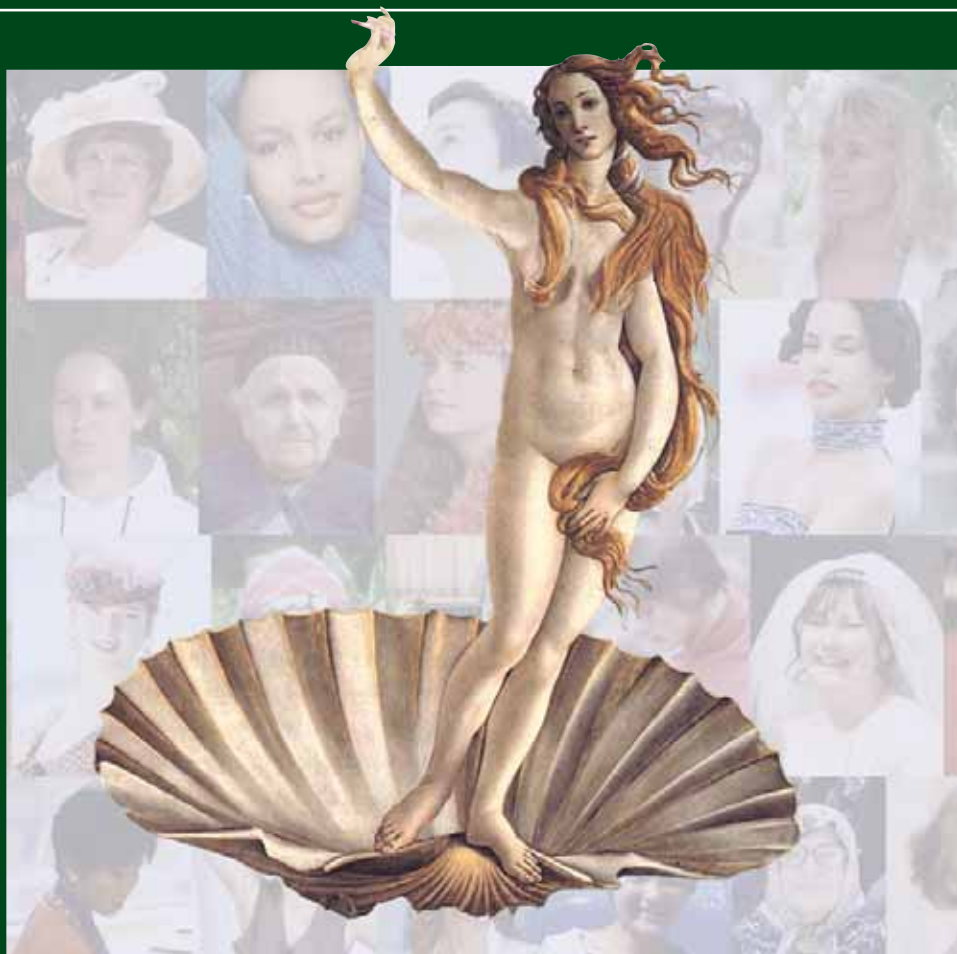
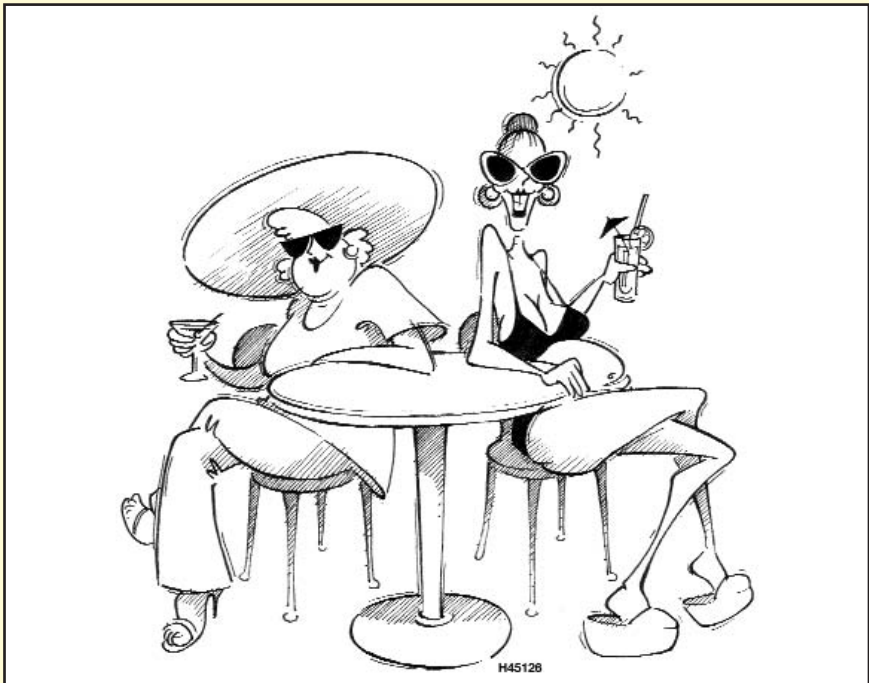


