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The Daisy Network
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To contact the *Update* editor with any comments you may have, email editor@daisynetwork.org.uk.

Our thanks go to Karen Palmer for her voluntary design help.

FORGING AHEAD

We begin 2016 on a high note, having launched our new website in September last year it has been a busy and exciting few months at Daisy. We hope you have enjoyed the changes that have been made to the website. We really want the forum to be a busy and active space where people can find support and share stories so please check it out. The new website's design is simple and designed to work seamlessly on all formats, including tablets and smart phones. We particularly welcome your feedback and invite you all to make comments about the new site. A big thank you to our whole team for all your hard work with this project, particularly to membership manager Jemima Winder who co-ordinated it all. November saw the launch of the NICE guidelines which was a great opportunity to create lots of publicity for the Daisy Network. We are so grateful to our treasurer Chloe who appeared on Sky News and to Tanith and Jules who appeared on Radio 5 Live to help raise awareness about POI and the work which Daisy does. The guidelines are reviewed in this addition of Update and although there is still a lot of work to do, we hope the guidelines will lead to improved care for women with POI.

There have also been several changes to the Daisy team. We are very pleased to welcome Katie as our new press officer, Ailsa our new Update editor, and Glynis as our new communications and media officer into the team. We are also sorry to say goodbye to Jocelyn who has been our press officer for the past year and done a fantastic job. Following the success of last year's annual conference at the Chelsea and Westminster Hospital, Fulham Road in London our 2016 annual conference will take place at the same venue on **11th June 2016**. We have a packed programme which we shall circulate soon and look forward to meeting many of our members on that day. On behalf of everyone at the Daisy network, we would like to wish each of you a prosperous and healthy 2016.

Marie and Kate

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ASK THE EXPERTS

Question:

If there is no family history of POI/early menopause, how great a role has anxiety been found to play in its occurrence?

Kate answers:

A very common question we get asked is whether stress and anxiety has been responsible for a woman developing POI. Sometimes severe physical or emotional stress can make periods irregular or stop (for example in long distance runners or women with anorexia), but this is via a different hormonal pathway to POI and so is a separate condition. Although POI may be associated with causes such as surgery, treatment for cancer, genetics or autoimmune problems, in the majority of women, no clear cause is found. Some studies have suggested that lifestyle factors such as smoking may be associated with an early menopause but there is currently no evidence that stress alone can cause POI. Stress, anxiety and other mood

problems are common in women with POI, both due to the changing hormone levels and the psychological impact of the diagnosis. Furthermore, stress can affect the frequency and severity of symptoms in POI so getting help and support to manage stress is a really important part of your care.

Question:

Is gum disease associated with premature menopause and what can be done to prevent me losing my teeth?

Kate answers:

Estrogen plays an important role in the health of the gums and bone and so the decline in estrogen levels associated with POI can increase the risk of gum disease. Many people are unaware that they have gum disease but common symptoms may include painful or sensitive gums, bleeding or gum recession.

In order to prevent gum disease it is recommended that you brush your teeth regularly (twice per day) as well as

flossing. Regular dental checks will help identify gum disease early. Smoking, excess alcohol and sugary foods and drinks are bad for dental health and should be avoided.

Studies have shown that gum disease is more common in postmenopausal women who have osteoporosis compared to those with normal bone density. Estrogen replacement is the most commonly used treatment in women with POI to maintain bone health but lifestyle measures are also important, including regular exercise and adequate intake of calcium and vitamin D.

Question:

Do we need regular checks for breast and ovarian cancer? Should I be chasing my GP about this?

Marie answers:

Hormone replacement therapy is the preferred treatment for women with POI, and is recommended until the average age of natural menopause (52 years in the



UK). This view is endorsed by regulatory bodies and the recently launched NICE guidelines.

There is no evidence that hormone replacement increases the risk of breast cancer to a level greater than that found in normally menstruating women, and women with POI do not need to start mammographic screening for breast cancer earlier than the national screening programme guidelines which recommend commencing mammographic screening from the age of 50 years, unless other risk factors are present, such as family history of breast disease.

The risk of developing ovarian cancer increases as you get older. Most cases occurring in women in their 50's who

have had their menopause at approximately 52yrs of age.

