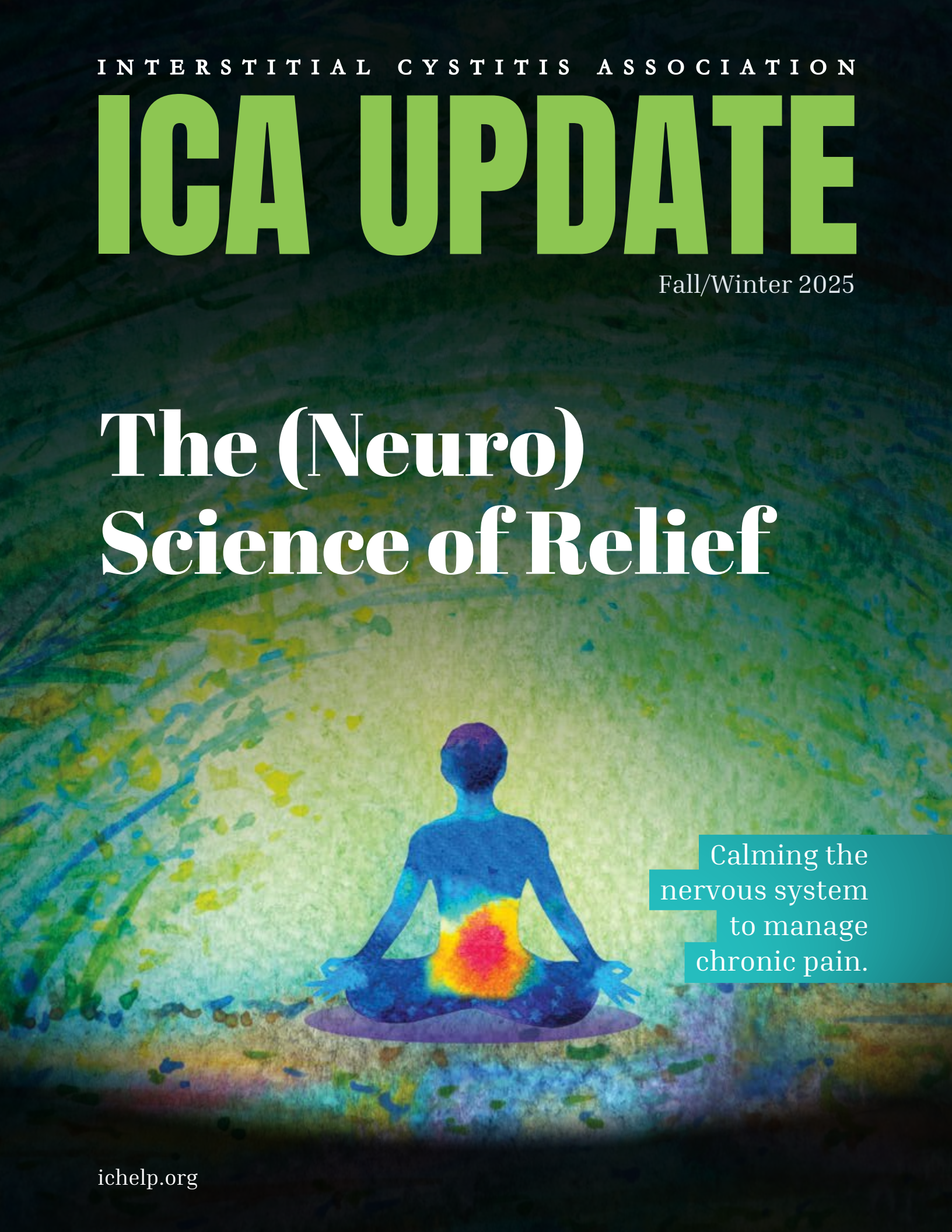
INTERSTITIAL CYSTITIS ASSOCIATION

ICA UPDATE

Fall/Winter 2025

The (Neuro) Science of Relief



Calming the nervous system to manage chronic pain.

ichelp.org

We're thankful for the generosity of individuals like you. Thanks to your donations, the ICA provides advocacy, education, and community to ensure early diagnosis and optimal care with dignity for people affected by IC/BPS.

THE ICA FAMILY OF SUPPORTERS, FY 2025

Chairman's Circle

($10,000 & up)

1 anonymous donor
Katherine Boyle
Susan Guggenheim
Melissa Legate
Susan Morrison
The Wrightson Ramsing Foundation
Avery K. Singer
Daniel Vickery & Carolyn Myers
Eric & Barb Zarnikow

Benefactors

($5,000-$9,999)

1 anonymous donor
The High Five Foundation
Russell W. Howell
The Larson Legacy Foundation
Sharon McDonald

Leaders

($1,000-$4,999)

Jill M. Ansley
Dorothy S. Banner
Gail Barouh
Suzanne Berman
Kaye Beth
Natalia Boswell
The Mike & Susan Brown Charitable Trust
Megan Buehler
Elaine R. Cash
Elizabeth A. Chenoweth
Bruce D. & Teri L. Cooper
Cynthia L. DeBoard
Mary Donald
Janelle Faba
Ann Ferrell
Laura A. Firmat
Lawrence J. Fox
Edith V. Gilmore
Steven Goldfarb
Karen Huff
Shelley E. Johnson
Nicholas C. Karam
David James Klumpp, Ph.D.
Marguerite B. Landry
Cindy Lynn Lewis
Nancy A. Lindemood
Judy O. Lipham
Richard C. Lufkin
Camille E. Lundquist
Teresa McCoy
Jon Gregory McKellar
The Mrozek Family Fund of the DuPage Foundation
Hugh N. Northcutt
Christopher K. Payne, M.D.
Lynn Pinto
F. Hall Reynolds II
Phyllis E. Rodbell
Irma R. Rodriguez
Grannum Sant, M.D.
Siuying Selfridge
Helen Silverstein
Doug Stapf
Susan R. Vincent
Charles C. Wakeley

Directors

($500-$999)

Sharon R. Bell
David Chancellor
Carol A. Davis
The Deloitte Foundation
The Jeffrey Drzazgowski & H. Hiram Satterwhite Charitable Fund
Samantha Eustis
Lisa Federico
Meribeth M. Geiger
Ann E. Gormley
Naomi Beth McCormick
Robert M. Moldwin, M.D.
Nancy D. Morgan
Lisa L. Myers
Nancy M. Nicholson
Vasilios Nikolaou
Elaine Petersen
Vicki Ratner, M.D.
Laura Santurri
Simone Seewoester
Pamela Lenhart Swinford
Colleen Theriault
Kathryn C. Ustler
Bob Yates

Please consider supporting the ICA as an Advocate ($100 or more) today! You'll directly help yourself and those who need our help most—the IC/BPS community of patients, providers, and researchers. You'll also receive access to valuable and informative resources that will keep you abreast of the latest IC/BPS research, news, and ICA announcements.

Your tax-deductible contribution may be made conveniently online at ichelp.org/donate.

The donors are listed after the honorees and remembered loved ones.

IN HONOR OF

Doug "The Pig" Ford
Nisarg Patel
Amber Frauenhoffer
Keith Kalbfleisch
Jessica Gusso
Wilda James
KJ & JW
Tanya Wardwinborne
Michelle Mohr
Diane C. Davis
Noelle
Patricia A. Schwadron
Heather Gold Pollak
Steven H. Pollak
Dr. Les Rainwater
Elisa Collins
Laura Santurri
Teri Short
Stacey Sargent
Katherine Nelson
Barbara Zarnikow
Celeste Bottorff
Catherine M. Horine
Colleen Theriault
Barbara & Eric Zarnikow
Mrozek Family Fund of the DuPage Foundation

IN MEMORY OF

Dr. Daniel Brookoff
Sameera Ali
The American College of Surgeons
AMPED Association Management
Colleen Fitzgerald
Sofia Kakoulidis
Andrea Maurey
Michelle McGovern
Nancy D. Morgan
National Air Filtration Association
Rooted Dental Care
Margaret Harris
Michael Smith
Laila Schwinge
Craig Sichling
Albert Puff
Mandy
Alex Behenna
Wayne Quick
Gina Martin
Allegra Raiger
Lynn Louise Taylor
Nancy Perkins
Vicke Horvath
Barb Hug
Melinda Rupp
Karlin Wyse
Jennifer Graber
Liz Leupp
Diane Tinsman
Deborah Ritter
Julian Ealy Ritter

Your tax-deductible contribution may be made conveniently online at ichelp.org/donate, or your check made payable to the ICA may be mailed to ICA, 388 S. Main Street, Suite 440-#157, Akron, OH 44311.

DONATE NOW!

ICA UPDATE
Interstitial Cystitis Association

388 S. Main Street, Suite 440-#157 | Akron, OH 44311

ichelp.org | ICAmail@ichelp.org

IN THIS ISSUE

ICA Recognizes IC Awareness Month

The ICA and patients, caregivers, and practitioners everywhere recognized IC Awareness Month in September 2025 with a variety of activities.

