients can now do it to each other via forums and chat-rooms. This is all good for sales.

What does this mean for you?

The good news is that it should become easier to get hold of safe, tried and tested, effective antiviral treatment if you need it. New and better drugs, and possibly vaccines, may appear but they take a long time to get to market – and sometimes they are not significantly better, they are just more expensive.

Despite the hype and the misinformation, we are lucky that for more and more people, troublesome genital herpes recurrences are getting easier to control as more doctors become familiar with the latest guidelines and treat their patients properly.

This does not mean that everyone who is diagnosed should expect to take drugs all the time. Most people who have herpes simplex are not diagnosed and do not take drugs. Most people who have occasional minor recurrences do not take drugs. Consider how frequent and how severe your symptoms really are. The fact that you are reading *SPHERE* means that you might be one of the unlucky ones who does tend to get frequent and painful episodes. Or you may be in the early stages of a new relationship when preventing outbreaks is particularly important.

How, when and whether you treat depends on how you feel, where you are, and what sort of symptoms you get. Treatment is not usually essential – symptoms go away by themselves – but in some cases a course of tablets can be a lifeline. You should feel in control and medical professionals should help you to get in control if you need more help. Call the office if this article has made you think and you need more advice.

Nigel Scott



Elagen
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Dear HVA Member,
Elagen and Olive Leaf Extract are the flagship products of Eladon Ltd. They are natural, high quality supplements that have proven in studies with the Herpes Viruses Association to be an excellent way to prevent and treat outbreaks of the herpes virus.

Much of the research into the use of Eleutherococcus Senticosus and studies into the natural benefits of the Olive Leaf are available to read on our web-site: www.elagen.com.

You will find information and testimonials on the enclosed order form, along with full details of our specialist range and special offers. Don't forget to take advantage of your discount as a HVA Member!

Marian and Nigel are very knowledgeable about the benefits of using both Elagen and Olive Leaf Extract, but if you have any further questions, please do not hesitate to get in touch.

**Yours in health,
The Eladon Team**

Special discounted price for HVA members:

Elagen
60 caps
£18
+ Free P&P

(Usual price £21.12 + £2.70 P&P)



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Dr John Green, the speaker at our last AGM, is chief psychologist for Central and North West London NHS Foundation Trust.

He knows about people who have mental health problems; but more than that, he is an advanced student of human behaviour. He understands society and how people may be judged in an instant, usually wrongly. He knows how a diagnosis can affect people.

In his talk (see it in *SPHERE 27/2* - send £2 for a copy), he challenges common misunderstandings about sexuality and asks us to grow up a bit and not be afraid of feeling good about ourselves.

Dr John Green says: “Pick up the cards and play the game. You might be depriving that person of the partner that they deserve - YOU - by not seeing them.”

At the end of his talk, Dr Green answered our questions:

Question: If you get your head around it yourself, what do you do about all the other people out there who haven't got their heads around it that you are talking to? Those who perpetuate the myth?

John: There is a real problem of prejudice. One of the difficulties is the circularity. A lot of people have STDs but they think no one else has, that no one they know has it. This isn't true and a lot of their friends probably have it too.

The main issue with herpes seems to be about telling partners but our research shows that it is extremely unlikely for a person to be rejected because they have herpes. Because if you are looking for a partner then there are a lot of things that are a hell of a lot worse than having herpes:

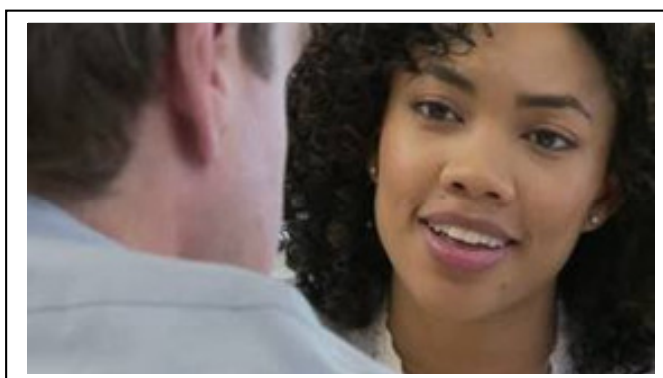
It wouldn't be in my top 1000 issues in choosing whether this person will make a good partner or not.

The advice I offer is that it is better to get to know someone first and then discuss it with them. There are hypochondriacs in the world, there is not much you can do about

them, just don't go out with them. If someone is going to reject you on the grounds of having herpes then they are probably not an ideal pick anyway.

