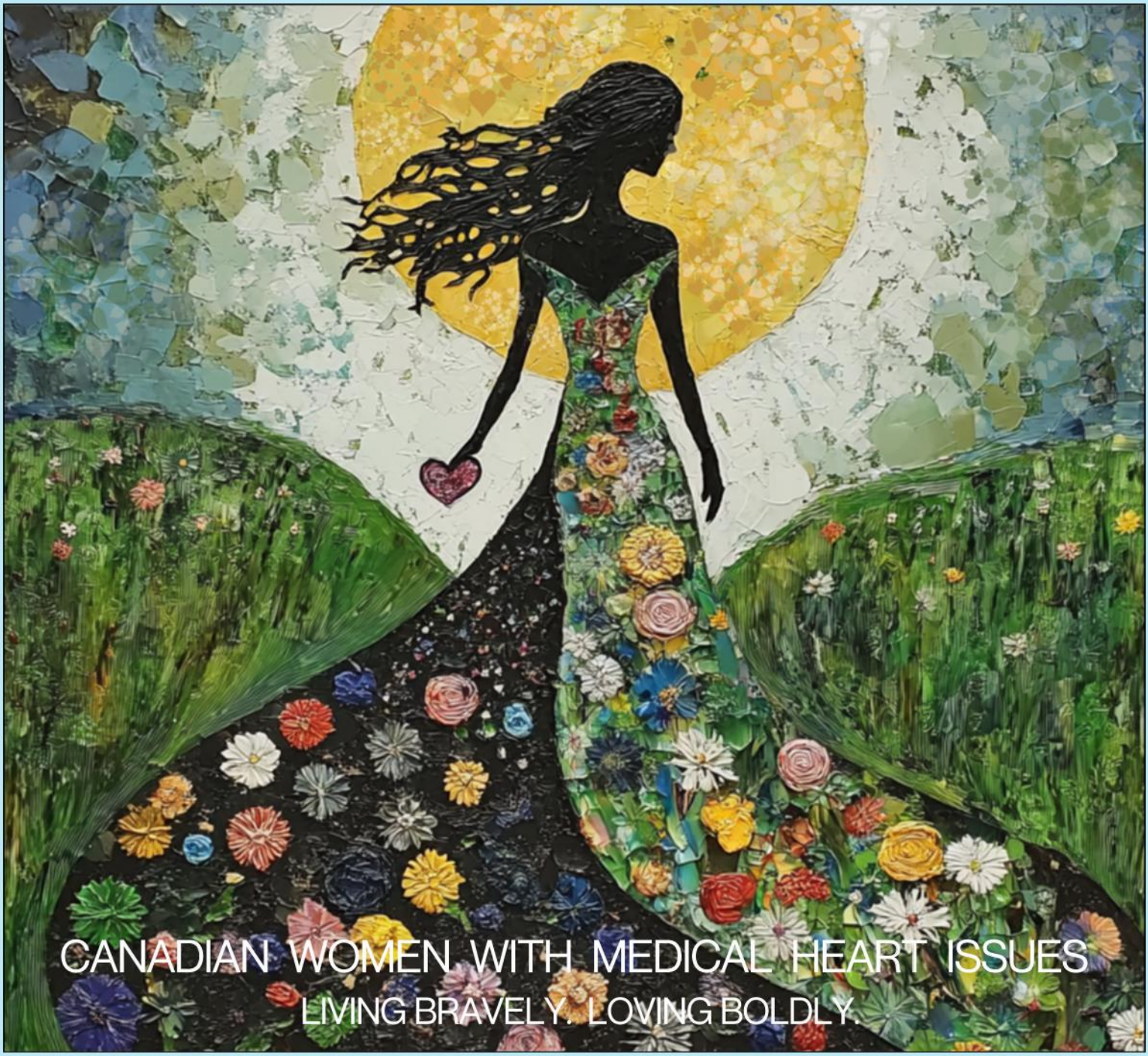
LIFE IN HEARTS

ISSUE 09
MAY/JUNE
2025



Life In Hearts

www.LifeInHearts.ca • LifeInHearts@HeartLife.ca • @LifeInHearts
Canadian Women With Medical Heart Issues Facebook Support Community

J.R. comments:

EDITOR & FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

And just like that, here we are at issue number 09.

In this issue Tracy Bawtinheimer shares a journey unlike any we have had, Carolyn Thomas is back and sharing how we can say NO and Risa Mallory discusses ways to get involved in your community to help. And of course Cheryl shares more on eating for our hearts and Annie is once agin getting us moving!

The first half of the year, especially Feb to May, is a busy time in heart advocacy... and we are working on sharing much more in the July/Aug issue on the various conferences some of us were able to attend during this period. Jennifer will highlight key learnings and share why including us in profcessional conferences is valuable for clinicians and for us. Stay tuned!

A huge thank you to everyone for being on this journey with me... Live Bravely. Love Boldly. Everyday,

LIFE IN HEARTS TEAM

Rachel Charron, ON

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CANADIAN WOMEN WITH MEDICAL HEART ISSUES TEAM

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Canadian Women's Heart
Health Alliance
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Issue 09 • May / June

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CANADIAN WOMEN WITH MEDICAL HEART ISSUES

Canadian Women with Medical Heart Issues FaceBook (FB) Support Community started in 2017 to meet the need for casual support for women who were diagnosed with or at risk of heart disease or heart failure. We now have 1400+ members across Canada. It is a private group which strives to be a safe space to seek support.

My name is Jackie Ratz and I have been living with Heart Failure since 2017. I was motivated to start the FB group after I recognized I needed support and was unable to find adequate Canadian supports either in person or on-line.

We are proudly supported and affiliated with HeartLife Foundation of Canada.

Testimonials:

Sandra C.
"Access to support has helped me in knowing that we have so many shared experiences, I am not alone in this heart journey."

Charlotte G.
"I am strong enough to help others and advocate for us because I grew informed, enlightened & empowered. People here made me feel heard, believed & reassured! Heart disease does not define me!"

Sharon G.
"Support from other women who have cardiovascular disease is like having premium access to expertise advice. No one understands what you're facing more than a woman who has already stood in your shoes."