30 Days of Facts, Fundraising, and Fun

The ICA shared one interstital cystitis/bladder pain syndrome (IC/BPS) fact for each day of the month on Facebook, Instagram and LinkedIn, and encouraged members of the IC/BPS community to update their profiles with an IC Awareness Month photo frame to bring awareness to an even larger audience on social media.

IC/BPS community members also created fundraising dashboards to share their story and raise money for the ICA, helping keep as many resources as possible free for our community. To create your own, visit bit.ly/ICA-fundraising and click "Register" at the top of the page to get started.

IC/BPS Proclamations Across the Country

Many thanks to those who secured proclamations from their states and cities to recognize September 2025 as IC Awareness Month. It may seem like a small thing, but every opportunity we take to make our voices heard to raise awareness matters!

Proclamations are official documents issued by government officials at various levels, such as state governors or local mayors. They recognize and honor the contributions and achievements of the IC/BPS cause. By seeking a proclamation, we can effectively raise awareness about IC/BPS.

Obtaining a proclamation adds credibility and legitimacy to our cause. When a government official publicly acknowledges and supports a cause through a proclamation, it sends a strong message to the community about the importance of IC/BPS awareness.

The ICA encourages our community to request a proclamation from their jurisdiction for IC/BPS. Proclamations need to be requested annually, and each jurisdiction has a different protocol for submitting.

To learn more about proclamations and how to request one in your city or state, visit bit.ly/IC-proclamation.

IC Connection Virtual Conference

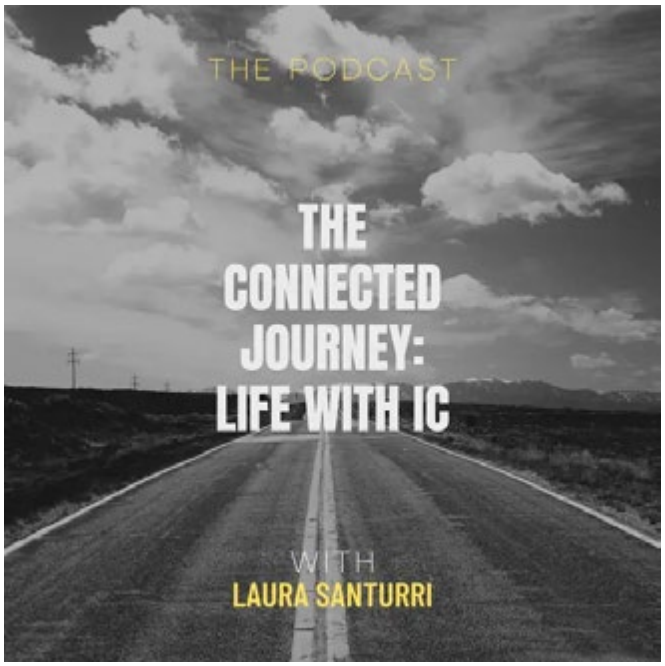
Rounding out the month, the ICA was pleased to host the IC Connection: Science, Strategies, & Support virtual conference on Saturday, September 27. **Dr. Robert Moldwin**, renowned IC expert and physician, was the keynote speaker, providing an update on the current state of the science around IC/BPS. Additional topics included the IC diet and food fear, advocating for our physical and emotional needs, the role of occupational therapy in IC care, and what we know about men and IC.

Missed the conference? Recordings are available for purchase at this link: bit.ly/Recording25.

Many thanks to our corporate partner, **Desert Harvest**, for serving as a platinum sponsor of our IC Awareness Month efforts!

At the ICA, we know that every month is IC Awareness Month for those living with interstitial cystitis/bladder pain syndrome (IC/BPS). That's why we're here year-round to provide trusted advocacy, reliable education, and meaningful opportunities for connection. With the dedication of our staff, Board of Directors, and Medical Advisory Council, we remain steadfast in our mission: to ensure you have access to the best resources, information, and support available—today and every day.

New ICA Podcast: The Connected Journey



The Connected Journey: Life with IC podcast is a new initiative by the ICA designed to allow our patient community to share their stories and build connections. We're defeating isolation one story at a time!

This new podcast, hosted by Laura Santurri, ICA's Executive Director, allows our patient community to share their stories and hear one another's experiences. Episodes are available on YouTube and Apple Podcasts; for links and more information, visit bit.ly/ICA-podcast.

Interested in being on the podcast? Anyone living with IC/BPS who is over 18 is invited to express interest. Guests are not required to have any prior public speaking or podcast experience but should have a reliable Internet connection. Visit ichelp.org/stories to learn more and complete our interest form!

Become an ICA Ambassador!

The ICA has started a new volunteer ambassador program to allow our constituents to give back to our community and help the ICA fulfill its mission. To learn more, visit ichelp.org/ambassador, and be on the lookout for our next call for applications early in 2026!

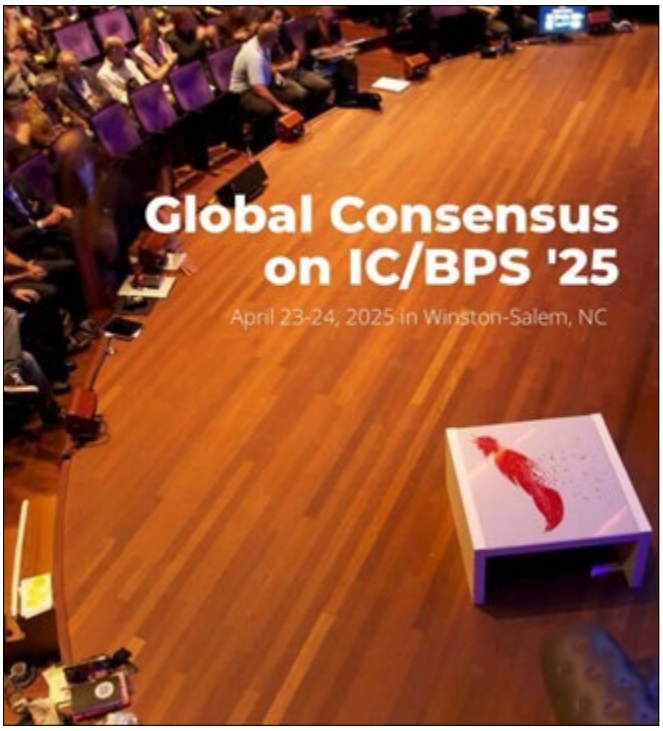
New Patient Program: Voices of Hope

The ICA is excited to announce a new free program for IC/BPS patients, Voices of Hope. Voices of Hope is a virtual peer support program designed to create a safe and structured environment for IC/BPS patients to learn, connect, share experiences, and support one another. IC/BPS patient facilitators foster small group discussions that allow participants to share challenges, find encouragement, and build lasting relationships that they so desperately need.

This program has already made a difference in the lives of IC/BPS patients, with one participant noting, "Personally, it was incredibly relieving to share time with other IC women and to learn from your materials more about this condition… Your project gave me such hope. It was incredibly informative. Also, it was amazing to spend time with others who have IC and were willing to share stories. This project was enlightening and hopeful. Thank you so much for taking this on and for including me."

Learn more at ichelp.org/VoicesOfHope/.

ICA Team Participates in Global Consensus on IC/BPS



On April 23–24, 2025, members of the ICA team were honored to take part in the Global Consensus on IC/BPS meeting in Winston-Salem, North Carolina. This landmark event brought together leading researchers, clinicians, and patient advocates from around the world to share the latest insights into IC/BPS.

Participants collaborated in focused committees to review the literature, explore potential causes of the condition, and discuss the latest advances in diagnosis and treatment. The dynamic exchange of ideas during the meeting has already led to the publication of several papers reflecting a global consensus on key IC/BPS topics—including new ways to categorize and understand the different forms of the condition.

Representing the patient voice, ICA leadership highlighted the daily realities of living with IC/BPS and the profound physical and emotional challenges it presents. Their message underscored the importance of compassionate care and the need for healthcare providers to fully

appreciate the patient experience. The ICA also called on both researchers and clinicians to actively support IC/BPS advocacy, helping ensure that this condition receives the attention and funding it urgently deserves.

Hope in Focus: Our Voices, Our Stories

Earlier this year, we asked our community to share photos with us that represented the things that brought them hope while living with IC/BPS. We received over 40 photos in the following categories: Healthy Habits, Just Because, Paws-itively Purr-fect, Peace & Serenity, and Support & Love. See highlights on p. 25, and view the gallery of all the photo submissions at bit.ly/HopeInFocus25.

Get Your IC/ICA Merch and Use It Proudly!

The ICA online shop includes various items, including our signature restroom access card, wristbands, pens, and a brand new IC Hope bracelet! Visit bit.ly/ICA-store for more.

But that's not all! Go to Bonfire for even more ICA shirts, sweatshirts, tote bags, and mugs—which include a word cloud from the Hope in Focus stories shared by IC/BPS patients (see above) and commemorative 40th anniversary gear. See more at www.bonfire.com/store/interstitial-cystitis-association/.

