

Never too young?

How Younger women face up to breast cancer

Contrary to popular belief, younger women do get breast cancer. And when they do, they are faced with many distinct issues. In the first of two articles that focus on breast cancer in pre-menopausal women, we talk about coping with the shock of diagnosis, feelings of isolation, and the impact of the disease on careers, finances and job prospects.

More than 80% of breast cancer in the UK occurs in post-menopausal women, but around 8,000 pre-menopausal women are diagnosed each year, with just over 2,000 being in their 20s and 30s. And, although there are a lot of experiences that span the generations, younger women with breast cancer have some particular issues to face.

Janet Cooper, who was 37 when diagnosed, sums it up: “For me, it is having to face my mortality at an age when most people don’t even think about it; worrying about my daughter and the possibility of not being there while she is growing up; having my fertility taken away by the treatment, and feeling old before my time. There is also the additional worry of having a more aggressive form of cancer than many older women tend to get. I feel as though my future has been taken away. I no longer want to plan very far ahead and I panic when anyone talks about an event that is more than about a year away.”

Listen to us!

In researching this article, one thing that has become clear is the almost total lack of factual information in the UK for younger women with breast cancer. “I believe that not enough attention is given to breast cancer in younger women,” says Amoena Life reader Fiona Crompton. “It is still said to be unusual or unfortunate to be a young woman with breast cancer. I think it needs to be highlighted that more and more women are being diagnosed in their mid 30s. We need to research if there is a pattern to it – stress, diet, lifestyle, the pill, etc.” This feeling was endorsed by many other women we spoke to. “I am sure I am not the only one who feels frustrated with the apparent lack of medical research being done that is relevant for young women,” says Sally Gubb. “Most new therapies and drugs seem to concentrate on post-menopausal women.”

We asked the major breast cancer charities in the UK for their thoughts on why younger women get breast cancer, and whether they were currently undertaking any research in this area. Neither Cancer Research UK nor Breast Cancer Care was able to help us. Breast Cancer Campaign is currently not funding any research into this

age group because, as spokesperson Sangeeta Haindl explained: “Age is still the single most important factor influencing breast cancer risk and 80% of all breast cancers occur in post-menopausal women. Generally, we find that those with early onset breast cancer have inherited mutations, for example BRAC1 and BRAC2, which accounts for 10% of all breast cancers in the UK.”

One breast cancer charity, Breakthrough Breast Cancer, is however undertaking an ambitious study that will encompass women of all ages. Dr Sarah Rawlings, policy manager at Breakthrough Breast Cancer, told us: “Breast cancer is a very complex disease and although it is thought to be caused by complicated interactions between genes, lifestyle and environment, very little is known about the exact causes. Breakthrough Breast Cancer initiates and supports research which ultimately aims to eradicate breast cancer by discovering the causes of the disease, finding methods of prevention and developing new treatments. Part of this focus on research includes the Breakthrough Generations Study, launched last September in partnership with The Institute of Cancer Research.

“The Breakthrough Generations Study is a decades-long study into the causes of breast cancer. It is the largest of its kind in the world and will be the most rigorous, dedicated investigation ever into the relationships between women’s genes, hormones, the environment and their lifestyle – all factors which are thought to contribute to breast cancer. The study will investigate the causes of breast cancer and will also look at a number of risk factors of particular concern to women, with the aim of finding new ways of preventing breast cancer in years to come.”

Strength in numbers?

Even with Breakthrough’s extensive study, it is still clear that much more needs to be done in the way of research. The challenge is how to get the medical profession to recognise that younger women have different needs. Says Sue Anderson, who was 33 when diagnosed: “I am angry and frustrated about the issue of breast cancer in women under 50 years old. All posters and literature are about older women. The government should be sitting up and taking note and encouraging the NHS to take this seriously. I have been repeatedly told I was ‘too young’ and had no family history and it couldn’t be cancer.”

When a similarly severe lack of information became evident in America, three young breast cancer survivors, all of whom were under 35 when diagnosed, formed the Young Survival Coalition (YSC – www.youngsurvival.org). YSC is the only international, non-profit network of breast cancer survivors and supporters dedicated to the issues that are unique to young women and breast cancer.

The founders were particularly concerned about the under-representation of young women in breast cancer studies. Says Randi Rosenberg, president of the YSC: “We frequently hear the refrain ‘Young women don’t get breast cancer’. Yet, here we are, right in front of the medical and research communities representing the global voice of all young women living with breast cancer. If they begin studying breast cancer in younger women, they may unlock the key to why all women are diagnosed with this disease.”

The YSC’s website contains a huge amount of information about younger women and breast cancer. And its message is one that younger women in the UK should

hear. The medical and research communities often say that the lack of research on younger women is because there aren't enough of them to study. By banding together, younger women with breast cancer can lobby these institutions, force them to take notice and influence them to take action.

Why me?

So, what *do* we know about why women get breast cancer? Although medical authorities believe that there are a number of factors that can increase a woman's chances of getting the disease, they still don't know what actually causes it, and this is the same for women of all ages.

"The biggest issue for me being diagnosed at 41 was the question, 'Why?'" says Amoena Life reader Phillipa McKnight. "I felt totally fit at the time and I had always led a fairly healthy lifestyle – not smoking, going to the gym regularly. There seems to be ever-changing coverage in the press about possible causes, but I feel I would just like to know the reason so that I can prevent it coming back in the future."

There is evidence to suggest that tumours in younger women can grow and spread more rapidly than those in older women. Younger patients are somewhat more likely to be struck with aggressive HER2-positive tumours. It is also true that breast tumours in younger women tend to be diagnosed at a later stage because women under 40 are not routinely screened, and mammograms are of limited value in younger women as their breast tissue is often too dense to allow for an accurate scan.

Explains Dr Rawlings of Breast Cancer Campaign: "Breast tumours in younger women may be more likely to have spread to the lymph nodes and to also be negative for the oestrogen receptor. This is partly why breast cancer in some younger women may be more aggressive, as all of these factors can lead to a worse prognosis. As with all breast cancers, early detection is important – the earlier breast cancer is detected and treated, the greater the chance of survival."

Hereditary breast cancer, where there is the presence of a mutated BRCA1 or BRCA2 gene, is also a consideration. Although this affects only 5-10% of the population in general, it is believed that a higher percentage of breast cancer in younger women is hereditary, and this type of breast cancer usually affects women in their 30s and 40s.

Bitter pill

What about the treatment available for younger women? Generally, it is the same for women of all ages – lumpectomy or mastectomy, followed by chemotherapy and radiotherapy where necessary. This can be a cause for extra concern for pre-menopausal women: "Most treatments are unsuitable for or untested on younger women," says June Haskell, who was 32 when diagnosed. "I was really upset about the fact that I didn't have children and no-one could advise me one way or the other on the risk of falling pregnant."

However, while most of the drugs used to treat breast cancer are designed for post-menopausal women, there is one specifically for pre-menopausal women with oestrogen-positive tumours, called Zoladex. It is a synthetic version of a natural hormone that 'switches off' the production of oestrogen from the ovaries by interfering

with other hormones coming from the brain that control how the ovaries work. Within three weeks of starting the treatment, a woman's oestrogen levels will be lowered to a level similar to that of women after the menopause, and this will continue for as long as she takes the drug.

Another new drug is Herceptin, which works by blocking the HER2 protein found in some breast cancer cells, so that they cannot divide and grow. It also stimulates the body's immune system to destroy breast cancer cells. Currently, Herceptin is only used to treat primary breast cancer as part of clinical trials.

Facing the future

So much for the science – or lack of it. What about the reality? Let's look at some of the most common issues that emerge when young women talk about their experiences of breast cancer.

According to those we spoke to, one of the most overwhelming feelings is not being able to plan for the future. Amoena Life reader JJ says: "Facing a life-threatening diagnosis can be especially hard when your peers are getting married and having kids. You feel your life is over and theirs is beginning. I lost my desire to plan for anything. I became too scared to contemplate even a few months ahead, whereas normally I start buying Christmas presents in January! It took me nearly a year before I could trust to plan ahead again."