NOT GIVING UP

By TRACY BAWTINHEIMER,
British Columbia
- LBBB, 2004 &
- Sarcoidosis of the heart & Heart Failure, 2013

In 2004 my doctor diagnosed me with high blood pressure. "Strange" he said, "you don't fit the profile."

I was referred to a cardiologist and Left Bundle Branch Block (LBBB) was the diagnosis "but don't worry it's so common it's almost normal. You are young and healthy." No follow up was needed.

Ten years later I would learn that the LBBB was likely the first sign of my Cardiac Sarcoidosis (SAR COY DOE SIS).

By 2013 I was in my prime, ambitious, successful and confident. I believed I could do it all, be a full time mother, stay fit and active, and climb the corporate ladder. We are after all in society told we can have it all.

This ambition, these expectations, meant I had little to no boundaries for myself.

In Mexico that April I noticed I was more short of breath than I expected. I made a mental note to make an extra trip to the gym. On a hiking trip that summer I needed more breaks than the others. I was embarrassed to be getting out of shape.

That fall I was traveling 50% of my time for work. I was having increasing episodes of dizziness and a racing heart. I was gaining weight, was easily short of breath, and exhausted. I needed 'time outs' at my desk to let the light headedness fade and my racing heart settle. I assumed stress, travel, and dining out were catching up with me. I was in denial and blamed myself. I now know I was having increasing symptoms of heart failure.

"...I had less than a 1% chance of surviving, was in full heart block and NYHA class 4 heart failure."

On a short walk in early December I quickly became short of breath, my heart was racing, I was dizzy and I felt like the blood was draining out of my limbs. I would stop under any pretense to try and catch my breath and settle my heart. What started as embarrassment turned to fear as we walked home. This wasn't normal. I made a mental note to call my doctor. Over the next 2 weeks my heart was racing randomly and often. It happened during flights, meetings, and in the middle of the night. Later I was told I was lucky to have survived that walk.

December 15, 2013, after 8 hours of my heart racing, I finally told my husband what was going on. He immediately took me to Emergency where I was quickly taken in, given two shots of adenosine, cardioverted twice and admitted to the CCU. I was having life-threatening arrhythmias that I had less than a 1% chance of surviving, was in full heart block and NYHA class 4 heart failure.

I was told "You won't be leaving without a diagnosis, a treatment plan and an ICD (Implantable Cardioverter Defibrillator) or you will be dead sooner than later." I wasn't worried. I was at the hospital and I was a healthy person. I was relieved to think I'd soon be fixed.

I was discharged on Christmas Day with a type of ICD called a CRT-D (cardiac resynchronization therapy - defibrillator). It paces my heart rhythm, synchronizes my left and right ventricles and will deliver a life-saving shock if my heart gets into a dangerous zone.

I had a diagnosis of Cardiac Sarcoidosis. Sarcoidosis most often affects people's lungs. It's an inflammatory autoimmune condition with no known cause or cure. It's considered rare and even more rare to be only in a person's heart, as mine is. I was prescribed multiple medications including a high dose of prednisone. I was told to expect to beoff work about a year. I thought that I would only need a few weeks to recover from surgery. At first I was looking forward to the reprieve. To feeling better, to resting.

One month after discharge I had a treadmill stress test. My competitive nature kicked in and I pushed hard. My heart went into Ventricular Tachycardia (V-Tach) as I walked to the recovery cot. As I lay down my CRT-D delivered its first lifesaving shock. This was my first realization that life was going to have to be different.

I really did not understand what chronic disease, medication side effects and health trauma would eventually mean to me and the ways in which my life would change.

2014 - peak prednisone moon face in the Rockies.

As time went on I became fixated on getting back to work. Returning to work symbolized normalcy. If I could work it would mean I was fine. My identity was wrapped up in being a mother and in my career. Our sons were quickly becoming adults, so I was no longer needed to actively mother.

After a while I didn't want to talk about my health anymore. The problem was that I didn't have anything else to talk about. I thought about work constantly. if I had a good day it was hard to accept I would need a rest day, or that they couldn't all be good days. I would look in the mirror and wonder "Who am I?" I didn't look like myself, I didn't act like myself.

Dec 2013 - Cardiac ward, waiting for my ICD procedure.

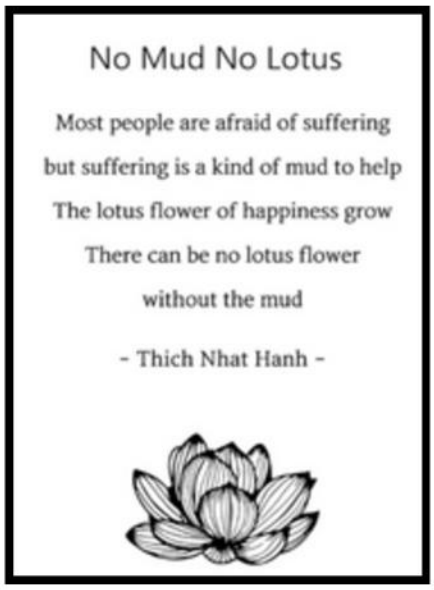
In 2016 I started to stabilize. I hoped to return to work so I began to push myself to "practice" my old busy routines. Fairly quickly my fatigue increased and I started to have recurring symptoms of heart failure. After an urgent echocardiogram I was told that the right side of my heart appeared to be collapsing, my tricuspid valve regurgitation was severe, and if we couldn't get the Sarcoidosis under control I would potentially be looking at a valve repair or replacement and/or a heart transplant in my future. Shocked, speechless and scared; but also relieved; we headed home with more medications and the hope that there was a diagnosis and therefore options.

After a few months, I once again began to notice the familiar symptoms creeping in. Back in 2013 I had waited 6 months to seek medical attention and my heart was badly damaged. In 2016 I waited a couple of months but still damage was done. Having learned my lesson I started to wave my red flag at all my specialist appointments. But it was too early, it wasn't clinically evident. I was told "you look good. Your numbers are good." Eventually I was told "maybe you've plateaued but try to see the glass as half full." And then I was told "try to get some sleep."

That was May of 2017 and that was when I lost hope. I wasn't able to live the life I had envisioned and wanted. A dark cloud settled over me as I thought about the life changing impact not just on me, but on my family.

Fortunately that summer, the ICD clinic identified V-Tach. Validation! It was labeled, it was tangible, and we could talk about treatments. Hope returned. The plan was to monitor and investigate the cause.