Society has funny ideas about sex. There just are still huge sensitivities around sex.

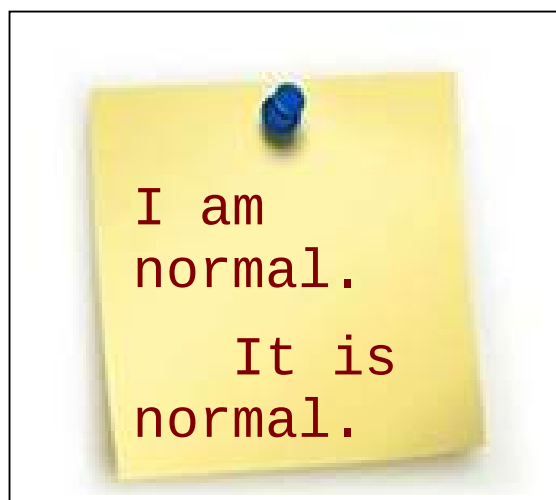
Nigel: John has summed up in a few words what we are always telling people on the helpline. Perspective is everything. Herpes simplex doesn't really matter. If you think it does, you need to change your thinking; if your partner thinks it does, you need to change your partner.



Marian: Remember what John said earlier - everyone at some time will come through a sexual health clinic. Let's tell people that! As part of sex education let's tell young people that they will probably get something at some point; this is what it looks like, these are the treatments; this is what to do about it. Rather than instilling an idea that sex is naughty and you must be good otherwise this nasty thing will happen to you.

John: This is what the Dutch do and they have a low rate of teenage pregnancies and STIs. We don't like to mention sex to children unless they want to go out and do it. Yes, we should teach all this in schools.

Question from a woman: What do you do about the creeping doubts? When I hear you now I feel fine, but as time goes on I forget and then just end up thinking that I will never have sex again. Could I put post-it notes up with positive messages on them?



John: Post-it notes are a good idea. Even if you're not feeling like it, behave like it. You will start to feel better. The reality is that it is generally difficult to meet people, especially in London, which is why internet dating is huge. If you are going to have a partner there are so many worse things to have than a minor skin infection. If you can explain to people the reality of herpes then it doesn't sound too bad.

You cannot make a judgement about someone based on a skin infection.

Anna: It's not just a skin infection, it's about your whole being and how it makes you feel.

Marian: The virus does not cause depression and gloom. The idea that we have in our head about herpes can give you depression and gloom.

John: Keep in mind what is actually correct. What the reality

is. Shift your own thoughts. This is the best start. The first move is that you know the reality and then you do what you can to share your understanding. Plough on and don't let it get you down. The reality of the situation is that most people with herpes live entirely successful and full lives. The only option is to carry on. Start from your positive thoughts that are real about the world. What the Daily Mail says isn't rational. It isn't the reality. Start from the reality. Someone in the room: My positive thoughts come from the fact that I've told people and have positive responses. Herpes has made me more discerning about people - but it means that when you then decide to take the risk with someone, and you don't get rejected, then you will feel better.

Marian: A survey of our members found that only one man in nine dumped one of our ladies, and only one woman in 20 dumps a male member. Women often say it made them like the men better, they got brownie points. Our experience is that you won't get rejected. Don't sit there imagining you will get rejected. We know the truth.

John: Get to know the person and decide whether you want to tell them. If you don't, dump them. Churchill said: ***"There have been lots of terrible things in my life, most of which have not happened."***

This sums it up. Things often don't turn out as badly as we think they will. There is a risk of rejection. But there is a risk whether you have herpes or not. What is the other option? To sit at home alone? You have to take a risk.

Nigel: If you do nothing, nothing happens. If you do something, what have you got to lose? The worst case scenario is that you will be no better off than if you had done nothing.

Marian: Often the person who is infected is more anxious about it than their partner. Even when their partner has said 'it is fine', it is they who are still too scared to have sex.

Question: Can a lady infect her baby giving birth?

John: Here, this is almost unheard of; it is more common in America. Mothers pass on the immunities they have to their babies. It's not something that is going to keep me awake at night. Really, it is not a problem.

Question from a woman: If I wake up with an outbreak after sex, was the outbreak a result of the sex?

John: No, the outbreak would have started about four days before. It takes time to build up. You can't provoke an attack the following morning. But sex may provoke more episodes in general because of the friction. We think the friction probably does increase frequency of outbreaks. But you wouldn't be having as much fun!

