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NHS APPROVED SUPPLIERS



Good Morning Everyone

A huge welcome to our October 2021 Issue 13 NewsMagazine..

Isn't it amazing how we now find ourselves reaching for the porridge oats, digging out those old jumpers and wondering just what happened to that glorious evening sunshine? Now replaced with dark skies by 6.30pm?! But still, it's a beautiful season of change, time to wrap up warm and enjoy the changing landscape and colours. Be sure to check out my October happiness cup fillers..

This month, after our regular weekly conflag with the lovely Gaynor Leech of LWO Community, we pondered the subject of "what has changed in 20 years of Lymphoedema treatment?".

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2000, with Deep Oscillation being a big game changer in treatment from the perspective of the MLD DLT Lymphoedema Practitioner, who can now tackle fibrosis and oedema more effectively, through to those self managing with the Deep Oscillation Personal unit. We feel Deep Oscillation has made a positive and welcome change to Lymphoedema treatment protocols.

After our call ended, I reached out to three practitioners for their thoughts and Gaynor has written her monthly blog from this angle too. Please feel free to write in and add your thoughts (anonymously of course) on the subject for a future additional possible strand. [Has treatment improved for you or not?](#)

October is Breast Cancer Awareness Month and so we share in this issue, three infographics from [Breast Cancer Now](#) with links to their pages and more detailed information, please do share. My labradoodle, Coco, and I are carrying out a [Dog Walking Challenge for October to raise funds for Cancer Research UK](#). Muddy feet and paws here we come!

Lipoedema UK are carrying out a new and very important healthcare professional survey this month, we urge all of our HCPs to take part, details included.

Last but not least, congratulations to LSN on their new GP learning module (huge well done to all involved from authors to peer reviewers). We also want to congratulate Gavin Neate on his new award in the National Diversity Awards - as "Entrepreneur of Excellence". Read more on both topics in this issue.

We do hope this months articles are of interest to you.

Take good care, until next month...



Mary Fickling and Julie Soroczyn
Sisters and Directors, PhysioPod UK and PhysioEquipment



What Has Changed In 20 Years Of Lymphoedema Management?

PhysioPod asked Christine Talbot SRN, Lymphoedema and Bowen Practitioner for her opinion..



"The internet has provided the greatest advance in highlighting and bringing to public awareness the conditions of Lymphoedema, developing international opportunities through networking for support, information and a sharing of experiences and treatment options.

Sixteen years ago, when I first trained as a Lymphoedema Practitioner, Lymphoedema was relatively obscure and unknown but still prevalent in all its presentations, leaving many sufferers alone and isolated, shameful and guilt-ridden with blame heaped upon them through ignorance and disregard. For those it was, and still is, a life sentence.



But little by little as awareness grows and word spreads, questions are asked and answers sought, this drip-drip of information has created a community of sufferers with similarities, joining forces and becoming powerful advocates in their own right for their own conditions. They fund raise, they organise workshops, conferences, they attend the bigger professional conferences, giving a far greater insight into their world and the world of Lymphoedema from the other side of the coin.....

 **ACCESS FULL ARTICLE** [CLICK HERE](#)



Deep Oscillation in The Management of Head and Neck Lymphoedema following Cancer Surgery



"I am a 42 year old Emergency medicine doctor and mum of two young children. In the Summer of 2020, a sore patch on my tongue was diagnosed as squamous cell carcinoma and I had brutal treatment involving surgery followed by chemo and radiotherapy. After finishing treatment I was keen to do as much as possible to get well and return to work but had many side effects to contend with, one of which was lymphoedema to my face and neck. This was due to the combination of removal of my lymph nodes on one side plus the radiotherapy.

As well as making me look different, the swelling affected my neck mobility, making it stiff with a decreased range of movement. It also impacted on my eating and speech.

I sought treatment on the NHS but was told there wasn't any local service for head and neck patients and was also given the impression that this was just "normal post operative swelling" and wasn't anything to be concerned about. In doing my own extensive research it became apparent that Lymphoedema, particularly in head and neck patients, is an area where medical knowledge falls short.

In the UK provision of rehab is patchy at best and varies depending on where you live. Friends with the same diagnosis in the US received both acknowledgement of it as an issue and much more intensive treatment.

I came across the PhysioPod site and thought that deep oscillation therapy would be worth a try; luckily I was able to locate a qualified therapist not too far from where I live. [Sue Hansard](#) is fantastic: she has many years of experience treating Lymphoedema in head and neck patients and told me she'd had some great results with deep oscillation.

very first session. I started with twice weekly treatments and my Lymphoedema improved significantly – my jawline came back and my facial symmetry improved; my speech became clearer, my swallow was easier and my neck mobility returned meaning I could sleep on my front and swim front crawl again!