When you are young, life is full of goals and ambitions, from studying or shaping your career to buying your first home. It comes as a nasty shock to have these plans derailed. And when breast cancer hits at a time that's usually filled with activities – sport, travelling or a hectic social life – it can seem particularly tough. "I had just qualified as a fitness instructor when I was diagnosed," says Amanda James. "Instead of applying for my first job in gym management, or pursuing my dream to become a personal trainer, I was recovering from a major operation and attending chemotherapy sessions which made me feel frail and old. It took me many months to get my confidence – and my fitness – back."

Our life coach, Sarah Fowler (who was herself only 35 when diagnosed), has this advice: "A diagnosis of breast cancer can be devastating, and for most people it's the first time that they have had to face up to their own mortality in such a real way. Suddenly a question mark can hang over plans and dreams for the future, and everyday events like celebrating birthdays or anniversaries are loaded with terrible poignancy. It's entirely understandable to feel that breast cancer has put a stop to your plans, or that you can't think ahead anymore. But in truth no-one can ever be really certain about their own health, just as no-one knows what the future holds for them. Try to get your negative thoughts into perspective. By all means admit when you're having a 'down' day, but be prepared to challenge those negative thoughts. Instead of thinking 'My life has been taken away from me,' be specific: 'I feel frail and scared at the moment, but I know it will pass.'

Having it all

Another frustration at a time of life that is usually very busy is the loss of physical well-being – feeling tired or not as strong as usual. For many women it is frustrating to find they are unable to do everyday tasks, and have to rearrange their lives or lean heavily on others for help.

Sharon Macdonald was diagnosed at 39. It changed her life completely: "I had to stop working as a practice nurse. I have always worked and really enjoy my job. My life was a juggling act, sorting out the children, house and work, and I was always very busy. Now everything revolves round my weekly visits to the hospital."

Similarly, Jacqueline resented the impact of cancer on her daily life: "The trauma is devastating for any woman, whatever age, but I think it would have been easier to deal with everything if my children had been older. Coping with the treatment with very young children is hard, you need so much practical help to care for them. I couldn't lift my baby after my operations."

Sarah Fowler recommends re-thinking your daily routine. "For many young women life is already a juggling act, without having to deal with the disruption of breast cancer. If you have young children, you'll know how important it is to maintain their routine. In order to keep things running as smoothly as possible, you've got to give yourself permission to ask for help," she says. "If you are very independent by nature, this can be tough. But the people who care about you often want to do something to help at a time like this, just as you'd be happy to help them if they were in trouble."

"Decide what practical help you could do with, and ask family and friends. You might find that someone is happy to cook a meal, while others could drive you to your hospital appointments, or collect the children from school. Perhaps someone else could do your weekly shop or even run the vacuum cleaner round once a week."

"Finally, do remember that this won't last forever. It's just a temporary re-arrangement of your schedule. And by taking the time you need to recover properly you will soon be able to return to the lifestyle you're used to."

Is there anybody out there?

Together with the shock and disbelief of diagnosis often comes a feeling of isolation. Other people in your age-group will be getting on with their lives, and it is unlikely that they will have given any thought to serious illness. How can your friends possibly understand what you're going through? Sympathy is one thing – empathy can be quite another.

As people grow older, they often experience illness in relatives or friends, but young people may not have had to deal with something like this, and their reactions can be mixed. "None of my friends have been through what I have gone through. They can't begin to understand the trauma of cancer: losing a breast, dealing with a new image of myself, what clothes and underwear I can now wear, the hot flushes and night sweats," says Fiona Compton. Meanwhile Sue Macnish was hurt and puzzled by the behaviour of her friends: "Everyone treated me as if I was going to die."

Even when friends are supportive, you may find that your treatment affects your ability to keep up with your social life. Julie Polwin found that hers became virtually non-existent: "I was keen to try and see friends so that I would have something to look forward to, but frequently had to cancel as I was not well enough in reality. Fortunately, my friends were understanding of this. Email was essential for me in keeping in touch with them."

One very important coping strategy is to reach out to others who are in a similar situation. Yet many of the women we spoke to said that most groups in their area were for older women. “I joined a support group – initially it was very helpful but there was no-one my age there,” says Jacqueline. “They were a lovely warm and welcoming group of women, but I had little in common with them and I only go infrequently now.”

Many younger women find others in a similar situation via the internet. “It was very hard finding other 32-year-olds with this disease,” says June Haskell. “I found some on the internet – mostly American. Before I made these contacts I felt very alone, even though I did have friends and family around me. I really wanted to relate to people who had breast cancer.” Heather Winterton agrees: “I’m lucky as I have access to the internet and found lots of support through the Breast Cancer Care Younger Women’s forum.”

If you would like to get in touch with other women in your age group, contact Breast Cancer Care, who focus specifically on younger women through their sister charity, The Lavender Trust (see Contacts). They can advise you on support groups specifically for younger women. They also run telephone support groups for women in their twenties and thirties, which ‘meet’ for an hour, once a week for eight weeks.

Alternatively, if you prefer to explore one-to-one support, Breast Cancer Care can put you in touch with a trained volunteer who has been in a similar situation to you, to whom you can talk about a specific issue or treatment, or more generally about how you are feeling. The charity also runs residential weekends for younger women, offering the opportunity to learn more about breast cancer and to meet other women in a supportive atmosphere. And, for those that have access to the internet, you can contact other women through websites and chat rooms. Some of these sites are run by younger women who have had breast cancer. Contact Breast Cancer Care for an up-to-date list of addresses.

Making ends meet

Quite apart from the physical and emotional effects of breast cancer, younger women also have to consider the impact on their financial situation. For many, breast cancer will hit them at a time when they are establishing their career, setting up home, or starting a family – and sometimes all three.

Sarah Gubbins found that her financial commitments meant that she had to struggle through: “I did look into having a break in employment when I was struggling with the combination of treatments and working full time,” she says. “But because I own my own home I would have got no benefits. I would have had to manage on statutory sick pay, which amounts to a fantastic £8 approximately a day after tax. I could not even pay the monthly mortgage on that, let alone buy food as well, so my only option was to continue to work as near full time as possible. It was an incredible struggle at times when getting out of bed some days was too hard to do!”

So what do you do if you have rent to pay or a mortgage that depends upon your wage? First, talk to your mortgage lender or landlord to see if they can work out a different payments scheme, or defer your payments for a few months.

There are also state benefits you may be able to claim. Many people don’t claim

benefits because they are simply not aware of what they are entitled to, or they are too embarrassed to ask for help. Others find the system too complicated. “As I had only been employed for 7 months at 8 hours per week, I did not receive any sick pay,” says Elizabeth Coulter. “They sent me a form for claiming incapacity benefit but it was lengthy and complicated and I was too poorly to be bothered to fill it in.”

Don't be put off – talk to your breast care nurse, your GP or a social worker or welfare adviser at the hospital to find out what you are entitled to and how to apply for it.

“While job hunting, I found some employers did not act favourably to me after they were made aware of the cancer treatment,” said Christine Thomas. “It was not until I read a Cancer BACUP booklet that I realised I would be able to claim incapacity benefit. The money was handy but, despite answering all the questions as completely as I could, I felt ‘hounded’ by the DSS to prove my inability to work. They couldn't seem to take on board the fact that different people react differently to chemo treatment. Okay, some ladies were able to go to work, but there were days when I was totally grotty.”

The Citizens' Advice Bureau is also a good place to go for guidance, or ask your local social security office, Jobcentre of Jobcentre Plus (JCP) office for help. The Department for Work and Pensions (DWP) has a free benefit enquiry line (see Contacts section below), and produces leaflets outlining each benefit. These are available from its offices, local libraries and Citizens' Advice Bureaux.

Claiming benefits may be the last thing on your mind, but it is important to apply as soon as you feel able to (even if you are not sure that you are eligible), because many benefits can't be backdated. Many factors are taken into account when assessing whether or not you are eligible for benefits. These include your age, how much National Insurance you have paid and how long you have been ill. Some benefits are paid in addition to other benefits you receive to top up your income to a minimum level. These are called means-tested benefits. Breast Cancer Care's booklet 'Breast Cancer and Benefits' provides a summary of the allowances available. You can download the booklet from their website, or order a copy online or via their helpline. Breast Cancer Care's booklet 'Breast Cancer and Benefits' provides a summary of the allowances available. You can download the booklet from their website, or order a copy online or via their helpline.