There is currently no national screening programme to detect ovarian cancer, however ovarian cancer is rare under the age of 50 and there

is no evidence that taking HRT prior to the natural age of menopause (52yrs) increases the risk ovarian cancer in women with POI.

If you have very close relatives who have had ovarian cancer or breast cancer you may be more at risk of developing ovarian cancer than other women in the population. A very close relative means a mother, sister or daughter. If your relatives were under 50 years old when their cancers were diagnosed, it is more likely that their cancer is due to an inherited faulty gene.

Tests can now check for faulty BRCA1 or BRCA2 genes. If you are worried about your family history of ovarian cancer, speak to your GP. They can tell you whether you need to be referred to your local genetics service.

GOT A QUESTION?

Our experts are here to help you. If you'd like their advice on any issue, big or small, email your question to editor@daisynetwork.org.uk or write to us at:

The Daisy Network, PO Box 71432,
London, SW6 9HJ

Please note that our postal address has changed.

We will protect your anonymity at all times.



Chrissie Hosking is an experienced, accredited integrative counsellor and psychotherapist (MA, CTA). She has a special interest in the psychological impact of premature ovarian insufficiency and infertility. She runs her own independent therapy practice in the Midlands. Chrissie is also available to talk to if you take advantage of the Daisy Network tele-counselling.



Dani Singer is a psychotherapist and counsellor. She specialises in women's health, particularly in the area of premature ovarian insufficiency, and is actively involved in research on this topic. She often gives talks on the psychological impact of POI to health professionals.



Nick Panay (BSc, MBBS, MRCOG, MFFP) has worked in obstetrics and gynaecology for more than ten years. As director of the West London Menopause & PMS Centre at Queen Charlotte's & Chelsea and Chelsea & Westminster Hospitals, he heads a busy clinical and research team that publishes widely. He also presents at scientific meetings, trains health professionals at all levels and is an honorary senior lecturer at Imperial College London.



Dr Marilyn Glenville (PhD) is the UK's leading nutritionist specialising in women's health. She is the former President of the Food and Health Forum at the Royal Society of Medicine and the author of a number of internationally best-selling books including *The Natural Health Bible for Women* and *Natural Solutions to the Menopause*. For more information go to www.marilynglenville.com. Dr Glenville runs a number of women's health clinics in London, Tunbridge Wells and Dublin. If you are interested in a consultation, you can contact Dr Glenville's clinic on 01892 515 905 or by email: health@marilynglenville.com.



Dr Gerard Conway is clinical lead in endocrinology at University College London Hospital. Dr Conway's research into ovarian function has formed the basis of more than 120 academic publications. His research focuses on the causes of ovarian insufficiency and his clinical research projects include studying the cardiovascular effects of oestrogen in young women. Dr Conway has been involved with the Daisy Network since its inaugural meeting in 1995.



Nigel Denby is the UK's proclaimed GDA (Guideline Daily Amount) Diet Doctor. He now runs his own private practice in Harley Street specialising in weight management, PMS/POI, menopause, irritable bowel syndrome and food intolerance.

IN THE NEWS

GPS MORE CONFIDENT IN DISCUSSING THE MENOPAUSE MANAGEMENT WITH PATIENTS

A recent survey* of over 500 GPs indicates doctors have largely welcomed the National Institute of Health and Care Excellence's first guidelines on diagnosing and treating the menopause released in November, in which it recommended HRT as a first-line option to deal with symptoms.

GP Dr Imogen Shaw, who helped devise the guidelines, said she hoped the guidelines would "empower GPs to feel more confident in discussing the benefits and risks of HRT" and advising its use to patients.

Over two-thirds of the GPs questioned said there was a lack of understanding amongst women today about menopausal symptoms, effects and treatments available, and almost half believed that having more information and training on menopause could help reduce consultation times.

As well as clearing up any misconceptions, NICE's guidelines



aims to stop women from suffering in silence. It states far more help should be offered to those suffering debilitating symptoms such as night sweats and hot flushes. It also suggests GPs give women more information about the risks and benefits of treatment and not just expect them to 'grin and bear it'.

The advice is the first guidance from the watchdog to examine treatment and diagnosis of the menopause.

We look at the guidelines in more detail over on page 8.