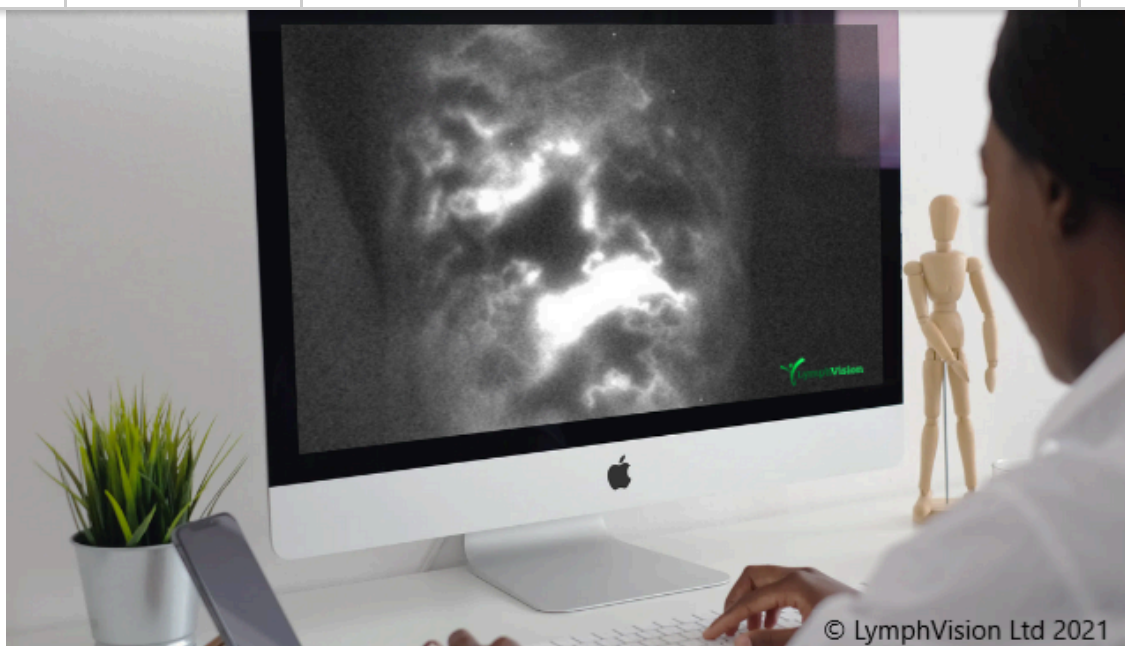
Sue taught me a full range of techniques including self massage and compression but I will continue to visit for deep oscillation at regular intervals as it's made such a difference to me. I only wish it was more widely available, so that others could benefit as I have."



**ICG Lymphographic Imaging - What Is It?
How Does It Help Those Living With
Lymphoedema?**

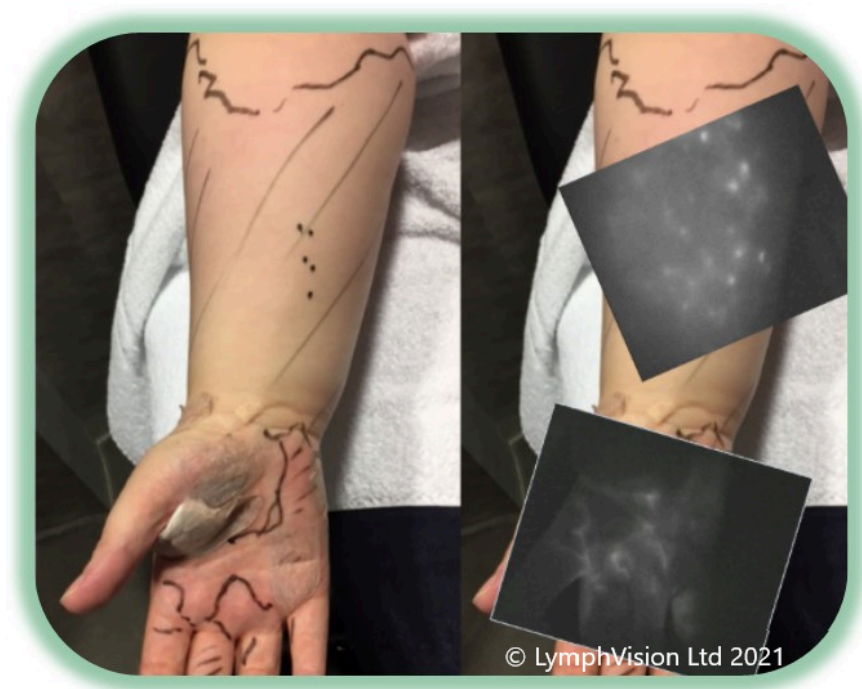


As part of our "What's Changed in 20 years of Lymphoedema Treatment Theme" we asked the lovely Abbigail Titmus, Clinic Manager at LymphVision to provide more information on this important development ..



"Advancements in technology have made it possible for us to visualise the lymphatics in real-time. Using a special camera, and an injection of fluorescent medical dye, we can see the lymphatic vessels and lymph fluid in the tissue.

This allows us to identify how they are working, where they are draining to and any lymphatic failure.



Being able to 'map' the lymphatics allows us to:

- Offer specialist diagnosis and assessment
- Map individual pathways
- Allow for optimised FG-MLD

pathways

- Tailor a management or reduction plan around your needs and lifestyle
- Identification of early lymphatic failure
- Identify changes and anticipate developments
- Teach you self-management techniques you can use for life
- Screen for Lymphoedema in patients at risk

 **ACCESS FULL ARTICLE** [CLICK HERE](#)



What Has Changed In 20 Years Of Lymphoedema Management?

PhysioPod asked Sue Hansard, Lymphoedema Nurse Specialist of First Lymph Care for her opinions...



Exercise



Limb Measuring



Devices

"Many things have changed in the past 20 years of Lymphoedema management.