WOMAN MINI MANUAL



The practical guide to women's health





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Royal Mail Group 'Well-being' Intranet site

The Samaritans – 0845 790 90 90

Woman Mini Manual

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Printed by J. H. Haynes & Co. Ltd., Sparkford, Yeovil, Somerset BA22 7JJ, England.

Haynes Publishing

Sparkford, Yeovil, Somerset BA22 7JJ, England

Haynes North America, Inc

861 Lawrence Drive, Newbury Park, California 91320, USA

Editions Haynes

4, Rue de l'Abreuvoir
92415 COURBEVOIE CEDEX, France

Haynes Publishing Nordiska AB

Box 1504, 751 45 UPPSALA, Sweden

Look after your heart

Heart muscle must have a continuous supply of oxygen and energy. It gets this from arteries which only supply the cardiac muscle and a small amount from the blood inside the heart itself. An acute myocardial infarction (heart attack) is what happens when the blood supply to a part of the heart muscle has been cut off by blockage of one of the coronary arteries.

lipstick



It's not jaw ache from nagging – it's a heart attack and she needs help!

Symptoms

Not all or any of these symptoms can happen but they are the commonest indicators:

- Crushing central chest pain.
- Breathlessness.
- Clammy, sweat and grey complexion.
- Dizziness, sickness and vomiting.
- Restlessness.

The pain often travels (radiates) to the neck, jaws, ears, arms and wrists. Less often, it travels to between the shoulder blades or to the abdomen. The pain does not pass on resting as in angina.

Severe pain is not always present. In less major cases pain may be absent and there is evidence that up to 20 per cent of mild heart attacks are not recognised as such, or even as significant illness by those affected. Many women who might have been saved have died because they did not recognise or believe that they were suffering from a heart attack.

Causes

The cause of a heart attack is the blockage caused by a clot (thrombosis) of a branch of a coronary artery.

When total blockage occurs, part of the heart muscle loses its blood supply and dies. The heart cannot continue to function as a pump if more than a certain proportion of the muscle is destroyed.

Risk factors include:

- Smoking.
- Being overweight.
- High blood pressure.
- High blood cholesterol level.
- A diet high in saturated fats (animal fats).
- Diabetes.
- A family history of heart disease.
- Lack of regular exercise.
- Occupation (especially if sedentary and stressful).

Diagnosis

Although an ECG (electro-cardiograph), much loved by TV soap dramas, can show which part of the heart muscle has been damaged it is by no means a certain test for a heart attack.

A blood test will look for certain heart muscle proteins that are only found in high levels immediately after a heart attack. These are also useful in confirming the diagnosis.

Prevention

- Your diet should include a high proportion of fruit and fresh vegetables.
- A Mediterranean diet with emphasis on olive oil rather than butter is desirable.
- Moderate alcohol intake – such as one glass of wine a day – may be helpful.
- Stop smoking permanently, increase exercise if sedentary and avoid saturated fats.
- Many people take a small dose of aspirin every day as a routine precaution, but this is no substitute for exercise, stopping smoking and avoiding saturated animal fats.

Treatment

Thanks to the efforts of organisations such as the Red Cross, Knights of Malta and St John Ambulance many lives have been saved by timely and efficient first aid. If the affected person is not breathing and has no pulse, immediate lifesaving treatment with cardiopulmonary resuscitation (CPR) must be started. Dial 999 and call for an ambulance; tell the dispatcher that it is for a heart attack.

Clot-dissolving injections are now routinely used in hospital. These can break down the clot in the coronary artery and allow the damaged heart muscle to



recover, sometimes completely, but they must preferably be given within 24 hours of the heart attack happening. In an uncomplicated recovery it is normal to be home within a week or less. Work can be restarted 4-12 weeks after the attack, depending on the level of physical exertion involved with the job. Driving can restart after one month, but DVLA and the motor insurance company must be informed of the heart attack.

Rather than avoiding any exercise it is now known that a return to normal levels of activity helps to prevent any further attacks and this includes sex.