During that time my symptoms worsened and in December I experienced my second life-saving shock from my CRT-D. This time I also lost consciousness. I lost my driver's license for 6 months as a result. No one warns you about the related things that chip away at your independence and confidence.



Tracy's Life Matra "No Mud No Lotus"

4 years after my arrival in emergency and diagnosis it was determined that I have an advanced case of sarcoidosis that requires long-term treatment. In January 2018 the addition of a powerful immunosuppressant drug, through regular IV infusions, started me down the road to stability. I continue to be monitored for the right balance.

Towards the end of 2019 I started to once again think stability might be around the corner. However, it wasn't long before my symptoms were increasing. The question was whether the Sarcoidosis was flaring up or if my heart function was deteriorating.

By spring I began to improve. This cycle would repeat itself for the next 3 years. Was this what my life was going to be?

I started to hear "maybe it's something simple. You're getting older. Maybe it's just a virus, maybe you're normal." This was scary to digest. What if we were missing something important? I'd gone from thinking everything was curable, and in my control, to fearing everything was potentially deadly.

In 2022 sarcoidosis was discovered in my lungs. Aha! Medication changes and increases seemed to resolve it. But… something else wasn't right, I continued to be more symptomatic than my sarcoidosis, heart and lung function would indicate. It didn't make sense.

2024 - The healing power of family: hubby, sons & daughter-in-law.

2024 - moving forward one step at a time! Meadow hiking Mt Washington.

I tracked everything, kept logs and results in spreadsheets and binders. I compared my symptoms to other people my age and to people with the same conditions. I wasn't willing to accept this as my "new normal."

As I researched more and more I requested and advocated for multiple tests. Not always easy but I needed to try to understand what was going on.

In 2023, an elevated level of parathyroid hormone was identified. The parathyroid glands control calcium levels in your body and calcium impacts everything, including the cardiovascular system. Despite the name it is not related to the thyroid.

2022 - learing to hike with poles.

Eventually I found my way to a physician in Arizona that specialized in a disease called Hyperparathyroidism. It is diagnosed by blood work and the only cure is surgery. By chance I had been having the right blood tests done periodically over the past few years. The trend and the diagnosis seemed clear to me. I requested a consult, she confirmed my diagnosis, and this past October (2024) I traveled to Arizona to have surgery.

The symptoms of primary Hyperparathyroidism overlap with many conditions, including heart disease. I think that rather than being rare it is rarely diagnosed. I want to bring awareness to it because it may be something to investigate when a cardiac diagnosis is not obvious.

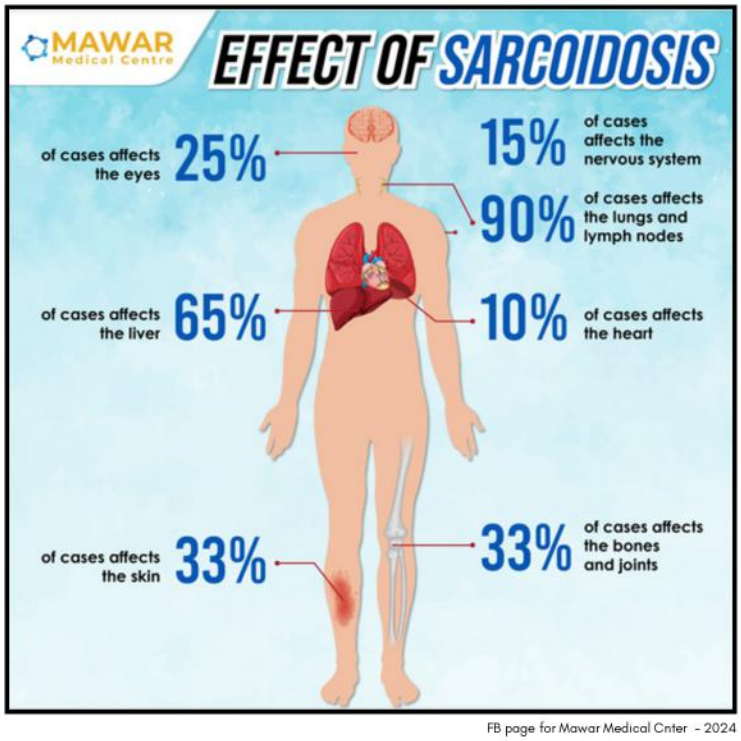
I have discovered that no one prepares you for the ups and downs you go through with a chronic illness. I have come to expect and celebrate the ups and manage through the downs. My life is different than I had planned but that doesn't mean it can't still be good.

Both good and bads days happen, and sometimes its hard to imagine that a long spell of bad days can get better. But often they do, and you enjoy life again hoping it stays that way. I've learned that rest days are better than bad days. I've had to learn to be purposeful and take one day at a time. Some days I can hike up our local hills, other days it's a chore to walk around the block. But I won't give up.

Exploring/being in nature is my happy place and for that I need to be as healthy as I possibly can. This is my 'why'. It means doing things differently than I used to.

It is persistent work and patience to accept that I am enough ... that today might not be the day, but I can try again tomorrow. I've learned to listen to my body and trust my instincts, advocate for myself and never give up.

My 'why' keeps me focused. Now when I look in the mirror I am seeing a more familiar face. I like to think I'm getting my sparkle back.



FB page for Mawar Medical Cnter - 2024

PURPOSE:
A brief introduction to the heart condition or procedure being featured in the current issue of Life In Hearts E-Magazine.

Excerpt from the Sarcoidosis UK website.
Note: When possible Canadian sources are used however occasionally international sites offer better resources/information.
Published with permission.

HEART CONDITION HIGHLIGHT

SARCOIDOSIS

What is Sarcoidosis?

Sarcoidosis is a condition where lumps called granulomas develop at different sites within the body. Granulomas are made up of clusters of cells involved in inflammation. If many granulomas form in an organ, they can prevent that organ from working properly. Sarcoidosis can affect many different parts of the body. It often affects the lungs but can also affect the skin, eyes, joints, nervous system, heart and other parts of the body.

How does Sarcoidosis impact the heart?

The heart can be affected by sarcoidosis in two ways. Firstly, sarcoidosis can occur in the heart muscle itself (cardiac sarcoidosis). Secondly, the heart may be indirectly affected as a result of sarcoidosis in the lungs (pulmonary hypertension). Both conditions can have serious consequences.