In the past, we used to be wary about people doing most forms of exercise and while trying to promote activity, we would be discouraging certain exercise forms. We used to advice 'only gentle exercise'.

Evidence has shown that staying active with Lymphoedema is one of THE most important things we can do. Studies done with dragon boat racing, for example have shown the positive impact of more strenuous

Anecdotally, I have patients who have reduced their oedema through regular exercise and who have improved ROM and function as well as mental health.

Now, I don't discourage any sporting activity, but advise about a gradual increase when starting something new, or returning to sport/exercise after diagnosis of Lymphoedema. Sometimes we need to consider ways of adapting self-management to enable people to do a sport they love in a safe and positive way.

I always refer patients to [BLS](#) and [LSN](#) for further information and supporting evidence for the advice I give and share new learning from Conferences I have attended.

Read more..V

 **ACCESS FULL ARTICLE** [CLICK HERE](#)



**LWO COMMUNITY QUESTION 4:
DEAR JANE - HOW DO LYMPH
NODES WORK?**



Jane Wigg, RGN, MSc, Lymphoedema Clinical Expert

"Lymph nodes are small bean size structures, placed around the body whose job is to filter the fluid that enters them and fight infection by producing immune cells protecting our bodies from infection and viruses.

body around pelvis and the gut region.

We have about 600-700 lymph nodes. The most nodes I've seen reported in an armpit is 52, although usually it would be expected to be about 14-25 in the arm pit and 7-14 in the groin. There are hundreds to the head and neck region also. We all have an individual amount and we don't really know whether if you have more or less of the normal number, if it increases or reduces your risk of developing a Lymphoedema....

[ACCESS FULL ANSWER AND VIDEO REPLY](#)

TAKE A LOOK AT THE VISUAL ANSWER BELOW



Discharged from clinic?



I have lived with Lymphoedema for over 10 years now and running L-W-O Community for eight years. This blog is very much a reflection of how we arrived at where we are today. In the beginning, it really was a world of two halves, the patient, the person who was living with Lymphoedema, often angry, confused, desperate for support, help and information and then we have GP's lacking in general knowledge of how the lymphatic system works, sometimes not able to comprehend what their patients are telling them, often dismissive. Sadly, not much has changed.

The Lymphoedema clinics were often overwhelmed with the sheer number of patients needing treatment. Yet they are an important lifeline to many of us who live with Lymphoedema....



L-W-O Community
Primary, Secondary & Paediatric
Lymphoedema
Online & in the Community
Promoting Lymphatic Health &
Community Engagement



 **ACCESS FULL ARTICLE** [CLICK HERE](#)



CHANGES IN EDUCATION AND RECOGNITION OF LYMPHOEDEMA



DR ALISON MERRICK

'I'm not sure about the changes in Lymphoedema management, as most of the changes have been around more education and recognition, leading to better/sooner diagnosis.

Better compression fabrics, designs and bespoke. More things on prescription, more Lymphoedema clinics in the NHS, ***although that is going backwards now.***



The development of the gold standard was the main thing really (skin care, exercise, compression and MLD) and proper guidelines on the treatment of cellulitis. The importance of the impact on QOL has also been a big part of all that."

DEEP OSCILLATION - NOTHING SAYS IT BETTER THAN THIS!

With thanks to @hitech_therapy_online
and @roxanneashkarphysio

"The therapy effect of deep oscillation takes place in the tissue itself and works through the entire depth of the tissue.