**Survey conducted by GPonline on behalf of pharmaceutical company Mylan*

HOW TO EAT YOUR WAY THROUGH THE MENOPAUSE

Some say that you can eat your way through the menopause in a way that compliments the hormone changes happening in your body, allowing you to be in control

Dr Erika Schwartz is one of these believers, whose book *The 30-Day Natural Hormone Plan* offers a programme that uses natural hormones and vitamins rather than synthetic therapy to help you through the menopause.

Her plan is based on the idea that you maintain a healthy diet. While some may be sceptical of yet another diet theory, having an awareness of what the foods that you put into your body do for your hormone levels can only be of benefit.

Graze on small amounts of food throughout the day

Eat a little of something every three or four hours. That way your sugar levels remain balanced and your insulin levels won't spike. If your insulin does spike, this has a knock on effect and can raise your stress hormone, cortisol, which in turn can put your oestrogen and progesterone out of balance.

Eat before 8.30pm

This will give you time to digest. The meal you have in the evening should be small, too,

so you are able to get a restful night's sleep.

Pack yourself full of vegetables

They contain fibre which helps out your hormones and protects us from the ageing process in which blood-sugar peaks and troughs can confuse our insulin levels. Fibre also reduces inflammation, and as we age symptoms of this might start to pop up in various guises, not least in the swelling of joints related to water retention.

Step away from sugar

Refined sugars – found in sweet treats like cakes and biscuits – impact our hormone balance due to their effect on our insulin levels. For women going through the menopause, this can bring on migraines and hot flushes, and for some, aching joints which you'd rather avoid. Instead of these sugars, push yourself towards wholegrain breads, seeds and beans.

Pick protein

This helps to build muscle and keeps us strong – although we needn't tell you that. Chicken, fish, beans, nuts and seeds are

all full of protein and are easily eaten in a healthy diet. Schwartz suggests cutting meat and dairy to a minimum.

Don't drink yourself to a high

If you're a serious coffee drinker, reduce your load to one cup a day, or try tea which is lower in caffeine. In the past, caffeine has been linked to osteoporosis and can have negative effects on the nervous system.

With your edible diet sorted, Schwartz suggests a dose or two of vitamins.

It's possible to take veritable cocktail of pills and not really know what the benefits are, but with the right mixture, you can protect yourself as much as possible from worsening elements of the menopause. Vitamin B6: helpful in reducing hot flushes, mood swings and muscle cramps
Magnesium: take to relieve PMS and helps to build bones. Can help to reduce blood pressure and relaxes the muscles

The Hormone Solution by Erika Schwartz is published by Warner Books

DAISY NETWORK IN THE NEWS

Our Treasurer Chloe featured on Sky News to talk about her experiences on the day the NICE guidelines were published....

Chloe, who was diagnosed with Premature Ovarian Insufficiency, argues that diagnosis can be “incredibly isolating” for some women.

“At the age of 22 my biggest concerns were getting through my final university exams, preparing to start my graduate job and having fun with my friends. That all changed when, following surgery to remove a large ovarian cyst, I was diagnosed as menopausal.

I'd already had my left ovary removed when I was 12 due to an ovarian cyst, so the doctors attempted to save part of my right ovary.

However, a few days after leaving hospital, I started experiencing severe menopausal symptoms.

Hot flushes are horrendous: anyone who tells you “it’s all in your mind” or “just cool yourself down” has clearly never experienced the feeling of your head heating up from the inside.

I used to try to hide the fact that I was having a hot flush.

I'd escape to the bathroom when I was out with my friends whenever I felt a hot flush



coming on so they wouldn't realise what was happening.

The other symptoms of insomnia, headaches, forgetfulness and generally feeling really emotional were difficult to cope with, so I visited my GP for advice and was given a leaflet aimed at women in their fifties on “Coping with the Menopause”.

Three months after my operation I had a blood test that confirmed I had very high FSH levels and low oestrogen levels.

My consultant advised me that my ovary was dead and I was diagnosed as surgically menopausal.

At first I found this diagnosis very hard to cope with and I felt like it defined everything about me.

I started noticing my friends and family avoiding to talk about pregnancy and babies in front of me.

This diagnosis can be incredibly isolating as people find it uncomfortable to talk about and there is little awareness, even among doctors, of premature menopause.

