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Remember to check the Group Monthly Meetings Calendar!



Hi everyone!

We are back on deck refreshed and energised, and ready to help support you in your quest to attain better health in 2017!

Thanks to those who sent in their feedback and encouragement on our proposed re-branding as *Complex Chronic Illness Support* - so get set to see a fresh new look for our organisation! We emphasise however, that we will remain true to our roots, with a continued focus on ME/CFS.

Exciting news! Several months ago some of you expressed interest in exercise testing with Massey University exercise physiologist, Dr. Lynette Hodges. This possibility is now a step closer and could be taking place in mid-2017.

See **page 3** for more details.

While we largely focus on helping people move forward with hope and optimism, we realise that people who suffer from chronic illness don't always feel hopeful and optimistic. So, in the interests of 'keeping it real' we have included an article on suicide in this issue. See **page 6**. We also look at the importance of maintaining hope in the face of serious illness (**page 8**), and learn how Kira, our young members' field officer, gradually moved from what seemed a hopeless situation to a new life (**page 9**).

After being in recess for a time, our young members' monthly meetings, facilitated by Kira, will resume in early 2017. Please note that these are being held for a trial period of 4 months. See **page 2** for more details.

Enjoy the read!

Tina and the team at ME/CFS Support



Want to call or write to us?
We are at:
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Tauranga 3112**



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Email: tina@mebop.org.nz
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Email: info@mebop.org.nz
Website: www.mebop.org.nz
www.facebook.com/groups/203904249678311

Local Items of Interest

Attention Young Members! Young Members' Gatherings to Resume



From February we will be starting up monthly young member gatherings again at the ME/CFS Support (BoP) premises at 56 Christopher Street from 1pm to 2pm on the 3rd Thursday of every month.

Email reminders will be sent out to our young members closer to the dates of these gatherings.

We will be trialling these gatherings for the first four months of this year and if we have the numbers to warrant their continuation, they will continue throughout the year.

So I hope to see some of you there Kira

MEBoP Thanks You

Thanks to those who volunteered their time and energy at our Bayfair gift-wrapping fundraiser on 20th December.

As well as adding a little money (\$370) to ME/CFS Support's coffers, it was heart-warming to see some members that we rarely see, come out to support the cause, and at the same time, meet others who are also part of our large (and becoming larger!) family.



Subscriptions to Increase

Most of you will agree that our current subscription is unrealistically low.



For this reason we are increasing it to **\$20** from the **1st of April** this year.

This still represents excellent value for money in terms of member benefits. (As always, we encourage those who are suffering financial hardship to come and talk to us if the increased subscription is a barrier to membership). Members will receive an invoice for their subscription prior to April.

Receipts will also be sent out in April to those who have paid subscriptions or made donations to ME/CFS Support during the financial year ending 31st March 2017. (We apologise to those who have been inconvenienced as we streamline our receipting and invoicing systems).

Research into Exercise & ME/CFS

Calling for ME/CFS Participants & Healthy Controls

ME/CFS Support (BoP) is excited at the possibility of Massey University exercise physiologist **Dr Lynette Hodges** visiting the Bay of Plenty to continue her research into exercise and its effects on ME/CFS patients.

Dr Hodges presented her findings from a recently completed research project at the ANZMES AGM on 26th November 2016. Dr Hodges was initially approached by Dr Don Baken from Massey University to do this work, and admitted that she was sceptical at first, believing that ME patients were just tired and unfit, similar to many other people. However, after analysing the results of her research, she saw some very definite differences between ME patients and suitably matched controls. Dr Hodges is keen to do further research that would substantiate her findings.

If you are interested in taking part in this research, and/or you know someone that could participate as a healthy control (perhaps a friend or family member), please contact Tina (027 625 4449). (Some of you had indicated interest in exercise testing when the subject was discussed in the past few months. Tina will be in touch with you in the near future about this project).

This is an exciting opportunity to take part in some important research into ME/CFS. An added bonus for participants is that you will obtain accurate individualized data on what your body does when subjected to exercise.

Dr Hodges visited us in January to discuss the feasibility of the project.