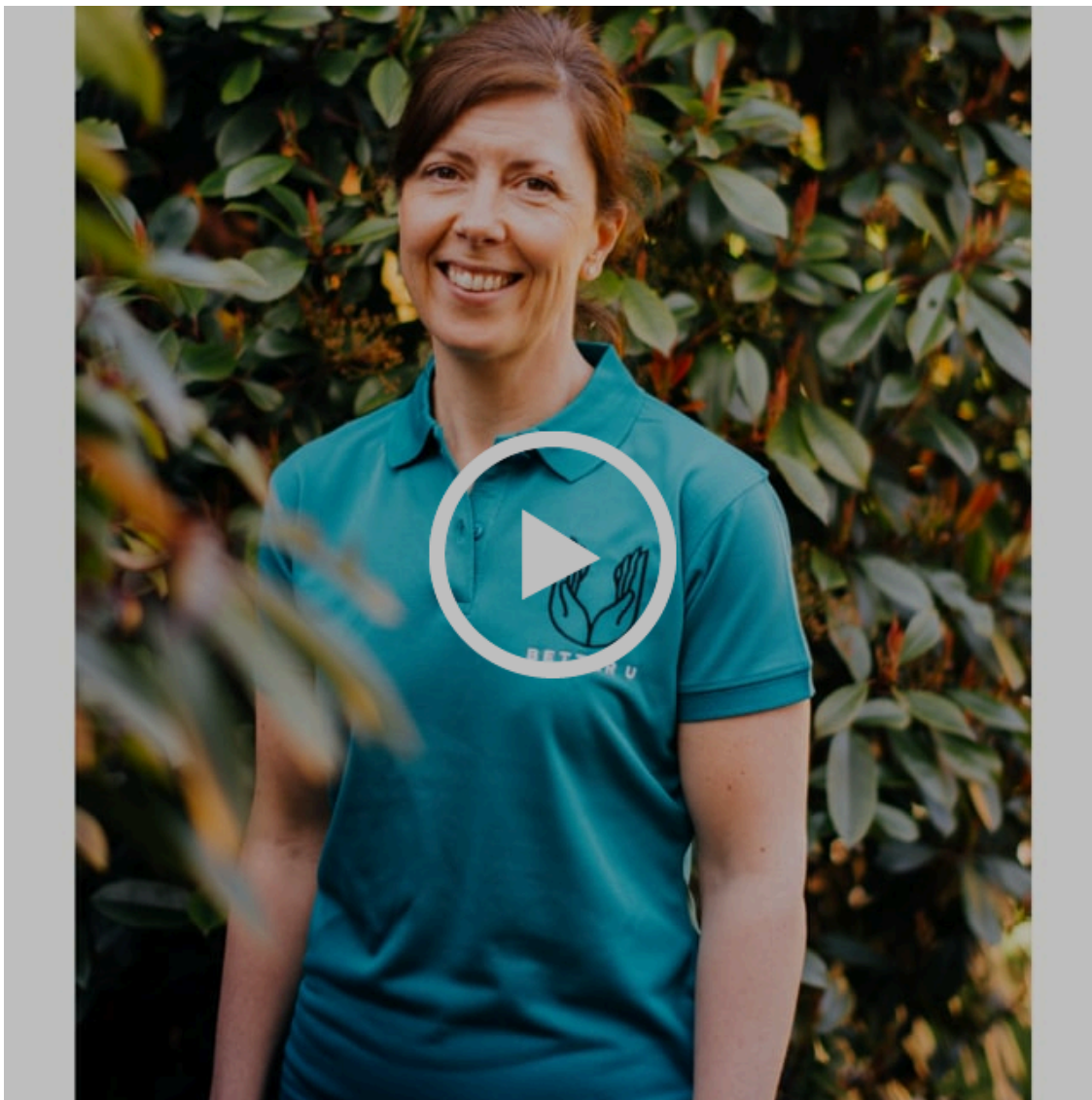
It is a very gentle treatment which makes it appropriate for acute injuries, day one post operative care, acute pain and lymph drainage."

#deeposcillation #health #therapy #physio #antiaging #antiagingart #muscle #spasm #rehab



PRACTITIONER IN HAMPSHIRE

With Sarah Sewell Dip SMRT, MSMA, RegCNHC



Sports, Remedial, Scar and Oncology Massage

BetterU Therapies, Fleet, Hampshire



Axillary Web Syndrome (AWS) Treatment

With thanks to Ainhoa Uria ..

1 Session



3 Sessions

FISIONKAI
- AINHOA URJA -

"In axillary web syndrome (AWS), lymphatic cords form in the breast, chest, axilla or arm. It occurs frequently after oncological breast surgeries with an axillary approach.

Its incidence is 20% in patients undergoing sentinel node surgery (SNB) and 38-72% in patients with complete axillary node resection (ALND).

It usually appears 2-6 weeks after surgery and has a spontaneous resolution within 3-6 months. Pain and limited mobility caused by AWS can negatively interfere with adjuvant radiotherapy treatment and may delay its delivery.

Treatment with physiotherapy reduces resolution times to 6-8 weeks. Physiotherapy reduces the overall therapy time by reducing (side) effects of radiotherapy treatment and improving patients` pain and mobility.

In this case the treatments administered have been:

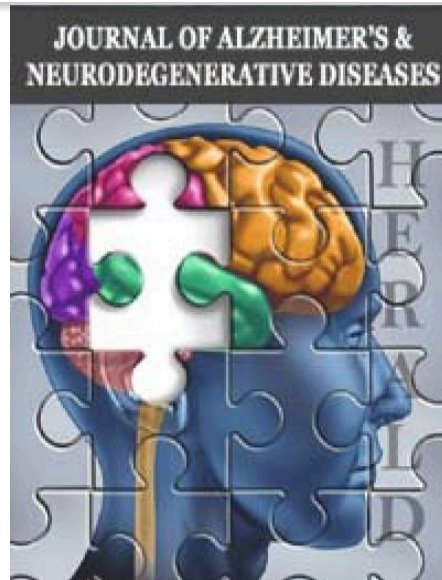
Fascial work, **Deep Oscillation**, manual lymphatic drainage, stretching, mobilisation and exercises.

NEW DEEP OSCILLATION
PRACTITIONER IN SCOTLAND



Alex Brooks Bsc. MRCOT
Snr. Occupational Therapist
Dr Vodder MLD/DLT Practitioner
Reflexologist
Reflexology Lymphatic Drainage Therapist

RESEARCH NEWS - DEEP OSCILLATION



Neurorehabilitation Algorithms in Parkinsonism: Impact of Electrical Stimulations and Deep Oscillation on Autonomy and Quality of Life

Ivet B Koleva^{1*}, Borislav R Yoshinov² and Radoslav R Yoshinov²

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² Medical Faculty Of Sofia University, Bulgaria

³ University Of Telecommunications Sofia, Bulgaria

DOI:[10.24966/AND-9608/100043](https://doi.org/10.24966/AND-9608/100043)

Abstract

Introduction:

Parkinsonism (Prk) is a neurodegenerative disorder, considered as a socially important disease with serious decline in autonomy and quality of life of patients.