Joining the Daisy Network charity was a turning point for me. Meeting other women who had been through this made me realise I wasn't on my own and all the information and support offered was more than I got from any doctor.

I was initially apprehensive about taking HRT as I had heard of the many risks associated with it.

When I started taking HRT, all of my symptoms stopped within a few days and I returned to feeling like my normal, healthy self.

For me, the benefits of HRT firmly outweigh the risks.

I hope that the launch of these NICE guidelines today mean that women in the future are diagnosed and offered the right treatment quickly and provided with the support and information they need.”

NICE GUIDELINES

In November, The National Institute for Health and Care Excellence (NICE) published its first guidelines for GPs and healthcare professionals addressing the diagnosis and management of menopause, offering help to doctors and menopausal women in making the decisions that are right for them.

So what does this mean for those with POI?

POI is defined in the document as “menopause occurring before the age of 40 years (also known as premature ovarian failure or premature

menopause). It can occur naturally or as a result of medical or surgical treatment.” Diagnosis is advised on the basis of a patient’s menopausal symptoms and elevated FSH levels showing up in two blood tests (taken 4-6 weeks apart). Doctors are advised they should not diagnose POI on the basis of a single blood test and, if in any doubt, should refer the woman to a specialist with expertise in the field.

The guidance is reinforced by recommendations calling for women to have the right to be involved in discussions and make informed decisions

about their care. To that end, doctors are expected to ensure they explain the stages of menopause, common symptoms, lifestyle changes to boost health and wellbeing, benefits/risks of treatment and the long-term health implications of menopause to their patients.

The guideline’s primary function could be said to address the debate about whether Hormone Replacement Therapy (HRT) is safe, after a major study in 2002 linked taking HRT to a raised risk of breast cancer. As a result, the number of women talking HRT

MENOPAUSAL MYTHS BUSTED BY NICE

‘HRT isn’t safe’

There’s been a lot of worry and concern about the prescribing of HRT after a 2002 study that linked the treatment to an increased risk of breast cancer. But it’s been known for a long time that much of that was groundless and the research was inconsistent – the NICE guidelines supports this. If 1,000 women aged 50 were not taking HRT, around 22 would be expected to develop breast cancer over seven years, NICE found, in its review of the evidence. If the same number were put on combined oestrogen and progesterone treatment, there would be around five more cases and

the slightly increased risk only lasts as long as women are on the therapy.

‘Menopause always happens post-50’

The average age for women to begin the menopause is 51 – though most women experience it between the ages of 45 and 55. Women should be made more aware that early menopause can occur any time after 40, and that POI can happen at any age before. It’s particularly important for younger women to receive medical help, as a lack of oestrogen can lead to more serious conditions such as osteoporosis.



dropped by about 50%. With women diagnosed with POI advised to take any HRT or combination pill until they reach the age of natural menopause, these studies were particularly alarming.

“There’s been a lot of worry and concern about the

prescribing of HRT,” explains Dr Justine Setchell (GP at King Edward VII’s Hospital and member of the British Menopause Society) “but we’ve known for a long time that a lot of that was unfounded and the research was flawed, and now the NICE guidelines supports this. It’s suitable for the vast

majority of women if they’re managed correctly.”

Concentrating on the clinical management of menopause-related symptoms, the NICE guideline considers both pharmaceutical and non-pharmaceutical treatments and includes a health economic

‘Menopausal women have hot flashes’

One of the most common symptoms of the menopause is hot flashes (and night sweats). But not everyone woman will experience this. Some women may cope very easily, but others can become completely debilitated. Symptoms vary from mood changes to joint pain. Not all menopausal women suffer the classic hot flashes, and NICE encourages people of the need to be aware there are many symptoms.

‘A loss in sex drive is down to hormones’

This is partially true. It is common for women to experience a loss of libido, caused by a lack of oestrogen or testosterone. But it can also be down to vaginal dryness – another symptom of the menopause – which can make sex painful, and will naturally lead to a drop in sexual desire.

‘Menopausal symptoms are all physical’

A number of the symptoms are – such as hot flashes, vaginal dryness and headaches. But women can also experience mood changes, depression and anxiety, or even ‘brain fog’. Some women just can’t think straight. They can’t find the right word and that can be part of the menopause transition. It could be a result of insomnia and being tired.