Diet and constipation

There is a fascination with our bodily function but none more than going to the toilet. Toilets in Germany even have a small shelf on to which the motions fall so that you can take a good look before flushing. Similarly, 'being regular' is ingrained into people from a young age with great consternation if the daily poo is not passed. In fact there is no 'normal' number of times you need to go to the toilet. What we do know is that putting it off for too long can cause constipation and tears around the anus. Thankfully, the serious causes of constipation are relatively rare, particularly in people under 45 years old.

Symptoms

These are self evident yet vary between people. Simply not passing a motion in the morning with no other symptoms is considered by some to be 'constipation'. In truth it has to be a significant change in normal bowel movements with very irregular and difficult to pass motions before the label constipation can be used. There may also be abdominal pain and bloating.

Causes

It can range from simple (eg, lack of activity) to serious (eg, blockage of the bowel from cancer). Advanced age, compounded with a disability can be the big factors for reduced activity and subsequent constipation. Also not drinking enough non-alcoholic fluids and a lack of

fibre in the diet are major factors. Paradoxically, overuse of laxatives can also cause a severe constipation, particularly once they are stopped. Some medicines, particularly pain killers containing codeine, are powerful constipating agents. Stress or 'holding on' can cause constipation and this is made worse by a poor diet.

Prevention

Most of the preventative measures are just sensible attention to the things that cause constipation such as:

- Drink more, particularly pure fruit juices.
- Take more activity.
- Avoid laxatives (do not stop suddenly, gradually reduce them).
- Eat more fibre and fruit.
- Check any medicines with the pharmacist.

Complications

Thankfully, constipation itself is very rarely harmful even though it can be very uncomfortable, even painful. The big danger is ignoring the warning signs of something more serious and not having it checked out soon enough, as bowel cancer can be cured when caught early.

Some symptoms need urgent medical attention:

- Vomiting after a few days total constipation.
- Severe abdominal pain.
- Any blood or black tar-like material in the motion.
- Unexplained weight loss.
- A sudden unexplained change in bowel habit.

lipstick



H45111

Laxatives? No thanks - hand me another Bucks fizz. My doctor says fruit juice and plenty of it is good for you!

Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) can infect at any age, whether straight or gay, in a long-term relationship or with a casual partner. Symptoms don't always show up immediately, so the infection could be recent or from a long time ago. It is important always practise safe sex by using a condom. A confidential check-up, and treatment if needed, is available at a genitourinary medicine (GUM) or STI clinic. Call NHS Direct for details of your nearest clinic.

GPs and local GUM clinics, which are located at major hospitals, will diagnose and treat such infections. Confidentiality is all-important at these clinics. While honesty to the doctor who asks the questions is obviously vital, as it can be impossible to work out what is wrong without the correct information, a false name or even a number can be used to remain anonymous, although this really is not necessary as these clinics take your confidentiality very seriously.

Certain tests may be needed to make an accurate diagnosis, although it may be fairly obvious on a first visit and the treatment may start immediately with no return needed.

Chlamydia

Non-specific urethritis, which simply means an inflammation or infection of the urethra, is an all-embracing term which includes infection by chlamydia. Men and women suffering from this infection may complain of an intense burning sensation when passing water. There may also be a white discharge. Although it is often free of symptoms in women, it is also not only the single biggest cause of infection of the

fallopian tubes (pelvic inflammatory disease), leading to infertility and ectopic pregnancy, but can cause blindness and pneumonia in a child born to an infected woman. Condoms provide almost total protection.

Chlamydia is treatable with antibiotics but the treatment of female infertility can be complex.

Hepatitis B

Although Hepatitis B is one of the more deadly sexually transmitted diseases, there is now a protective vaccine to prevent it. Even so, the number of infected people is rising steadily and stands at roughly 700 women each year. It can cause as little as a flu-like illness or as much as total destruction of the liver.

Obviously, most people will not require immunisation, but depending upon lifestyle it may be wise to consult a doctor. It is transmitted in the same way as HIV, ie, via bodily fluids. It only requires a tiny fraction of a drop of blood to transmit the disease. For this reason it can be caught from sharing a toothbrush or kissing when there is bleeding from the gums. Worse still, the virus can survive a week or more in the dried state and so can be picked up from, for instance, a razor. There is no way of knowing if the person with whom you are having sex harbours the infection. The incubation period, i.e., how long it takes before the illness manifests itself, is six months from infection. Some people can carry the virus and yet not exhibit the condition.

Genital Herpes

This is the third most common STI. Roughly 50% of people who have had one attack never have another. Unfortunately, it is impossible to completely get rid of the virus. It can infect the corners of the mouth, the outer parts of the genital areas

and even the anus. It causes crusted blisters and then ulcers that weep a thin, watery substance. This substance is highly infectious, since it contains the virus that causes the condition.