ICA's Expert Speaker Series

Each month, the ICA hosts a free virtual webinar as part of our Expert Speaker Series, all of which are available to view for free on our YouTube channel (www.youtube.com/ichelp).

In May, **Laura Santurri** and **Amber Carter** reported on the ICA's engagement at the Global Consensus on IC/BPS meeting (see p. 3) and annual American Urological Association conference.

In June, licensed clinical social worker **Sabrina Sarro** discussed how therapy can play a crucial role in managing IC/BPS by supporting nervous system regulation, encouraging patient advocacy, and offering emotional support throughout the journey (see p. 8).

In July, physical therapist **Ingrid Harm-Ernandes** discussed what the pelvic floor is, how it is connected to IC/BPS, how it can impact symptoms, and pelvic physical therapy assessment and treatment.

In August, licensed professional counselor **Sara Edwards** discussed intimacy in the context of living with chronic pain. (Please be aware that this included an honest and upfront conversation about sex, and explicit language was used.)

In September, Certified Menopause Practitioners **Drs. Karen Eilber** and **Victoria Scott** explored how hormonal fluctuations influence bladder health and the symptoms of IC/BPS, including current research on hormonal effects on bladder tissue, inflammation, and pain sensitivity, as well as patterns of symptom flares across the menstrual cycle and menopause.

Calling for Stories!

The ICA is committed to creating a sense of community for those living with IC/BPS. As part of that commitment, we're starting a new initiative that allows our patient community to share their stories.

Stories may be shared in one of two places—the *ICA Update*, our biannual magazine, and a new podcast, hosted by ICA Executive Director, Laura Santurri, called "The Connected Journey: Life with IC" (see p. 3).

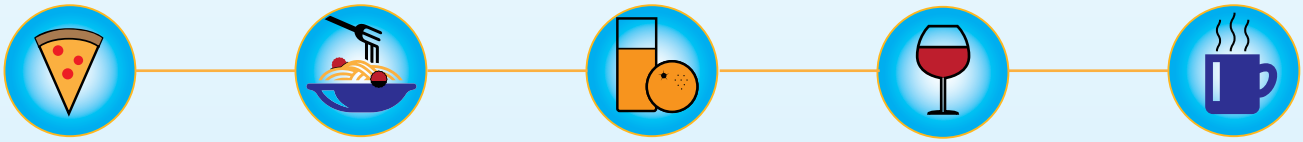
Visit ichelp.org/stories to learn more and complete our interest form!

Prelief®

RECOMMENDED BY UROLOGISTS

#1 Urologist Recommended Brand
*for the Dietary Management of Interstitial Cystitis**

Enjoy your favorite foods without flare-up!
Reduces **up to 95% of acid** from top trigger foods† to avoid bladder pain and urinary urgency.



CAPLETS POWDER

Available on amazon

Prelief Mix-In™

NEW! Add a scoop of flavorless Prelief powder to your morning cup of coffee or sprinkle it on a plate of pasta and enjoy!

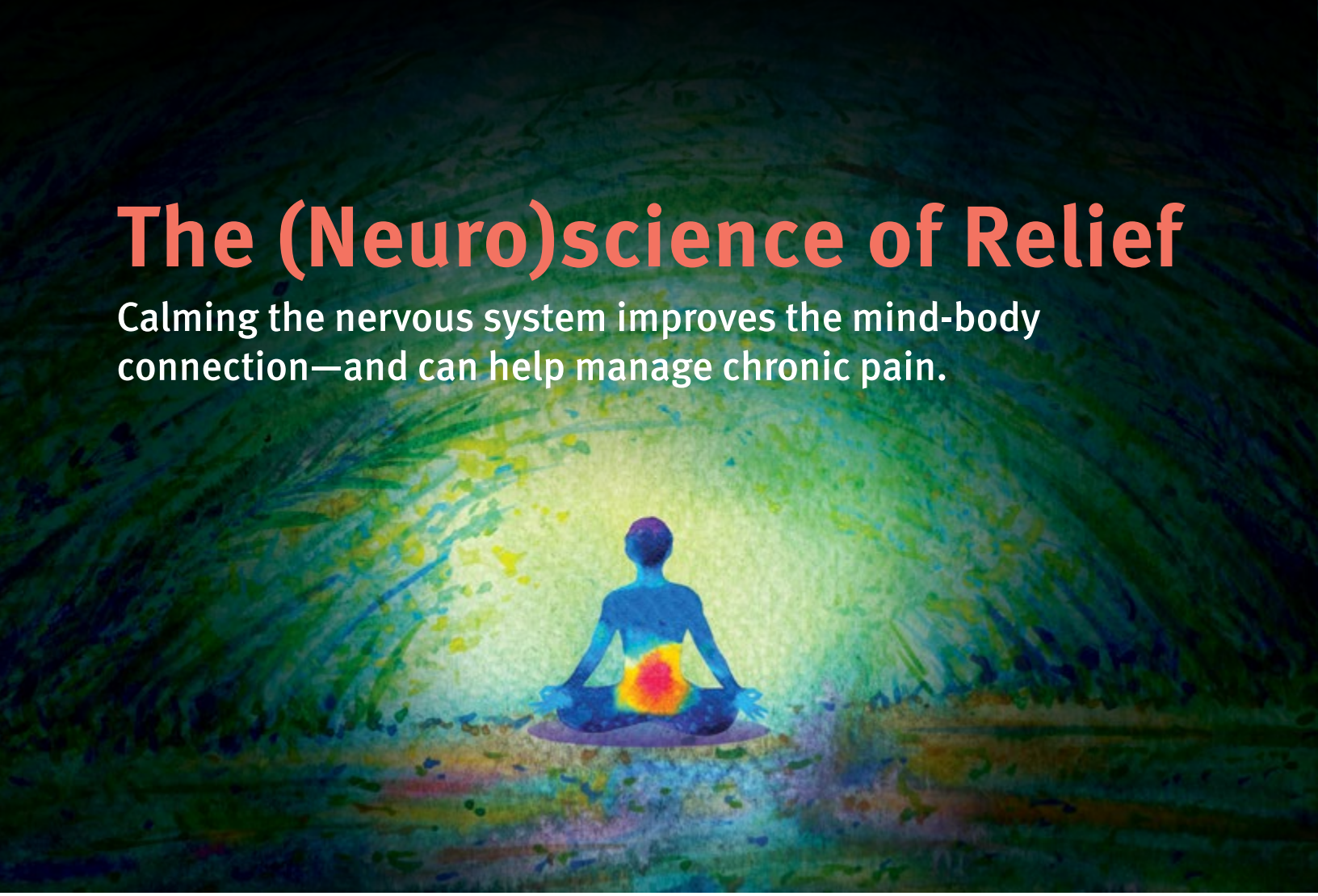
www.Prelief.com

*DSE/Pro-Voice Custom Survey, May 2021

†A single Prelief caplet reduces the acid in a 6 oz cup of coffee by up to 95%.

The (Neuro)science of Relief

Calming the nervous system improves the mind-body connection—and can help manage chronic pain.



Pain is pain. But our experience of pain is something more—and it's much more than a number.

The traditional pain scale of 1-10, used by healthcare professionals to gauge pain levels, doesn't fully capture the full range of biological, psychological, and social factors that contribute to our perception of pain. But it's that broader perspective that provides ways to tackle the chronic pain experienced by those with interstitial cystitis/bladder pain syndrome (IC/BPS).

"If pain is just singular, there's likely only one thing that will fix it, and it can be elusive," says Justin Ternes, DPT, a breathwork specialist and stress and performance coach with True Self Health & Human Performance in Arkansas.

Instead, "most people need a multifaceted approach, because pain is multifaceted," says Angela Dao, MD, a urogynecologist at Renown Women's Health and the University of Nevada, Reno.

Pain science has zeroed in on how the brain plays a key role in pain—and how techniques to focus and relax our nervous system, some thousands of years in the making, can help mitigate it.

"When we are trying to target different facets of pain, we can be more effective if we are able to calm down the nervous system," Dr. Dao says.

THE ABCs of NEUROSCIENCE

Much has been written about the brain-pain connection. In a nutshell, when a part of the body like the bladder is injured, nerves transmit pain signals to our central nervous system. With chronic conditions, the brain can become overly sensitive to these signals over time, stressing the nervous system and leading to more intense sensations of pain. This is known as central nervous system (CNS) sensitization or central pain sensitization, and in some cases, it can persist long after the original injury or condition has resolved. It's a scientific way of describing what we intuitively sense —that the mind and body are connected, and when one is out of balance, the other feels it, as documented in books like *The Body Knows the Score.*

"That's why modern pain science emphasizes supporting the whole person—mind, body, and heart," Dr. Ternes says. "When your body aches, your emotions are involved. When your heart hurts, your body holds part of that, too."