Business as usual?

When all's said and done, it may be financially necessary to return to work. This can also be helpful to some women in regaining a sense of normality. Karen Searle wanted to get things back to normal as soon as possible, although she did find things awkward for a while: “There were no issues with work – it was just uncomfortable telling people. I knew my diagnosis would be a topic of conversation and although I knew it wouldn't be malicious, I am uncomfortable with a lot of attention. My manager was fantastic. I told her I just wanted to be spoken to normally and not pitied. Work colleagues were great, asking how I was, but not in an ‘Oh I do feel sorry for you’ way.”

But for various reasons it's not always possible or even desirable to return to full-time work immediately. Some women prefer to build up their hours gradually, or change to

a part-time role. It's worth trying to negotiate with your employer to see if you can reach a mutually acceptable solution.

It may also be necessary to change career if your job is too demanding. Junior school teacher Mandy King found that her diagnosis affected her attitude to her career: "From being ambitious and wanting to climb the ladder, suddenly other things became much more important."

Disability discrimination

It's understandable that many women feel extremely concerned about how their diagnosis will affect their job. How can they prove they're unwell – particularly after surgery? Does the law offer any protection? Happily, it does. And the good news is that the law is about to be amended to offer more help to more people.

Breast cancer can count as a disability as far as employers are concerned, if it affects your ability to carry out your job. Those with a disability are protected from discrimination by the Disability Discrimination Act 1995 (DDA). Disability is defined as a physical or mental impairment, which has a 'substantial and long-term' (i.e. will last for at least 12 months) adverse effect on someone's ability to carry out normal day-to-day activities.

A condition like cancer may change and develop over time. The Act protects you as soon as your condition begins to have some effect on your ability to carry out normal, day-to-day activities: as long as your condition is likely in future to have a substantial effect on your ability to carry out such activities. It can be a shock to discover that you are legally 'disabled' on top of everything else, but in reality it does offer you substantial protection.

If, according to the Act, it is found that you have been discriminated against – whether you are dismissed, treated unfavourably in terms of salary reduction, or see your job duties change – you will have rights against your employer. The Act protects you from being treated less favourably than someone who does not suffer from breast cancer without justification for a reason connected with your 'disability'. An employer also has a duty to make reasonable adjustments to working arrangements or premises if those arrangements put you at a substantial disadvantage.

As this article was going to press, the draft Disability Discrimination Bill was going through parliament. It seeks to improve the protection that the Disability Discrimination Act provides for disabled people. In particular, it extends DDA protection to more people who have HIV infection, cancer and multiple sclerosis. To find out more, visit the following Government websites: www.direct.gov.uk and www.disability.gov.uk, where you will find links to the draft bill, including a very useful 'easy-read' version. For a copy of the draft Bill, contact The Stationery Office (TSO) on 0870 600 5522, www.tso.co.uk. If you want to know more about how the law already helps you, call the Disability Rights Commission on 08457 622633, www.drc-gb.org

Mirror, mirror on the wall...

While it's true that there's much more to a woman than the way she looks, our culture places a lot of emphasis on our physical appearance – particularly when we're

young. Dealing with the physical impact of breast cancer and its treatment can be extremely tough when you and your peers are interested in fashion, fitness and looking your best.

For Gemma Boyd, shopping is no longer fun: “I used to love shopping with my friends, but now it’s so depressing when they’re trying on strappy tops and dresses and I’m restricted to high-necked T-shirts and jumpers.” Anne Jackson agrees: “Although my friends have been really supportive, I dread girly nights out – whereas I used to be a real party animal! Getting ready to go out with my mates was half the fun, but now because I feel so unattractive I think ‘what’s the point?’”

It’s no easier for women in their 30s and 40s, who are often trying to get used to other changes in their bodies as middle age approaches. To be faced with surgery, debilitating drugs and an early menopause on top of it all can seem overwhelming.

“I used to worry about the lines appearing on my face and the odd grey hair starting to show,” says Sally Temple. “But now I get irritated with my friends when they’re whingeing about having to buy expensive face creams or whether or not to try Botox - I can’t help thinking that I wish that was all I had to worry about.”

Yet, despite the pressure on young women today to look good, have successful relationships and generally be ‘superwomen’, most of those we spoke to when researching this article said that reconstruction was not very high on their list of priorities. They felt that survival was most important, so that they could be there for their partners, their children, and to experience what life can offer them for as long as possible.

Andrea Bell, who was 31 when she had her mastectomy, explains her reasons for not going ahead with reconstruction: “I wanted to deal with one issue at a time. My main priority was to get the cancer out of my body. Then I wanted to get home as soon as possible without causing too much disruption to family life.” Jean Noble, 34 at diagnosis, was advised against reconstruction at the time of her mastectomy and has been too busy since. “I have two young kiddies and I went back to work last year, so I just haven’t had the time to think about it. I want to concentrate on my job and family for now. Maybe I’ll do it next year – the option is always there.”

Fortunately, companies that supply post-mastectomy products are beginning to recognise the needs of younger women. Whereas at one time mastectomy lingerie was very functional, and ‘pretty’ didn’t seem to come into the equation, now there is a wider selection of lingerie and swimwear on offer. And advances in technology have also meant that prostheses – whether breast forms or partials – have become much more lifelike and easier to wear.

Says Rhoda White, marketing manager at Amoena: “In the past, breast cancer was thought to be something that primarily affected older women. Now everybody in the medical profession is having to change the way they think, and that includes manufacturers of mastectomy products. The challenge we face today is the wide age range that we have to cater for – whereas most high street shops sell to a specific sector of the market, our customer base is much more diverse. Obviously there will be differences in taste and personal preference between a woman in her 30s and a customer in her 70s – for instance, younger women want thongs, not just briefs, to

match their bras, and prefer higher leglines and skimpier bikini briefs.

“We try to take this into consideration when designing our collections, but because we need to ensure that our selection includes something for everyone, it does limit the range we can carry.”

Amoena also leads the way in the development of innovative breast forms. Continues Rhoda: “We find our self-supporting breast form is very popular with younger women and has been a real revelation for those who choose not to have reconstruction. It’s fantastic for anyone with an active lifestyle because it just stays in place whatever you’re doing, and it can be worn with high street lingerie and the strappy tops and dresses that are so fashionable at the moment. We are also now developing our partial breast forms because more women are having lumpectomies and reconstruction, and partial breast forms allow them to achieve a great outline while wearing the clothes and lingerie they wore before breast surgery.”

Where do we go from here?

As many of the women we spoke to have said, there is no ‘right’ age to have breast cancer. In researching this article, though, one major issue that has emerged is the need for more research on why younger women get the disease and what treatments can be developed specifically for them. Like their American sisters, perhaps women in this country need to band together to lobby the medical profession to take more notice of them.

In the meantime, with 8,000 pre-menopausal women still being diagnosed each year, knowing that you are not alone and being able to connect with others in a similar position may be of some help to young women coping with breast cancer now. But what about breast cancer’s effect on a young woman’s relationships? Will her treatment mean that she’ll be infertile? How can a mother explain breast cancer to her young children? And when do you tell your new partner you’ve had a mastectomy? Our next report in this series explores these issues and more.

Useful contacts

Department for Work and Pensions

www.dwp.gov.uk

tel: 0800 882200 (in Northern Ireland 0800 220674)

Breast Cancer Care/Lavender Foundation

210 New Kings Road, London, SW6 4NZ Tel: 0808 800 6000

www.breastcancercare.org.uk

Life line

Sarah Fowler is a qualified life coach, NLP practitioner and hypnotherapist. She was diagnosed with breast cancer in 2002 at the age of 35, and took an active role in her recovery using a range of NLP and hypnotherapy techniques. In this issue she gives us her top ten tips for beating stress.