You can use lubricants, this might reduce the friction. We don't know. There isn't research on it but the lube seems to work for some people.

Nigel: Dr Colm O'Mahoney hands out lube to patients because he thinks that this is often better for preventing outbreaks than taking antiviral tablets. If you think sex/friction/ soreness is part of your problem, this is worth trying. Use ID Millennium brand or similar silicone-based lube.

John: People give mouth-to-mouth. Most people get cold sores on their face from their granny and yet you can catch brain damage from the cold sores you get on your mouth. Medically it is far better to get it on your genitals.

It is possible to pass herpes on, otherwise it wouldn't be common. But life is an uncertain business and if a man knows where he stands is he really going to forgo seeing you for a bloody spot? Pick up the cards and play the game. You might be depriving that person of the partner they deserve - YOU - by not seeing them.

There are societal values about women's sexuality. Women suffer the pressures of living up to certain standards.

Women are uniquely expected to live up to hypocritical ideals of our society. It is most unfortunate that we have made such little progress regarding women's sexuality. There is this idea that women are innately monogamous and men are innately polygamous. This isn't grounded in anything. Prejudices have very little relation to reality.

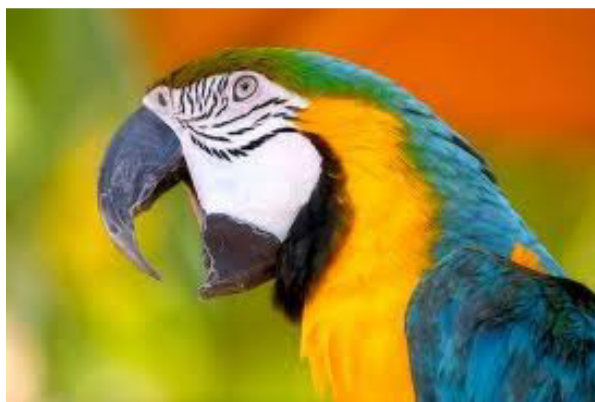
This is what my talk has been about. I am encouraging you to look through the screen of nonsense and try to see what is actually there. We need to be aware what a lot of nonsense there is.

We thanked Dr Green with loud and long applause.

Instead of post-its (see above article) you could buy a parrot and change your life!

Some of our longer lasting members may have noticed our oft repeated mantra: "Don't worry, it's only a cold sore - no reason to let it to change your life". "It is normal to have this – by age 25, more people have it than don't" (But most don't know...) We know that this vital truth will only get through if it is really hammered home.

In marketing and advertising it is a well known rule of thumb that a message needs to get to people eight times before 30 per cent of them will even remember having seen or heard it. So if we are ever going to convince 100 per cent of you that you should live a normal life you need to be told 24 times - or buy and train a parrot and save on membership fees!



Get off to a good start this year:

These two articles are not directly herpes simplex related, but they give important advice for the mind and the body – get your head straight and eat healthy food. It makes a difference – we know!

Seven steps to a happier New Year – get going in 2013!

Richard S Carlson, is the American author of *You Can Be Happy No Matter What*. Are you less than enthusiastic at the thought of reading yet another personal development guru? You may find that his books are wonderful - practical, perceptive and inspiring. One key piece of advice he gives is 'treasure yourself, you're precious'. That's such a difficult thing for most of us to do, but valuing yourself is the key to valuing others and creating good and enduring relationships. So my wish for you for 2013 is that you all start to treasure yourselves. To set you on the path, here are some of Richard's guidelines for living well.

Live in the present

Many people spend much of their lives regretting what's gone and worrying about what's to come the word 'resentment' (literally means 're-feeling'.) When you find yourself doing this, simply bring your attention back to the millisecond that you're living right now. Your body and mind will unite and that brings an instant feeling of peace. Living in the present also allows you to be wholly with the people you're with and/or what you're doing so that you can make the very most of it. That's also something that others really notice and appreciate.

Don't try to change others

Accept that you can only change yourself. You can inform others, but you can't force them to change. If they are sympathetic and understanding they will meet you half way. If they will not, cut your losses and find someone who will. This applies to herpes simplex as well as everything else. Changing people's minds can be done, it is different from changing their personalities.

Bear in mind that you are not in charge of changing the whole stigma situation, you just have to tell one person who already likes you about this and how it affects them. Lots of people find that when they start telling people they find that a lot of their friends also have it.