‘The menopause only lasts a few years’

Actually it can vary. Some women will find their periods stop immediately and they have bypassed any symptoms. Others will experience the perimenopause (initial stage) for up to 10 years. The average duration is around four years. The menopause is said to have ended when a woman has gone 12 months without having a period.

analysis, with reviews of the benefits and adverse effects of HRT.

If 1,000 women aged 50 were not taking HRT, around 22 would be expected to develop breast cancer over seven years, NICE found, in its review. If the same number were put on combined oestrogen and progesterone treatment, there

would be around five more cases and the slightly increased risk only lasts as long as women are on the therapy.

Ultimately, once initial diagnosis is made, GPs are advised to refer a woman with POI to healthcare professionals with relevant experience in the field to help with the proper management of all aspects of the physical

and psychosocial health related to POI.

Dr Sarah Gray, a GPSI in women's health, described the guidelines as a 'landmark' document. "After decades of confusion over the safety of HRT, it is hugely encouraging to have official guidelines which state that HRT is effective for treating several menopausal symptoms."

WHAT THE EXPERTS SAY...

"The new NICE guidelines are a welcome resource for helping health professionals better manage the menopause and their launch has helped raise awareness about menopause. Importantly, the guidelines consider POI separately, highlighting the different issues which need to be considered in women who go through the menopause at a particularly young age.

Previously, many young women have suffered with menopausal symptoms, often for several years, before the diagnosis of POI was made. The new guidelines give clear criteria for diagnosing POI, which should allow women to be diagnosed in a timelier manner and receive appropriate treatment. The guidelines also highlight that when there is any confusion regarding the diagnosis, women should be referred to a specialist with expertise in menopause.

The guidelines provide some clarity regarding the treatment options and benefits of hormone replacement in POI. They state that both the combined oral contraceptive (COC) pill and HRT are options, however HRT may have some benefit over the COC in terms of blood pressure.

POI can have profound effects, both physically and psychologically, and the new guidelines also highlight the importance of a holistic approach to care. This means that for some women with POI, they should be offered referral to other specialists, for example, fertility specialists, counsellors, psychosexual therapists or dieticians, if needed.

Unfortunately, there are many aspects of POI which the guidelines do not address. Other than confirming that HRT should be continued up until at least the average age of menopause, there is little guidance on long-term care. The guidelines do not discuss the need for bone density assessment and the long term monitoring of cardiovascular health. Furthermore, due to a lack of data from clinical trials the guidelines are not able to make recommendations as to which type, route and dose of HRT might be preferred.

Although the guidelines are certainly a positive step towards getting better care for women with POI, there remains many unanswered questions and a need for high quality research in this area."

Kate Maclaran
Daisy Network Co-Chair

MEMBER'S STORY

At the age of 35 I decided to freeze my eggs as 'insurance' for the future. I had always wanted to have children at some point, but I wanted it to be with the right man and although I had been in a steady relationship for several years, I wasn't living with him and he certainly wasn't ready for children.

After a lengthy process of consultations and self-administered injections, I was told that I'd only produced 2 eggs and that it wasn't worth going through the invasive and expensive procedure of retrieving them – the chances of them resulting in a pregnancy in the future would be extremely slim. I was obviously disappointed and decided to pay for an 'ovarian reserve' test at an NHS clinic to get a better idea of how much longer my natural fertility would last.

I had been expecting to be told that I should start trying for a baby within the next 2 or 3 years but instead the consultant told me I already had no chance of having a baby due to POI and that this affects 1% of women in this country. I was completely shocked and gutted.

I suppose it's human nature to desperately want what you're

told you can't have but I tried to focus on the positive – the fact that the decision had now been taken away from me so I was free to throw myself into my career, or making a move abroad which we'd been planning. My partner was also very supportive although I feared it may have even been a relief to him.

In 6 months I went from living on my own in a flat in London with a diagnosis of POI, to living in rural France with a newborn baby boy and girl

Two weeks after stopping contraception – we thought we didn't need to bother any more – I found out I was pregnant. When I told by my partner he revealed he felt cheated, that this wasn't planned and that he didn't want me to keep the pregnancy. I was an emotional wreck, which was made worse when at an early scan I was told I was expecting twins. I didn't want to be a single mum of twins, but I certainly didn't want to throw away what I assumed would be my only chance of having my own biological children. It was a really tough time, and in the end I told my partner that although

I really hoped that he would decide to stay with me and be a dad to these babies, I was prepared to go ahead without him. It was at that point he decided he would try and make things work, so long as we could still move abroad...