When it comes to stressful experiences, breast cancer has to be one of the worst. That is why it's vital to find ways to reduce the pressure. The following techniques can all help.

Talk about it. Sharing your feelings with a relative, friend, or someone who has been through a similar experience can help release some of the tension associated with your illness.

Safe haven. Create an imaginary sanctuary in your mind that you can go to in times of stress. Close your eyes and think of a peaceful setting. This technique is called visualisation and, with practice, it can help you create a feeling of relaxation whenever you need to.

Be focused. When you're feeling overwhelmed by the pressures of life, step back and prioritise. Even the tasks of daily living can seem overwhelming when you're stressed out. The best way to cope is to concentrate on one task at a time. Eliminate or postpone activities that aren't absolutely necessary, and ask for help when you need it.

Act calm. Imagine how it feels and what it looks like to be calm. Then slow down your movements, relax your shoulders and smile. By changing your physiology you will automatically reduce anxiety.

Indulge yourself. Take a break from your worries by doing something you really enjoy - whether it's gardening, soaking in the bath, listening to music or reading a good book.

Change the way you think. Become aware of what you say to yourself in times of stress and develop a kinder internal dialogue. When negative thoughts creep in, use a mantra that will work for you such as 'everything is working out perfectly'.

Get moving. Physical activity - walking, running, swimming - benefits the mind and the body, and helps lift your mood.

Breathe properly. Breathe in through your nose to a slow count of four and as you breathe out through your mouth, slowly count one, two, three, four. You could say a word such as 'calm' or 'peace' every time you breathe out to increase your feelings of relaxation.

Write it down. Try to spend a little time each day writing about your thoughts, hopes, fears and dreams. Just putting it down on paper can help clarify your thinking and ease your mind.

Learn to relax. There are lots of techniques, including yoga, massage, aromatherapy and meditation, that can help reduce stress and may also improve your immune system.

If you have a question you would like to ask our life coach, please write to us at: Lifeline, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail: agrhwh@amoena.com. We regret that Sarah is unable to reply to your enquiries individually and is unable to answer medical or treatment queries. If you are interested in life coaching, Sarah offers a thirty minute telephone session absolutely free of any cost or obligation. For further information contact Sarah on 020 8341 1155 or visit her website at www.sarahfowlerlifecoach.co.uk

We received a huge response to Amanda's letter, "Will I ever be cured?", featured in our last issue. Here are some of the replies we received

Focus on the positive

I am writing in answer to the letter written by Amanda C. My heart went out to Amanda and I know exactly how she feels. I had a mastectomy in 1999 and 9 months of chemotherapy. I have had several conversations with consultants which have made me just as frightened of the future as Amanda. However, I have already had another six years and I constantly remind myself that my consultant also said that I could be cured and never get the cancer back again. You have to focus on the positive phrases rather than the negative ones.

There is no way of knowing your absolute future whoever you are. In the end we are all passing through this world, and it helps if you can accept that everyone is passing through for different amounts of time and no-one knows for sure what that means for them. What matters is how much you enjoy it and make it enjoyable for others while you're here.

A positive approach I find really helpful is to book something in your diary at least every month to look forward to. It could be going shopping with a mate, a weekend break, or a holiday. Then just concentrate on the weeks ahead until the next event and look forward to that. Looking too far in to the future is pretty fruitless anyway and much harder to deal with; make life as easy as possible for yourself!

Debbie R

Every moment is precious

I've just read the letter from Amanda C and would like to tell her that I was diagnosed with Grade IV cancer in August 2002. The statistics I got from my oncologist said that 50% of us would survive 18 months and just 10% would survive for 5 years. As I have no detectable lump in my breast there's not a lot they can do, but I've had 2 courses of chemotherapy and am on Femara. I know just how you feel, thinking you've got no future, as when I was first diagnosed I felt just the same and gave my husband a crash course on how to operate the washing machine!! I already had the cancer spread to my bones back in August 2002 so didn't feel very hopeful for the future. But the further you can move away from the date of diagnosis, the more positive you can become and this is helped by setting yourself little targets to aim for. I also wrote a positive list which I found helpful. I still take one day at a time and enjoy each precious moment.

Wendy S

It's a wonderful life

I was in your position when I saw my notes whilst having radiotherapy – “65% chance of living 10 years.” I did panic for several days, thinking I'd got 'less chance' than other women. I'd had a mastectomy and one lymph node affected. Then I realised that no one can tell you exactly how long you have on the planet, whether you've had breast cancer or not. The surgeons can't tell you exactly what the future holds.

But even if you only had a few years why waste them on being afraid and upset? They'd be all you had and we only have this one wonderful life. We need to learn to live life to the full. I am happier than I have ever been and happier than many women who haven't had cancer – I think I've learnt to appreciate simply being alive on a daily basis.

You could easily live for a long, long time so enjoy your time with your family. Start to turn your thoughts to positive ones and it will gradually get better.

Nicole

I will survive

I'm a fellow survivor. My first mastectomy was when I was 38 and I shall be 80 next year. Back then there was no prosthesis (I used to pad a bra with cotton wool) and radiotherapy was much less sophisticated. I found it tough for a couple of years, it was a mental battle to get out of bed to start each day. However, I took care to always present an outwardly positive face to the world. Almost as an actor on stage. At some point gradually the act became real life.

Then in July 2000 I was again diagnosed with cancer and had my remaining breast removed. At 75 I had become complacent and had felt myself immune. I wondered at my chances of survival a second time, feeling that I hadn't the same incentives to fight. But human instinct wouldn't be denied and I'm still here enjoying life. We are all different, but give yourself time, you will find the way and thoughts that are right for you.

Marjorie

It's natural to feel frightened

I had a mastectomy in 1994 when I was 47 and had probably had the tumour for about 2 years before I knew something was wrong. I had 17 glands removed and 2 were affected. Like Amanda at first I thought I was going to die; I had a 6 year old daughter and thought I would never see her grow up. My peace of mind was shattered and I lived in constant fear of the cancer coming back.

As time has gone on, although the fear is still there, it's not constantly on my mind, filling every minute of my day. It's natural to feel frightened, not everyone is the “positive” type, something people with this attitude forget. Some of us are just plain terrified but that's nothing to be ashamed of.

Lots of women are still alive after 30-40 years, but of course we don't hear about them, do we, only the ones who don't survive.

Stella G

Take heart

I read your letter in Amoena Life; I think it took great courage to write it, you are not weak. You are human and brave. I never had the courage to ask my surgeon what was my prognosis. Forget the 65% survival rate, think 100%. All your tests showed that you have no secondaries. Hold that information.

It was 1979 and I was 48 when I found a lump in my right breast. Within two weeks I had a modified radical mastectomy. Five years later I found a lump in my left breast. Initially I couldn't handle the loss of my other breast and cried a lot. Pamphlets mentioned living with the loss of one breast – not two. I had no choice but to go ahead and have more surgery.

Twenty years on and I'm still alive. Take heart, you will find your own way forward. I coped by always having some project planned for the future – i.e. planting bulbs in the garden in the autumn and waiting for spring, looking forward to a holiday, etc.

Also in 1984, after my second mastectomy, two of my Roman Catholic colleagues asked their priest if I could go with them on a pilgrimage to Lourdes. It changed my life forever. I became a committed Christian; my belief and my Christian friends have been a source of strength and my husband has been by my side for fifty years, through the laughter and the tears. He loves me just for being me – with or without breasts.

Olive D**Don't waste your life worrying**

First of all you are not weak, you are just normal. I felt exactly the same in November 1978. I was told that just one woman in ten would still be alive after ten years. I was 44 at the time.

After that I began to think that if I was still alive after 20 years and had spent that time worrying then it would have been 20 years wasted. I had my 70th birthday last Tuesday and it will be 26 years on 17 November since my mastectomy.

I know of so many others like me, so please look forward and eventually you will wonder what it was all about. I know it takes time but there is a good chance that you will remain free.

Keep your chin up and don't look on this as a death sentence, because it isn't.

