

# Health Triangle

The official e-mag of  
UK Health Radio



**Own your  
True Success:**  
*"Do not wait until  
tomorrow to..."*

**INNOVATIVE  
HEALTH &  
WELLBEING  
PRODUCTS**

**Menopausal  
Night Sweats**

**When Bad Stuff  
happens to you**

by Chrissy B

**The Diabetes  
Sweet Spot**

Health Focus  
**Infertility**

**ENTER  
NOW**



“The things we did  
last summer  
I’ll remember  
all winter long “

- Jule Styne -

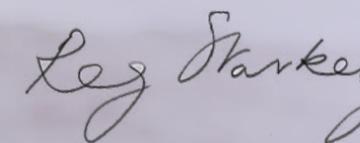
**Editor’s Note:**  
**This Month** ▲

**CHOICE IS GOOD.**  
**(INFORMED CHOICE IS BETTER!)**

**H**istorically, in the media, this time of the year marks the end of the “Silly Season” - a time when news that might be spiked at other times, makes a splash. Like the USA considering making an offer to buy Greenland, for example. The luxury of living in a first world country is that the majority of the population is able to make choices every single day: what we do, what we eat, where we go, what we say. The decision to procreate is a big one and an inability to become pregnant is a big issue, too. The opening article on ‘Infertility’ explores it wisely, with intelligent insights. The principle of informing readers’ choices continues throughout this edition and every edition.

We provide facts and expert opinion. We leave you to make up your own mind and act accordingly. We never advocate excess. Too much of even a very good thing is never a sound idea, whether you are talking about food, drink, work or shopping. Harnessing the power of your mind, not procrastinating, finding balance, seeking excellence rather than perfection, these are the keys to being authentic. This is what transforms victims into victors.

Happy reading.



**Reg Starkey**  
Editor



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**Health  
Triangle**

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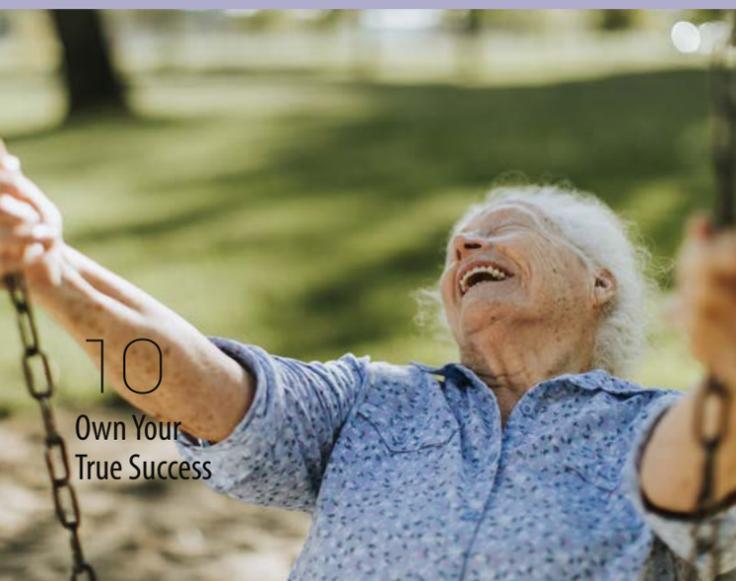
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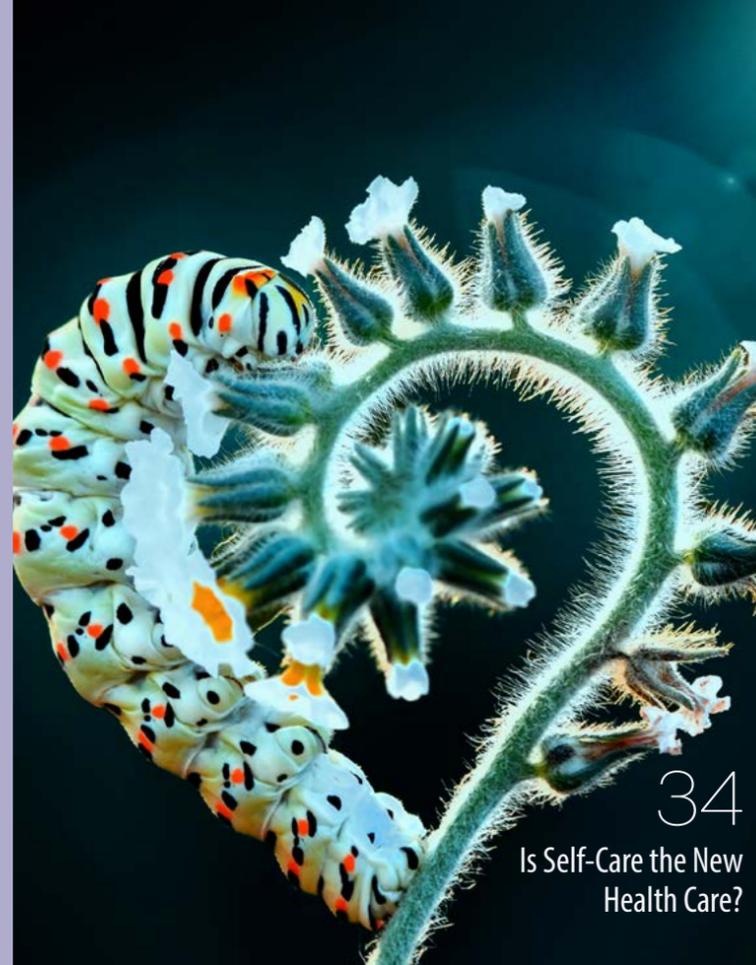
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# Infertility