In 6 months I went from living on my own in a flat in London, to living in rural France with a newborn baby boy and girl and a huge renovation project. Four years later, we are still together. Despite the real joy of having children, it has been very hard and we've almost separated several times. It is only now that my attention has returned to my diagnosis of POI and the health implications for me.

My periods are more irregular now, I get hot flushes and mood swings and I have yet to find a doctor here in France that takes my concerns seriously.

The Daisy Network has been my main source of information about this condition which is so poorly understood by the general population and healthcare professionals alike. I really hope it continues to go from strength to strength to help even more women around the world.

MINDFULNESS

Amelia Hodge from Pure Yoga Bristol talks us through some techniques of Mindfulness – a simple ancient Buddhist practise that is very relevant for life today...

After the initial shock of any type of trauma or major change in your life there are various stages that we can go through. The upheaval can leave you feeling emotionally unpredictable as well as physically and mentally exhausted. During this difficult time, it is important to trust that you have the ability get through the challenges. The following tips can help you navigate the path towards healing:

1. Expect ups and downs

You will experience extreme bouts of sadness and helplessness and it will appear in waves – – allow it to come and allow it to go. Recognise the intensity of each emotion and accept it. It's important to allow emotions to flow. Be prepared for ups and downs, it's part of the healing process.

2. Sit quietly and reflect

In the middle of your busy life it can be difficult to find the time to process your feelings and emotions. Start to recognise if you might be subconsciously making yourself busy to avoid dealing with your thoughts. Specifically set aside some time each day to sit quietly to reflect and practice tapping into your inner courage and strength. Trust in yourself that you have

the ability to get through the challenges.

3. Mindfulness

If your mind is caught in your worries, you can easily go about your day without connecting yourself to any of your actions, almost forgetting how you got from A to B. Mindfulness simply encourages you to bring more awareness to everything that you do. With a sharpened sense of awareness, you can start to recognise the many little moments of happiness in your life that can often be overlooked.

4. Show Gratitude

Make it a daily habit to show gratitude for everything that you have, remembering not taking anything for granted. Take a few minutes each day to be grateful for everything that you DO have. Gratitude helps us see our situation in a way that reduces panic and could open up our mind to new ways of thinking. As you move through the day, pause every now and then and remember the things you are grateful for – even the simplest of things count.

5. Take up grounding practices

Activities such as meditation, yoga or walking reconnect you

with the world around help you to appreciate the beauty of your surroundings. You might be surprised how a walk can instantly make you feel more grounded and balanced. Meditation and yoga help to increase awareness, which means becoming more mindful in everything that you do. By being more in tune with your thoughts, sensations and emotions you can begin to recognise patterns of thinking and help your mind find precious moments of peace in between other thoughts and emotions.

6. Acknowledgement

Bring your attention to exactly what is – whether it's pain or peace, torment or joy – and recognise each emotion or thought as it arises. In order to heal there needs to be acceptance; avoiding feelings and emotions will only prolong the healing process.

The ultimate aim of these techniques is to slowly change your perceptions. The moment you change your thought processes is the moment you change your reality. Practising these techniques can provide a range of physical, emotional and spiritual benefits.

www.pureyogabristol.com

MAKING FRIENDS WITH YOUR WOMB THROUGH ARVIGO® THERAPY

Want to build a good relationship with your womb or learn some new techniques to encourage a healthy digestive system? Ever heard about vaginal steaming? Do you know how great castor oil packs are for your ovaries?

When you meet an Arvigo® Therapist you could learn all of this and more.

Arvigo®? What is it?

The Arvigo techniques of Maya Abdominal Therapy® (ATMAT®)

are a systematic treatment which focus on all reproductive and digestive conditions. In other words, we give good belly massage.

Through massage we release the diaphragm and improve

circulation of blood, lymph and nerves. The Diaphragm connects to the spine around the mid lumbar area where the ovarian artery arises.