Audrey W

In Contact

Do you have a story you'd like to share or some words of encouragement for other readers? Send your letters and photographs for inclusion in Amoena Life to: Rhoda White, Editor, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail agrhow@amoena.com

Thanks for a wonderful product

It is now over a year since I indulged myself by purchasing 2 Contact breast forms, and I can honestly say that in all my life I have never bought anything that has given me so many positive benefits.

I just wish that I had discovered them sooner than I did, because after my first mastectomy, I suffered many embarrassing moments because the prosthesis I was given spent a lot of its time cuddling up to the remaining breast or trying to hide under my armpit. I was always conscious that I was not "level" and wore very tight bras to try and stop this behaviour.

Now, after a second mastectomy, I have 2 "breasts" that move in perfect harmony with my body and each other, the comfort of a softer looser bra, and the confidence to wear a top with thin straps and light support. Even at 71 years of age the boost to morale is terrific.

One bonus is that even though the second op was more radical and resulted in a very uneven, unsightly scar, your Contacts still cling happily to every bump and hollow and with the simple adjustment of a larger prosthesis for one side, give me an outline I can be proud of.

The second bonus is that when I share a room with another person (male or female) on holiday, I can undress completely normally, leaving the breast forms in situ and so still have a natural outline under a night-dress. I have frequently found them still in perfect position on awakening!!

Thank you all for the thought and research that has gone into the production of this wonderful product.

Mrs V L S

Words of wisdom

I should like you to know how much I have appreciated your magazine over the past months. In August 2003 I had a bi-lateral mastectomy at Addenbrookes Hospital in Cambridge. Although only 4 weeks passed between initial referral and surgery and a further 2 weeks awaiting the outcome of tissue analysis, my husband and I had to find ways of coping with our initial shock and apprehension. Our situation was dramatically eased when, the week before surgery, we read a well known verse from the Bible in Isaiah chapter 26: "You Lord, give perfect peace to those who... put their trust in you."

Encouraged by this, we engaged in what proved to be a real treasure hunt, to find other thoughts that would help. One from St Francis de Sales says: "Do not look forward to what might happen tomorrow, the same everlasting father who cares for

you today will take care of you tomorrow and every day. Either He will shield you from suffering or He will give you unfailing strength to bear it. Be at peace, then, and put aside all anxious thoughts and imaginations”.

We concentrated on positive, hopeful activities. We had just moved home, and during that time I planned my new garden. Planting schemes occupied any sleepless nights. During that time, our mail order bulb catalogue arrived and we decided to order, confident that, however harrowing my treatment might be, by the time the bulbs flowered I would be feeling really well. The bulbs became, as never before, a symbol of hope. And I have just received a bonus. In my post operative days I entered a competition in my gardening magazine and won. You've guessed? Four boxes of bulbs – varieties for the most part that I'd never tried before!

June E

I've got you babe!

In November 1998 I was diagnosed with bi-lateral breast cancer. Two weeks later I was in hospital having a bi-lateral lumpectomy. A week after my surgery I was told by my consultant that the cancer in my right breast was of a type that was likely to come back and the only alternative for me was to have a mastectomy.

Naturally we were devastated but with the support of the breast care team and our families we came through it. My loving husband was with me throughout. We cried together during the bad times and we laughed together during the lighter moments. I was so upset when my hair fell out that I decided to try something totally different – a lovely long auburn wig. The oncology nurses used to call us Sonny and Cher whenever my husband took me for my chemotherapy.

In 2001 I made up my mind to go and see a plastic surgeon. I used to get upset at night when I removed my bra and my prosthesis came away with it. My plastic surgeon was brilliant. He went through all the different options open to me and then he advised which he thought would be best suited to me.

He was going to perform a latissimus dorsi and put in an expander implant to stretch the skin and at the same time he would put a silicone implant into my left breast to give an even shape rather than having one “droopy” breast and one firm breast. That was it, I couldn't wait. I'd always been a small “A” cup, now I was going to be a “C” cup.

In May 2002 I went back into hospital, but this time I was looking forward to it. I was kept in for a week and was very pleased with my surgery. As my left nipple did not protrude very much, my surgeon advised against nipple-reconstruction. I was so pleased with the “look” he had given me, that I have decided not to go ahead.

In September 2002 I witnessed the birth of my grandson. Looking back it is hard to imagine what we went through. But now we just put it all behind us and look to the future. A future with my family and friends but most of all a future with my loving husband, who I love very much.

Angela W

Still going strong!

I hope my letter will give hope and encouragement to women of all ages, because I have just finished a sponsored channel swim for Aspire (Spinal injuries) at my local health club. I swam 22 miles or 1760 lengths over a period of 11 weeks and raised £242. Nothing unusual in that, as millions of people have achieved greater goals in other activities. But on 12 May 2003 I had a mastectomy and four weeks later I started swimming again. I was 77 last June.

Mrs E M G

FPRIVATE "TYPE=PICT;ALT=" **Comment**

Readers share their points of view on articles featured in the last issue of Amoena Life.

Reality check

At last! A magazine prepared to show real pictures of real women. I had a DIEP flap reconstruction two years ago and was very disappointed with the results. I was shown a couple of photos before my operation and they looked really good, nothing like the reality of my surgery. About a year later I met a woman at my local health club who had also had a reconstruction. When we compared scars I realised that my reconstruction, far from being a failure, actually looked just like hers. The realisation that my reconstruction probably looked the same as everybody else's and that my expectations had obviously been unrealistic, finally helped me to accept my new body and to get on with my life again. I am sure it will be really helpful for other women to see the photos you published in the last issue of your magazine - hopefully it will stop other women from feeling as disappointed as I initially did. Well done!

Hazel W

Thanks for the insight

I wanted you to know that before my free tram flap operation 4 weeks ago, I received your latest magazine. This was the first time I had seen photographs of what to expect, so I was more than grateful.

I originally had a mastectomy in April 02, which I recovered from very quickly. What I had not envisaged was being left with a huge rectangular hollow going almost up to my breast bone, with ribs showing. I was happy with my Amoena breast form, but tamoxifen made me put on weight, and a year later I was asked whether I would like to consider a reconstruction. I saw the specialist, who gave me the option of an implant with skin taken from my back or the free tram flap. I chose the latter, which involved another year's wait on the list. It was most helpful to read the comments from your readers so I knew what to expect.

After the five and a half hour operation, involving 3 surgeons, and 2 extra units of blood, I am very pleased with the result so far, but I still have a small infection under my arm which has to be re-dressed 3 times a week. The major pro factor is that the hollow has been filled up. No more depressing trails round the shops trying to find evening wear that does not have a low or v-neck, or altering everything I bought to cover it up. The shape is not bad either, although that breast is larger at the moment than my other side, I am assured this will go down. I also now have a flat stomach, apart from the weight gain, having three children took their toll. My scarring is not half as bad as the pictures you showed, I wonder if this is because I have been told to keep micropore tape on the scars for over 6 weeks, to stop them stretching. The pain after the operation was more discomfort than anything.

Mrs A M G

What an eye-opener

Each copy of your magazine normally has at least one article or information of much interest to me, but your article on 'reconstruction' in issue 19 was the most important article I have read since my mastectomy in 1969 at the age of 27yrs.

At that time reconstruction was not an option and over the years I have given it some thought, but not enough to pursue it. Your article has been an eye opener for me. I am very glad for the ladies who are happy with their results and so very sorry for those that are not.

Maybe I have been lucky in that I have a very neat scar and I have not had any major problems. With such a range and choice of prostheses around, other people are always surprised that I have had a mastectomy. Yes I do take care with neck lines, which is a little price to pay, but the only reason I would like my breast back is for the general look when undressed or to wear low-necked tops - but none of the photos showed me anything I would be happy to look at or show off. Many, many thanks for the article. I will never hanker or even waste time thinking about reconstruction again.

Mary K

Going it alone

Since my mastectomy 5 and a half years ago at the age of 65, I have appreciated your magazine very much. It is the only periodical that I read from cover to cover, including the letters and adverts!

This latest edition with the articles on reconstruction was particularly interesting, as I was offered this. However, I never considered it, for having got rid of one "virulent" foreign body, in no way was I going to have an implant. I find the breast form completely successful and never give it a second thought.