Think happy

Your happiness levels may seem to go up and down with circumstances, and that is true to some extent. But your own thoughts are the biggest factor dictating how you feel. The way we think about someone or something influences how we feel. Tell yourself that you'll have a happy day and you will - even if there's a mountain of problems in your path. Think optimistically about recovering from illness, and research shows you will do better. The trick is to recognise negative thoughts but not let them overwhelm your life: when they occur, look for a more positive way of seeing things, of changing your thought pattern. You might be feeling low one day and

think, 'I'll never finish this project' or, 'this relationship will never work out'. If this 'thought attack' goes on, it may spiral out of control and you'll give up - or at least waste time and energy worrying. Start thinking, 'I know I can do this' - and, 'there is no reason why this relationship should not work well for both of us' - and you stand a good chance.

Don't live in the problem, live in the solution

We become accustomed to thinking, talking and living with what's wrong. If we think about solutions, we start thinking positively. When you're facing a sticky situation of any kind, confront it and work out what would make you feel better. Emotional situations are usually much more difficult than practical ones, but focusing on the healthy parts of a relationship gives you a constructive perspective to start from.

Take time to be grateful

Appreciating all the good things, big and small, 'colours' your whole being. (It has also been shown to boost your immune system.)

Understand your moods

Up, down, up, down — our mood levels oscillate like a seesaw. just when it seems as though life is going smoothly, bam! Our mood level drops and everything seems rocky again. Sometimes everything seems hopeless, then our mood lifts and everything's sunshine once more. For some people, these shifts are slight, for others, extreme. They vary for all sorts of reasons including hormones, tiredness, hunger, the weather and, of course, how relationships are going. When you're in a high mood: life looks good, you have perspective, relationships flow, communication is easy. In a low mood: life seems hard, you think people are out to get you and you take things personally. Most people have their most serious discussions when their mood is low - and that's one of the core problems in relationships. So don't react or make decisions until the low mood passes. just keep putting one foot in front of another - and don't get hungry, angry, lonely or tired.

Connect with other people from your heart first, head second

Be open, straightforward and truthful. Appreciate what others do and feel. They need the same thing as you - love. Be sure that 'the people in your life know that they are lovable and loved.

To Be Green, Eat Green

Discovering the benefits of leafy vegetables – you will be healthy and look great in time for Valentine’s Day

by Starre Vartan, a freelance writer and food columnist

As a kid, the only salads I liked came from my grandma’s organic garden: give me glossy bright leaves of romaine and curly leaves of chicory along with fresh tomatoes and I was in heaven. At restaurants I was always disappointed by salads: anaemic-looking iceberg lettuce was hardly appetizing to a young gourmet—or many other people for that matter

Fortunately, the lame, limp lettuce that used to be de rigueur even in better restaurants has gone the way of legwarmers and shellacked hairdos. Today a plethora of lettuce types are easy to find in your supermarket. Even in fast-food restaurant salads, the better greens are showing up.

If you’re all grown up and still wince at the thought of dark leafy greens, it may be because you haven’t found the right ones, or the right preparation. There are enough different greens and enough ways to prepare them that they can find a place in any menu, from protein-loving to low-fat to raw to, of course, vegetarian or vegan. Greens are too delicious to miss, and their health benefits too great to overlook.

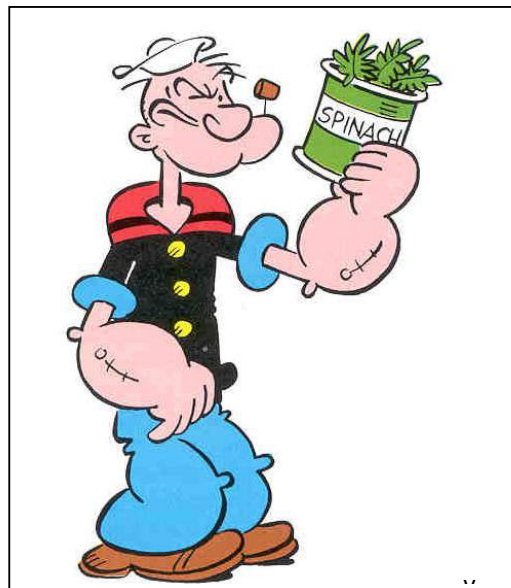
Popeye Was Right

There’s a reason wheatgrass is a very popular additive to fresh juices (or consumed in a “shot”): greens are packed with nutrients, especially vitamin C, calcium, folate, lutein and beta carotene. Just a cup of cooked spinach and Swiss chard contains more than a third of the USDA daily recommendation of iron for women and half the recommendation for men.