Anti-viral drugs can be applied directly to the affected skin or taken orally. They are most effective if used before the sores break out. This is signalled by a tingling, itchy, painful sensation in the affected area. They are only effective during the first attack in some people and have not been

shown to have any impact on subsequent attacks. Condoms with a spermicide appear to offer greater protection than those without. Condoms give maximum protection.

Genital warts

Papilloma viruses, which cause warts, can affect any part of the skin. The virus can be transmitted by physical contact including sexual intercourse. One in eight people attending GUM clinics has genital

lipstick

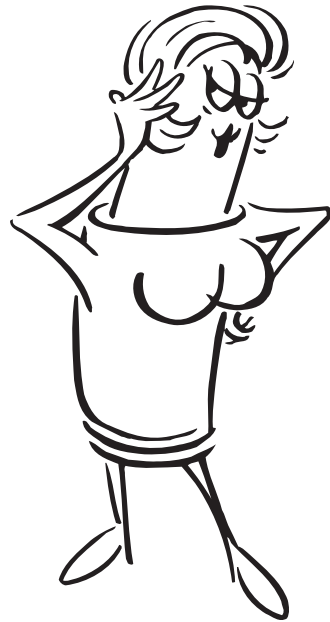


GUM clinics take your confidentiality very seriously

lipstick



H44922



We don't get it on unless you put it on, and that's that!

warts. Around 100,000 people are treated for these warts each year in the UK, many more may simply put up with them, and many people do not even know they have them. It may be a factor in causing cervical cancer in women.

There are drugs which can be applied directly to warts which will cause them to disappear. Genital warts usually cause little discomfort, although they are often itchy and may bleed with scratching. Use a condom to prevent catching them in the first place.

Syphilis

A potentially serious condition, syphilis which was almost extinct, is on the big increase in the UK. It is caused by a spirochete, a microscopic parasite, which is highly infectious. Most people are unaware of the infection but if it is not treated it can develop over a number of years into a condition which can affect the brain. Women show few signs of the infection in the early stages except for small ulcers around the vagina so it can go unnoticed by the woman or by their partner

during intercourse. The parasite cannot pass through a condom, so this will give almost 100% protection.

Penicillin that is given as a single large dose can be given by injection to any part of the body and will invariably cure the condition if it is caught in the early stages.

Trichomoniasis

Causing a green discharge from the vagina, this microscopic parasite lives in the urinary tract and usually causes pain when passing water but can be completely symptomless. When it has no effect on the male partner but the female partner complains of a smelly green discharge from the vagina, tests may show its presence in the man.

Metronidazole (an antibiotic) is highly effective but must not be taken with alcohol as it can cause severe sickness.

Gonorrhoea

Caused by a bacterium, this disease is commonly misdiagnosed as it can often give only minimum symptoms. It is commonly known as the clap from the French word *clapoir* meaning sexual sore. Gonorrhoea is not rare. It can cause a yellow/white discharge from the penis and vagina, along with pain on passing water. When infecting the anus there can be a similar discharge. Most of the symptoms will start within 5 days of infection and include a vague ache of the joints and muscles. Although these can disappear after a further 10 or so days, the person remains infectious. It can cause reduced fertility if not treated.

Antibiotics are usually effective. Condoms provide almost 100% protection from infection.

HIV and Aids

Prejudice, misunderstanding and bigotry surround the endemic path of HIV in our society. Following infection with the

Human Immunodeficiency Virus (HIV) there are less white blood cells called CD4 thus lowering the body's resistance to infection. At least 25 million people in the world are HIV positive.

Symptoms

Early stages of infection generally go unnoticed and it needs an antibody test from a blood or saliva sample to confirm the presence of the virus. The appearance of the antibodies can take months and is known as seroconversion. A vague non specific illness similar to flu or glandular fever sometimes follows the infection at around 6 to 7 weeks later. A variable period of time, years even, can then pass completely symptom free. The occurrence of oral thrush, persistent herpes (cold sores) or strange chest infections which clear only slowly with treatment are ominous signs of the body's declining ability to fight off other infections.

Causes

Body fluids are often cited as the carrier of the virus. Actually this can be narrowed down to blood, semen and saliva. Although the risk of infection from saliva is extremely small it makes sense to avoid obvious risks such as oral sex without adequate protection. Similarly, there are no cases of doctors passing on the virus to their patient, although a number of doctors suffer from infection in the opposite direction. The main routes of infection are:

- Sexual transmission via blood from small cuts either in the mouth (oral sex), vagina, anus or penis.
- Blood transfusion in countries with poor medical resources is still a risk and you can buy a travel kit from your GP.
- Sharing dirty needles or even razor blades.