**I**nfertility is when a couple can't get pregnant (conceive) despite having regular unprotected sex. Around 1 in 7 couples may have difficulty conceiving.

About 84% of couples will conceive naturally within a year if they have regular unprotected sex (every 2 or 3 days).

For couples who've been trying to conceive for more than 3 years without success, the likelihood of getting pregnant naturally within the next year is 25% or less.

## GETTING HELP

Some women get pregnant quickly, but for others it can take longer. It's a good idea to see your GP if you haven't conceived after a year of trying.

Women aged 36 and over, and anyone who's already aware they may have fertility problems, should see their GP sooner.

They can check for common causes of fertility problems and suggest treatments that could help. Infertility is only usually diagnosed when a couple haven't managed to conceive after a year of trying.

There are 2 types of infertility:

primary infertility – where someone who's never conceived a child in the past has difficulty conceiving  
 secondary infertility – where someone has had 1 or more pregnancies in the past, but is having difficulty conceiving again

## TREATING INFERTILITY

**Fertility treatments include:**

- medical treatment – for lack of regular ovulation
- surgical procedures – such as treatment for endometriosis, repair of the fallopian tubes, or removal of scarring (adhesions) within the womb or abdominal cavity
- assisted conception – this may be intrauterine insemination (IUI) or in vitro fertilisation (IVF)
- The treatment offered will depend on what's causing your fertility problems and what's available from your local clinical commissioning group (CCG).
- Private treatment is also available, but it can be expensive and there's no guarantee it will be successful.
- It's important to choose a private clinic carefully. You can ask your GP for advice, and should make sure you choose a clinic that's licensed by the Human Fertilisation and Embryology Authority (HFEA).
- Some treatments for infertility, such as IVF, can cause complications.

**For example:**

- **MULTIPLE PREGNANCY** – if more than 1 embryo is placed in the womb as part of IVF treatment, there's an increased chance of having twins; this may not seem like a bad thing, but it significantly increases the risk of complications for you and your babies
- **ECTOPIC PREGNANCY** – the risk of having an ectopic pregnancy is slightly increased if you have IVF

## WHAT CAUSES INFERTILITY?

There are many possible causes of infertility, and fertility problems can affect either the man or the woman. But in a quarter of cases it isn't possible to identify the cause.