Objective:

During last years, we estimated the efficacy of application of different physical modalities and neurorehabilitation methods on independence in activities of daily living and on quality of life of these patients.

The GOAL of current study was to evaluate qualitatively and quantitatively the impact of some preformed physical modalities [as Electrical Stimulations (ES) and **Deep Oscillation (DO)**] in the complex **neurorehabilitation (NR)** program in Prk-patients.

Materials & Methods:

therapeutic groups (gr). In gr-1 we applied traditional physiotherapy (control group); In gr-2 a complex NR-programme, including physiotherapy, Ergotherapy & patients' education. In patients of next groups, we added preformed physical modalities: In gr-3-electrical stimulations (ES) for feet extensors and flexors; in gr-4-Deep Oscillation (DO) paravertebrally; in gr-5-ES and DO.

For database management we used parametrical analysis (t-test-analysis of variances ANOVA) and non-parametric distribution analysis (Wilcoxon signed rank test); performed using SPSS package. The treatment difference was considered statistically significant if the P value was <0.05.

Results:

Results demonstrate statistically significant amelioration (in all experimental groups) concerning: brady-hypo-kinesia; gait stability, pulsionphenomena (especially retropulsio); Hoehn and Yahr scale; Depression and Anxiety. Paravertebral pain, Rigidity (muscular and articular stiffness) and Prk-posture were most significantly influenced in gr-4 and gr-5. In gr-3 and gr-5 we perceived most important improvement of autonomy in different activities, Timed Up and Go test, etc.

CONCLUSION

Physiotherapy and Ergotherapy are useful for the autonomy of Prk-patients. Preformed physical modalities can ameliorate the efficacy of NR: Electrical Stimulations are useful for gait stability, **Deep Oscillation-for pain relief and correction of depression.**

The complex NR-program is effective for improvement of the neuromuscular coordination, respectively for the autonomy of patients in everyday life.

In conclusion, we recommend our own NR program, including physiotherapy, occupational therapy, patient education, electro stimulations and deep oscillation.

Keywords

Parkinsonism; Neurorehabilitation; Functional electrostimulation; Deep oscillation; Autonomy in activities of daily living, Quality of life



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RESEARCH NEWS - FIBROMYALGIA AND LIPOEDEMA

Journal of Pain Research

Dove press

open access to scientific and medical research

Common and Contrasting Characteristics of the Chronic Soft-Tissue Pain Conditions Fibromyalgia and Lipedema

Angst F, Benz T, Lehmann S, Sandor P, Wagner S. Common and Contrasting Characteristics of the Chronic Soft-Tissue Pain Conditions Fibromyalgia and Lipedema. *J Pain Res.* 2021;14:2931-2941
<https://doi.org/10.2147/JPR.S315736>

Objective: To examine the common and specific characteristics of fibromyalgia and lipedema, two chronic soft-tissue pain syndromes without curative therapy options.

Methods: Diseases' characteristics were compared using the findings of extensive literature and the empiric data from two cohorts, both fulfilling standardized diagnostic criteria. Outcome was measured by various socio-demographics, the generic Short Form 36 (SF36), the Fibromyalgia Severity Questionnaire (FSQ), and the 6-minute walk distance (6MWD). Empiric SF-36 data were compared to specific population-based norms and between the diagnostic groups, using standardized mean differences (SMD).

Results: Female participants with fibromyalgia (n = 77) and lipedema (n = 112) showed comparable education levels and living situations. Lipedema cases were, on average, 3.9 years younger and BMI 6.3kg/m² more obese. Women with fibromyalgia smoked more, did less sport, had more comorbidities, and worked less. Compared to the norms, health in fibromyalgia was worse than expected by SMD = -1.60 to -2.35 and in lipedema by -0.44 to -0.82 on the SF-36. The score differences between the two conditions ranged from SMD = -0.96 to -1.34 (all p < 0.001) on the SF-36 and the FSQ. For the inpatients (n = 77 fibromyalgia, n = 38 lipedema), the 6MWD was comparable (SMD = -0.09, p = 0.640). These findings were consistent with detailed data from the literature reviewed.

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is more pronounced in fibromyalgia than in lipedema, especially in social and role dysfunction, whereas the walking distance was similar for both syndromes. This difference may be explicable by limited coping skills in fibromyalgia.

Keywords: fibromyalgia, lipedema, diagnosis, outcome measures, SF-36

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**International Healthcare Professionals’
Perspective on Lipedema/Lipoedema Survey**

INTERNATIONAL HEALTHCARE PROFESSIONALS' PERSPECTIVE ON LIPEDEMA



Antonio Olmos

Pathophysiology of Lipoedema

Are you a Healthcare Professional treating lipoedema patients?



If so, we invite you to help us determine **global healthcare provider opinions** on controversial topics regarding the pathophysiology of lipedema.

So far the pathophysiology of lipedema/lipoedema is poorly understood and there is debate in the lipedema medical community regarding:

- if there is **oedema** in lipedema tissue
- if **mental health** issues **precede** the development of **pain** in the lipedema tissue or vice versa
- whether lipedema tissue can **progress**
- what effects **lipedema reduction surgery** (non-cosmetic liposuction) have on lipedema **weight**
- if women with lipedema are simply **obese** and can be treated effectively by **bariatric surgery**

Our survey consists of questions concerning ten demographic and housekeeping questions and eleven questions on lipoedema. We ask you to grade your answers and the quality of information available. Papers that provide a background to each issue are available on our survey website page.