Therapist Sabrina Sarro, LCSW, C-DBT, CCTP, SIFI,

MFA, BPD Specialist, typically begins working with chronic pain patients by explaining the brain-pain connection using three key concepts:

1) *The autonomic nervous system.* The part of the brain that controls involuntary bodily functions, the autonomic nervous system is divided into two main branches. The *sympathetic* branch is responsible for our "fight or flight" response to threats, increasing our heart rate and stress levels, and putting our nervous system into a state of hypervigilance. Conversely, the *parasympathetic* nervous system manages the brain's "rest and digest" phase, which calms our body and helps it recover.

2) *The window of tolerance,* which describes our body's ability to tolerate stress. Pain, particularly over time, activates the sympathetic branch, shifting this window of tolerance and putting our nervous system into "a state of constant alarm," Sarro says.

"When pain and trauma start to accrue, people move out of their windows of tolerance and struggle to get back in," Sarro says.

3) *Neuroplasticity,* or the ways in which the brain changes over time. Trauma and chronic pain can literally rewire brain circuits to "hold onto a pain memory and feel pain even when there's no longer a reason, and confuse conscious thoughts into thinking that every symptom exists in a state of emergency," Sarro says.

Imaging of the brains of chronic pain patients show that the cortical circuits—complex neural networks involved with memory, thinking, and sensory processing—are physically reorganized. In scientific parlance, this is called "maladaptive plasticity," and it can result in pain sensitization and persistence. "We know stress really ramps up pain receptors," Dr. Dao says.

That's the bad news. The good news? Neuroplasticity can work both ways. It's also possible to rewire the brain's circuits in ways that calm the nervous system. A less activated brain is less stressed, which can improve our perception of pain. And brain images of monks with decades of brain-calming meditative practice also show physical changes, suggesting we can actively turn the tide.

CALMING THE BRAIN

Understanding the way the brain processes pain can in itself help reduce symptoms, according to Dr. Ternes.

"As patients learned more about pain science, their pain lessened," he wrote in a blog post. "Understanding pain didn't make it disappear, but it gave them sovereignty over their suffering. They felt less afraid, more confident, and more in control."

Armed with this knowledge, IC/BPS patients can also turn to a variety of practices to calm the nervous system. In the pages that follow, we'll show how therapy, breathing, meditation, yoga, music therapy, and other strategies impact the mind-body connection and potentially reduce pain.

"When you realize pain is complex and that so many factors contribute to your pain experience, it starts to make sense that you can make little changes," Dr. Ternes says.

Therapy: A Space for Healing

Research has shown that therapy can play a key role in managing chronic pain. There are a variety of different modalities, approaches, and philosophies, but the key is that therapy addresses the brain-pain connection in ways that help put patients back in control.

"It doesn't magically wave a wand and erase IC, but it can help patients move back into that window of tolerance and realize they are safe," says Sarro, who is currently pursuing a doctorate in social work with a focus on chronic pelvic pain in the Black community, including endometriosis and IC/BPS. "Therapy fits in just as importantly as any other care component in an IC treatment plan. What makes it unique is that it's a space entirely dedicated to helping you reclaim parts of yourself that might be lost."

One key, Sarro says, is "a lot of pause."

"Chronic pain happens so fast," Sarro says. "Not all of this will be treated or responded to all at once." Instead, Sarro says, therapy offers "a new landscape upon which you get to explore and unpack and arrive in new stories about the reality you're in. It doesn't ignore, invalidate, or erase, but it gives you the chance to have a sacred space where you get to process, to sit, and to actually be present to everything that's happening in your life."

Sarro is an integrative therapist, which involves combining different types of therapy and modalities. "I meet people in their environment," Sarro says, likening the approach to integrative medicine. "A very western MD might meet with you for 15 minutes and tell you to take hydroxyzine for your IC. "An integrative practitioner pauses and says, 'let's look beyond the bladder,' and at who you are as a multifaceted person."

In working with chronic pain patients, Sarro also helps navigate the diagnosis and the grief of the limitations it causes. Sarro also supports patients at appointments or by creating medical advocacy plans, and has even been a surgery escort. This work emphasizes reminding patients that "you have agency—you have rights, you are entitled to good care," Sarro says.

Finding the Right Therapist

Sarro cautions that finding the right therapist is not the same as finding a doctor. "Most doctors do things the same way. Every therapist is going to bring you different modalities and challenge you in a different way."

For that reason, it's important to ask questions, think about how the therapist reacts to you, and not be afraid to change if the relationship doesn't appear to be working.

"A lot of us can really identify when we feel a [medical professional] dismissed me or rushed me," Sarro says. "The same thing exists with therapy."

Among the questions to ask therapists:

- What are their beliefs about therapy?
- What frameworks do they use?
- Do you feel comfortable with the therapist?
- Are you being asked questions that are helpful?
- Does the therapist seem vested and interested in your story?

It's also important to assess how you feel about therapy over time. "Therapy is no one thing," Sarro says. "It's a relationship, and relationships evolve and change."

Breathe Deep

We mostly think of breathing as calming our bodies. It can also make us stronger—and more able to manage pain.

As a physical therapist, Justin Ternes, DPT, once kept his interest in breathwork separate from his practice. But one day, while working with a mother of three with a shoulder injury that wasn't responding to physical therapy, he introduced a short breathing meditation before beginning her exercises.

"To both of our surprise, her pain almost completely disappeared," Dr. Ternes wrote in a blog post. "As we continued, she was able to move with ease—pain-free for the first time in years… That was my lightbulb moment: if we use breathing to calm the nervous system and anchor the mind, the body is better able to heal, move, and perform."

Now a breathwork specialist and stress and performance coach with True Self Health & Human Performance in Arkansas, Dr. Ternes is one of a growing number of practitioners focusing on the convergence of breath, stress, and pain, with breath as a key to bridging the mind-body connection.

"I often feel like I'm on an island making the connection between breathwork and chronic pain," he says. But with growing interest from healthcare professionals, including nurses, psychologists, physical therapists, osteopaths, and doctors, "there's a catching up that's taking place."

Breathwork has been used for thousands of years and for many purposes, from controlled breathing to manage pain during labor and birth to the calming techniques associated with mindfulness and meditation. At least three different organizations now train and certify specialists in breathwork and evidence-based breath science, and organizations like the Health and Human Performance Foundation, for which Dr. Ternes is an ambassador, are building a research base. Here are a few things to know:

Breathing is something we can control—and it can help us control stress.

We breathe whether we think about it or not—but when we do, we can change it for the better.

"Breath is an integral and essential part of the human system, but also one we can control and influence,' Dr. Ternes says. Doing so, he says, can influence the heart rate and the ways our nervous systems are activated, including how the brain responds to stress.

Like pain, stress can be caused by a combination of physical, chemical and emotional factors that trigger a response in the body's autonomic nervous system. Dr. Ternes' experience working with patients with injuries such as those experienced by the mother described above

highlights how physical therapy "on a stressed body system doesn't feel great—it almost amplifies the pain," he says. In his practice, he has found that this experience carries over when working with patients with chronic and persistent pain, who often exhibit greater nervous system sensitivity.

"There's a very heavy energetic load that comes with stress," Dr. Ternes says. "If you can calm your mind through deep breathing, there's a very strong chance you can positively influence your pain," he says. "The focus isn't on pain, but the byproduct is releasing pain."

While other mind-body approaches to pain management help reframe your perception of pain, breathwork may help your body become more physically resilient, which in turn can reduce the intensity of pain.

"By improving your lungs' capacity to improve breathing and cellular respiration, you are improving your body's ability to efficiently create energy," Dr. Ternes says.

Think about breathwork as a form of low-intensity exercise.

Active, stimulative breathing—typically breathing in a deeper and slightly faster way than normal—can activate the sympathetic nervous system in beneficial ways. (See sidebar, p. 12). But it also can reap some of the same benefits as other physical activity.

"You can think about breathing as an exercise—your ribs are moving, your spine is moving, and your muscles are getting a workout," Dr. Ternes says. "That opens the perspective of breathwork as not just calming and relaxing."

But don't overlook calming practices.

Just as the nervous system automatically activates and relaxes—its involuntary sympathetic and parasympathetic states—breathwork should also support both states, including a mix of active exercises and the calming practices associated with mindfulness and meditation.

"Active and relaxed practices working together create a much more profound impact," Dr. Ternes says. "Whenever you expand your breathwork umbrella and practice in the deeper, stronger [activities], you'll find that whenever you do shift into the slower techniques, the body will actively relax a bit more, the heart rate will drop a bit more, and there may be a deeper level of trust between the mind and the body."

There are a wide range of breathwork techniques that support both sides of the autonomic nervous system, including ones for sleep, nervous system regulation, gratitude, and energy.

Don't get frustrated—just focus on technique.

When people with chronic pain begin breathwork activities, they often hold back for fear of making their pain worse. "A lot of people have trouble with this. They don't believe they can take a full, deep breath, or they get caught halfway," Dr. Ternes says. "I encourage those I'm working with to realize that they can—they just have to change how they breathe."

For example, one simple technique—breathing through pursed lips, like drinking through a straw—can create resistance, expanding the ribs and deepening the breath as air is pulled in. "That's eye-opening for people," Dr. Ternes says.