Cynthia Stadd, a New York-based holistic health and nutrition counsellor, says, “Green vegetables are the food most missing from modern diets. They strengthen blood and immune systems, prevent cancer and fight depression naturally.” The fibre in raw greens will keep your digestive tract moving, and many natural-health advocates report that greens are energy-giving foods, increasing mental clarity and sustaining energy. Instead of that afternoon cup of coffee, try some greens in a lightly flavoured broth.

You may find that the greens keep you going longer than a temporary caffeine buzz would.

What may be surprising to some is that many scientists say cooking certain greens actually makes them healthier, as well as tastier. Holistic health expert Dr. Andrew Weil explains, “Raw spinach, chard and beet greens contain oxalic acid, which robs your body of calcium and iron. Members of the cabbage family also contain toxins. In general, these natural toxins are destroyed by cooking, especially cooking in water. But never overcook foods. That will lower nutrient content and cause other undesirable changes.” Also, making sure you eat a variety of vegetables is a simple way to make sure you’re not getting too much or too little of any one toxin or nutrient.



The main distinction among greens comes from lettuces vs. “cooking greens,” although some are great both cooked and raw, such as rocket, spinach, cabbage and chicories. Various lettuces obviously make great salads, and now, organic, ready-to-eat packages are available if you don’t have time to rinse, dry and cut up your lettuce. Organic lettuce is worth spending the extra money on, since it often tastes better, and since conventional lettuce leaves are sprayed directly with pesticides and herbicides that can be impossible to get off.

Lettuce

Since the early 1990s, lettuce varieties from all over the world have gradually been added to supermarket shelves, and seeds for heirloom and hybrid lettuces are readily available. If you would rather mitigate the



environmental impact of long-distance shipping of produce, consider that greens are some of the easiest veggies to grow, and even in chillier climates can be grown from early spring well into fall.

Butterhead lettuces (also called round or cabbage-type lettuce) have the softest leaves, a delicate flavour, and are extremely easy to grow. Georgeanne Brennan, author of *Great Greens* writes, “Butterhead lettuces come in colours ranging from light green to dark red, and the darker ones are the more nutritious, being richer in chlorophyll, beta-carotene and folic acid.”

Loose-leaf lettuces are marketed as red or green leaf and are an umbrella term for a huge variety of lettuces, from the mundane to the exotic. Romaine lettuce is one of the most and holds up well during shipping and in the fridge. Both Romaine and loose-leaf lettuces are best paired in salads with other vegetables and flavours.

A mix of field greens, rocket and chicory makes for a salad full of flavour and texture. This is one of the most popular pre-packaged salad mixes, and it’s best eaten as fresh as possible. Look for brightly coloured leaves and watch out for yellowing.

Cooking Greens

Chard, or Swiss chard, comes in three types (sometimes packaged together as “rainbow chard”) including red, white or yellow and green, all of which have similar flavours. Chard is almost always tastiest cooked, and it cooks quickly because of its relatively thin leaves. It is particularly high in iron and magnesium.

Kale has thick leaves and is a slow cooker, taking twice the amount of time as chard to reach edibility. It has a very earthy, mustardy flavour, and works best when incorporated into a soup or pasta, though if done right it can be delicious when cooked with just some garlic and olive oil or curry. Collards, the famous Southern

specialty, are in the same family as kale and both are very high in chlorophyll, a cancer-fighting ingredient.

Endive/chicories provide a diuretic effect, and are known for their bitterness, which is best paired with a dressing that will complement the flavour. Especially popular in Europe, the tender inner leaves are great raw, and whole heads can be stir-fried or steamed. Dressing should be added when it’s almost done cooking.

Cabbages come in both Asian and European varieties. The Asian variety has a looser head, and includes bok choy, a favourite in Eastern cooking. Asian cabbage is usually used in soups or stir-fried (but is easy to overcook, so be careful). European cabbages form dense heads and come in a pastel rainbow of colours. These varieties are often used for making coleslaw and other cabbage salads. The heads can be cut into quarters, braised and topped with dressing or sauce.

Spinach is America’s most popular dark leafy green, and is very high in calcium and iron, though these nutrients are best absorbed by the human body when the leaves are cooked. If you are new to trying greens, spinach is a good variety to start experimenting with, since it is relatively mild and the flavour will be familiar.