Cardiac sarcoidosis occurs when the heart muscle itself is affected. The accumulation of immune cells causes clumps of tissue called granulomas. Myocardial granulomatous inflammation may involve the heart in different places:

- Left or right ventricles. The left ventricle is most commonly involved, while involvement of the right ventricle has been associated with a worse prognosis. Depending on the location of the involvement different manifestations may occur. For example, extensive inflammation and/or fibrosis of the interventricular septum may result in conduction rhythm abnormalities.
- Less often the left or right atrium (upper chamber).
- Rarely papillary muscles (connected to the heart valves) and pericardium (thin sac lining the heart).

Cardiac sarcoidosis has been reported in up to a third of all sarcoidosis patients, but only causes specific manifestations (arrhythmias, heart failure, etc) in around 5% of cases.

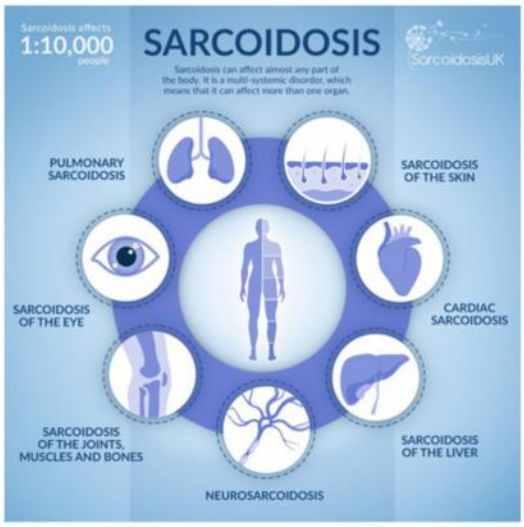
Symptoms?

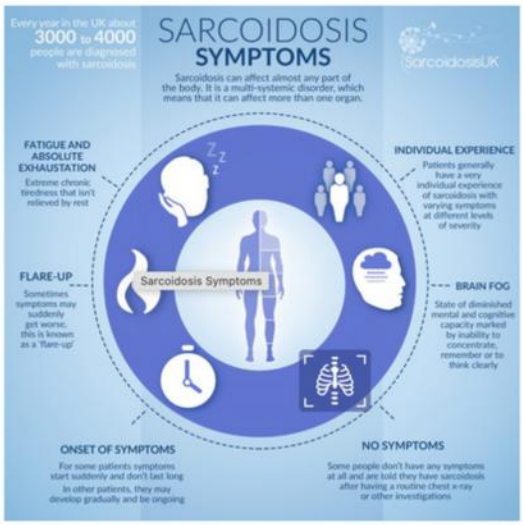
Symptoms of cardiac sarcoidosis include:

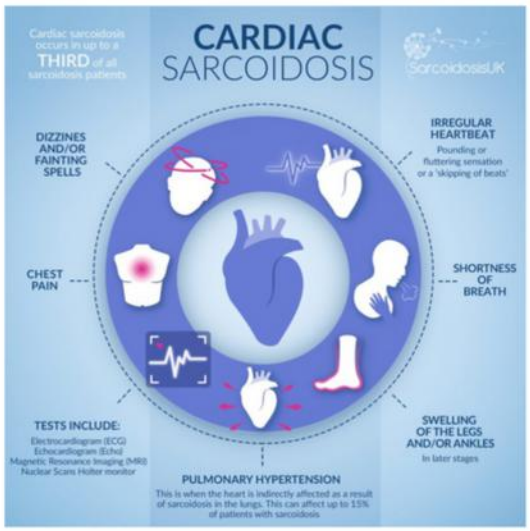
- irregular heartbeat (pounding or fluttering sensation, or a 'skipping of beats')
- dizziness and/or fainting spells
- shortness of breath
- chest pain
- swelling of the legs (in later stages)
- paroxysmal nocturnal dyspnea (in later stages)

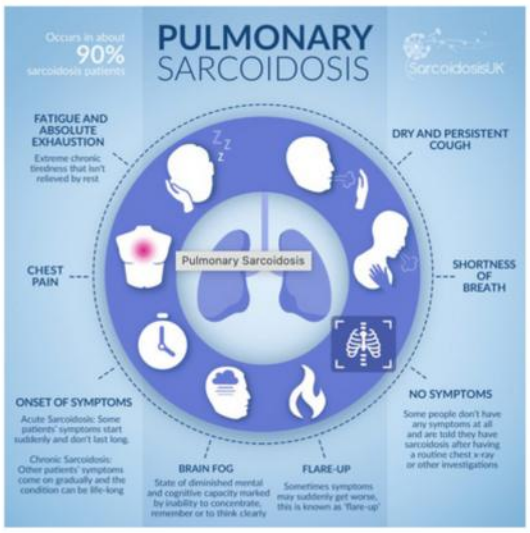
Where can Sarcoidosis occur?

SarcoidosisUK has developed infographics that depict the various types of sarcoidosis and their associated common symptoms. These resources serve as valuable tools in increasing awareness about the disease. No two cases of sarcoidosis are the same; it affects everyone differently, so you may have none, all, or some of symptoms shown, or other symptoms that are not mentioned.









For further information: SarcoidosisUK.org

MENTAL HEALTH LIGHTHOUSE

IS NO A REAL WORD FOR WOMEN?

By CAROLYN THOMAS,
British Columbia,
Heart Attack &
Microvascular Disease, 2008

- Award winning Heart Sisters Blog,
- Book - 'A Woman's Guide to Living With Heart Disease' (2017),
- and active Public Speaker/Advocate

Not only is NO a real word for women, but I'd add that it's an especially important word in the vocabulary of every female heart patient!

If you've ever had the experience of being on your way to an event you've agreed to attend - but now you're suddenly wondering: "Why did I ever say YES to this?!" - then that could be a sign that you need to flex your "NO!" muscle. That "Why?" question applied to me for most of my adult life - until one day, I realized something important: I was letting other people fill in my calendar - and I'd been allowing this for years - because I didn't like saying "NO!" to people.

Long before my heart attack in 2008, I had trouble saying "NO!"- like many other women do, too. I suspect this was due to my deep-seated reluctance to "let others down". Before my unexpected early retirement that year, I'd spent decades working in the public relations field (in corporate, government and non-profit sectors),where I had always been one of those people who felt compelled to say YES. Back then, I prided myself on being the "go-to" person on any project team.