Why I am writing is to speak out for single persons like myself (never been married and never lived with a man – yes there are a few around!) I have always had to make my own decisions, get through waiting times, operations and hospitalisations, traumas that arise – it is not easy on one's own.

It is obvious that couples have difficulties on occasions, but many of them have husbands, daughters and in-laws that they can talk to for comfort and help. It is lonesome on your own!

I do not want to minimise the care of the breast cancer nurses, but their time is limited as there are so many new cases arising all the time. It is an encouragement to me that breast cancer is now so freely talked about – there are more sympathetic ears around!

Miss Christine R L

We're in this together

I would like to reply to the stories of couples in issue 19 regarding the power of love after breast cancer.

I met and fell in love with my husband Paul in June 1990. We met when I was 28 years old and in September of '91 we had just become engaged when I discovered a

lump in my right breast and went straight to a doctor, who referred me to a specialist.

I was told I had to have a mastectomy and I went in for my operation in October with Paul by my side, and that is exactly where he stayed for the 2 weeks I remained in hospital. He came every day, reading to me, encouraging me thorough my physio sessions and through chemotherapy.

Paul never once faltered in his encouragement and love. He told me every day how proud he was of how I had coped. When I had the dressing removed he was with me and looked at me with complete and utter love. He told me how beautiful I was – even more so now due to the inner beauty from the strength I had shown throughout it all. We married in '93 and straight after I was told by my specialist that no children would be possible. In '97 I found a lump in my left breast and was again diagnosed with secondary breast cancer and had to have another mastectomy.

Paul was devastated and feared the worst, but I tried to reassure him we would beat it. After months of treatment and radiotherapy to irradiate my ovaries to bring on an early menopause, we tried to get back to normality. I did not have reconstruction – they would not consider it at first and afterward I had become comfortable with my body. This is mostly due to my husband and the way our love has strengthened after my surgery. I have never once felt unloved, unattractive or unwanted. I am totally at ease with my body in my husband's presence and our relationship has always been as wonderful as the first time. Due to early menopause, intimacy was extremely painful; my husband has been supportive and completely unselfish always putting me first. When I speak of Paul I struggle to find the right words to express my love for him. He is my light which I look to in the dark despair, he is my rock to lean on when I feel everything is too much, he is my love, my life and without him none of the above events would have been possible to bear.

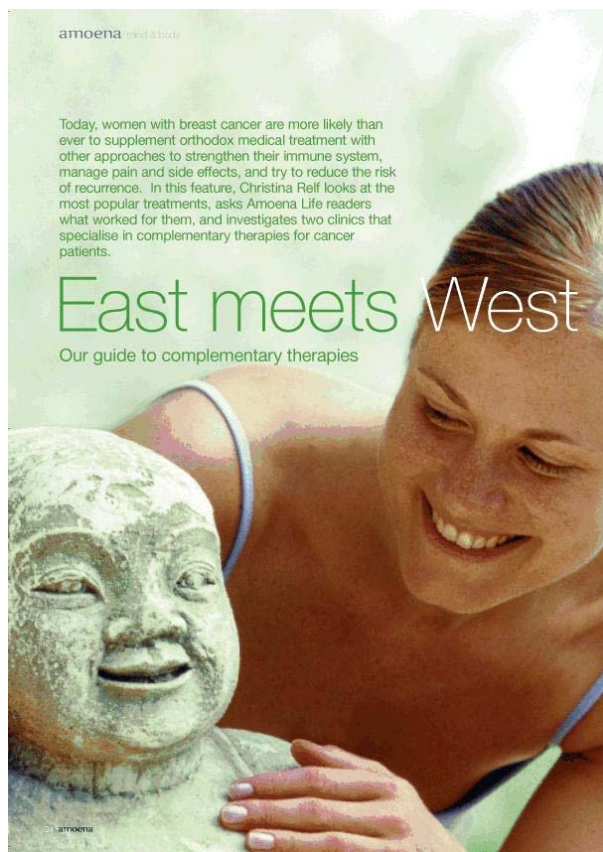
This is a huge thanks to him and the words I have written seem very insignificant for what he has done for me. Thank you my darling Paul now and always. True love can indeed survive breast cancer.

Helen H

Satisfaction guaranteed!

I really enjoy reading your magazine and found your article "The Power of Love" particularly interesting. I have suffered from vaginal dryness since being prescribed tamoxifen 2 years ago, and as my doctor advised me against using products containing oestrogen, I thought that I would never enjoy a comfortable sex life again. However, following the advice in your magazine, I sent off for a product called Sylk and the difference has been amazing. Thanks from a very "satisfied" reader!

C R



East meets West

Our guide to complementary therapies

Today, women with breast cancer are more likely than ever to supplement orthodox medical treatment with other approaches to strengthen their immune system, manage pain and side effects and try to reduce the risk of recurrence. In this feature, Christina Relf looks at the most popular treatments, asks Amoena Life readers what worked for them, and investigates two clinics that specialise in complementary therapies for cancer patients.

In earlier centuries, because so little was known about the workings of the human body, the scientific approach to illness was much more of a hit-and-miss affair than it is today. In many cultures people

preferred to treat themselves with plant-derived remedies and other forms of healing, rather than turning to the doctor. But in recent decades the Western world has shunned complementary treatments, in favour of 'orthodox' medicine.

However, increasingly healthcare professionals are recognising that a holistic view of the patient is a better path to healing. Holistic, sometimes known as integrated, medicine treats the whole person, not just the symptoms of their illness. And complementary therapies play a big part in this approach, because they rely heavily on the patient's inner resources to fight the illness.

When used alongside orthodox medicine, complementary therapies also help people to feel that they are more in control of their treatment. They can choose to visit a therapist who will talk to them about their health, their hopes and fears, and help them to select a course of treatments that will strengthen and rebalance them.

Complementary – not alternative

At this point it's important to define the terms we are using in this article.

Complementary therapies are not the same as alternative therapies. The latter are used instead of conventional medical treatment, and are the only treatment used. Complementary therapies are used alongside conventional medicine, and can help the patient control some of the effects of their illness or treatment, as well as helping them feel better by reducing stress, anxiety and fear, promoting sleep and increasing general wellbeing.

Let's take a closer look at the complementary therapies most frequently recommended by Amoena Life readers.

How was it for you?

Reiki

Merrial Knight was so impressed with the power of Reiki, a form of healing by touch, that she became a Reiki practitioner. She wanted to take control of her own health, and felt that her body was out of balance after her breast cancer. "I had worked as a teacher for 30 years and had only had about three days off sick in all that time. I considered that I was a healthy person as I exercise regularly, drink moderately and don't smoke. My diet was very healthy. I was really surprised to get breast cancer at the age of 49 and I knew that I had to help my body to get better. The surgeon and oncologist were wonderful and very reassuring, but I didn't want to be passive in my recovery. On returning to work after my operation, I decided to stop full time teaching and look into other avenues. The Reiki course was offered at my local college. I signed up for a taster day and knew that it was the right thing for me to pursue."

In Eastern medicine, 'Rei' means universal and 'Ki' means life energy, so the philosophy behind Reiki is that there is a life force bigger than us in the universe. Reiki healers channel this energy through their hands, enabling the body to accelerate its own healing process. It not only addresses the physical disorders of the body, but also opens the mind to the cause of 'dis-ease' and pain. It reinforces a person's ability to take responsibility for their life through positive change in attitudes, which in turn leads to a happier and healthier life.

One of the fundamental principles of Reiki is that the whole person is treated, enabling the energy to go right to the source of the imbalance and not just the manifesting symptoms.

"Reiki has made me calmer. I appreciate each day and to try to ignore the things that aren't worth bothering with," says Merrial. "The most significant thing is that my mild lymphoedema has improved to the extent that I no longer need to wear my sleeve except for physical activity."

Massage

Christine Hisom, who has had a double mastectomy and a hysterectomy, believes passionately in self-help. "It is so important to know that there are things we can do to contribute to our sense of wellbeing," she says. Among the therapies that Christine has used to help her cope with her cancer treatment is massage.