Prevention

According to the World Health Organisation (WHO) up to 90 per cent of

those people infected in the world contracted HIV through heterosexual sex of whatever form. Dental dams, male and female condoms particularly those containing the spermicide non-oxynol-9 give a high degree of protection.

Self care

Healthy diets are not quite the same when HIV positive. Reducing cholesterol and

fat intake will reduce the chances of having an early heart attack at say 60 years. Commonsense will prevail over how useful this diet will be to an HIV-infected woman, depending upon her age on infection. In fact, full fat milk, cheeses, creamy yoghurt, butter and ice cream are all preferable to their low fat alternatives. Fat supplies not only a valuable energy source but also vitamins which are only found in fatty products.



Breast cancer

Breast cancer affects one in 50 women in the UK. Men can also have breast cancer, but it is relatively rare with around 150 cases each year. By way of contrast it is the most common type of cancer to affect women and, worldwide causes a million new cases every year. It is:

- Twice as common as cancer of the large intestine.
- Three times as common as lung and womb lining cancer.
- Four times as common as cancer of the ovary.
- Each year more than 14,000 women in Britain die from breast cancer (around 10,000 men die from prostate cancer).
- It is the single commonest cause of death among women in the age-range 40 to 50.
- The percentage of deaths among women resulting from breast cancer rises steadily to the age of 45 and then declines.

Yet, despite all this there is an overblown fear. When asked most women thought breast cancer was a greater risk of death than heart disease. In fact the reverse is true.

Experts can divide breast cancers into three grades, Grades I, II and III. Grade I cancers are the least malignant; grade III are the most malignant. Predictions of survival can be made based on this fundamental difference in the way the tumour is behaving.

On average, five years after diagnosis:

- Over 90 per cent of the women with Grade I tumours have survived.
- With Grade II tumours about 70 per cent have survived.
- With Grade III tumours just under 50 per cent have survived.

Fourteen years after diagnosis:

- Over 80 per cent of women with Grade I tumours have survived.
- Around 48 per cent of those with Grade II tumours have survived.
- Around 42 per cent of those with Grade III tumours have survived.

The size of the cancer is also one of the most important factors.

- Tumours less than 2 cm across at the time of diagnosis and treatment will show 60 per cent of women free of recurrences five years later.
- Tumours 2-5 cm across will show about 45 per cent of the women free of recurrence at five years.
- Tumours more than 5 cm across will show about 20 per cent of women free of recurrence at five years.

Early diagnosis is vital. Women who delay for more than three months after finding a lump, subsequently proved to be cancer, have a substantially lower survival rate than those who report the problem within three months.

Symptoms

Unfortunately like many cancers, breast cancers produce few warning signs and rarely cause pain, one of the most important

reasons for people to see their doctor. There may, sometimes, be a vague discomfort, but, commonly, the only sign is the finding of a slowly growing lump. There are, however, other possible signs and these should be known and looked for. They are:

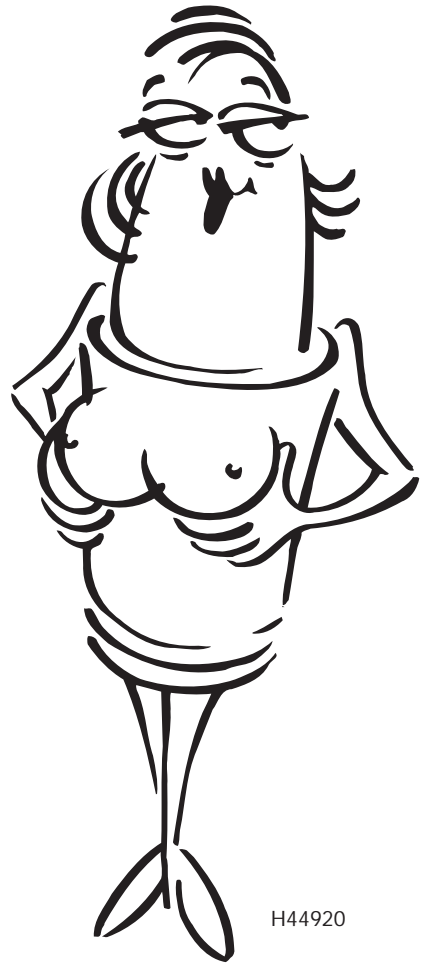
- A change in the outline, shape or size of the breast.
- A new isolated lump.
- Change of the normal breast outline by skin dimpling.
- In-drawing, or alteration in direction, of the nipple.
- Persistent discharge or bleeding from the nipple.
- Distortion of the area around the nipple (areola).
- Orange-skin appearance of the breast skin.
- Alteration in the position or hang of the breast compared to the other side.
- Rubbery, firm, easily felt glands (lymph nodes) in the armpit.