Requirements for the project to go ahead:

- ☐ 24 ME/CFS participants who meet the research criteria*
- ☐ 24 matched healthy controls
- ☐ Accommodation for 3-4 people for 4 weeks (house or bach), for one month from 18th June

*If you are interested in volunteering as a participant but unsure if you meet the criteria, we suggest you take a look at the *de Paul Symptom Questionnaire*

Check out the survey at

https://qasiasingleuser.asia.qualtrics.com/SE/?SID=SV_1AnQQwTwtz68Kax

This is the questionnaire that all ME/CFS participants will be required to complete prior to the research project, to ascertain whether they meet the criteria.

A Call for Newsletter Contributions



Here at MEBOP we'd like to hear more from you, our many members out there.

The coffee mornings have proved to be an excellent way for us all to keep in touch, to hear stories and exchange information. But the majority of members we don't get to see. Please feel free to send me anything you want to share and feel would be helpful for our readers. It can be a story of your own struggle along the ME/CFS trail, or someone else's, or a poem, or a question even, that we will endeavour to answer in print. We only ask you try and keep the content to about 1/2 page length.

Please send in your contribution to Jan at janm@orcon.net.nz Looking forward to hearing from you!

My 2 Cents Worth Detox Your Life!

Reprinted with kind permission from author Gilly Godward, Ephraim Health, Mount Maunganui
gill@ephraimhealth.co.nz

How often do we do too much?

Take on too much?

Fill our life up with 'too much STUFF'?

What if we pulled back and realised that LESS IS MORE!

Something that I've realised in my life, and for my clients, is that modern day alchemy really happens when we spend time '**Detoxing our Lives**'. The start of the year is a great time to take some time out and create a focused intention for the year ahead.

Before you can plant new seeds, you often need to pull out some old weeds.

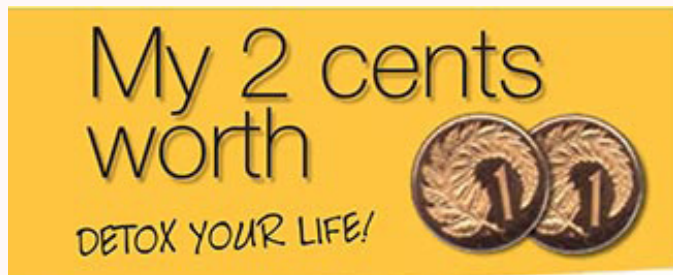
One of the key reasons that people don't detoxify their life is often a focus on lack or scarcity, for example 'I'd better not let that go because that might be as good as it gets'.

I wonder what would happen if you detoxed, created a space in your life, and then focused on filling it intentionally?

Below are some key areas to detoxify:

- ☐ **Detox your environment:** Get rid of any old, unused, broken things around the house that you no longer use or love. Give them away, gift them to charity shops, recycle them, but let them go.....
- ☐ **Detox your body:** You become literally lighter in body and mind by giving your body a chance to detoxify.
- ☐ **Detox your relationships:** Your energy is precious! Focus on friendships and relationships that are positive and uplifting.
- ☐ **Detox your mind:** Maybe it's time to release some OLD negative ways of thinking that no longer serve you. Your thoughts create your reality so focus on uplifting self-talk and happy thoughts.

Here's to detoxifying your life and creating a NEW YOU in 2017!



Doctor, Doctor

My doctor is very good.
If you tell him you want a second opinion,
he'll go out and come back in again.

One time I told him I had a ringing in my ears. His advice? "Don't answer it. "

But he sure has his share of nutcases. One said to him, " Doctor, I think I'm a bell. "
The doctor gave him some pills and said, "Here, take two of these daily for 6 weeks
- if they don't work, give me a ring. "

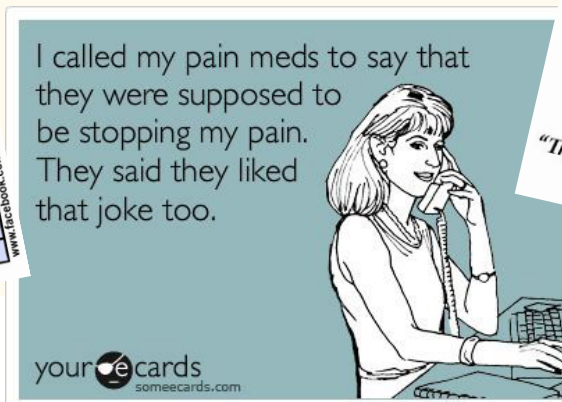
Like most doctors he can be frustrating. You wait weeks for an appointment, then
he says, "I wish you had come to me sooner. "



Are You A Highly Sensitive Person?