Consider working with an expert.

While there are myriad videos and explanations of breathwork techniques online, a breath coach or other expert in breathing techniques, such as an appropriately trained physical therapist or yoga instructor, is helpful for several reasons, according to Ternes.

As with other physical activities, a lack of confidence that you're doing breathwork correctly can lead to "fear and hesitation," he says. And at some point, many people plateau without knowing how to push themselves further, leading to frustration.

"A lot of people throw the baby out with the bathwater," he says. A breathwork specialist can help patients understand why breathing is important, help them overcome initial concerns, improve their breath mechanics, and then navigate levels of progressive loading, much like a physical trainer or PT increases activities to build or heal muscles over time.

Listen to your body—and keep the big picture in mind.

Pay attention to how your body responds to breathwork—in much the same way you would with other exercises or physical activity.

"If you're going for a run, and you run too far and too fast, your body is going to tell you to slow down," Dr. Ternes says. "If you breathe into a faster or deeper cadence and you go too far, you'll get signals to slow down."

At the same time, remember that breathwork isn't just about the body—it's about tapping into the mind-body connection in ways that improve your life.

"Breathwork is changing your breath so you can create new outcomes," Dr. Ternes says.

Sample Active Breathwork Exercises

As with any physical activity, consult a physician if you have concerns before beginning, and stop if you experience dizziness or other alarming symptoms.

A Brief Warmup

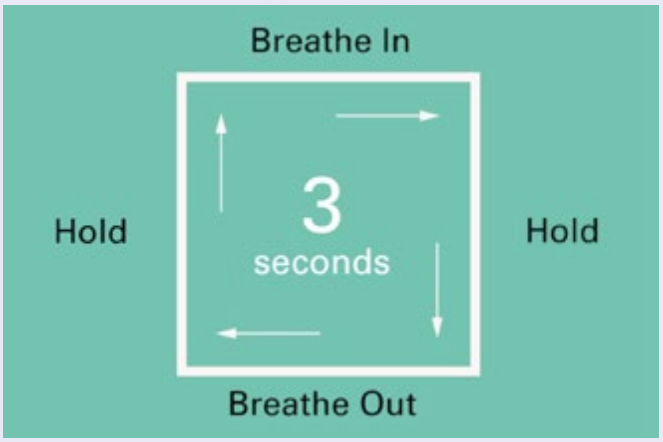
Consider beginning by doing five strong breaths—quick, two-second inhales and exhales, which Dr. Ternes calls a "pumping breath."

"That creates energy, increases the heart rate, and adds some activation and energy," he says. "It's a great way to start."

Box Breathing

Famously used by Navy SEALS for energy and focus, box breathing is a deep breathing technique that allows you to strengthen your breathing over time by increasing the size of your box.

Start with 3 seconds—inhale for three seconds, hold the breath for three seconds, exhale for three seconds, and hold again for three more seconds. Do this three times, and if it feels easy, jump up to five seconds per step—"you're making your box a little bigger," Dr. Ternes says.



An Alternative: 4-7-8

Similar to box breathing, the 4-7-8 technique takes away the hold after exhaling—inhale for four seconds, hold the breath for seven seconds, and then exhale for eight seconds. Doubling the exhale, Dr. Ternes says, "gives your body a little more time to relax." It's also a way to give yourself some choice; pick which technique you prefer more.

RESOURCES

Justin Ternes, DPT

Breath & Pain Webinar
https://www.youtube.com/watch?v=cPSuDJDuQkA

Breath & Pain Online Self-Guided Course
https://trueselfhealth.mykajabi.com/breath-for-pain-course

Breath & Pain Blog Post:
https://trueself.health/microblog/how-your-breath-shapes-the-way-you-experience-pain

Breath Certifications/Instructors:
School of Breath Science
https://schoolofbreathscience.com/

Oxygen Advantage
https://oxygenadvantage.com/

Breathwork Masterclass
https://breathworkmasterclass.com/

Research on Breathwork and Nervous System Health:
Health and Human Performance Foundation
https://www.hhp-foundation.org/

Stretching the Mind-Body Connection

Research finds that yoga and meditation can help reduce IC/BPS pain.

Used for thousands of years as a spiritual balm, yoga and meditation also have an unexpected benefit for IC/BPS patients—when used together with specific stretches targeting the pelvic floor, they may also reduce pain and other symptoms.

"People don't often think they're using stretching and relaxation to target bladder pain," says Angela Dao, MD, a urogynecologist at Renown Women's Health and the University of Nevada, Reno.

However, a randomized controlled trial published earlier this year found that adding meditation and yoga to standard IC/BPS care dramatically improved treatment response, decreased symptoms, and made it less likely that traditional treatments would escalate.

"We're trying to target different facets of pain, and that would be more effective if we're able to calm down the nervous system," Dr. Dao says.

Building on Proven Practices

Research has consistently affirmed that pelvic floor physical therapy is one of the most effective approaches to treating IC/BPS symptoms. It is given the highest evidence grade—an A—in the current American Urological Association IC/BPS guideline. But the challenge, Dr. Dao says, is that it can be hard to find physical therapists focused specifically on the pelvic floor. (Expertise in pelvic floor disorders matters—some patients may find that some exercises intended to strengthen the pelvic floor, like Kegels, can actually make symptoms worse.)

"Even in a large city, finding a pelvic floor physical therapist is really difficult," Dr. Dao says. "There are wait times of six months or more. And even if you do get in, you ideally go once a week, and you have to see if it works with your schedule. And because of the lack of access, we don't want to delay doing anything that might help."

So the question Dr. Dao and her colleagues set out to answer was whether a combination of IC/BPS-focused yoga and meditation could provide similar benefits. "We tried to design this to be as accessible as possible, something you can do in your own home at your own leisure," she says.

Published in February 2025 in *Obstetrics & Gynecology*, the randomized controlled trial included a nationwide sample of 97 IC/BPS patients. Dr. Dao and her colleagues compared a randomized control group of IC/BPS patients receiving standard treatments with a group which added self-administered meditation and yoga to their existing treatments, which included medication, pelvic floor physical therapy, Botox, and sacral nerve modulation. "If anything, we were hoping to show this would enhance the treatment response," she says.

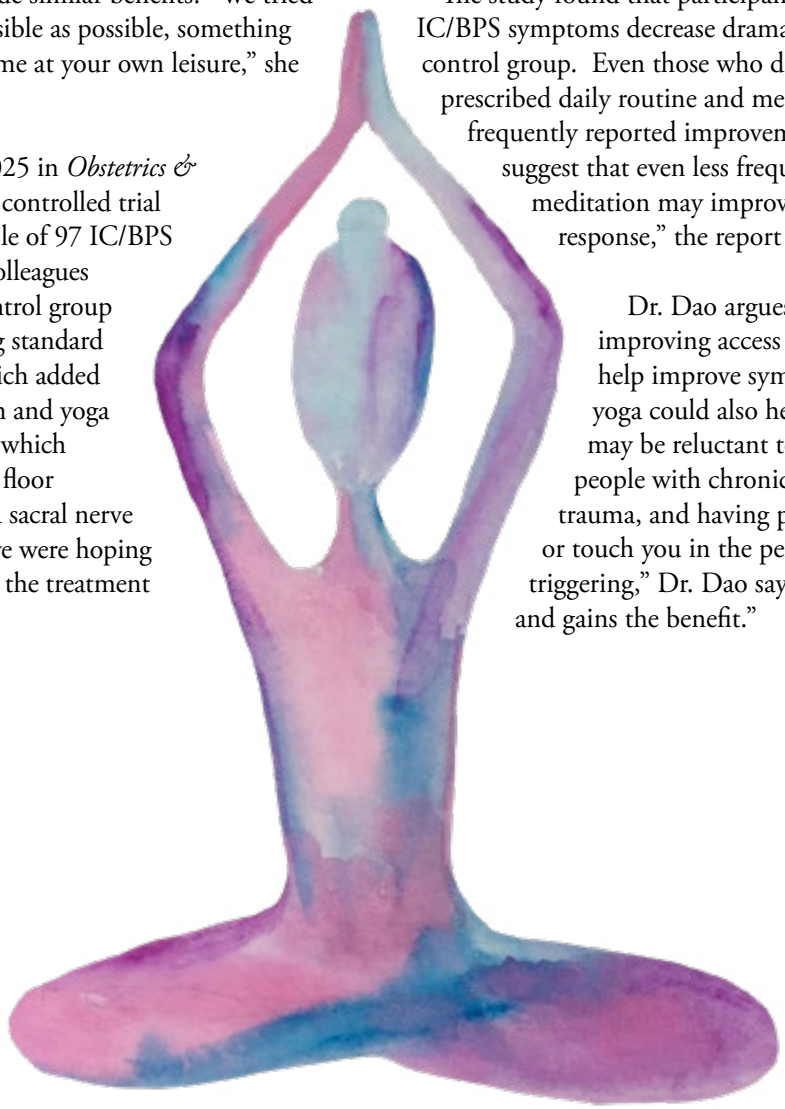
Meditation and yoga were studied together to see if the combination could help calm both sides of the mind-body connection, according to Dr. Dao. "There are two aspects—the peripheral pain in the bladder or pelvis, and the central nervous system. Could we address both?" she asks.