In women, common causes of infertility include:

- *lack of regular ovulation, the monthly release of an egg*
- *blocked or damaged fallopian tubes*
- *endometriosis – where tissue that behaves like the lining of the womb (the endometrium) is found outside the womb*

In men, the most common cause of infertility is poor-quality semen.

## RISK FACTORS

There are also a number of factors that can affect fertility in both men and women.

These include:

- **AGE** – female fertility and, to a lesser extent, male fertility decline with age; in women, the biggest decrease in fertility begins during the mid-30s
- **WEIGHT** – being overweight or obese (having a BMI of 30 or over) reduces fertility; in women, being overweight or severely underweight can affect ovulation
- **SEXUALLY TRANSMITTED INFECTIONS (STIS)** – several STIs, including chlamydia, can affect fertility
- **SMOKING** – can affect fertility in both sexes: smoking (including passive smoking) affects a woman's chance of conceiving, while in men there's an association between smoking and reduced semen quality; read more about quitting smoking
- **ALCOHOL** – for women planning to get pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum; for men, drinking too much alcohol can affect the quality of sperm (the chief medical officers for the UK recommend men and women should drink no more than 14 units of alcohol a week, which should be spread evenly over 3 days or more)
- **ENVIRONMENTAL FACTORS** – exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in men
- **STRESS** – can affect your relationship with your partner and cause a loss of sex drive; in severe cases, stress may also affect ovulation and sperm production

There's no evidence to suggest caffeinated drinks, such as tea, coffee and colas, are associated with fertility problems.

# How to Focus Your Mind to Create the Life You Love

by Catherine Carrigan  
Medical Intuitive Healer  
Amazon N°1 bestselling author  
Host of the Natural Healing Show  
for UK Health Radio

Within the past month I was asked to do a medical intuitive reading for a woman from California who was scheduled to attend a healing retreat in Costa Rica.

The shaman in Costa Rica, for whom I do medical intuitive readings for his clients from all over the world before they arrive, had wanted me to take extra care given that this lady had reported being so ill. Indeed the initial form I received included a long list of ailments in addition to an equally detailed account of her natural healing remedies and the innumerable therapies she had tried up to that point. She reported having been very ill her entire life. As sick as the report said she was, as I did my medical intuitive reading, I discovered that at the soul level she was equally strong.

"Do not treat her like the fragile creature she thinks she is," I advised the shaman in Costa Rica. "Help her to remember her soul strength." About this time a long-term client walked into my office and announced, "Catherine, I have to admit that I am a depressed person."

Indeed, she had endured years of unrelenting stress in literally every aspect of her life. Nevertheless I demurred. This client is a brilliant woman. Carefully, thoughtfully and in great detail she and I had worked together to overcome these challenges – health obstacles, financial fiascos, marital woes, career conundrums, relationship heartbreaks, parenting disputes all so great it would have made the strongest person stop to question herself.

And in each and every case she had come out on the other side shining.

"Hold on for a minute," I replied to her.

"I know you very well and you are not a naturally depressed person.

"Can you feel the difference between saying, 'I feel depressed' and 'I am a depressed person?'"

"You have overcome many obstacles but you have never made being happy your primary goal. Nobody around you is happy. You have just never learned how."

Last story, I promise.

About 26 years ago a friend of mine heard about a local class in positive thinking.

"That's silly," I remember thinking to myself at the time, "everybody knows you're supposed to think positively." Yes, that's true. We all do know that positive thinking is better for us than negative thinking.

However the very next day I was diagnosed with Chronic Fatigue Syndrome, which basically meant that just about everything was wrong with me. Every organ system in my body was malfunctioning and had been for quite some time.

I immediately signed up for the class in positive thinking. As I took the class I created a collage of everything I wanted to create in my life and hung it on the wall where I could see it every day. The collage reminded me I wanted to make a big difference in the lives of others. I remember walking around repeating a mantra, "I am radiantly healthy."

Flash forward to me now, age 60.

Indeed if you met me today you would not be able to discern the multiple health challenges I have overcome. I would share a photograph of me in a bikini but modesty holds me back. You will just have to imagine a woman well past middle age who radiates health and happiness...