- ☐ Highly sensitive people struggle to stay on a task when they have several things to do at once. They become anxious and stressed.
- ☐ They don't work well in open offices as they go into 'overdrive' with the sights and sounds (and smells).
- ☐ They find it unpleasant when there is too much going on around them.
- ☐ They don't like loud music, sudden bangs etc and startle easily.
- ☐ They recognise other people's discomfort, e.g. when music is too loud, lights too bright, or a person is feeling overwhelmed.
- ☐ They become nervous when being observed carrying out a task, and perform worse than they would normally.
- ☐ Watching violent movies can be too much for the highly sensitive person, so horror movies are probably off the viewing menu!
- ☐ Hunger can cause a reaction which may disrupt concentration or mood.
- ☐ After a long week, or even a busy day, they need quiet time to re-charge their batteries.
- ☐ Highly sensitive people are more conscientious – so it's not all bad. It means you process sensory data more deeply. It helps if you develop a good awareness of yourself and your needs.

Adapted from <https://www.psychologytoday.com/blog/what-mentally-strong-people-dont-do/201609/9-traits-highly-sensitive-people>



Suicide and CFS/FM

Editor's note: A difficult subject for some to contemplate. However it would be very surprising if sufferers of chronic illness did not feel sad or depressed at some stage. For those who have been unwell for some time, the beginning of another year can bring increased feelings of sadness and depression. When these feelings become more pervasive, serious, or unrelenting, it is wise to seek help.

Source: <http://www.cfidsselfhelp.org/library/killing-me-softly-fmcfs-suicide>

From an article by Lisa Lorden Myers, featured in ANZMES' Meeting Place, Issue 126, Summer 2016. Please note that this article has been abridged. If you wish to read the full article, Meeting Place 126 is available to borrow from our library.

It is unclear whether there is an increased risk of suicide among CFS/FM patients, as compared to the general population. However there is evidence that chronic pain and illness put patients at risk for suicide. Illnesses like fibromyalgia or chronic fatigue syndrome, which are often doubted or neglected by the medical community, the public, and sometimes family and friends, can present unique problems. Patients with CFS/FM can become victims of isolation and despair.



Secondary depression is a well-known symptom of CFS/FM and is common with any type of chronic pain. Sufferers depend on a variety of sources of support, including pain management, psychological support, and financial support. When one of these essential needs remains unmet over a long period of time, it is possible for patients to begin to believe that their situation is hopeless.

In fact, a recent report published by Action for ME, a UK non-profit organisation, revealed that 51% of survey respondents have felt suicidal as a result of their illness. Those with the most severe cases of the illness, and those who experienced delayed diagnosis and management were most likely to have considered suicide.

Responding to Suicidal Thoughts

Martha Ainsworth, founder and director of Metanoia, a non-profit organisation dedicated to suicide prevention, describes the problem of suicide succinctly.

She writes, 'Suicide happens when pain exceeds resources for coping with pain.' There are many kinds of pain that may lead to suicide, and individuals vary greatly in their capacity to withstand pain. According to Ainsworth, you can survive suicidal feelings if you do either of two things:

- (1) find a way to reduce your pain, or
 - (2) find a way to increase your coping resources.
- Both are possible.

It is important to realise that suicide is a permanent solution to a temporary problem. The Journal of the American Medical Association has reported that 95% of all suicides occur at the peak of a depressive episode. For many people who feel suicidal, there seems to be no other way out. But suicidal thoughts are typically a reflection of distorted thinking caused by severe depression or even by the neurological changes associated with CFS/FM itself. When we are depressed, we tend to see things through the very narrow perspective of the present moment. A week or a month later, things may look completely different.