"Honey, I have 12 people coming for Christmas dinner tomorrow! I can't go to the hospital today!"

But the more often I kept saying "YES!", the more I somehow "normalized" over-extending myself, exhausting myself, pushing myself. I even used to brag about how utterly stretched thin I felt. When people asked me a simple: "How are you?" my stock response was too often a big sigh and the words "Crazy busy!!" - as if that response was a badge of honour! It is NOT, by the way. It's a sign that I was willing to abandon my own self-care.

Of course, we all know that there are times when we simply can't say "NO!" - I'm thinking here of caring for a sick child, or caring for any child when we are the ones who are really sick - yet Mums will drag ourselves out of our sickbeds to feed the baby or pick up the kids at hockey camp. (I sometimes blame motherhood for much of my learned selflessness these days!)

But sometimes, women's reluctance to say NO can be dangerous.

I once met a woman whose own severe cardiac symptoms started on the morning of Christmas Eve. She must have looked as bad as she felt because her grown son was so alarmed by her appearance that he wanted to drive her to the hospital right away. But her immediate response to him was:

"Honey, I have 12 people coming for Christmas dinner tomorrow! I can't go to the hospital today!"

(The son did somehow manage to convince his reluctant mother to finally go to the Emergency Department, where she was rushed to the O.R. for open heart surgery. But when entertaining company seems too important to cancel despite HAVING A HEART ATTACK, that's next-level denial. She was essentially saying "I'd rather die than disappoint those Christmas dinner guests...")

As a heart patient living with the ongoing cardiac symptoms of coronary microvascular disease, I had to learn how to consciously practice flexing that "NO!" muscle. Here are two basic questions I began to ask myself in response to every request, demand, invitation, obligation, favour or opportunity presented to me:

1. Is this something I really want to do?

2. Are these the people I really want to spend time with?

When the answer to either is NO WAY, my response is now some version of "Let me check my calendar!" (which is true - I do take a look at my Life In Hearts calendar!) And this short calendar check gives me a minute to not only see if my calendar is wide open for that time - but also to consider those two questions before deciding YES or NO. If it turns out that this is not how I want to spend my very precious hours, then I can simply say politely: "I just checked my calendar and NO, that doesn't work for me!"

Cleveland Clinic researchers recently suggested that "women find it hard to say NO to others' requests, and often feel guilty if they can't please everyone. Women spend less time nurturing their own emotional and physical needs, as that might be perceived as being selfish."

I think that most women (if not all) are socialized from childhood to put others' needs ahead of our own. To be nice. To be considerate. To not be a bother. In fact, after my heart attack, when I was at the WomenHeart Science & Leadership Symposium (a patient advocacy training for women with heart disease at Mayo Clinic), we learned about a Mayo study that asked women to list their most important priorities in life. Mayo cardiologists undertook this study because they knew that even in mid-heart attack, women are far more likely than our male counterparts to delay seeking emergency treatment, making other people's needs more important than seeking the emergency help that could save our lives.

When you say "yes" to others, make sure you are not saying "no" to yourself.

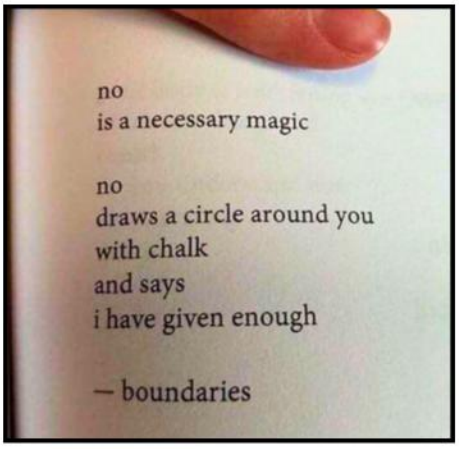
- Paulo Coelho

But what could possibly be more important to any woman than getting help during a freakin' heart attack? Here's how the women surveyed by Mayo researchers ranked their life priorities:

1. Family
2. Home
3. Work
4. Pets
5. Spouse (right below the dog!)
6. MYSELF

Think about that priority list. Does this match how you might have answered, too? This means that after taking care of the family, home, work, pets, spouse - THEN we will pay attention to our own needs. When I speak about the results of this study on women's priorities during my presentations, my audiences are typically both smiling knowingly while shaking their heads in dismay at the same time - because they often recognize themselves as the least important person on that list.

Speaking of my Mayo Clinic training, when I returned to the west coast after that training week, I was keen to start doing public talks to share what I'd just learned about women's heart disease. The first talk was held in my friend Kit's living room on a Friday evening. I was thrilled when 21 women crammed into Kit's living room just to hear me talk about heart disease. Soon, I was booked up every Friday evening, three months in advance to give these talks, which were getting bigger every month - until I was speaking to auditoriums and university lecture halls and medical conferences! The trouble was that I was experiencing symptoms of coronary microvascular disease, the worst of which was crushing fatigue, especially as the day wore on. And it would then take me two full days to recuperate from that exertion.



Since COVID introduced all of us to virtual presentations on Zoom, my favourite kind of presentation is now the podcast interview. I can schedule these for early mornings (no evenings required!) and wear my jammies while I drink my coffee and best of all - share what I learned at the Mayo Women's Heart Clinic with far more women. By the way, to listen to my latest 30-minute podcast with Chicago's Golda Arthur on her wonderful "**OVERLOOKED: Women's Health Can't Wait"** podcast

CLICK HERE

Dr. Dana Gionta, author of the book "From Stressed to Centred", once wrote: "There's nothing quite like a traumatic and life-altering crisis to motivate oneself to take stock: "If I do this, will it be good or bad for my health? What do I really want to do, and why aren't I doing more of it? What don't I want to do - and why am I doing any of it?"

Some of us may, in fact, learn this word NO only out of enforced necessity while we recuperate from a medical crisis.

And as one of my Heart Sisters readers told me after her heart attack: "I have more balance in my life now - because I have to!"

Here's a tip: don't wait until your diagnosis forces you to learn to start saying "NO!"

That tip brings me to the other important part of saying "NO!" which is:

"NO IS A COMPLETE SENTENCE!"