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# Is Self-Care the New Health Care?

by **Caroline Purvey**

Taking responsibility for our own personal well-being has never been more important than it is today. Despite the wonderful NHS staff, it is becoming clearly evident that the key areas that ail society are the very things that are putting a strain on the NHS. Namely mental health, addictions, in particular, alcohol and obesity. Society has a big challenge and it will not go away.

7 years ago, I was blessed, as by extraordinary circumstances I found myself in South Africa on a course to learn something I had never heard of. In a venue with 99 others from around the world I stood up and vowed to all to make this happen in the UK.



**Caroline Purvey**  
CEO TRE UK®

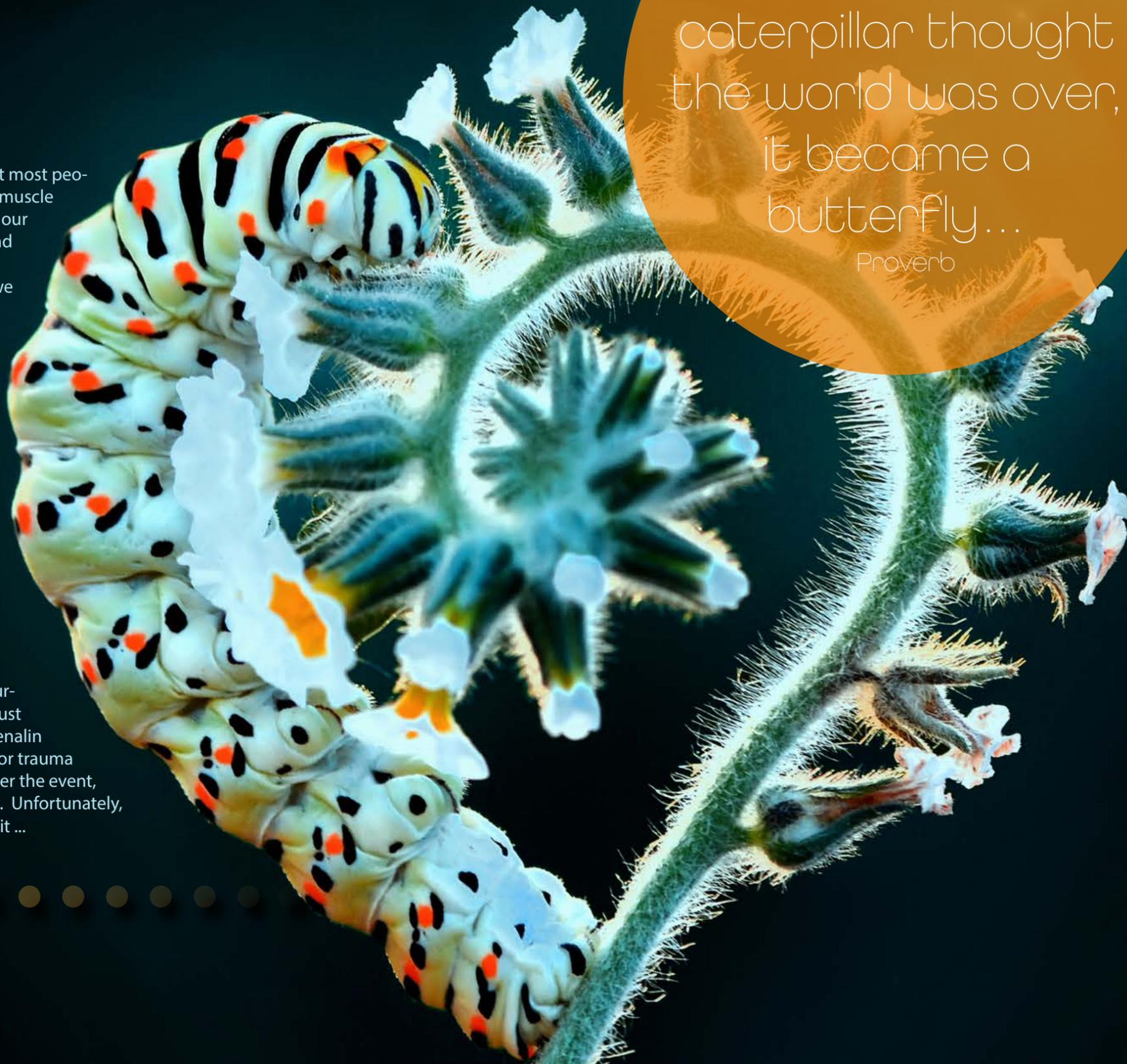
I returned with a vision and mission, but little else as there was no support or resources suited to the UK at the time. I set up TRE UK® and evolved it to a practice that I teach both in the UK and globally. A five-step self-help programme, the Total Release Experience®. The practice gets us back in touch with what nature gave us. The ability to release tension from the Psoas muscle deep in the body.