Most people who once thought about killing themselves are now glad to be alive. They say they didn't want to end their lives – they just wanted to stop the pain. According to **Dr William Collinge, Ph.D.**, author of several books including 'Recovering from Chronic Fatigue Syndrome', 'If you can remind yourself that the suicidal thoughts are transitory and symptomatic of the illness, this will help you get through those times when you are in the bottom of the pits and can't see any way out. Also, talking about your feelings with a confidante or loved one can help immeasurably.'

Experts agree that talking about suicidal feelings is one of the most important things you can do. Talking to a caring and supportive friend or family member can be helpful, and there are a variety of helplines and support groups to whom people who are feeling suicidal can reach out. Severe depression, the primary cause of suicide, is highly treatable.

Anyone who has suffered with FM or CFS knows that it requires a huge adjustment, not only to the illness itself but to all the consequences it has on our lives. Chronic illness is likely to affect the way sufferers live, the way they see themselves, and how they relate to others. If you or someone you know is having thoughts of suicide, it's essential to know that you don't have to go it alone. There are a variety of resources that can provide the support you need.

New Zealand Resources

Listed below are details of some resources for support within New Zealand. Your local Citizens Advice Bureau will be able to put you in touch with local services which may not be nationwide.

WHATSUP

Help for Young New Zealanders

0800 WHATSUP is a free professional telephone counselling service for anyone aged between 5 and 18 years.

0800 942 8787

(between noon & midnight any day)

National Youth Helpline

Youthline provides a free, confidential and non-judgemental telephone counselling service.

HELPLINE 0800 376 633

If you can't get to a phone, but would really like to talk with someone, why not send a TXT or email...

E: talk@youthline.co.nz

or

free TEXT to 234

LIFELINE

Worried? Stressed out? Need to Talk?

Lifeline is a voluntary agency offering free professional and confidential counselling, support and information services. Operates 24 hours a day – 365 days a year.

0800 543 354 or 09 522 2999

Work and Income New Zealand

WINZ can provide a full range of financial assistance to you and your family. They can often help in other ways also and may be able to offer assistance, give advice or refer you to another agency.

If you are unable to go to a WINZ office, please call
WINZ 0800 559 009

Citizens Advice Bureau

The Citizens Advice Bureau can provide information to assist with almost any issue, and they have trained volunteers to assist you.

0800 367 222

For Friends and Family Members:

What you can do if you see possible warning signs of suicide.....

Be direct: Talk openly and matter-of-factly about suicide. It's okay to ask the person 'Do you ever feel so badly that you think of suicide?' Don't worry about planting the idea in someone's head. If someone has been thinking of suicide, she will be relieved and grateful that you were willing to be so open and non-judgmental. It shows her you truly care and take her seriously.

Be non-judgmental: Listen attentively, allow expression of feelings, and accept those feelings. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Never call someone's bluff or try to minimize his problems by telling him he has everything to live for, or how hurt his family would be. This will only increase his guilt and feelings of hopelessness. He needs to be reassured that there is help, that what he is feeling is treatable, and that his suicidal feelings are temporary.

Take it seriously: Always take thoughts of, or plans for, suicide seriously. If someone admits to thinking about suicide, question the person further and ask 'Do you have a plan? Do you know how or when you would do it?' If you feel the person is in immediate danger, you must make sure that he/she is not alone and can talk to a professional immediately. If necessary, call 111 or take the person to a crisis centre. Remove means such as firearms or stockpiled medication.

Never keep a plan for suicide a secret: Don't worry about breaking a bond of friendship at this point. Friendships can be fixed. A suicidal person must see a doctor or psychiatrist immediately.

Offer support: If you feel the person isn't in immediate danger, you can say things like 'I can tell you're really hurting' and 'I care about you and will do my best to help you'. Then follow through - help her find a doctor or mental health professional. Offer hope that alternatives are available, but don't offer glib reassurance.

Get help: Seek support from individuals or agencies specialising in crisis intervention and suicide prevention.

Adapted from information provided by the American Association of Suicidology and Suicide Awareness Voices of Education(SAVE).



The Anatomy of Hope

By Bruce Campbell

Source: <http://www.cfidsselfhelp.org/library/the-anatomy-of-hope>

NB: This article has been abridged. Members can read the full article in ANZMES Meeting Place 126, Summer 2016, available to borrow from our library.