Many of us believe that if we say "NO!" to somebody in response to their request, demand, invitation, obligation, favour or opportunity, then we owe that person an acceptable REASON why we are saying 'NO!" But is that true? Does it really matter what other plans I might have for that date? It could be an important family dinner, or it might be because I've had a long tiring day and I plan to be in my jammies watching Netflix by that time. We don't need anybody's permission to say NO.

One morning, I was whining to my friend Heather about how exhausted I felt after each evening talk. She gave me that 'look' of hers, and asked: "Carolyn, what are you trying to prove? You're a heart patient with serious symptoms. Why don't you just say NO when they ask you to speak in the evenings?"

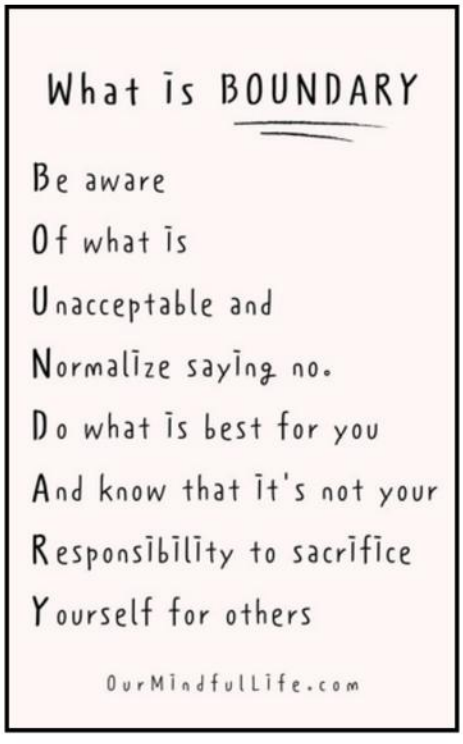
Of course, Heather was right!

From that day forward, my answer to any presentation request was "only if it's a daytime event." And a funny thing happened when I took Heather's questions seriously: I had no trouble at all after that saying "NO!" to evening requests. No explanations, no apologies!

The point here is: it doesn't matter what plans I have or don't have. I can say "NO!" for whatever reason makes sense to me. Or NO REASON AT ALL!

The best part of saying "NO!", in my experience, is that it can open up free time to say a big genuine "YES!" to what I really would rather be doing - like spending any time, any day with my two darling grandkids!

I've had to become far more thoughtful about saying YES before responding, and this change is entirely due to my survival of a misdiagnosed "widow maker" heart attack. I've had to convinced myself to pay closer attention to what my body is able or not able to handle. Compare that stance to my old public relations world where, if I ever said "NO", I really meant "MAYBE", and when I said "MAYBE", it usually eventually morphed into a "YES!" Here's another example: since 'graduating' from my Mayo Clinic training in 2008, I do a lot of public speaking on the subject of women's heart



disease. When I was invited to speak at an evening event, I always said yes, even though I knew early on that my heart conditions meant I always felt like a balloon with a pin hole in it: okay for part of the day, but as the hours went by, deflating by the hour. Yet I kept saying YES to evening presentations - even as I struggled to drag my two heavy boxes of Mayo handouts to the car, drive across town on rainy nights, and then dig deep to come up with a high-energy 90-minute interactive presentation. (One reviewer in Vancouver once described these talks as part cardiology bootcamp - and part stand-up comedy"). What that reviewer didn't know was that after I dragged myself home after each talk, it would take me two full days to recuperate from that massive effort.

That's when my friend Heather asked me that important question: "WHAT ARE YOU TRYING TO PROVE?"

A funny thing happened when I really took Heather's message seriously: I had no trouble at all after that saying "NO!" to evening requests. No explanations, no apologies!

Self-care rules! I regularly respond to invitations now simply with: "That's my nap time!"

We need to establish clear personal boundaries, says Dr. Giota. Boundaries remind us we don't have to keep saying YES to everything others want us to do - but boundaries are meaningless unless we mean it, unless we are able to flex those "NO!" muscles, too. Dr. Giota warns us that the ability to establish those personal boundaries is impacted by how we were raised, our role in our family, and our personality. She adds:

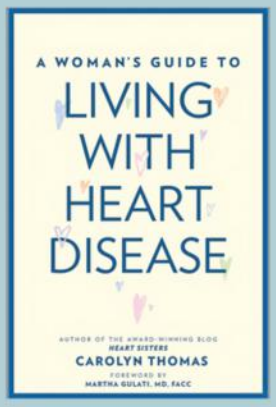
"If you learned to focus on others, repeatedly letting yourself be drained emotionally or physically, then ignoring your own needs might have become the norm for you. You might fear the other person's response if you set and enforce your boundaries. And many women believe that they should be able to cope with any situation, or say YES to all demands because they're a good person, even though they may feel drained or taken advantage of."

Here's how Cleveland Clinic experts suggest you address nurturing those emotional and physical needs for a change:

"Leisure time must be considered a necessity, not just a reward for doing more. Prioritizing based on principle rather than demand is sometimes difficult to learn, but is critical for peace of mind and stress management. And finally, you can't be all things to all people all of the time. Don't be reluctant to ask for help. Avoid combining too many projects. Delegate if necessary.
Learn to say NO!"

CAROLYN'S BOOK:

"As a woman who experienced a heart attack, was misdiagnosed, and deals with everything that living with heart disease entails, Carolyn uses humor wrapped in practicality and common sense to help women navigate their disease and all the overwhelming emotions that come with this diagnosis."



CAROLYN'S BLOG:

REFLECTIONS

By
RUZICA SUBOTIC-HOWELL,
Ontario

Mobitz 2 (periodic atrioventricular block with constant PR intervals in the conducted beats), 2024

Image created with Ai Midjourney and digital design tool - 03.2025

She is the Way.

I wanted this piece to hold a deep symbolism of contradictions. As women, we embody feminine attributes shaped by our journey. We are nurturers, caregivers, and healers—yet we often put ourselves last. Living with chronic heart disease forces us to reconcile this duality: the instinct to care for others while learning to care for ourselves.

The woman stands with ease at that moment wearing a dress filled with both blooming and withered flowers. She may be looking ahead, or does she stand with her back towards the viewer? This ambiguity was intentional to allow the viewer to in their interpretation recognize themselves on their own journey and their perspective of where they are in their life.