Collating experiences and opinions from the global

community will be enlightening and may help guide next steps in education, research and clinical care.

We value your participation, please share this link with other healthcare professionals in your region, who have experience of treating lipedema patients.



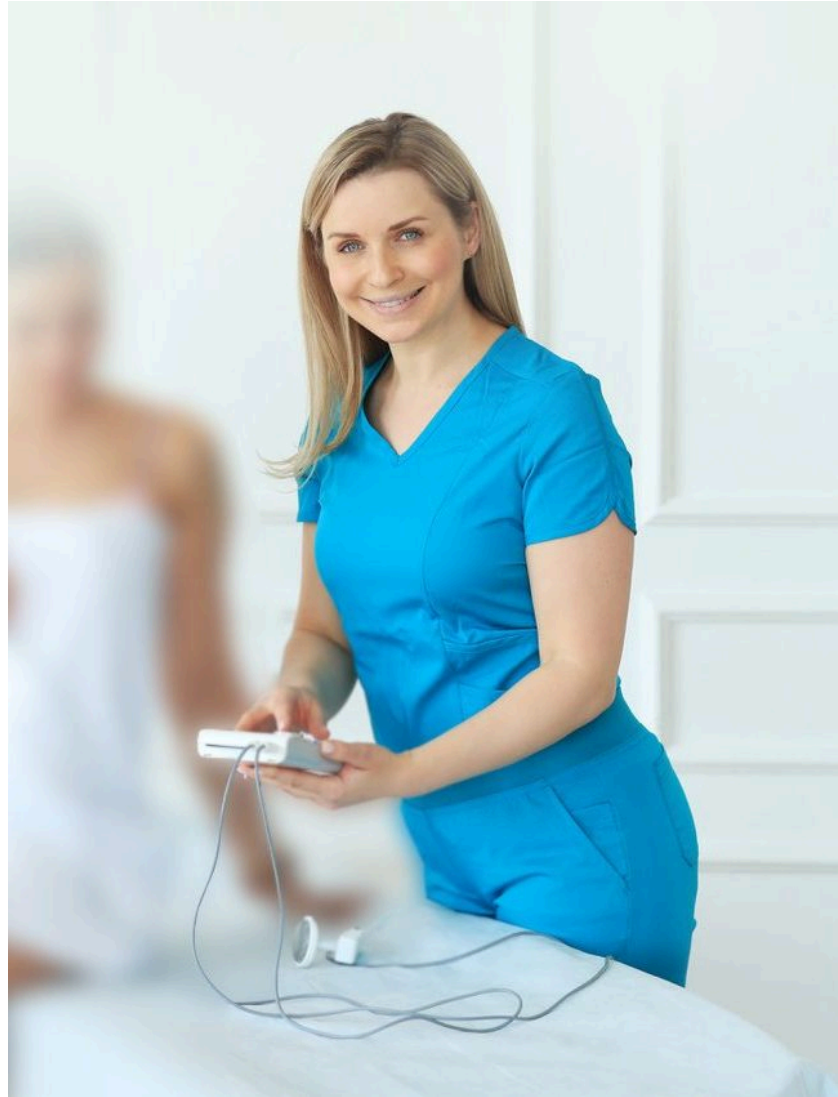
Please help us by completing the questionnaire via the QR code (right) or via: www.lipoedema.co.uk/international-healthcare-professionals-perspective-on-lipedema/



TAKE SURVEY



NEW DEEP OSCILLATION PRACTITIONER IN LONDON



healing process to deliver the new you in a much quicker time frame.

Applicable day one post-Vaser Liposuction Surgery, reducing swelling, bruising and pain when it is at its worst and when treatments are needed the most."

Natalja Andrejeva is an NMC Registered General Nurse and Lymphatic Massage Practitioner specialising in post-Vaser Liposuction Surgery. Based in Central London, Natalja has spent several years assisting Vaser Liposuction Surgery and working as a Scrub Nurse with expert surgeons in the field.

MLDME.CO.UK



BREAST CANCER AWARENESS MONTH
BREAST CANCER AWARENESS MONTH
BREAST CANCER AWARENESS MONTH
BREAST CANCER AWARENESS MONTH

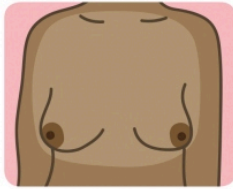
[**Learn the signs of breast cancer**](#)

It's important that we check our breasts.

TOUCH YOUR BREASTS Can you feel anything new or unusual?

LOOK FOR CHANGES Does anything look different?

CHECK ANY CHANGES WITH YOUR GP



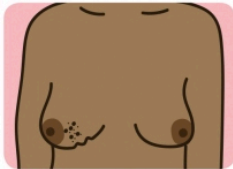
Check all parts of your breasts, your armpits and up to your collarbone (upper chest) for **changes**.

No matter what size or shape your breasts are, **check them regularly**.

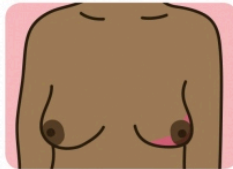
COMMON SIGNS OF BREAST CANCER INCLUDE...