If you are like most people with CFS and Fibromyalgia, you have probably felt discouraged, or even despairing, at times. Perhaps it happened when you learned that you had an illness with no cure. Or maybe it crept over you slowly as you came to suspect that you were unlikely to regain the life you had before becoming ill. In any case, you may have wondered how to keep hope alive when faced with long-term suffering.

A recent book by Dr Jerome Groopman of Harvard (*The Anatomy of Hope: How People Prevail in the Face of Illness*) offers some answers. Based largely on his experience with cancer patients, the book describes different approaches to living with serious illness.

Resignation

Some people are passive in response to their diagnosis, and may feel hopeless and helpless. Many CFS and FM patients can fall into hopelessness after years of suffering, but most can help themselves feel better by taking a series of small, realistic steps. In our CFIDS & Fibromyalgia Self-Help Programme we teach you how to improve your quality of life by making different choices than in the past. We also believe that the model offered by patients who have improved provides inspiration. We therefore focus on what has worked. We don't offer a cure for CFS or FM, but the strategies we teach have a good chance to decrease suffering and increase quality of life. (Editor's note: The same approach is followed in ME/CFS Support (BoP)'s Towards Wellness programme).

False Hope

Another response to serious illness is to hold out unrealistic hope. Groopman believes that offering patients false hope is wrong, and that doing so shows a lack of confidence that it is possible to have both hope and a realistic view of illness.

False hope can be an issue for CFS/FM patients. Some may spend great amounts of time and money in search of a miracle cure, something that will give them their old life back. While some people are able to recover, many do not and repeated failed attempts at recovery can produce the same sense of helplessness as resignation.

Realistic Hope

Groopman describes a third way to respond to illness, which he calls true hope. True hope, he says 'takes into account the real threats that exist and seeks to navigate the best path around them.' Hope can flourish when you believe that your actions make a difference, that they can create 'a future different from the present.' To have hope is to 'acquire a belief in your ability to have some control over your circumstances.'

This approach is what we call combining acceptance and hope. Patients with this attitude acknowledge that life has changed. Instead of living as if they were well or searching for a miracle cure to restore them to health, they accept that their lives are different and, in some ways, more limited. At the same time, they have a fierce determination to improve, and a conviction that they can find ways to make their lives better.



Hope for CFS and Fibromyalgia

What is realistic hope for someone with CFS or FM? While it is realistic to hope that a cure may be developed some day, at present neither illness has a cure. Some patients recover on their own, but their numbers are small. So for most people, it is prudent to assume that CFS or FM will be long-term conditions. But it is also realistic to believe that you can find things to help you feel better. Medications and self-help strategies may not cure CFS or FM, but they can help reduce pain and discomfort, bring greater stability, and lessen psychological suffering. This approach requires that you assume responsibility for the day-to-day management of your illness.

Living well with long-term illness means living differently from before. CFS patient JoWynn Johns describes her journey to a new life by saying in an article on recovery 'If recovery means returning to the way of life I had before CFS, I have not recovered. But in other, and to me equally significant ways, I have recovered.' She describes regaining control over her life, regaining physical comfort, and learning how to control her symptoms through living within her energy envelope. She writes 'I apply the word 'recovery' to myself because I have regained a satisfying life. It's just not the life I had before CFS.'



BIG THINGS START WITH ONE STEP

HEYJENBRIGGS.COM

The previous article spoke of the importance of hope when you are faced with serious illness. In the following article, Kira outlines how she turned a seemingly hope-less situation into a new, sustainable life.

‘Baby Steps’ to a New Life

There was a point in my ME/CFS journey where I took massive action around my mindset. Until that point I had let ME/CFS rule the roost. My father, who had also suffered from 10 years of CFS told me ‘Don’t let this thing control you, Kira – you make the rules, do what you need to do to move towards wellness, despite the backlash you receive from your body’

So at that point, having lost 15 kilos and being severely underweight, I knew it was time to take control of my diet. That was my first and very important step to help myself move forward as the research clearly indicated that if you are severely underweight it is more difficult to heal and therefore generate energy.