The yoga exercises focused on the pelvic floor, while meditation addressed the central nervous system, as research has suggested that it can impact brain plasticity, potentially addressing the maladaptive responses to pain found in some chronic pain patients.

Study participants used the commercially available Calm smartphone app to meditate for at least 10 minutes daily for a 12-week period, along with daily yoga exercises guided by videos of 10 and 25 minute sessions created by pelvic floor physical therapist and certified yoga instructor Dustienne Miller. (See p. 15 for a link to the videos, which are available online for free.)

The study found that participants saw overall pain and IC/BPS symptoms decrease dramatically compared to the control group. Even those who didn't follow the prescribed daily routine and meditated or did yoga less frequently reported improvement, which "may suggest that even less frequent use of yoga and/or meditation may improve IC/BPS treatment response," the report states.

Dr. Dao argues that along with improving access to techniques that can help improve symptoms, meditation and yoga could also help reach patients who may be reluctant to seek care. "A lot of people with chronic pain have a history of trauma, and having people conduct an exam or touch you in the pelvic area can be triggering," Dr. Dao says. "This bypasses this and gains the benefit."



Putting it into Practice

The following suggestions may help increase the benefits of mediation and yoga:

Meditation:

Find a meditation you like. There are multiple meditation apps, many of which include free lessons, and each has different voices and meditations of different lengths with different areas of focus. "A lot of people have tried meditation, but one really important aspect is to find something you actually find relaxing," Dr. Dao says.

Start small. Begin with meditations of five minutes, then build up to longer time periods as your ability to concentrate improves.

Consider mediating at bedtime. "It's hard to do throughout the day," Dr. Dao says. "I advise patients to do it right as you're lying in bed and trying to wind down. It's something you can listen to as you drift off to sleep."

Don't be afraid to switch meditations. "If you find the voice or subject matter distracting, stop it and find a different one," Dr. Dao advises.

Yoga:

Use videos of yoga focused on the pelvic floor. Free and available online, the videos used in the study were created specifically for IC/BPS patients and designed to be easy to follow. "We had ranges of people from their 20s to 60s and 70s able to pretty much do the whole yoga instruction without much difficulty," Dr. Dao says. "You don't have to have any experience with physical therapy."

Start slow. Begin with the 10-minute video and move to the 25-minute one as your practice improves.

Get help if you get stuck. Identify the places in the videos that are difficult to do or confusing and show an expert, such as a pelvic floor physical therapist or yoga instructor, how you attempt to do the exercises that are difficult alongside that portion of the video.

Don't stop other treatments. The yoga stretches were designed to support—not replace—any existing treatments. "Most people need a multifaceted approach, because pain is multifaceted in general," Dr. Dao says.

A modified Happy Baby stretch demonstrated in the IC/BPS yoga practice video used by study participants.

RESOURCES

IC/BPS Yoga videos, Your Pace Yoga
www.yourpaceyoga.com/interstitial-cystitis-yoga

Augmentation of Interstitial Cystitis-Bladder Pain Syndrome Treatment With Meditation and Yoga: A Randomized Controlled Trial
pubmed.ncbi.nlm.nih.gov/39746210/

A Soundtrack for Healing

The role of music in well-being goes back centuries—and is now backed as a clinical and evidence-based intervention.

Amy Foley, MMT, LPMT, MT-BC, is an associate professor of practice and the director of music therapy at the University of Indianapolis and a board-certified music therapist and owner and director of Heartstring Melodies, LLC, a music therapy business in northwestern Ohio. Foley spoke with *ICA Update* about the role music therapy can play in pain management.

Q: How does music therapy serve as a coping strategy for chronic pain and IC/BPS?

Music therapy offers an accessible, nonpharmacological, and evidence-based approach to pain management. It aims to address the multiple dimensions of the pain experience, not only the pain symptoms. The focus may be on emotional, cognitive, social, and physical factors. For individuals with chronic pain conditions such as Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS), music and music therapy may increase overall quality of life.

One core function of music therapy in pain management is distraction. By shifting the brain's focus from pain toward music, the body engages in an alternative sensory experience, which can decrease the intensity of unpleasant pain sensations. Music therapy experiences (interventions) often incorporate relaxation techniques, movement, and music-assisted imagery. Music has also been shown to release endorphins and engage the brain's reward system, which overlaps with pain-processing networks, leading to a natural decrease in pain perception.

Music therapy is designed to address the total pain experience, incorporating emotional support, cognitive reframing, and physiological relaxation. Music and pain are similar in that they are both experienced individually and often on a deeply personal level.

Q: What does music therapy intended to manage chronic pain look like in practice?

In practice, music therapy for chronic pain management is tailored to each individual's needs. Board-certified music therapists assess each person's pain experience across multiple modalities—physical, emotional, cognitive—and co-create customized goals and strategies that may include different levels of intervention for distraction, refocus, support, expression, existential exploration, and transformational experiences.

Music therapy sessions may include experiences such as music-assisted relaxation, lyric analysis, improvisation, active music-making, imagery, and songwriting. These experiences aim to support pain relief while tending to emotional and personal needs.

While many studies on music and pain focus on passive listening to recorded music, music therapists provide active engagement opportunities using music that the individual prefers. Each person's personal connection with music is directly related to their past experiences, identity, interests, and culture. Music therapists prescriptively apply the elements of music to address an individual's personal needs. Musical elements may take into consideration aspects of the music that can impact human perception and emotion related to the piece, such as levels of intensity, dynamics (volume fluctuations), rhythmic complexity, dissonance, structure, and predictability, to name a few.

> "Music therapy is not entertainment—it is an individualized treatment aimed at enhancing well-being."

Take pop music, for example. This broad genre may include songs classified as ballads, which are often noted for their slower tempo and flowing melodies. Pop songs may also feature powerhouse vocalists sharing meaningful stories through their lyrics. Or a pop song may include fast driving rhythms that provide an excellent beat to dance to. The intentional and prescriptive use of these musical qualities is one way music therapists customize the experience for pain relief.

The relationship between the music therapist, the participant, and the music plays a vital role in the effectiveness of music therapy treatment. Music therapists use patient-preferred music because it is familiar, which has a comforting effect. Music therapists are trained to assess and process changes that arise in the session, such as emotions or memories evoked through the music. Techniques such as entrainment and using the vibrational properties of music can align with an individual's physiological responses.

Q: Are there misperceptions about music therapy?

One common misperception about music therapy is that the profession is new and non-traditional. However, the idea of using music for health and wellness is not new. Music has been used in healing rituals throughout recorded history, with the profession being formalized in the United States since the mid-1900s.

Another common misconception is that music therapy is simply listening to music. Some people even say, "Music is my therapy." In reality, music therapy is a clinical and evidence-based intervention facilitated by a board-certified professional. Participants in music therapy take an active role in the therapeutic process, which involves a relationship between the music therapist, the music, and the participant.

While music may be used by other professionals in healthcare settings, music therapists establish intentional therapeutic relationships. They are trained to respond to emotional, physical, and psychological changes that occur during a session. Music therapy is not entertainment—it is an individualized treatment aimed at enhancing well-being.

How would a patient get started with music therapy?

In the United States, music therapists are credentialed as MT-BCs (Music Therapist–Board Certified). This certification requires at least a bachelor's degree in music therapy, including 1,200 hours of supervised clinical training. Some states also offer licensure or other types of professional regulation.

Music therapists who provide support for individuals with chronic pain may work in a variety of settings, including hospitals, outpatient clinics, rehabilitation centers, participants' homes, and music therapy businesses. Some music therapists have additional training in areas such as psychotherapy, Bonny Method of Guided Imagery and Music (GIM), or trauma-informed care. Music therapy is increasingly accessible through telehealth, though funding and insurance coverage can vary and may require additional navigation.

Music therapists frequently collaborate with other providers as part of an interdisciplinary care team. Beyond clinical sessions, therapists can help individuals develop tools and strategies for using music independently to support pain management and emotional well-being.

How does music therapy fit in with other mindfulness strategies and an overall care/treatment plan for managing IC/BPS?

Music therapy integrates well with mindfulness and holistic approaches to managing chronic pain, including IC/BPS. In addition to decreasing the perception of pain, music therapy can address the indirect impacts of chronic pain, such as depression, anxiety, social isolation, sleep disturbances, and existential distress. Music therapy offers a valuable option for individuals with chronic pain as the nonpharmacological treatment has very minimal risk.