According to the website www.wholehealthmd.com, “If possible, use the cooking liquid from greens in a sauce or add it to a soup. A significant percentage of the nutrient content of greens is released into the liquid as they cook. Cooking greens quickly will help preserve their colour as well as their nutrients.”

A foolproof method for cooking almost any green, and a good way to get to know how to cook the different varieties, is to rinse, remove any tough stems, then pull apart the leaves into hand-sized pieces. In a wok or large pan add about two to three tablespoons of olive oil and some crushed garlic, and throw your leaves in over a medium heat and toss with the oil. Cover and let cook for five to 20 minutes, depending on the greens. When they look to be thoroughly wilted, try them for taste. When they’re done, add some salt and pepper, and some tamari (soy) sauce or balsamic vinegar for a light and healthy taste sensation



Tales from the helpline: The man who paid too much

We are often asked by helpline callers whether we can recommend a good private clinic where herpes simplex can be diagnosed and treated. The answer is no. Private clinics may offer shorter waiting times and more comfortable chairs, but they have nothing to offer that is not available at your local genitourinary or STI clinic via the good old NHS. True, some doctors are more sympathetic than others, and some are better informed about certain conditions, but going private is no guarantee of an improvement in this area. Our GU clinics are one of the great unsung successes of the NHS and long may they thrive.

A helpline caller in March had a strange tale to relate. He had blemishes on his penis and for some reason did not wish to see his doctor or visit a clinic. He therefore arranged to visit a private clinic after noticing an advertisement in the Evening Standard.

The clinic arranged a series of tests, costing him a total of £500, and followed this up with a course of treatment

at a further cost of £1,200. He was left bewildered and confused about the nature of herpes simplex, as well as being considerably out of pocket. A call to the helpline relieved some of his concerns and we were able to tell him that further confidential advice and treatment could be obtained from his local NHS GUM clinic at a large saving to his pocket.

Another bloke was taken in by the on-line advert that suggested a urine test would tell him what STIs he had – and they included herpes simplex in that list. As most of our readers will know, herpes simplex can only get into your urine if there is an open sore in the urethra, so that urine flowing over it can pick up some virus or viral particles, but herpes simplex is not normally found in bodily fluids so a negative urine test is not much use. He paid nearly £200 for a pointless test.

**Moral: NHS clinics are excellent.
Avoiding them can be expensive.**



You could do this – no, not be President – be a helpliner!

Help people the way we helped you. We give training at our office. You take calls from home at times to suit you. All you need is a landline, a friendly and non judgemental attitude and a little spare time. Give something back. Call Marian or Nigel on 020 7607 9661 to arrange. Simple!

Conference on the future of sexual health services

I get about a lot. I was on the site of Henry VIII's private bed chamber in the Tudor wing of old Whitehall Palace adjoining the Banqueting House, the only part of the Palace to escape destruction by fire in 1698.

It is now a conference centre (61 Whitehall) where Westminster Health Forum held a half-day seminar – I asked for, and got, a free ticket.



New Public Health minister

The guest of honour, Anna Soubay, MP, who is now the Under Secretary of State for Public Health, was previously a journalist and also a criminal barrister.

Her previous experience in law has given her a sound grounding in human nature which we hope she will use in the arena of sexual health. A common sense and



realistic approach is far more likely to work than a repressive and prudish one.

What you need to know

The topic that I think is most relevant to you was: how will the new Local Authority commissioners 'buy in' GUM services? From whom will they commission (buy/order) them? Already Virgin and Serco are providing the sexual health departments for some parts of the country. [I was told that these services are crumbling as staff leave them because of the poor working conditions and they look for posts back in the NHS! But don't quote me on that!]

Clinic staff are very worried about GUM services

Doctors like to make people better. They are concerned that the commissioners ('buyers') won't appreciate the importance of sexual health and, as you all realise, not many people will be complaining if/when they cannot get an appointment at a GUM clinic.

The president of the British Association of Sexual Health and HIV rushed over to me in the coffee break. Dr Janet Wilson said she was delighted to see me at this event since we are the only charity that represents patients, outside the HIV community. She wants us to alert you and visitors to our website on how we can all help ensure that sexual health services get taken seriously and allocated the funding that they need.

An indicator that could be helpful in ensuring a good STI service is to continue offering a 48-hour access. (That means you get to see someone within 48 hours of deciding you need to.) Since the end of 2006, the government has required GUM clinics to offer access within 48 hours. Services have improved so much that this has been achieved 98% of the time. Now that the government is telling Local Authorities to organise sexual health services on their own, the 48-hour access requirement will cease. If you want to help ensure that 48-hour access continues, you will find a letter on our website that you can download and fill in to send off.