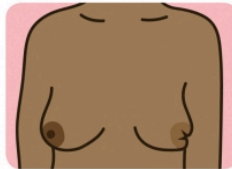
A **lump or swelling** in the breast, upper chest or armpit



A **change to the skin**, such as puckering or dimpling



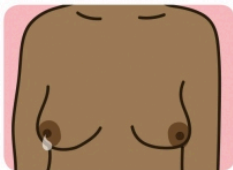
A change in the **colour** of the breast – the breast may look red or inflamed



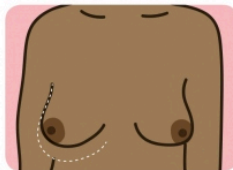
A **nipple change**, for example it has become pulled in (inverted)



Rash or crusting around the nipple



Unusual liquid (discharge) from either nipple



Changes in size or shape of the breast



Pain in your breast or armpit that's there all or almost all the time



Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200). Registered Office: Fifth Floor, Ixex House, 42-47 Minorities, London EC3N 1DY.

FIND OUT MORE

POSSIBLE SIGNS OF SECONDARY BREAST CANCER

FIND OUT MORE

Breast cancer in men

TOUCH YOUR CHEST

Signs and symptoms of male breast cancer

A lump in the chest area

The most common symptom is a lump in the chest area which is often painless.

Other symptoms

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- Liquid, sometimes called discharge, that comes from the nipple without squeezing and which may be blood-stained
- A tender or inverted (pulled in) nipple
- Ulcers (sores) on the chest or nipple area
- Swelling of the chest area and occasionally the lymph nodes under the arm

FIND OUT MORE

A HUGE WELL DONE TO LSN! 2nd online training module for GPs is now live

Clinical pointers: Managing chronic oedema/lymphoedema in primary care

"A new learning [module](#), hosted by BMJ Learning has been written by Professors Peter Mortimer, Vaughan Keeley, Kristiana Gordon, GP Dr Catherine O'Leary and LSN Nurse Advisor, Denise Hardy, Clinical Nurse Specialist. It is a very practical module, it explains what lymphoedema is, how it affects individuals living with it, what can make it worse, and how it can be treated. It has videos showing how to measure for compression, tips on how GPs can support a patient wearing compression, skin care advice, tables about medications that might not be helping the swelling, information about cellulitis and links to other things that should help your GP to help you."

LSN ask If you know any healthcare professionals as a friend, family or colleague, do encourage them to complete [the module](#) and to let LSN know if it was useful. Let's work together to ensure that even more healthcare professionals have access to and complete this 2nd [module](#)!

ASK THE EXPERTS



Anita Wallace, MBE, Chair of LSN

LSN Member Questions Answered



Prof Peter Mortimer



Prof Dominic Furniss



Denise Hardy
LSN Nurse advisor

We have categorized all of the topics in one place [here](#)

or go straight to [LSN's excellent YouTube site](#)



National Diversity Awards - Gavin Neate
Awarded "Entrepreneur of Excellence"



**By Mary Fickling, Self Care Champion and Co Director of
PhysioPod UK Limited and PhysioEquipment**

You will recall that last month I wrote an article called "Changing Society With Solutions" about a man called Gavin Neate, CEO and Founder of Neatebox Limited. Gavin had helped me on Twitter with a

customer service solution app.

I am delighted to inform you all therefore that his great work has not gone unnoticed!

At last week's National Diversity Awards which is an annual ceremony celebrating the fantastic achievements of Positive Role Models & Community Organisations that showcase their devotion to Equality, Diversity & Inclusion. Gavin was awarded "Entrepreneur of Excellence".

But the award "was not just about Gavin" he said "it was about WelcoMe and the truly evolutionary effect it is having on all forms of customer interaction across the UK and Ireland from The Scottish Parliament to Westminster City Council, from NorthLink Ferries to Iarnród Éireann Irish Rail and from NHS Golden Jubilee to The London Centre for Cosmetic Dentistry and so many more" adding "If I am worthy or guilty of anything" he continued "it is perhaps dreaming so incredibly big to believe that WelcoMe has the power to evolve and improve commercial and social relationships everywhere and perhaps even to help end loneliness"

Well done Gavin and thanks for the pictures and accompanying words.. (looking special indeed :-).



"Me named as the award winner surrounded in gold looking special"

Welcome



"The welcome logo white on a pink background. The m and the e of welcome are in a different font to underline the importance of your disabled customer"



ACCESS FULL ARTICLE

[CLICK HERE](#)

OVER 70% OF DISABILITIES ARE NOT INVISIBLE



Gavin Neate

added on Instagram this week

"The narrative around #disability needs to change if we are to improve services for ALL disabled people. This graphic is often seen portraying many physically disabled people and one person with an invisible condition. The original graphic suggests that some people have hidden conditions. In this graphic we have turned that around and explain that some people don't have hidden conditions, as the truth is, there a vast majority of people who have hidden conditions and a small percentage of people who have obvious disabilities."

#Access4All #AllWelcoMeNow #Inclusion
#EndLoneliness #Accessibility.