Causes

There are factors known to increase the risk of breast cancer. These include:

- Early start to menstruation, before age 11 (three times the risk).
- Late menopause, after 54 (twice the risk).
- Having a first child late (three times the risk).
- Exposure to radiation (three times the risk).
- Being overweight after the menopause (twice the risk).
- Cancer in the other breast (more than four times the risk).
- Previous non-cancer disease of breast (four times the risk).
- Exposure to atomic (ionising) radiation (three times the risk).
- Breast cancer in mother, sister or daughter diagnosed under the age of 50 (twice the risk).

lipstick



The thought of losing one or both breasts can fill women with terror and disgust, which is why many shy away from the very thought of breast cancer and avoid tests

There is also a genetic risk, a family history of breast cancer is an important factor.

Women living on a diet high in fruit and vegetables and low in dairy fats and dairy products are less likely to get breast cancer than women whose diets are high in dairy fats. Research suggests that diets high in total fats, and diets high in saturated fat, increase the risk of breast cancer. Diets high in olive oil may reduce the risk.

Oral contraceptives very slightly increases the risk, as does hormone replacement therapy (HRT) although recent evidence suggests that this risk increases with prolonged use of hormone replacement. Consult a doctor.

Diagnosis and screening

Mammographs (breast X-rays) are important but whoever invented this damn machine certainly didn't have breasts!

Mammography cannot give a definitive diagnosis, this is done by microscopic examination of a biopsy (sample). Tissue may be obtained by sucking out some cells through a fine needle inserted into the lump under a local anaesthetic.

Mammography is the only screening test available for breast cancer which has been shown in trials to reduce breast cancer deaths. Experts now believe that mammography, if properly done, can reduce the mortality from breast cancer by up to 40 per cent in women aged 50 to 70 who attend for screening. The object is to detect cancer at the earliest possible stage before it has spread out of the breast. Women aged 50-70 are invited every three years. Older women can still be screened on request.

If something suspicious is seen at basic screening, women are recalled for assessment of the abnormality. This can include a clinical examination of the breast, an ultrasound scan and possibly taking a

few cells out of the breast in clinic to examine under a microscope. Seven out of eight women called back do not have cancer.

Prevention

Breast awareness is the name of the game for survival but it doesn't actually prevent breast cancer. Addressing risk factors is the only real prevention although research suggests that the drug tamoxifen may reduce the risk of breast cancer. It was noted that in trials of tamoxifen as an additional measure in the treatment of actual breast cancer, the number of cancers occurring in the other breast was fewer than would normally be expected. This is still highly speculative.

Treatment

Past treatments of breast cancer were associated with dreadful disfiguration with equally dreadfully poor results. Conventional treatment of breast cancer has been by radical mastectomy, an aggressive surgical removal of all breast tissue and connected lymph nodes together with the removal of the underlying chest muscles (pectorals). Evidence based surgery has shown that less mutilating operations and various combinations of radiotherapy, anti-cancer chemotherapy, hormone treatment and immune system boosting can produce far better results.

In recent years there has been a trend towards even less mutilating operations and it is now common to employ a simple removal of the mass (lumpectomy) followed by a course of radiotherapy using linear accelerators or a cobalt 60 source. The study of the results of such methods shows that they can be as successful as radical mastectomy and that cancerous nodes can be treated just as effectively by radiation as by operation.

Cervical cancer

Cancer of the neck of the womb (cervix) is unfortunately not rare and is second only to cancer of the breast with around 2000 women dying each year in Britain and the number of women developing the cancer is on the increase.

Symptoms

Unfortunately, like others, cancer of the cervix often causes no symptoms until it has spread and may have no symptoms at all before reaching an incurable stage.