It's at: [www.hva.org.uk/letter to LAs.html](http://www.hva.org.uk/letter_to_LAs.html)

Marian Nicholson



Dates and Mates



A while back, before internet dating, when Time Out was the most popular listings magazine, a female *SPHERE* reader put an ad in TO's Lonely Hearts page, mentioning 'herpes' in her ad. She got 22 replies – some from people with 'h'... But the fact that you need to take on board is that half the men replying said "I don't have it, but it's no problem". And that was when the stigma was (if anything) greater!

START HERE:

CUMBRIAN MALE, 41, 6'3", average build, attractive, short dark hair, blue/grey eyes, GSOH, honest, sensitive and caring. Enjoy keeping fit, good restaurants, sunshine holidays, 80s music, cosy nights in and good conversation! Looking for a soul mate aged 30-50, with GSOH, easy going, kind and caring, slim average build. Photo appreciated Call Jez on 07786 687 451; or email jezwhiting@gmail.com; or write to box WM/92442/J

Muslim FEMALE, 36, 5'2", Bengali, n/s, n/d, divorced, single mum, honest, caring and kind. WLTM n/s, n/d, Londoner (or surrounding areas); divorced/widowed/single dad welcome. Looking for a well-grounded person, who is thoughtful & understanding with brilliant inter-personal skills. Hope to be with a truthful & like-minded individual & a great role model. Seeking a fun-loving & faithful relationship. I like to walk, keep fit, cook & host and love having good conversations. I would like to marry someone who would appreciate my role as a mother. Peace and best wishes to you. Write: MF/4156/C

LAWRENCE, 52, ESSEX. I'm in good shape, nice tan, bald head, divorced, retired. Likes: sports, gardening, boot sales, holidays (been to almost every European country). OHAC. I'm n/s, you can! Shall we meet to see if there's a spark? 07977 238 080 or write WG/92452/L

KENT, EASYGOING & RELAXED FEMALE, 43. Mum of three herberts. Average height/build (unless of course, you live in the land of Skinny Giants). Varied interests – some could be considered geeky... oh now I've done it! One tumbleweed. Wide music taste. Drop a line if you are:- A) Interested and interesting B) Honest and expect it. C) Happy to start with an easy friendship. Box ML/5364/S or skatem@hotmail.co.uk

Hi, I'm 57, female, 5'3", petite, pretty, lovely smile, warm hearted, bright, n/s, living and working in Dorset and often up in London. I keep fit and active on coastal and country walks, sessions at the gym and ceroc dancing; also enjoy evenings at the theatre, cinema and concerts. I miss kisses and cuddles and would love to meet that special man, similar age, for a fun, loving and loyal relationship. If you think we're on the same wavelength then please get in touch and let's see what happens. Magenta2012@aol.com

ATTRACTIVE MALE, 32, dark hair, 6'0", athletic build, near Glasgow. Wicked SOH and great fun to be around. Enjoy wide range of sports, keeping fit, socialising, music., eating in/out and lots more. WLTM a woman between for friendship/possible relationship. Please send photo. Write to Box FG/92461/C or email glaslan47@ymail.com

CHESHIRE FEMALE, 50+ single, slim, active OHAC, work full time; blonde, brown eyes. Friends say I'm attractive, caring, loving and positive. I would love to make new friends, either by email or by phone as I'm quite new to 'h' and would love to move on. Would be great to hear from you (ala) janet99green@ntlworld.com or write to Box GF/5191/J

BUBBLY LADY, young looking 51, n/s, divorced (2 grown-up sons) in Herts. I'm attractive, 5'3", med. build, fair, blue eyes, nice smile. I'm honest, caring, easy-going, trendy and fun. Enjoy cinema, theatre, music, walks, swimming, dancing & cosy nights in. WLTM honest, caring, n/s, male – someone special to share life with. A.I.a. Box YF/3587/S or sharoninherts@hotmail.co.uk

This is how 'Dates and Mates' works:

You can still write to the people on the master list you received when you joined (send SAE for a new copy).

Each new ad is added right away to the end of the master list which is sent to all new members. It remains on the list until you ask us to remove it - or we take it out because you've not renewed and we need the space! Even if your ad went in years ago, each *new* member is reading it.

You can ask us to run your ad again. Make a change in your ad and it automatically appears in the next SPHERE with the same box number as before.