● **Fact** Through deep breathing and massage into the

MEET THE EXPERT

"My name is Hilary Lewin and I was responsible for getting this work established in Europe. My passion is to educate anyone who has a womb or indeed spent any time in a womb. Yes, that means everyone, but for now I would love to share this work with you.

You might like to try Vaginal Steaming – sounds a little unlikely, but believe me it feels good and more importantly does good too. Heat expands and cold contracts, when we

introduce warmth to the pelvis it will increase blood flow.

Imagine a facial steam but in this case you are using fresh or dried herbs and sitting over it. It feels great and many women who experience painful sex amongst a



myriad of other conditions love it.

Castor oil packs are a great way to take care of cysts, fibroids and scar tissue, they are easy to do but I encourage you to use organic oil if you fancy giving this a go.

Take a look **www.hilarylewin.com** or Google Arvigo Therapy to see if you have a practitioner near you. Make friends with your womb energy today and just see what she has to share with you.

solar plexus we can release the diaphragm and improve blood flow to the ovaries. We also work deep into the uterine area to improve womb health regardless of whether you are still menstruating or otherwise.

● **Fact** The uterus is held in place by ligaments, by encouraging the womb into optimal position, better health can follow. Included in the treatment is sacral work, looking out for any scar tissue or damage in this area.

● **Fact** The sacrum is where the nerves that support your pelvic organs exit. For good pelvic health your sacrum must be properly 'plugged' in to the nervous system. We regard



the uterus as a powerhouse, almost like our second brain and through regular massage and focus on this area you can make radical changes.

Even if she has 'let you down' or has been removed for medical reasons your womb is still part of you and will benefit from being nurtured and

acknowledged. Her energy is always there waiting for you.

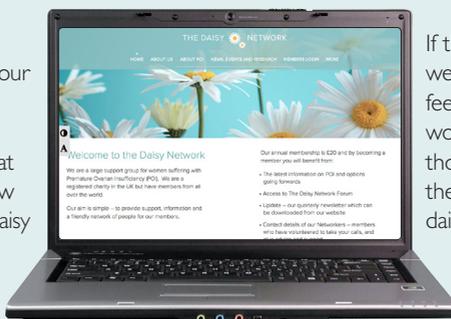
Why ATMAT®? The most important aspect is we teach you a self-care massage to carry out at home. This means if you don't live near a therapist you can access the work either through just one appointment or coming to a workshop.

INTRODUCING OUR BRAND NEW WEBSITE!

The Daisy Network are very proud to introduce our brand new website!

We have been very busy at Daisy HQ over the last few months rebranding the Daisy Network and developing our brand new website which we are all really excited about.

The new website went live at the end of September and we were very keen to make it more user friendly and visually appealing.



If there is anything on the website missing which you feel should be included, we would love to hear your thoughts. Get in touch via the forum or email info@daisynetwork.org.uk.

Special thanks to Jemima and So Design for their hard work coordinating this mammoth task, I am sure you will agree they have done an excellent job.

We have spent a lot of time on the functionality of the forum to really encourage you all to get involved and chat to other network members.

www.daisynetwork.org.uk

DAISY HELP

– CHANGING VOLUNTEER

We are urgently looking for a volunteer who would like to take the lead on fundraising for the Daisy network. If you are interested/ know anyone who might be or would like further information, please email:

info@daisynetwork.org.uk



LOCAL DAISY SUPPORT GROUPS

Are you interested in setting up a local daisy support group? Do you already have a local group set up which you would be happy for others to join?

THE DAISY  NETWORK

We are looking for volunteers to run local groups across the UK to provide small support networks for those diagnosed with POI.

If you would like to be involved or for further information, please email:

info@daisynetwork.org.uk

Welcome and thank you to Amanda Lewis who has volunteered to set a group up in the Nuneaton area. If you would like to attend a group in this area, please contact Amanda directly.

Amandalewis87@hotmail.co.uk

POI FORUMS

Come along, meet up, share ideas and experience

**Northwick Park Hospital
Outpatient Gyneae Clinic**
Time: 9.30am–10.30am
4 February, 3 March,
7 April, 5 May

ALL WELCOME

The forums include a chance to meet with a member of the hospital's multi-disciplinary team for questions and answers, such as our specialist GP, specialist nurse or specialist pharmacist. They are open to everyone who has experienced POI. You should ideally be aged under 40 (and definitely under 45). There is no lower age limit.