So with a new diet of 8 small meals a day (to start), my life focused on eating nourishing food that I knew would assist my recovery. It was like going through hell at the time – my tummy hurt and I was consistently nauseated and physically sick. My daily routine went from preparing and eating food to returning to my bed to recover. Gradually I began to put on weight and the intolerances began to subside.

Everyday, despite how dreadfully unwell I felt, at a time when I could have so easily thrown it all in, I listened to recovery stories and kept telling myself ‘This food is nourishing me back to health’, ‘I am on the road to recovery’, ‘I can do this’ and ‘Others have, so I can too’. I continued to work on calming my overwrought nervous system, and did nothing short of 4 hours of relaxation and some gentle stretching on my bed each day.

Beyond those 3 months I started bouncing my physical boundaries by venturing out into the world even if it was just into the garden to breath some fresh air. I began to mix with people again – people who fed my soul and nourished my heart – the types that left me feeling better, not depleted. I kept listening to the stories of recoverees over the internet to keep my hope alive.

The journey didn’t stop there. Throughout the next 5 years of unwavering dedication, perseverance and patience I gently built my baseline of energy up. I learnt about the art of pacing, I worked on treating my underlying physical issues, and I became better acquainted with myself. I became for the first time in my life more aware of my own personal needs and values, and combining these I began to see what a truly sustainable life would look like for me moving forward – which certainly bared no resemblance to how I had been living my life prior to ME/CFS! I also began to give myself something I had needed all of my life - a massive dose of acceptance – acceptance of how I am in any given moment, and acceptance of who I am as a person.

I studied the concept of acceptance during this time with vengeance (as I knew this was also a next step for me too) and came to realize it had nothing to do with giving up or approving of my situation. It was more about allowing things to be as they are, without defense or fight, and then making helpful decisions from that point of reality. For example, ‘I not feeling well today, I am ALLOWED to not feel my best AND how can I help myself right now to feel a little bit better and support my healing?’

Today I am well and the only thing left of my 10 year ME/CFS journey is the remnants of a very bad dream.

My lifestyle has changed, my thinking and mindset have changed, the people I mix with have changed, my diet has changed, I HAVE CHANGED. I am not in perfect health, but who is? I look after myself, treat myself kindly and listen to my body. I am so grateful to be alive and I do not take my precious energy for granted.

Recovery is possible but we have to start with the belief that we CAN recover and take steps to support our wellness journey despite the stink our bodies may kick up at the time.

I always say on the Towards Wellness programme that moving towards wellness is a fine balance between gentle guidance from ourselves and listening to the body. A large part of the process of recovery for me was about being VERY aware of the messages I was telling myself on a moment by moment basis and shifting any negative self-talk to messages that supported my nervous system to calm, and encouraged me to continue to take gentle actions that would move me toward wellness.

Next time you are walking somewhere and your legs feel like they could give way under you, or you feel like you are going to pass out, and there is nowhere to sit down and regain your equilibrium, support yourself by letting yourself know 'I CAN do this and I'm doing a great job'.....and keep going. You might just be pleasantly surprised.... Kira x

PS: I use the terms 'recovery', 'healing' and 'towards wellness' interchangeably and they mean different things for different people.

Statistically we know that the majority of ME/CFS sufferers improve significantly but they tend to change their lives to accommodate their physical limitations in order to live more quality and meaningful lives and build their energy back up over time. 10% of sufferers fully recover so please hold an open mind that anything is possible.

I love the saying 'hold the vision without attachment'. Your vision will support your recovery and your lack of attachment to this vision will protect you from disappointment. We can do what we can to support our recovery but we cannot control everything. That, my friends, is the domain of Life/God.

*PPS: The principles Kira speaks about in her article above (e.g. paying attention to your mindset; listening to your body; calming the nervous system; gaining inspiration from the stories of recoverees; acceptance, etc) are core principles covered in our **Towards Wellness** programme. Our first TW programme for 2017 is fully subscribed, but if you are interested in finding out more, or reserving a place in the **TW** programme which begins in July, please phone Tina on 027 625 4449*

Calling for Research Volunteers

- ☐ Did you get ME/CFS as a young person (child/teenager)?
- ☐ Would you like to talk about what it is like living with ME/CFS, and help improve understanding of this disease?