We see that she stands on a winding path lined with both decayed, dark, and blooming and flourishing flowers. Above her, a beaming sun radiates possibility, illuminating both the path she has traveled and the one still ahead. The first contrast you may notice is in the woman's dress—its distinct sides. This was purposeful, depicting life's constant balance. The blooming and withered flowers represent the duality of experience, coexisting as part of the journey to represent that she must surrender and fight at the same time.

In my experience, no one's journey is a straight, predictable road. The winding path was deliberate, showcasing the unpredictable nature of life. I wanted the sun to be a central, radiant presence—just as vital as the woman herself—symbolizing hope, resilience, and the truth that her path is illuminated simply because she exists.

In her hand, she holds a heart, representing her essence. She knows herself and offers to the world what resides within her—it is all of her. In this act, she is fully aware that change is ever-present. Be it love, loss, uncertainty, and hope all these concepts exist within her and she has the resilience to navigate them.

The sky shifts in tones from deep darkness to the sun's warm glow. The sun itself is peppered with miniature hearts, signifying that many components that come together can create power and renewal within us.

In the unpredictability of life, she stands. She carries all that she is.
She is the way.

LIVING BRAVELY
Life In Hearts
LOVING BOLDLY

A website for information, E-magazine, awareness, and shopping aimed at women living with medical heart conditions or those at risk and need support and guidance. Curated by patients for patients.

LifeInHearts.ca

HeartLife Academy

A learning platform designed for those living with and caring for people with heart disease and heart failure. Delivered in collaboration with researchers and care providers - backed by science.

Sample of available free courses:

HeartLife.Academy.ca

TIPS & STRATEGIES

GIVING BACK TO YOUR HEART HEALTH COMMUNITY

By Risa Mallory, Ontario
Spontaneous Coronary Artery Dissection (SCAD), 2018

After returning home from Phoenix Arizona in January 2019, subsequent to my Spontaneous Coronary Artery Dissection (SCAD), I was hospitalized for an additional twelve days while we tried to figure out why I still had chest pain. This was before the pandemic, but I was placed in a quarantined hospital room because I had just arrived home from another country. Needless to say, I did not have many visitors and so in between copious tests, scans and blood work, I had a lot of time on my hands!

I began to research SCAD specifically, but also women's heart health generally and I stumbled upon the Heart and Stroke 2018 Report entitled Ms. Understood. When I read this statement in the report; "Women's hearts are still misunderstood. We are decades behind in our knowledge of the differences between men's and women's hearts." I was incensed and dumbfounded at the same time. Why are women falling through the cardiovascular gaps? How has this not been addressed? What is being done to reduce these inequalities?

I decided I was going to learn all that I could about women's heart health so that I could gain some informational control over my healthcare, 'pay it back' to the institution who's care i was receiving and 'pay it forward' to the women in my community (and the men who love us and live with us) including my two adult daughters.

This began my advocacy and patient engagement 'career'.

Over the last 6 years to my surprise and delight, the benefits of volunteering and raising awareness with respect to women's heart health has given me so much more than I anticipated.

Synopisis of Unexpected Blessings...

Increased Awareness and Knowledge

By advocating for heart health, I have become more informed about my own risks, prevention strategies, and treatment options related to cardiovascular diseases. This knowledge has helped me make healthier lifestyle choices, such as eating better, exercising more, and managing stress, all of which improves my heart health.

Empowerment and Control

Becoming a patient partner has allowed me to take control of my own health. It empowers me to seek out appropriate medical care, ask the right questions during doctor visits, and make informed decisions about my treatment and lifestyle changes. Being proactive about heart health has helped reduce any feelings of helplessness I might have had and increased my sense of control over my well-being.

Building Support Networks

Advocacy often involves connecting with others, such as family members, friends and online communities, who share similar health concerns or experiences. For me, this has fostered a huge support network that not only provides me with emotional encouragement but also offers practical advice and shared resources for maintaining my own heart health.

Mental and Emotional Health

The advocacy work I do and the relationships I have forged through this work has absolutely provided me with a sense of purpose and fulfillment. Helping others through heart health education, empowerment or raising awareness has given me a sense of accomplishment and pride.

Prevention of Heart Disease

By focusing on advocacy, I feel more motivated to adopt healthier habits that directly reduce my own risk of heart disease. Advocacy also inspires others around me to make these changes, helping prevent cardiovascular diseases in my family and community.

Better Healthcare Outcomes

Engaging in heart health advocacy has also contributed to me having more informed conversations with my healthcare professionals. As an advocate, I find I am more likely to be proactive about taking my medications, scheduling check-ups and monitoring my blood pressure, ultimately leading to earlier detection and better management of my heart condition.

Personal Fufillment

Heart health advocacy has really aligned with my personal values and my desire to make a positive impact. I engage as a volunteer patient partner in peer support, research projects, advocacy, heart health initiatives and raising awareness. This has added so much meaning to my life post-SCAD and absolutely had a positive effect on my recovery.

Inspiration for Others

Advocating for heart health has hopefully inspired people in my life to take their own health seriously. Whether it's a friend, family member, or coworker, your advocacy can encourage others to prioritize their heart health, creating a ripple effect that improves health within your personal network.

So, if this kind of involvement speaks you, here are a few ideas to get you started;

Join Patient Partner Programs:
There are many organizations that involve patients in their programs and research initiatives. Patient partners contribute by sharing their experiences, help shape educational content, and participate on advisory teams. These roles help create materials and programs that better resonate with the public and address real patient needs.

https://www.cwhha.ca/
https://cwhhc.ottawaheart.ca/how-get-involved/start-conversation
https://www.uhn.ca/corporate/AboutUHN/Patient_Experience/Patient_Partnerships/Pages/patient_partners.aspx
https://www.chfalliance.ca/patient-engagement
https://www.infoway-inforoute.ca/en/

Storytelling and Advocacy:
Sharing personal stories can be a powerful way to humanize statistics and educate others on recognizing symptoms. Initiatives across Canada invite patient narratives to highlight the importance of early diagnosis and preventive care. Storytelling helps de-stigmatize discussions about women's heart health and motivate others to take action.

https://whhionline.ca/
https://www.cwhha.ca/heart-stories
https://www.heartandstroke.ca/contact-us/share-your-story
https://canetinc.ca/