FOR MORE INFORMATION

Music therapy is an evolving field, with pain management as a growing area of research. Resources to learn more include:

American Music Therapy Association (AMTA), *www.musictherapy.org*

Certification Board for Music Therapists (CBMT), *www.cbmt.org*

American Music Therapy Association. (2021, April 22). Music therapy for pain management [Fact sheet]. *https://www.musictherapy.org/assets/1/7/FactSheet_Music_Therapy_for_Pain_Management_2021_4-22update.pdf*

Loewy, J. (2022). Underlying music mechanisms influencing the neurology of pain: An integrative model. *Brain Sciences, 12(10), 1317. https://doi.org/10.3390/brainsci12101317*

Allen, J., & Gallagher, L. (2025). Music therapy for pain management. *In Viega, M., dos Santos, A., & Wheeler, B. (Eds). Music Therapy Handbook, 2nd Edition. Guildford Press.*

Rossetti, A. (2014). Towards prescribed music in clinical contexts: More than words. *Music Medicine, 6, 70–77.*

Hunner's Ulcers and the 'Next Best Treatment'

By Lesliee Antonette, Ph.D.

I began having pelvic pain symptoms in 2003. After mistreating the many urinary tract infections (UTIs) that I did not have that year, my nurse practitioner and I realized that while we did not understand what I was experiencing, antibiotics seemed to calm the symptoms. As soon as I stopped taking them, the symptoms returned. Burning pressure in my genital area that made it difficult to walk or think only stopped while I was taking the antibiotics. I spent the next seven years trying to find a diagnosis. The list of medications and treatments I have tried is over four single-spaced pages long. Finally, through my gastroenterologist I found a gynecologist who specialized in pelvic pain.

In 2010, the gynecologist diagnosed me with Interstitial Cystitis (IC) and treated me with nerve blocking shots and instillations of Elmiron. My hair fell out and my symptoms increased. My life fell apart. I could not stay in the classroom or faculty meetings for more than 20 minutes. The pain was all consuming, and I just wanted to die. Fortunately, the gynecologist who diagnosed my IC required me to sign a contract stating that I would fully participate in a three-pronged treatment program: physical therapy (massage and stretching), medical therapy (instillations and nerve blocks), and counseling. This saved my life, and after two years of couples counseling and individual therapy, I left my job, my husband, and my home. I was on a journey to reclaim my life.

I went first to a southern state, where my Hunner's ulcers were diagnosed by a urogynecologist who prescribed a stronger version of an over-the-counter medication for UTIs and more instillations. Hunner's ulcers look like small cold sores that erupt and increase in size over time. I treated with this physician for four months and then headed further south, where I found my current urologist. This young female used a laser to remove three quarter-sized Hunner's ulcers from my bladder. It took about two weeks to recover from the procedure, and then I had almost two full months of no pain. I was able to do more than shuffle between my bed and the bathroom.

In 2015, I moved west. My first grandchild was born, and I wanted to be near her. I hated leaving my urologist, but I figured that I would find someone at least as cutting edge as she was. I didn't. By 2016, I was completely dependent on pain meds and lidocaine instillations. I even participated in a study that was experimenting with using the medication for Crohn's disease on Hunner's ulcers. It either didn't work or I got the placebo.

"Chronic pain is exhausting. I learned how to make a 'recipe' of nurturing habits that help me weather the pain at its worst and leave me with enough energy to be willing to experience life more fully when the pain abates. "

Once again, I wanted to die. Life equaled pain. One day in late 2016, I thumbed through my mail and found a postcard from my former urologist. She had gotten married and moved west to a town near me! I immediately called and got in to see her. She cauterized two very large bleeding Hunner's ulcers. I truly believed that this was as good as it was going to get, and I was grateful—but it has gotten even better.

I was getting about one and a half to two months of relief by cauterizing the large sores, but undergoing anesthesia was beginning to take a toll on me. In 2018, while reading through the ICA message board, I learned about Kenalog injections. I took it to my urologist and she said, "Let's give it a try." Every four to 12 weeks, in her office, she injects 1 milliliter of Kenalog directly into the small ulcers before they erupt. It hurts, but after a two-to-three day recovery, I am virtually pain free. However, the ulcers never stop developing.

In 2023, I saw a call for participation in an online talk therapy group study and signed up. While I know that the pain I experience is a physical symptom of having open sores growing in my bladder, I also know that I can exacerbate that pain with a defeatist attitude. What the online group study offered me was a way to monitor my mental health. I can now catch myself before I fall into depression and negative thinking. Chronic pain is exhausting. I learned how to make a "recipe" of nurturing habits that help me weather the pain at its worst and leave me with enough energy to be willing to experience life more fully when the pain abates.

In 2024, I was diagnosed with an aggressive form of rheumatoid arthritis. Yay, more pain! The rheumatologist who treated me believed he could address both the arthritis and the Hunner's ulcers. With a medication called Symponi-Aria, I had a six-month period where I developed no new ulcers, the longest period I have lived since 2003 with virtually no pain and urgency. The sores did eventually return, and I had to stop taking the medication because it had a negative impact on my liver.

Today, we continue using the Kenalog treatment and my recipes for high and low pain days. I now have a life worth living. I am an active and engaged grandma, and I even find the time and energy to work on some academic projects. Living with the specter of pain, the actual pain, and the mental exhaustion of chronic pain is doable. I never stop looking for the next best treatment.

Lesliee Antonette, Ph.D. is Professor Emeritus of Multicultural Pedagogy and American Literature and has lived with IC with Hunner's ulcers since 2003. Retired since 2012, she is happy to have finally found her dream IC treatment team in Southern California.

The Coffee Breakup

By Sxdni

My relationship with the creamy liquid mahogany drug known as coffee came to a swift end when I realized that I could either enjoy a good night's sleep without pulsing bladder persistence or I could indulge in my usual creamy brew—but not both.

My body refused such versatility. I wasn't always a coffee drinker, but long nights of study during college led me to investigate my first cup. I often loved to sip it slowly as a bedtime dessert, and ordered it dark, the way I liked my chocolate—also a sacrifice to the IC gods. After college, I continued my coffee habit and returned to some parts of the "standard American diet," as I'd been vegan for a large portion of my time on campus. While I still didn't consume a lot of meat and avoided dairy, I did eat whole grain bread and pretzels, as well as other gluten-based items. During college, I had back-to-back bladder infections for about a year, which seemed to resolve over time. After graduation, I continued to have symptoms that were sometimes identified as bladder issues or UTIs and sometimes could not be accurately assessed. It was the mysterious revolving door of physical ambiguity, which I think many of us know well.

As a recently affirmed autistic person, once I begin research on an intense interest, I will hyper-focus for hours on a topic, pursuing any online information I can find. Such was the case with the symptoms I kept experiencing, for which I had no name. I was determined to find out why I had to use the bathroom every hour during the night, why the doctors could not find anything when they did a culture, and how it could be that sometimes my bladder felt like it was on fire, and during other periods, I went about my activities with no issue at all. I was as

frustrated as my health care providers were mystified. After countless hours immersed on the computer, I came across the "IC Diet."

> "For me, part of my emotional healing and ability to continue with this new reality was the feeling of being heard for the first time. I made sure to convey this to my new physician—my fresh cheerleader on this IC/bladder care journey."

I was familiar with food challenges from a young age as I have a dairy allergy, so changing what I ate to better match the specifications I learned about in my online dive wasn't too difficult. I immediately eliminated all coffee and chocolate. I also discontinued my other adored beverage of caffeinated tea, though by that time, the price of that love was too high. I cut out anything else acidic—tomatoes, strawberries, citrus, and other challenging fruit. I started drinking peppermint tea and water, which I did for perhaps a year, eventually moving onto chamomile and then rooibos and honeybush tea. I never enjoyed soda because I have specific needs around texture, including carbonation, which I have always disliked. I started using olive oil on my salad, adding in a small bit of "safe" fruit, such as apple slices or raisins, to simulate the sugar source usually found in commercial dressing.

During this time, I also found a doctor listed as the local IC contact for my area. She was not available for consultation for some time, but I set my appointment and was determined to wait. Her online information included a video which seemed promising, and I read many positive reviews from other patients.