This is your chance to explain, to someone who wants to listen, about just how real this disease is, and how it has affected your life. This oral history project aims to record the voices of those who have suffered from ME/CFS since they were young, and their experience of the illness.

You can play a role in research, and contribute towards our understanding and diagnosis of the illness, with a view to improve treatments and patient outcomes in the future.

To find out more about sharing your story, go to the website: mevoices.weebly.com

Please pass this information along to anyone who has had ME/CFS since they were young and may be interested in sharing their story.



Probiotic-rich Fermented Vegetables

500ml filtered water

1/4 cup organic apple cider vinegar

1 tbsp sea salt

1.2 kg glass jar, washed well

400gm mixed sliced vegetables



- 1) Make brine by mixing water and salt together.
- 2) With clean hands, pack the vegetables into the jar, pushing them down.
- 3) Pour brine into the jar, then pour in vinegar so liquid covers the vegetables.
- 4) Close the lid and give the jar a gentle shake so brine and vinegar mix.
- 5) Place jar in a warm place for 24 hours. There may be some bubbling, which is normal.
- 6) After 24 hours open the jar and press down the vegetables. Add a little more water, salt and vinegar if they aren't completely covered.
- 7) Seal and leave for 6 – 7 days. Use a clean fork to remove the vegetables. If a white film develops on top of the brine, just spoon it off and put the jar in the fridge.

Suitable veges: carrots, red and white cabbage, beetroot, cauliflower, celery and green beans. The thinner they are sliced, the quicker they will ferment and the softer they will go.

Probiotic-rich foods help replenish friendly gut bacteria to promote good gut health and support immune function and emotional health.

Source: *Wellbeing*, No. 161, 2016

Library

Please feel free to come in and browse through our library collection at our Christopher St offices. (check that Tina or Joanne are in before you come). If you are on the internet you can access the titles from our website www.mebop.org.nz.

Can We Email Your Newsletter?

Costs are always a major consideration to us, and trying to make ends meet. If you are currently receiving your **MEssenger** by normal post, and you have email available to you (ideally broadband), we ask that you consider receiving it in future by email. This will help us to keep our mailing costs as low as possible. So, if you are prepared to change, please email the office at info@mebop.org.nz with your details.

Mt Maunganui, Katikati/Waihi and Te Puke meetings

If you are planning to attend the above support group meetings, remember to check with Tina before each meeting as the venues change from time to time.

Facebook

Membership of our Facebook page continues to slowly but surely increase. Remember that this is a “Private” page as we want you, our members, to be able to talk freely to each other on the page. We have received requests for people who are not members to join the page, which we have declined for this very reason. This also ensures that non-members can not use the page to drive any commercial interest they may have. Should you wish to join our Facebook page, the easy link is: <https://www.facebook.com/groups/203904249678311/>

Acknowledgement

We gratefully acknowledge our many sources that have kindly allowed us to use their articles for information to our members. They include:

Action for ME, UK	ME/CFS Group (Canterbury)
ME Association, UK	MEISS (Dunedin)
Dr Ros Vallings	Nelson Bays ME/CFS & FM
ANZMES	Support Group

Appreciation to our Funders

ME/CFS Support (BoP) Inc. wishes to note our grateful appreciation to the following organisations for their financial support enabling us to provide our services:

TECT	Grassroots Trust
Bay Trust	Infinity Foundation
Lottery Grants	Southern Trust
Lion Foundation	First Sovereign
Pub Charity	Disability Community Trust Whakatane
WBoP Disability Support Trust	NZ Community Trust
COGS WBoP & EBoP	NZ Post



DISCLAIMER: The views and opinions expressed in this newsletter do not necessarily represent the views of ME/CFS Support (BOP) Inc. They are not intended to replace the advice of qualified health professionals.