Please put the dates in your diary and feel free to turn up. Or, if you prefer, contact Dani (who facilitates the forums) in advance at: d.singer@nhs.net or call and leave a message on 020 8235 4034.

Venue:
Northwick Park Hospital
Gynaecological Outpatient
Department.
(Please ask at reception then wait in the waiting area)
Watford Road, Harrow
HA1 3UJ

DAISY NETWORKERS

The networkers are members of the Daisy Network who are happy to take phone calls from other members. You don't need a particular reason to call – they are here to offer a friendly ear. You might have a query you don't want to trouble your doctor with or you might just feel a bit down. Please note that these numbers are for members only. Please do not pass them on to anyone else without the prior consent of the networker concerned.

MEDICAL AND SURGICAL

Angela, Kent
POI in 30s following cancer treatment.
01959 561 620, early evening.

Jasbir, Hertfordshire
Ovarian cancer at 21. Three children. POI at 32, then problems with HRT, then hysterectomy. Implant.
01462 629 463, evenings and weekends.
jjaswal@ntlworld.com

Sarah, West Midlands
Total hysterectomy, uses HRT implants. No children.
07894 033 315, any time.
first55@aol.com

MISCELLANEOUS

Gemma, Northern Ireland
POI at 33, now 44. Spontaneous pregnancy in 2004.
02838 343 291, after 6pm.
gemma@gemma03.orange-home.co.uk

OTHERS' POINTS OF VIEW

Brian, Gloucestershire
Egg donation and psychological impact.
07802 490 563, any time.

Martin, Hampshire
Unsuccessful IVF. Adopted two children.
02380 849 602, after 7pm.
martin.c.hill@sky.com

TEENAGE DIAGNOSIS

Joyce, Fife
POI at 16. Successful and unsuccessful egg donation attempts.

01577 830 067, 7–9pm Mon–Fri, or any time at weekends.

Lisa, Northumberland
POI at 14, now in 30s. Successful egg donation.
01670 514 750, any time.
lisajonathan2001@yahoo.co.uk

Louise, Somerset
POI at 17, reason unknown. Takes combined Pill as HRT.
07816 399 203, after 7pm but not Tuesdays.
louise.k.baker@googlemail.com

EGG DONATION

Caroline, West Midlands
Diagnosed at 32, now 39. Successful egg donation in USA. Positive experience of HRT.
01926 733 411, after 7pm.
c.kuzemko@yahoo.co.uk

Karen, Wiltshire
POI in early 30s. Been on HRT for 12 years without problems. Successful egg donation – twins.
01985 211 494, evenings after 7pm.

Pamela, Surrey
POI due to resistant ovary syndrome. Successful egg donations.
0208 669 0508, 7–9 pm.
pa1hilton@btinternet.com

Jane, Hertfordshire
POI at 28. Successful egg donation. Reasonable success with HRT.
01727 370 723, any time.
janehussell@hotmail.com

Nicola, Worcestershire
POI at 35. Successful/unsuccessful egg donation abroad. Takes HRT.

01905 457 480, evenings after 7.30pm and any time at weekends.
armpete2@yahoo.co.uk

Emma, London
POI at 21, now 31. Successful and unsuccessful egg donation abroad, attempting another cycle soon.
0203 565 9258/07731 815 333, any weekday 7.30–9.30pm or any time on Sundays. Happy for members to leave voicemails.

ADOPTION

Jacqueline, Devon
POI at 34. Four failed egg donations. Adopted two siblings. Spontaneous return of periods then normal pregnancy. Rediagnosed as resistant ovary syndrome.
01752 290 648, 7–9pm Mon–Fri and any time at weekends.
jacquelinehouslander@gmail.com

HRT

Kate, Cheshire
POI at 28, now early 40s. No children. Positive about HRT and life post-menopause.
07974 754 901, any time.
km_palmer@btinternet.com

Thea, Kent
POI at 27. Conceived naturally. Problems with HRT, especially tiredness.
01795 538 014, 6–8pm

Jemma, Kent.
POI at 26, reason unknown but autoimmune in close family. Two young children. Takes HRT.
07977 464 682, after 5 pm weekdays and Saturday only.
jemma.crisp@btinternet.com