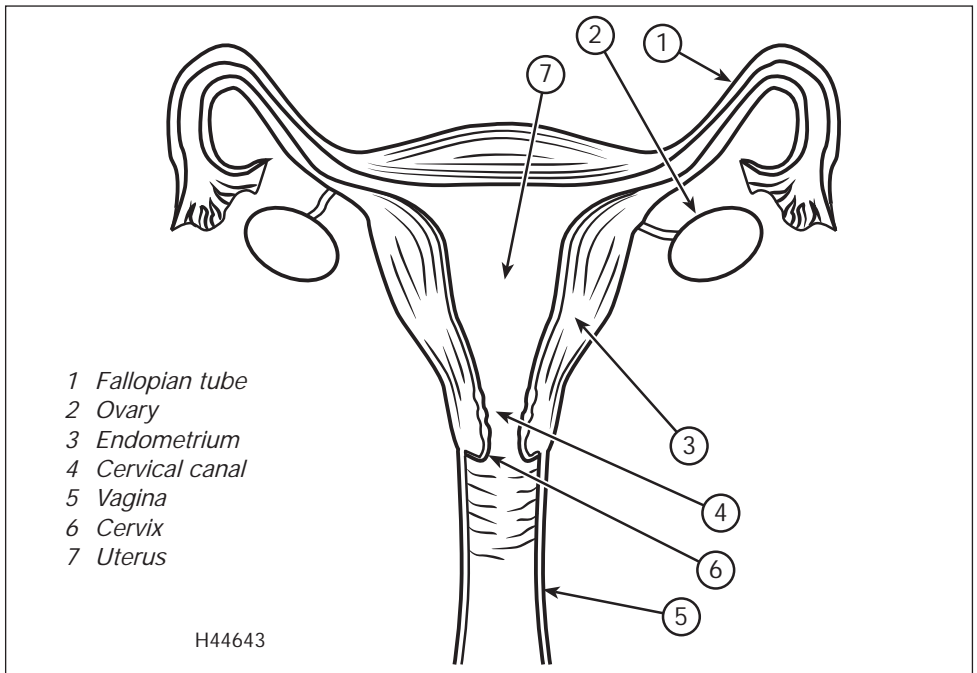
Perhaps the most significant symptom is bleeding between periods, following sexual intercourse or after the menopause,

all of which need to be reported to the doctor. Pain and general upset are rare until a late stage is reached. These are the most important reasons for regular cervical screening.

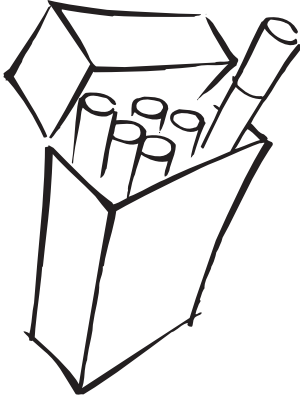
Causes

The following increase the risk of developing cervical cancer:

- Genital warts.
- Multiple sexual partners.
- Sex with a partner who has genital warts.
- Smoking.
- Pregnancy at an early age.
- Having three or more pregnancies.
- Virus infection may also play a part, in particular two viruses may be linked, the human papilloma (wart) virus and the herpes simplex (genital herpes) virus.



Female reproductive organs

lipstick

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The risk of cancer of the cervix is another good reason not to smoke

The risk of cancer of the cervix is another good reason not to smoke.

Diagnosis

This is made by direct examination, and by taking a biopsy for microscopic examination.

Screening

All women who have ever had sex with a man should have regular cervical screening (the 'Pap' or 'smear' test). Cervical screening aims to prevent cancer developing by finding and treating cervical abnormalities before they can develop into cancer.

Women should have their first test at 25 and then every three years after that until the age of 50, when they only require them every 5 years until the age of 64. After that, if all recent tests have been clear, then a woman can safely stop going for screening.

If a test is not found to be entirely normal, a woman might be recommended to have another test after a short interval or might be referred for colposcopy. This is an examination of the cervix in clinic by a gynaecologist who will then be able to recommend any further action, or possibly treat the abnormality there and then.

Complications

Although early diagnosis and treatment is almost always successful, spread of the cancer to other organs in the pelvis and further afield is common, although modern treatments are extending life expectancy for many women.

Treatment

Early diagnosis and treatment is vital as established cancer is difficult to treat successfully and the jury is still out over which is the best form of treatment, surgery or radiotherapy.

Ovarian cancer

For reasons we are still not sure of, cancer of the ovary is commoner in women who have never had children than in those who have. A similar pattern with breast cancer which early pregnancy seems to protect. It may occur at any age but is most usual between 50 and 80.

Mystery still revolves around the fact that oral contraceptives reduces the risk to a quarter. The condition tends slightly to run in families and a woman with one close relative with the disease has twice the general risk of getting it.

Symptoms

Like other cancers, ovarian cancer tends to be 'silent' until it has grown and spread, either putting pressure on and invading the womb (uterus) or spreading widely within the pelvis and abdomen. About two-thirds of women with the disease already have it spread beyond the pelvis when they see their doctor for diagnosis. When there are symptoms they tend to be abdominal pain and discomfort, weight loss and urinary symptoms.