Massage is systematic manipulation of the soft tissue of the body with movements such as stroking, rubbing and kneading. It can improve blood and lymph circulation and restore the flow of energy through the body. It is used for relaxation or stimulation, and the relief of stress, tension and pain. It can also have an effect at an emotional level, enabling people to laugh, cry or talk openly about how they are feeling.

There are many different types of massage. The main differences between them are the amount of pressure used, the use of different lotions or oils (see aromatherapy below), and the parts of the body they work on.

For people with cancer, gentle massage is most suitable. You should avoid massage around wounds, recent scars that are still healing, broken skin or infected areas. If you are having radiotherapy, the area being treated should be avoided during

massage, although it is perfectly safe to have massage on other areas of your body.

Christine found that aromatherapy massage was particularly helpful in encouraging her to relax: “I feel so much better after each session.” Aromatherapy uses essential oils to treat specific symptoms, as well as improving physical and emotional wellbeing. Each aromatic oil, extracted from different parts of plants, has unique and therapeutic properties which can be utilised very effectively to improve health and prevent disease. The natural plant oils are used in massage, in the bath, and can be inhaled. They are readily absorbed through the skin and have powerful physiological effects. Aromatherapy is well known for its use and effectiveness in stress-related problems and chronic conditions.

Aromatherapy oils can help with the side effects of chemotherapy and radiotherapy. For example, oils such as peppermint and ginger may relieve nausea. Lemon, bergamot and grapefruit may improve mood and reduce lethargy. Lavender, sandalwood and frankincense may reduce anxiety. Because the essential oils are so powerful, it is important to consult a trained aromatherapist – preferably one who has experience of working with people who have cancer. Because each oil has a different chemical make-up you will also need to tell your aromatherapist if you are taking any medication.

Aromatherapy massage must always be gentle. If the arm on the treated side is swollen or you have been diagnosed with lymphoedema, you should not have massage on that arm or shoulder area. If you are having radiotherapy you should avoid aromatherapy massage on the area being treated, although it is perfectly alright on the rest of your body.

Is it safe?

Massage is considered safe for people with cancer. Cancer Bacup has this to say: “Over the years doubts have sometimes been raised about the safety of using massage in people who have cancer, with worries that it might increase the spread of the disease or cause other problems. There is no good evidence for this but it does seem common sense to suggest that those parts of the body where there is known to be cancer present should not be actively manipulated and massaged as the tissues here might be more easily damaged.

“With this one caution in mind there is really no reason why you should not try massage therapy and see if it helps you. If you do have any lingering doubts you can always double check with your own doctor before actually going ahead.”

Reflexology

Christine also recommends reflexology. “My GP is aware that reflexology picked up problems with my uterus and an arthritic spine,” she says.

Reflexology massage is based on the principle that each area of the feet and hands corresponds to a different part of the body. Following illness, stress, injury or disease, the body is in a state of ‘imbalance’ and vital energy pathways are blocked, preventing the body from functioning effectively. Reflexology can be used to restore and maintain the body’s natural equilibrium and encourage healing. The reflexologist can detect tiny deposits and imbalances in the feet and, by working on these points, can release blockages and restore the free flow of energy to the whole body.

Tensions are eased, and circulation and elimination is improved.

Acupuncture

Helen Bridle found it very difficult to cope with the nausea caused by her chemotherapy. “The drugs seemed to suppress it but they certainly didn’t stop it. I felt sick nearly all the time – it was terrible,” she says. Someone in her breast care group suggested acupuncture. “I had heard of women using acupuncture for nausea during pregnancy,” says Helen. “It seemed worth a try.” She was extremely pleased with the results, which got better as the treatments progressed. “Not only did acupuncture drastically reduce my nausea, it also made me feel calmer and more positive about my treatment.”

Acupuncture has been practised in China for thousands of years. It involves the insertion of fine sterilised needles into various parts of the body to treat a wide variety of conditions. Acupuncture seeks to manipulate the flow of life energy through the body, along pathways known as meridians (there are 365 ‘acu-points’).

Western scientific acupuncture focuses on how acupuncture can stimulate the nerves in the skin and muscle. It can increase the body’s release of natural painkillers, has positive effects on the nervous system and general wellbeing, and can encourage the patient’s body to heal and repair itself. Acupressure works on similar principles, using gentle pressure with fingers on meridians rather than inserting needles.

Acupuncture can help relieve pain or inflammation, relieve nausea and vomiting caused by chemotherapy, and improve mood. It may also be used to treat menopausal symptoms such as hot flushes. If you have had surgery to your lymph glands, acupuncture needles should not be placed in your arm or that quarter of your body, although it is perfectly safe to have acupuncture on other parts of your body.

Hypnotherapy

When Janine Scott was diagnosed with breast cancer, she felt paralysed with fear. “I felt I couldn’t take one more step without something that would help my mind cope with what was happening to my body.” She decided to try a combination of therapies that would help her to become more positive, more relaxed and better able to focus on recovery. “Hypnotherapy allowed me to deal with a lot of the underlying tensions in my life,” says Janine. “My marriage had been going through a very rough patch and I had been trying to deny this by refusing to talk about it and throwing myself into my work. So in the end it wasn’t just about having cancer, it was about my emotional equilibrium. My hypnotherapist helped me get to the bottom of these issues, and the result was that I felt better able to face up to dealing with breast cancer.”

Hypnotherapy is a method of inducing relaxation to relieve certain symptoms or bring about a change in lifestyle. It combines the skills of counselling and psychotherapy with the technique of hypnosis. The induction of hypnosis produces an altered state of consciousness or awareness, similar to day-dreaming or near-sleep, and provides a special opportunity for patients to progress towards their desired physiological state. Patients derive most benefit when enabled or encouraged to achieve this inner re-synthesis by their own efforts.

Janine went on to discover relaxation, visualisation and meditation. “They have not only helped me deal with my treatment – they have led to a more positive, centred

and relaxed me,” she says. Used separately or together, these techniques aim to reduce stress and tension, and relax the body and mind. They can be used regularly to promote wellbeing or to help you cope with stressful situations such as hospital appointments or treatment sessions. They may also help relieve pain, nausea and vomiting.

There are different types of relaxation but they do require practice to get you to a level of altered consciousness and a relaxation state. Visualisation means using your mind to create pictures and it is often linked to relaxation. For example, you may simply use it to help you relax by imagining yourself bathed in white light that leaves you feeling healthy and purified. On another level, some people use visualisation to help them make changes in their lives and improvements in their health, for example by seeing the chemotherapy drugs eating the cancer cells.

Gentle forms of exercise such as yoga and tai chi, that include relaxation and meditation techniques as well as physical exercise, can also be helpful.

Homeopathy

Jean Walker was a third year student of homeopathy when she was diagnosed with breast cancer. “I was anxious to treat it as naturally as possible and with a minimum of intervention,” she says. “I used homeopathy throughout my surgery and treatment. It was a natural choice for me and I had a very supportive homeopath.”

Homeopathy is a safe and gentle form of healing based on the principle that ‘like cures like’, using minute doses of animal, vegetable and mineral substances which stimulate the body’s own defence mechanisms to fight off illness. These natural substances are non-toxic, non-addictive and have no side-effects. Homeopathic treatments are known as remedies, and they can be in powder, granule, tablet or liquid form. For example, arnica cream or tablets may help reduce bleeding or bruising following surgery, as well as help heal the area.

Like other complementary therapies, homeopathy looks at the whole person, not just their illness, so it is important to see a qualified homeopath. “It felt right to choose to use complementary therapies and not be totally at the mercy of modern medicine,” continues Jean, who also used self-hypnosis, visualisation, healing and reflexology. “Because these therapies work at the mental and emotional levels as well as the physical, I was in a much better space to make important lifestyle changes.”

Safe Havens

Amoena Life talked to two charities that offer free complementary therapies and counselling to people with cancer, their carers, partners and children.