Abbreviations:

- GSOH = sense of humour
- WLTM = would like to meet
- n/s = non-smoking/smoker; n/d = non-drinking/drinker
- OHAC = own home and car
- a.l.a. = all letters answered

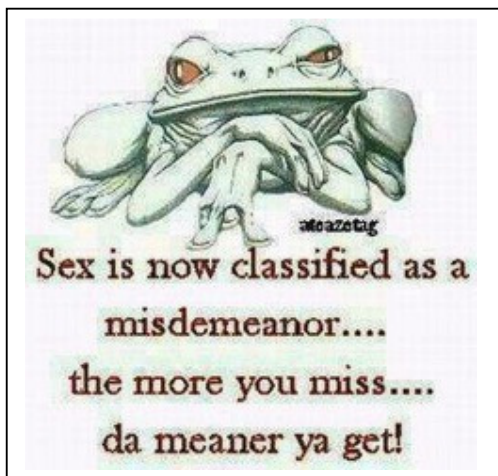
THIS IS WHAT YOU DO:

To answer a letter: write your reply, put it in an envelope, write the box no. on the **back** of the envelope, put that in another envelope and post it to our office. Please enclose a donation to cover our costs. How much? Consider what ads in other papers cost and be generous!

Meeting: When you meet someone from any contacts listing service, be sure to make sensible arrangements. For your first meeting, choose a busy, public place. Do not pass on your home address or phone number until you are comfortable about it. A genuine person will respect that.

PLEASE answer any letters you get, even if it is just to say, "thanks but no thanks" - it is polite. (Think how you'd feel if you wrote and got no answer.)

YOU CAN ASK THE OFFICE TO SAY "no thanks" FOR YOU, IF YOU ARE TOO SHY.



MY STORY

Jim is a sexual health nurse at a GU clinic. As he has genital herpes, he really understands his patients. He sent us his own story:

After the last night of the BASHH Conference in Brighton on 29 June 2012, I decided to inform my partner Kate about my HSV. We had met on www.eharmony.com four months before and were getting on very well. I'd met her children a few times and we got on fine too. I suppose I thought everything would go well as it had done with any previous relationship. Sadly, it was the first occasion when this wasn't the case.

She completely freaked out. She thought I was a danger to her and her children and asked me to leave her home. If I, a Sexual Health Nurse, couldn't explain it to her then I was wasting my time. I asked her to have a look at your [www.HVA.org.uk] website and told that I would call her the next day to talk after she'd calmed down. I was stunned, shocked, hurt, angry all in one. I was thinking to myself "What on earth do I tell my friends and family about my latest disaster?"

Going public

I think some of my friends and family thought I was having an affair, or I was gay, as there had to be a reason why I was single. Well, rather than announce to my 400+ Facebook friends that I was single because "It didn't work out", I decided to tell them the truth. I was sick of hiding the truth and making excuses for unexplained behaviour. So I placed the following status on my account "I have had HSV for many years. Some of you know, most of you don't. So now you ALL do. It does not bother me, I deal with it. On most occasions it does not bother my partners, on this

occasion it did. Hence the reason why I am now single again. I'm just so bloody sick of hiding it, I really don't care any more.

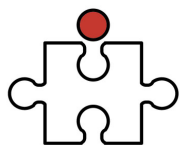
Kate's considered response

The reactions I received were all supportive, and all positive. I think that's testimony to the good friends and family I have. Female friends were more outspoken, two stating their husbands had it and it didn't cause any problems in their relationship. Another friend messaged me to say she'd had it for years and thought I was very brave for telling everyone. Within 24 hours, and after a number of people had posted supportive comments, Kate called to say she'd made a mistake and wanted to try again. The damage was done as far as I was concerned so it was back to singleton for me.

Reflecting on the experience I thought that we were perfectly matched in every area that eharmony had questioned us on. Sadly, they don't ask questions such as "Do you have HSV?" I wondered if this would make any difference? I know it shouldn't. Or should it be a factor in any dating questionnaire? The webworld suggests that we tell all partners, and as far as I am concerned I agree with that. But why not ask the question on all dating sites rather than segregating ourselves on sites such as H-type or Positive Singles? Are we ever going to be able to normalise a normal condition if we keep avoiding the subject?

I don't have the answers, I just know a huge weight was taken off my shoulders when I told everyone, and if I had received any negative feedback, then I guess they'd have not been friends after all. It's reassuring to know I'm a good judge of character where friends are concerned. As for finding the love of my life? I'm still looking.

Jim



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