Group Meetings Calendar

ME/CFS Support meetings held **2nd Wed** of the month 10.30am contact Tina 2811 480
Mount Coffee Group meets the **1st Mon** of the month 10.30 am contact Tina 2811 480
Eastern Bay Group meet **1st Tues** of the month 10.00 am contact Gisela 07 307 1447
Young Member meetings held **3rd Thurs** of the month 1pm contact Kira 021 027 18127
Greerton Coffee Group meets **3rd Wed** of the month at Zest, Chadwick Rd, Greerton

February 2017	March 2017	April 2017
Monday February 13th Mount coffee morning at Bayswater Retirement Village, 60 Maranui Street, Mount Maunganui , 10.30am Tuesday February 7th Eastern Bay group Contact Gisela 07 307 1447	*Tuesday March 7th *Please note change of day for Western BoP Combined Western & Eastern BoP coffee mng at Funky Lizard café, Paengaroa, 10.30am For more info Contact Tina 07 2811 480	Monday April 3rd Mount coffee morning at Bayswater Retirement Village, 60 Maranui Street, Mount Maunganui, 10.30am Tuesday April 4th Eastern Bay group Contact Gisela 07 307 1447
Wednesday Feb 8th Support meeting/ coffee morning at 56 Christopher Street , 10.30am – 12pm For more info Contact Tina 07 2811 480	Wednesday March 8th Support meeting/coffee morning at 56 Christopher Street, 10.30am – 12pm For more info Contact Tina 07 2811480	Wednesday April 12th Support meeting/coffee morning at 56 Christopher Street, 10.30am – 12pm For more info Contact Tina 07 2811 480
Wednesday Feb 15th Coffee morning 10:30am at Zest Café, Chadwick Rd, Greerton	Wednesday March 15th Coffee morning 10.30am at Zest Café, Chadwick Road, Greerton	Wednesday April 19th Coffee morning 10.30am at Zest Café, Chadwick Rd, Greerton

PLEASE NOTE

Some of our members are sensitive to chemicals. Please refrain from the use of perfumes/strong deodorants before the meetings. Thank you for your understanding.

**Formed
1981**

MEssenger is kindly funded by WBoP Disability Support Trust & EBoP Disability Community Trust

**Incorporated
1986**

Board of Management

President Jean Scoullar
Vice-President Barbara Whitton
Treasurer Joan Willcock
Board Members Andrea McFarlane
Jacqui Bassett
Sheree Camilleri

Staff

Manager Jessie Hines
WBoP Field Officer Tina Richards
WBoP Youth Field Officer Kira Follas
EBoP Field Officer Gisela Sonntag
Newsletter Jan Morrison
Accounts & Administrator Joanne Palmer

10% Discount Stores

Brookfield Pharmacy – Tauranga
Health Haven – Tauranga
Health Shop & Clinic - Greerton
Bethlehem Health Shop – Tauranga
Nature Zone – Whakatane

Present **Membership Card** at these stores as proof of your ME/CFS Support (BOP) membership

Want to call in or write to us?

We are at
56 Christopher St, Tauranga 3112
Admin: Joanne ph (07) 2811 481
Email: admin@mebop.org.nz
Field Officer: Tina ph (07) 2811 480
027 625 4449
Email: tina@mebop.org.nz
Website: www.mebop.org.nz

SUBSCRIPTIONS and DONATIONS

Although our services are free to members, we charge a \$10.00 annual membership subscription and gratefully receive donations towards our operating costs. We are registered with IRD as being for charitable purposes so donations are tax deductible. Any donation is greatly appreciated.

Subscriptions and donations can be direct credited to our bank account if that is convenient.

Our bank account is: **Kiwibank A/c No: 38 9014 0140507 00**

Please enter your 'name' and 'ME Sub' and/or 'donation' in the reference and email us if you would like a receipt. OR..... deposits can be made in person to Kiwibank if you go in with our account number.

BEQUESTS

Including a bequest to ME/CFS Support BoP (Inc) in your will is also an option you may consider.

ACORN Foundation can assist you to arrange a bequest to ME/CFS Support BoP Inc. Donations can be made to our endowment fund with ACORN ph 579 9839, internet banking on the Acorn website : www.acornfoundation.org.nz or cheque made out to Acorn Foundation PO Box 13604, Tauranga 3141



Cut along here if sending by post

Yes, I would like to **make a donation / pay my subscription** to ME/CFS Support (BoP) Inc.

Please find enclosed my **donation** of \$..... ☐ *Tick the boxes*

Please find enclosed my annual **subscription** of \$10.00 ☐ *which apply*

Please send receipt to:

Name:

Address:Suburb.....

City: Post Code:.....

14 Please post cheque to