Breast Cancer Haven

The ethos of the Breast Cancer Haven is that an integrated approach to care is the best way for people to cope with breast cancer. “For us, the bottom line is that no-one with breast cancer should be alone,” says Caroline Hoffman, the charity’s therapies director. “We offer people a range of different ways to be supported, through complementary therapies, counselling and support groups.”

The first Haven was opened in London in February 2000, and a second opened in Hereford in January 2004. More are planned, as soon as funds allow. “We are not

bound geographically,” continues Caroline, “and visitors do not need a referral, although we do make it explicit in our consent form that we will liaise with their doctor about the treatment we have recommended for them.”

The Haven offers a two-day introduction to all new visitors, called the Haven Foundation Programme. “The idea is to offer support to people as a group so that they can share experiences, and can also learn skills that may help them cope. The next part of the programme involves an assessment with one of our nurse-therapists. All our nurses are trained in breast care and complementary therapies, so they have dual skills. They will advise each person to choose a range of complementary therapies which are most suitable for their particular needs, and to attend some of the group sessions which might help them in a developmental way.”

The Haven’s foundation programme, assessments and approximately 12 complementary therapy sessions are free. After that, if there are ongoing needs still relating to their breast cancer, visitors can offer a donation and continue.

Asked how the Haven’s treatments complement what people are already getting through the NHS, Caroline explains: “The side effects of tamoxifen are the most common, severe and debilitating symptoms for people with breast cancer. We recommend acupuncture, herbal medicine, lifestyle advice, cutting down on stimulants and stressors in your life. Various other things can support you, such as yoga, meditation and relaxation. Whatever it is, it must support the whole person and their lifestyle.

“For many people, what we offer is new, so it is an opportunity for them to find out what things are actually like for themselves. Our view is to support them in creating a healthier lifestyle which we hope will contribute to their ongoing wellbeing. We do know that a lot of therapies have benefits to the immune system and in keeping stress levels down.

“The aim is that we help to pick people up when they need support and they move through in order to get back to their own lives with renewed vigour, and possibly having been able to make some changes that they might wish to make.”

The Cavendish Centre

Retired dentist David Simons set up The Cavendish Centre in Sheffield, after finding that the hypnotherapy he had used with great success to help nervous patients was also very beneficial to people with cancer. The Cavendish Centre now has about 20 self-employed part-time therapists and 12 assessors, together with administrative staff, and sees about 700 people a year.

“Our ethos is that we are about the patient,” says Lesley Eland, business development manager at the centre. “When someone rings us they are often at rock bottom. All the decisions have been made for them – ‘you will have chemotherapy, you will have radiotherapy, your next appointment is...’ etc, and this leaves them feeling very out of control of their lives. We want to give them back the control.

“Our model of care is very important. All our assessors have a GP, nursing or counselling background. Each guest is greeted individually when they arrive – they are not left to wander in and try to work out where they should go. Then they see

their assessor, who decides with the patient which therapies will help them. Very often the patient has a feeling for what they want. We never use the word 'alternative' here – we are trying to get rid of the 'caftan' image. The assessor explains what each of the therapies does and how they can help. Things like visualisation are great if people have some nasty procedures to go through. Or it could be that the patient doesn't want hands-on treatments, so something like art therapy or counselling would be ideal."

Visitors to the centre have six free treatments, followed by a review. If more treatments are needed, these are also available free of charge. "The idea is to put people back on their feet, to empower them. We are there to offer help to patients, carers, partners and children. We help people to live through what they are going through with maximum independence and optimum quality of life."

Getting down to it

Do you fancy giving complementary treatments a try? Although it is unlikely that they will affect any medical treatment you may be having, it is important to talk to your GP or oncologist first, and to tell your complementary therapy practitioner about your treatment.

Finding a practitioner or treatment centre shouldn't be difficult - you may even find that there are some complementary therapists working at your hospital. You can also ask your breast care nurse, GP or local cancer support group for recommendations. See also our address list at the end of this article.

Depending on what you want, you can find yoga classes at your local adult education centre or gym, and most aromatherapists and Reiki practitioners are experienced in helping people with cancer and other illnesses.

The rapidly changing attitudes towards holistic care mean that soon it will be more unusual *not* to combine complementary and orthodox medicine. And if it can help you to cope with the physical and emotional effects of breast cancer, it must be worth investigating. As one visitor to the Cavendish Centre commented: "The biggest step was making the first phonecall. I wish I had made it earlier."

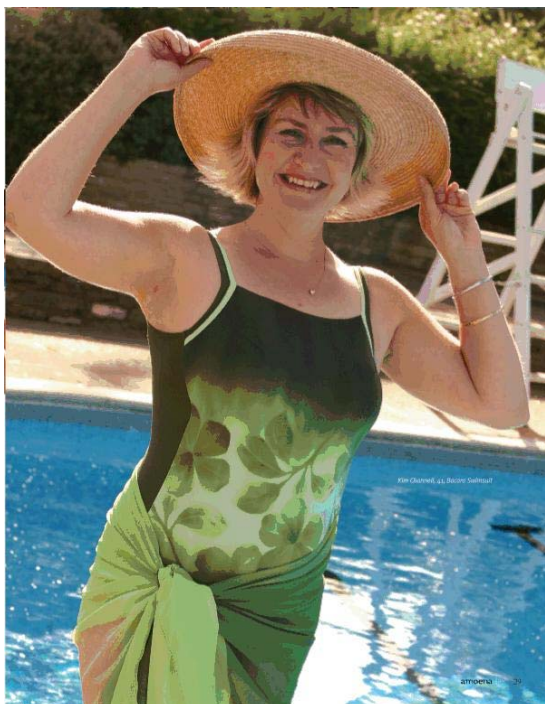
Amoena Life wishes to thank Breast Cancer Care and the British Complementary Medicine Association (BCMA) for the information on complementary medicine used in this article.

The Cavendish Centre, Sheffield
Tel: 0114 278 4600
www.cavcare.com

The London Haven
Tel: 020 7384 0099
Hereford Haven
Tel: 01432 361061
www.thehaventrust.org.uk

British Complementary Medicine Association (BCMA)
Tel: 0845 345 5977
www.bcma.co.uk

Breast Cancer Care publish a fact sheet on complementary therapies, which also lists useful contact addresses. For more details call the Breast Cancer Care helpline on 0808 800 6000 or visit www.breastcancercare.org.uk



Smile Please!

Behind the scenes at our fashion shoot

If you've ever looked at the fashion models in magazines and thought 'if only I could look even remotely like them', you're not alone! That's why when two Amoena customers, Pauline and Julie, said it would be helpful to see breast-operated women modeling bras and swimwear, Amoena invited them and some friends from their local support group to be models for the day. Amoena Life went behind the scenes to see just what goes on at a fashion shoot.

Arriving at the photo shoot location in Lymington on a chilly September day, the girls wondered just what they were in for. Pauline said: "The bras and swimwear in Amoena's brochure always look so lovely, but you can't help wondering whether they will look the same on you. I was delighted when Amoena took up our suggestion, and we were all excited about the prospect of being models, although slightly daunted about stripping off for the camera!"

Any embarrassment gradually dissolved into relaxed laughter, however, as they found that Amoena's swimwear looks just as good on 'real women' as it does on professional models. "It's flattering, fashionable and fun," said Kim. "Amoena have really got it right this year!" Soon the models were posing like pros and enjoying all the attention as Paul, our photographer, snapped away. Meanwhile, despite the odd goose-bump, Simon, the art director, was getting quite carried away: "No-one would know we weren't in the Caribbean!" he insisted. If only!

After a fun and frenetic day, everyone was really pleased with the results. "It's great to be able to show breast-operated women wearing our products," said Rhoda White, Amoena's marketing manager. "It's something we've tried to do in the past, but it's really difficult to find women who are confident enough to model for us. We're really grateful to Pauline, Julie, Kim, Jane and Karen for being such super models."

Concluded Pauline, "We had great fun trying on all the different styles and having our make-up done. We were all really impressed with how the products looked, and hope our photos will inspire other women that they can look just as good now as they did before surgery. It's been a fantastic day."

The end results speak for themselves!

You can see more photos from the shoot in Amoena's 2005 catalogue.