The psoas is not a muscle that most people are familiar with. It is the muscle that holds our upper body to our lower body. It sits right behind our organs so not one we can easily massage if we feel a bit tense. The Psoas is our fight – flight centre. It is the seat of our emotions. It is where since the day we were born we store tension in the body from stress and trauma. Stress in fact can be picked up from the mother in the womb.

What is so special about this then? Well here's the other surprise, we are all animals and just as an animal releases the adrenalin and cortisol from their stress or trauma to find an instant freedom after the event, we too have that same ability. Unfortunately, we have forgotten, mostly as it ...

Just when the caterpillar thought the world was over, it became a butterfly...

Proverb



# Cancer treatment

## CANCER TREATMENTS, COMPLEMENTARY THERAPIES AND MARGINAL GAINS by Mark Bennett

There have been considerable advances in recent years in both the treatment options (surgery, chemo/radiotherapy, hormones, immunotherapy and stem cell/bone marrow transplants) and survival rates after a cancer diagnosis, but 'cancer and its treatment often leaves a gruelling physical and mental legacy for many years afterwards... and many of these people are not living well... living with multiple long term conditions' (Macmillan Cancer Support, 2013).

However, in spite of trillions of dollars being spent on research and treatments since President Nixon declared war on cancer in 1971, recent global data shows that 'Cancer incidence and mortality are (still) rapidly growing worldwide' (Global cancer statistics 2018: GLOBOCAN) and we are told to expect that 'by 2020 it is estimated that nearly 1 in 2 of us will develop cancer at some point in our lives' (Macmillan Cancer Support, 2015). Is this acceptable? Does this not imply 'that something is fundamentally wrong with the current accepted paradigms of cancer?' (Calabrese, E.J - Journal of Cell Communication and Signaling 2019).

Cancer is a complex multifactorial chronic disease and the evidence would strongly suggest that complementary approaches when combined with modern medical treatments can significantly improve patient outcomes. This is not about an alternative approach, which by default implies that the patient has to make a decision as to which path to take, but about combining the best

available evidence-based approaches from both modern and complementary medicine to help deliver improved patient outcomes.



This is all about marginal gains, the principle being that if you can achieve small improvements (e.g.1%) in multiple areas then the cumulative gains will end up being significant. It is natural to assume that in order to achieve any desired outcome, we must focus our energies on only using actions that will deliver the greatest returns. Why bother with actions that only produce marginal improvements that may not even be noticeable? But the point

here is that tiny improvements can make a significant difference over time, as marginal gains compound. This is exactly what revolutionised British cycling when Sir Dave Brailsford applied this principle rigorously from 2003 onwards. The results speak for themselves. Between 2007 to 2017, British cyclists won 178 world championships, 66 Olympic or Paralympic gold medals and captured 5 Tour de France victories, in what is widely regarded as the most successful run in cycling history.

So if this principle can transform a sport, what might it do for cancer treatments and outcomes? Why would we not, as a matter of course, always recommend using other complementary approaches to help achieve potentially substantial improvements, not only in treatment outcomes but also in quality of life post treatment ...



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