Causes

There may well be a genetic origin and the same genes as are implicated in genetic breast cancer but in most cases the cause is still unknown. The relationship between breast cancer and HRT may well be a cause for investigation with an possible link with ovarian cancer as well. Research is checking this out.

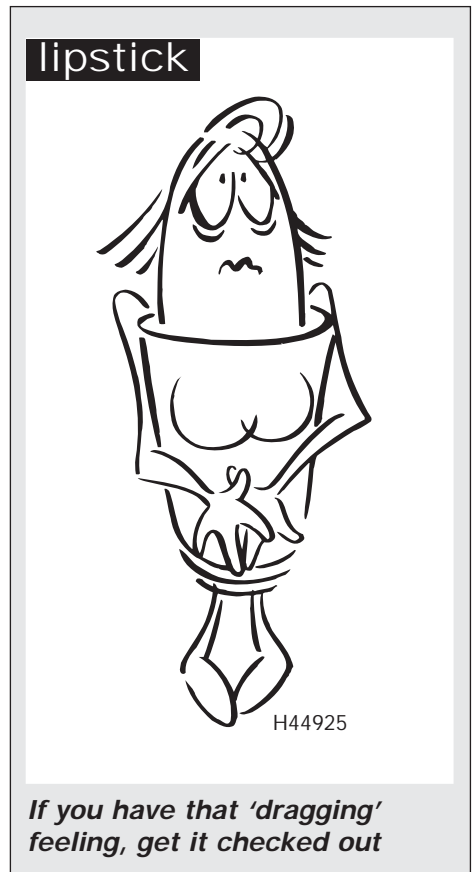
Diagnosis

Endoscopic visualisation (laparoscopy) using a flexible telescope inserted through a small cut in the abdomen under general anaesthetic is the best way of confirming

any presence of cancer although ultrasound can be used for early diagnosis. Early diagnosis is becoming increasingly possible through advances in screening for ovarian cancer with blood tests for specific markers of the cancer.

Treatment

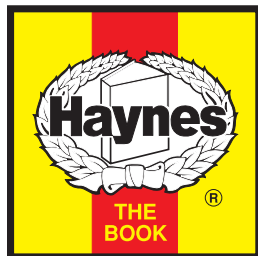
Surgery is the only realistic treatment at present with the womb and both ovaries removed, as the second ovary often also contains tumour. Ovarian cancer often responds very well to anti-cancer chemotherapy but early diagnosis and treatment is essential for a success.



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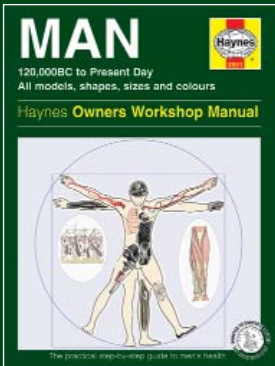
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- Research and policy development
- Professional training
- Providing information services
- Stimulating professional and public debate
- Working with MPs and Government
- Developing innovative and imaginative projects
- Collaborating with the widest possible range of interested organisations and individuals
- Organising the annual National Men's Health Week



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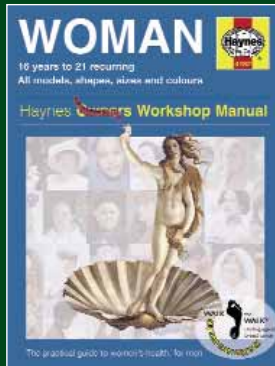
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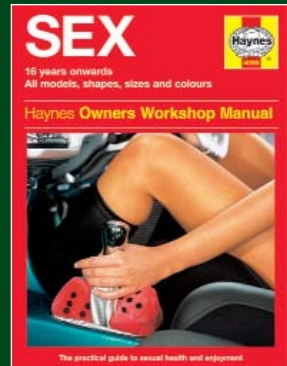
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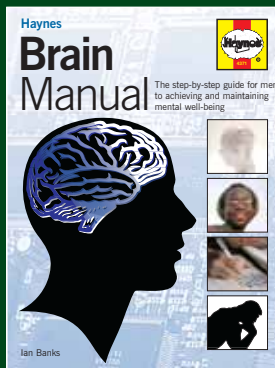
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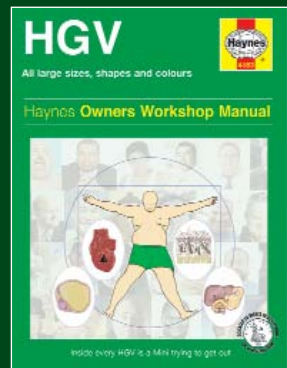
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Haynes Publishing, Sparkford, Yeovil, Somerset BA22 7JJ England

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