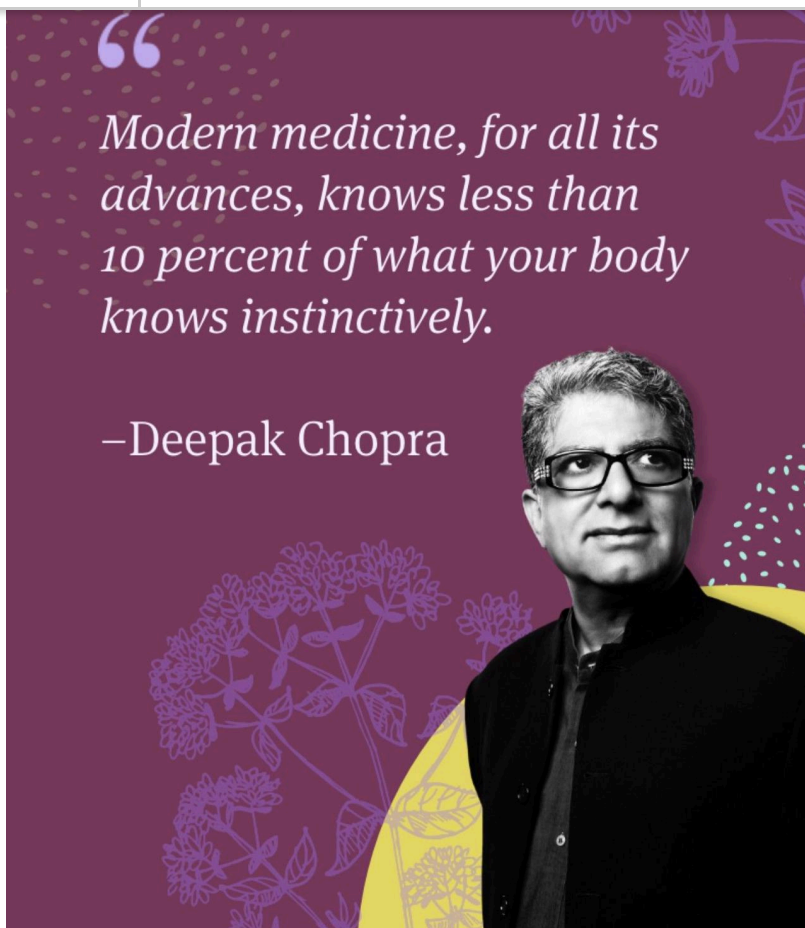


INSPIRATION FROM DEBRA OSBORN



Every day of the week I get a message in my Whatsapp feed from a wonderful lady called Debra (Debs) Osborn, an excellent yoga and pilates instructor working with mindfulness. She also runs yoga retreats in Spain Valencia.

Debs daily posts started in Lockdown, and she continued because of the very positive feedback she got. I still look forward to these each day to bring in some reflection time. If you would like to see this as a regular strand then let me know, or if you would like these messages daily message me your mobile phone no and I will add you to the group.



"Today's Inspiration is to take time to rest, rejuvenate and restore your energy. Wellness is the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes, so that instead of just surviving, you're thriving. ...

Each one has an impact on your physical and mental health. In Ayurveda, perfect health is defined as "a balance between body, mind, spirit, and social wellbeing." In fact, the twin concepts of balance and connectedness echo throughout Ayurvedic texts, thought, and practice. Ayurveda emphasizes good health and prevention and treatment of illness through lifestyle practices such as massage, meditation, yoga, dietary changes and the use of herbal remedies.

Why is retreat important? In order for our spirituality, pure morality, wisdom, single-pointed concentration and insight into reality to grow, we need time and space. The normal twentieth-century environment does not give us this. It induces either distraction or sluggishness, and retreat can take us beyond both. As human beings, we have the potential for unlimited growth, for limitless compassion and wisdom. Have a beautiful, quiet peaceful day. ❤️



An Amusing Tale from Gemma Levine



Councillor Jonathan Glanz, Prof Peter Mortimer, Gemma Levine, Andrea Rasca (host) and Simon Callow

Gemma Levine's 2nd COVID THOUGHTS Book Launch in September was held at The Mercato Metropolitano in Mayfair.

Sadly, I was unable to attend. Gemma wrote the following week with this lovely story that brightened my day, I hope it does yours..

"My speakers were Councillor Jonathan Glanz, Professor Peter Mortimer and **SIMON CALLOW**, who read, brilliantly, several extracts from "COVID THOUGHTS".

I had approx. 70 guests at Mercato Metropolitano in Mayfair. One of my guests was the new Rabbi for Western Marble Arch Synagogue and his wife, DANIEL and ILANA. EPSTEIN.

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Rabbi Lord Sacks and others. This year was no exception. I simply could not hear Rabbi Epstein’s sermon which distressed me, as I so wanted to. Soon after, I dropped him an email, saying the acoustics were bad and all ladies at the back of the Shul could not hear him. I wrote - ‘I wondered if somehow, he could ‘project ’ his voice upwards, towards us ladies, seated at the back?’

At the book launch on Tuesday night, I noticed that Rabbi Epstein had a long conversation with Simon Callow.

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every single day in October
even if its blinkin' rainin she says,
so we can raise some pennies
for Cancer Research**



HAPPINESS CUP FILLERS FOR OCTOBER



PLANET MARLA



On 10th September 2021, we had the beautiful happy occasion of Julie's daughter Katie, getting married to the love of her life, Jordan Jackson. A wonderful day was had by all and her daughter Marla was one of eight beautiful bridesmaids, Marla is pictured here finding time to do that all important thing, counting her fingers!

See you next month



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