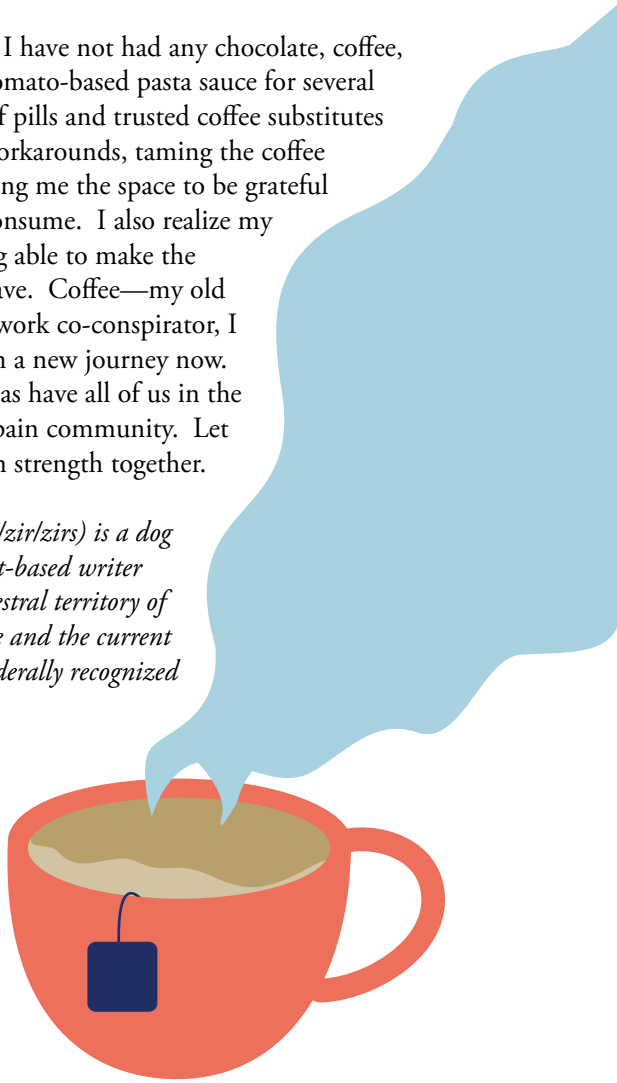
My initial diet changes improved my symptoms, but I still had some concerns, so I considered one more thing—avoiding gluten. While that is not necessary for many folks with IC or bladder pain symptoms, I read that for others removing this substance has also been helpful. I decided to try this as well. Doing so made the biggest difference in terms of "tweaking" what I was doing. I love hot cereal in the morning, particularly organic oatmeal. In the first gluten-investigating year, I purchased certified gluten-free oats. The cost factor of that certification and my improving symptoms led me to return to standard organic oats, though I may now indulge occasionally if I find a sale.

The specialized practitioner I was finally able to see was warm, welcoming, and took me seriously. Prior to meeting her, I was no stranger to struggling with medical providers. Many insisted they could not find anything and fought against my request to do urine culture tests, including tests that had grown out long enough to determine a problem. While not every clinician I saw held these views, many seemed unable to see beyond the standard sequence of events they had been trained to follow. Pharmacists recommended cranberry supplements, and when asked if they'd heard of IC, morphed into headlight-frozen deer.

As a result, my deep gratitude for finding a provider who was able to bring validation and knowledge to my experience was immeasurable. For me, part of my emotional healing and ability to continue with this new reality was the feeling of being heard for the first time. I made sure to convey this to my new physician—my fresh cheerleader on this IC/bladder care journey.

At this point, I have not had any chocolate, coffee, acidic fruit, or tomato-based pasta sauce for several years. My Prelief pills and trusted coffee substitutes support me as workarounds, taming the coffee cravings and giving me the space to be grateful for what I can consume. I also realize my privilege in being able to make the changes that I have. Coffee—my old flame and homework co-conspirator, I miss you. I'm on a new journey now. I've come so far, as have all of us in the IC and bladder pain community. Let us all continue in strength together.

Sxdni (they/ze/zir/zirs) is a dog geek and Midwest-based writer living on the ancestral territory of many First People and the current home of eleven federally recognized Indigenous tribes and bands.



Online IC Resources

- **ICA Website:**
  ichelp.org
- **ICA Email:**
  icamail@ichelp.org
- **ICA Online Support Community:**
  ichelp.org/online-support-groups/
- **ICA Store:**
  bit.ly/ICA-store
- **Facebook Page:**
  facebook.com/InterstitialCystitisAssociation
- **YouTube:**
  youtube.com/ICHelp
- **LinkedIn:**
  linkedin.com/company/interstitial-cystitis-association
- **Instagram:**
  instagram.com/icahelp/
- **ICA News & Communications:**
  ichelp.org/icacommunicationssign-up/
- **ICA Webinars:**
  ichelp.org/videos-webinars/
- **Get the Facts:**
  ichelp.org/newly-diagnosed-toolkit/
- **Find a Healthcare Provider:**
  ichelp.org/healthcare-provider-registry
- **Find an IC Support Group:**
  ichelp.org/us-support-groups/

ICA CORPORATE PARTNER PROFILE

desert harvest®

Potent. Powerful. Pure.

WWW.DESERTHARVEST.COM

ABOUT US

Desert Harvest began as something deeply personal. Our journey started when a family member was suffering from the debilitating pain of interstitial cystitis (IC). Watching a loved one struggle with little relief from conventional options lit a fire in us to search for something safer, more natural, and truly effective. That mission became even more personal when our CEO, Heather Florio, was later diagnosed with IC herself. Experiencing the same challenges firsthand, Heather carried forward the vision with even greater passion and determination.

From the very beginning, Desert Harvest has been about more than just products—it's about people. We know what it feels like to be desperate for relief in a world crowded with unresearched supplements, false claims, and chemical-filled solutions that often do more harm than good. That's why we've dedicated ourselves to creating safe, natural treatments that are backed by research and made with integrity.

Desert Harvest was born out of love, necessity, and resilience—and we continue that legacy today, helping people like us find relief, hope, and a better quality of life.

www.desertharvest.com
800-222-3901
info@desertharvest.com
@desertharvestaloevera

PARTNER

ICA

The ICA Thanks its Corporate Partners.

For more information, contact Laura Santurri at laura.santurri@ichelp.org.

The ICA does not endorse products, but as part of our mission we feel that it is important to work in the best interest of our community and educate our constituents on which treatment options are available to them.

Join the ICA's Angel Society — Become a Monthly Donor

The ICA is pleased to recognize our current members of the Angel Society. Be an ICA Angel with your convenient, tax-deductible monthly donation. Your recurring contribution will help sustain ongoing education, awareness, and advocacy for those living with IC/BPS. Join the ICA's Angel Society online today! Your credit card will be charged the amount you designate on the same date each month, and you can change or cancel it at any time.

Sign up now at ichelp.org/donate or contact the ICA at ICAmail@ichelp.org.

Anonymous
Linda M. Alvarez
Joan Atkins
Ellen V. Barreto
Greg Brooke
Diane Carpinelli
Howard Mason Clark
Sandra E. Cowen
Collins Crowther
Carol A. Davis
Linda-Marie Delloff, Ph.D.
Mary R. DeMartino
Jane Doyle
Sheila E. Gewirtzman
Lee C. Harizanoff
Patti Hayden
Nancy Herbert
Julie Hirsh
James F. Hoffsher
Janice Judd
Judy Karpen
David James Klumpp, Ph.D.
Michael L.
Alex Lipman
Carol Masters
Teresa McCoy
Christopher Meenan
Lisa L. Myers
Nancy M. Nicholson
Alexa Pinera
Tracey Lyn Potts
Chrissy Richter
Laura L. Sable
Susan Santone
Jeffrey Schwartz
Siuying Selfridge
Larry Summers
Sharon Lee Swinburne
Susan Tichy
Janet Weaver
Teresa West

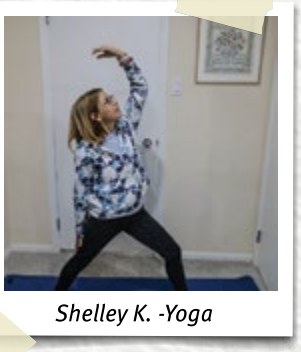
Hope in Focus

What brings us hope living with IC/BPS.

A picture is worth a thousand words! The ICA received more than 40 photos in five categories that give people with IC/BPS hope earlier this year. This page captures just a few; see them all at *bit.ly/HopeInFocus25*.

Healthy Habits

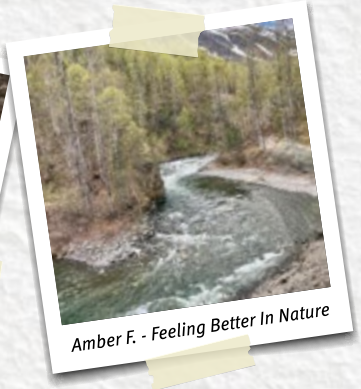
Sarah L. - The Game of Golf



Shelley K. -Yoga

Peace and Serenity

Janet H. - Hope Through Serenity & Peace



Amber F. - Feeling Better In Nature

Paws-itively Purr-fect

Jennifer W. - Joy & Love

Laura S. - Alpaca Babies

Support & Love

Tonya - Wake Up & Do Something

Paula B. - Recovery

Just Because

Gina C. - Speaking Up For Yourself

Heather T. - Photography

Jessica B. - Empower Yourself

388 S. Main Street, Suite 440-#157
Akron, OH 44311

The ICA gratefully acknowledges these generous partners for their commitment and support of our efforts to conquer IC/BPS and change lives.

Want your organization listed here? Learn how at ichelp.org/get-involved/for-corporate-partners

What is the ICA?

The Interstitial Cystitis Association (ICA) is the only national nonprofit organization dedicated to improving the quality of healthcare and lives of people living with IC/BPS in the U.S.

Are You on the List?

Sign up for the ICA email list to receive updates. Go to ichelp.org/icacommunicationssign-up/ to register!

Conquering IC/BPS. Changing Lives.