

## 5 of the best natural deodorants

Few of us would leave the house without using one, but deodorants have acquired a bad reputation in recent years. Studies have linked them to breast cancer because one of their key ingredients, aluminium, has been shown to be carcinogenic. Scientists still dispute whether this is the case, but if you want to avoid the metal there are alternatives to help keep you smelling fresh all day.



1

Lavilin, 12.5g – £15.32

A cream with antibacterial arnica and calendula, and chamomile. Up to seven days' protection, even with exercise or showers. Free of parabens (chemicals that have also been linked to cancer) and alcohol.

[www.vitahealthcare.com](http://www.vitahealthcare.com)

2 Dr Hauschka Deodorant Fresh Roll-on, 50ml – £10.72

Roll-on deodorant that contains sage, witch hazel and zinc to keep armpits bacteria-free. Bentonite clay absorbs excess sweat while the castor-seed oil soothes.

[www.drhauschka.co.uk](http://www.drhauschka.co.uk)



3 Aesop, 50ml – £20

This unisex spray deodorant contains zinc ricinoleate to banish bacteria, as well as 11 odour-neutralising and anti-microbial essential oils, including tea tree, clove and lemongrass.

[www.aesop.com](http://www.aesop.com)



4 Lush Aromaco, 100g – £4.20

A solid cream bar that contains antibacterial witch hazel, lemon, and astringent essential oil of patchouli and chamomile vinegar to soothe and reduce perspiration. Suitable for use all over the body.

[www.lush.co.uk](http://www.lush.co.uk)



5 Faith in Nature, 100g – £3.69

This unscented solid crystal deodorant contains nothing but solidified mineral salts that have been chosen in order to prevent bacteria growth and also to minimise

excess sweating.

[www.faithinnature.co.uk](http://www.faithinnature.co.uk)



# Claw-hand didn't stop Maggie or me

## Broadcaster Sir John Tusa tells of his battle with this debilitating condition

By Angela Epstein

Few things have challenged Sir John Tusa in the course of his distinguished career. Yet as he struggled to fasten his shirt, it seemed the veteran journalist was having difficulty getting dressed.

The former Newsnight presenter's left hand had started to ball into a claw. It didn't cause pain, but as the ring and little fingers curled into his palm, simple tasks became impossible. 'I couldn't understand it,' says Sir John, once managing director of the BBC World Service. 'I've always kept very fit. I've never been one to get ill. Yet something seemingly so small was causing a great deal of trouble. I couldn't even shake hands properly.'

A visit to his GP resulted in a swift diagnosis. Sir John had Dupuytren's contracture, which causes fingers to bend into the palm. Lady Thatcher is a sufferer. Actor Bill Nighy has been treated for it, as was President Ronald Reagan.

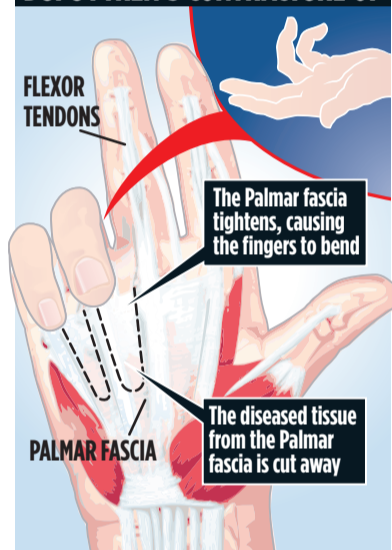
Dr John White, a consultant hand and upper limb surgeon at Queens College Hospital, Romford, and the BMI The Garden Hospital in London, says the condition occurs when small growths or lumps of tissue, caused by abnormality in the cells, appear in deep connective tissue in the palm: 'Over time, the nodules can contract until it is difficult to extend fingers. Untreated these will become fixed in a permanently bent position.'

Dr White says up to one in five men over 60 are sufferers, and a similar proportion of women in their 80s.

There is a genetic link in about 70 per cent of cases, but Dr White says the further causes are unknown. 'We don't know what triggers cells to become overactive, but there is some evidence to suggest a hand injury could activate it.'

'That men suffer it earlier than women suggests the female hormone

### DUPUYTREN'S CONTRACTURE OP



**GRIPPING PROBLEM:** Sir John has recovered thanks to surgery

oestrogen inhibits the process. Alcohol, smoking and conditions such as diabetes may raise risk too.'

The NHS carries out about 12,000 operations to treat the condition each year. Sir John decided to wait until surgery was absolutely necessary. He was referred to an NHS clinic at BMI The Garden Hospital. In mild cases doctors may opt for a fasciotomy, where palm tissue is cut to release tension. But as Sir John's case was quite severe, his surgeon decided on a dermofasciectomy, which involves removing skin and diseased fibrous tissue, but preserving nerves and blood vessels, followed by a skin graft.

'It sounded straightforward, particularly since I was told it could be done without general anaesthetic. And I was driven by the fact I wanted to go skiing a few months later.'

Last November, in a three-hour operation under local anaesthetic, surgeons cut away tissue in an area



DALE CHERRY

the size of a two-pence piece. A skin graft from Sir John's upper arm was stitched over the wound and his fingers were set in individual removable plaster casts.

After three days, the finger splints were taken off several times a day to allow him to do stretching exercises. Within two months his fingers were straight. 'It was like getting a new hand,' says Sir John.

The finger splints were removed after four weeks, though they have

to be worn at night for six months. There is a thin scar on Sir John's palm. 'I heard how Lady Thatcher handled similar surgery,' he says. 'She got chatting to an adviser and asked how he was. "Oh not good," he said. "I've just had an operation for this condition called Dupuytren's contracture and it's very painful."

"Oh, you are a wimp," she replied. I've no intention of being one either. Particularly now I can button up a shirt again.'

## Injections are an alternative to surgery

For the first time, sufferers of Dupuytren's contracture have an alternative to surgery, writes Hilary Freeman. Xiapex, an injectable treatment that can be administered as an outpatient procedure, has just been licensed for use in the UK.

The condition affects an estimated four per cent of women and five per cent of men in the UK. Until now, the only option was surgery, but that leads to complications such as scarring, and in half of patients the condition recurs, requiring a second operation.

'Patients can be reluctant to have surgery due to the possibility of scarring, nerve damage and prolonged recovery time,' says Chris Bainbridge, Consultant Hand Surgeon at

Pulvertaft Centre for Hand Surgery, Royal Derby Hospital. 'A new treatment that provides an alternative to surgery is important news for people living with Dupuytren's.'

Administering Xiapex involves an injection into the hand, followed by the finger being pulled straight 24 hours later. Mr Bainbridge says: 'Dupuytren's is a progressive condition caused by an excess of collagen which builds up in the palm, eventually forming a rope-like cord under the skin that pulls the finger permanently towards the palm.'

'The injection contains two enzymes that break down the structure of the cord. There can be bruising and swelling but the hand is back to normal in two weeks. Normal activity

can be resumed in a few days. After surgery, it can take up to six weeks.'

Xiapex is available in the UK on the NHS at the discretion of primary care trusts. (The National Institute for Clinical Excellence, which provides prescribing guidelines, has yet to review it.) Using it is much cheaper than the 12,000 operations which cost the NHS £40 million a year. Xiapex could save up to 30 per cent of this cost.

Dupuytren's often returns after surgery, but the recurrence rate with Xiapex is good. One study found the rate of recurrence with Xiapex to be 19.3 per cent in year two, and it can be used again safely should the contracture return.