Engaging in Research:
Patients can contribute by participating in clinical trials or patient-led research projects. Hospitals and other organizations often involve patient partners in research design and dissemination, ensuring that studies remain relevant to patient priorities and that findings are accessible and understandable to the public.

https://libin.ucalgary.ca/about-us/our-initiatives/womens-cardiovascular-health-initiative
https://www.ottawaheart.ca/researchers/cardiovascular-research-ottawa/about-our-research
https://www.vchri.ca/
https://www.cwhha.ca/
https://www.cwhha.ca/join-a-research-study

Participate in Public Awareness Campaigns:
Campaigns like Wear Red Canada Day and Jump In provide a platform for patients to advocate publicly. Participants help raise awareness about the unique cardiovascular risks women face, using social media, local events, or speaking engagements to reach broader audiences. By participating, patients can connect with local communities and health advocates to promote preventive measures and education.

https://wearredcanada.ca/
https://whhionline.ca/
https://www.jumpinnow.ca/

Volunteering or Fundraising:
Many organizations welcome volunteers to help with fundraising events, community outreach, and distributing educational materials. Volunteers play a key role in expanding these programs' reach and resources, ultimately supporting more research and public education efforts.

https://www.heartandstroke.ca/
https://cchaforlife.org/get-involved/volunteer/
https://www.childrensheartnetwork.org/get-involved/volunteer/
https://februaryisheartmonth.ca/
https://foundation.ottawaheart.ca/

Making Heart Healthy Choices while on Vacation

By CHERYL STRACHAN, RD - Alberta
Author of 'The 30 Minute Heart Healthy Cookbook'
SweetSpotNutrition.ca

Summer is coming, and with it, more travelling! Woo hoo!

But trips can throw a wrench into our heart-healthy eating habits, whether it's because we're getting up at 4am for the flight, ducking into fast food restaurants, or enjoying a glass of wine and some crunchy snacks on the deck.

As one community member wrote me in the fall a few years ago:

"I was doing so well getting on the right track and then when I went on vacation I ended up right back at the start. Since I've been home I haven't done any better."

Can you enjoy your holidays and also stay in your heart-healthy eating "sweet spot"? Absolutely! Here are a few tips to get you in the right headspace for fun *and* heart health.

KEEP AN 80/20 MINDSET

Too often people have one off day and then resign themselves to being off track, period. It doesn't have to be that way!

Sometimes you're going to eat foods for reasons other than heart-health, and that's okay! Staying fed when options are limited or indulging in special treats are fine reasons to eat.

When that happens, seeing yourself in the 20% zone works better than thinking, "What the heck, I'm on vacation."

And when you eat so much that you feel uncomfortably full after dinner no need to pay penance, "Nothing but lettuce tomorrow." Just go back to eating normally, and your body will naturally balance things by seeking lighter foods.

GET A KITCHEN IF YOU CAN

Short-term rentals like VRBO usually offer kitchens, and some hotels now give you a counter and sink, in addition to the standard fridge and microwave.

Extended stay hotels like Homewood Suites or Home2 Suites by Hilton or Residence Inn by Marriott are most reliable for kitchens. You'll find a "kitchen" filter on booking sites like Expedia.

Just because you have a kitchen doesn't mean you have to cook every meal, but it gives you the option to have fewer supersized, high-sodium, pricey restaurant meals. High-end grocery stores often have creative salads you can pick up in the deli and take "home."

You can also make breakfast, keep snacks on hand, and put together sandwiches for lunch. (Here are seven you can make without processed meat.)

PLAN SIMPLE MEALS

The ideal dish on vacation has few ingredients and uses them all up. You don't want a recipe that calls for ½ cup of ricotta cheese. What will you do with the rest of it?

What works? Picking up fresh fish or chicken, seasonal vegetables, and potatoes to grill. Easy. Do you have a favourite marinade or spice rub you can bring? That's where your advance planning comes in. But if not, salt and pepper will wake up any meal.

(Don't worry about a small amount of salt. The real problem is the sodium in restaurant and processed foods, which makes up about 75% of what most Canadians get!)

Another easy crowd pleaser: black bean quesadillas. All you need are (whole grain) tortillas, cheese, a can of (no-salt-added) black beans, and (lower-sodium) salsa.

Mash the beans and mix with about a ½ cup of salsa. Spread the mixture on the tortillas and sprinkle with the cheese. Toast in a frying pan until the cheese is melted and the tortillas are brown on the outside. Yum!

Another easy one is a pasta salad with lots of arugula. Toss with extra virgin olive oil, grated parmesan cheese, and add a protein like grilled chicken if you like.

STOCK YOUR HOTEL ROOM WITH HEALTHY SNACKS

Even if you don't have a kitchen, you can still plan to stay fuelled between meals with healthy snacks in the mini-fridge:

- Yogurt
- Individually-wrapped cheese
- Hard-boiled eggs
- Snap peas or cut vegetables
- Mini-cups of hummus or guacamole

Other helpful snacks for your shopping list:

- Apples, oranges, and bananas
- Nuts, seeds, or trail mix
- Whole-grain crackers (eg. Low-Sodium Triscuits)
- Reduced-sugar instant oats
- Snack-sized canned tuna or sardines
- Bars made mostly with whole grains, nuts, or seeds, with less than 8 grams of sugar and at least 3 grams each of fibre and protein
- Peanut butter

MAKE A MEAL PLAN BEFORE YOU LEAVE HOME

I know, groan, you have enough to do before you go! But if you can just pick 2-4 meals for every week that you're there, you can be a little more prepared, and thus more relaxed on vacation!

Some ingredients, like nuts, spices, or a small jar of olive oil, are easier to bring from home. Pulling out those recipes will trigger you to think of what you need. Advanced move: Write a shopping list for when you arrive, so you're not wandering around the store making it up on the fly.

CHOOSE RESTAURANTS THAT SUPPORT BETTER HEALTH

If you look for vegetarian and vegetarian-friendly restaurants when travelling, you'll find that they know what to do with vegetables and plant-protein foods like lentils and tofu.

On the menu, look for vegetables of course, but also whole grains, like quinoa in a salad, and heart-healthy proteins like fish and beans.

Portion sizes in restaurants are often enormous, so see if you can split a meal or ask for a lunch-sized dish if possible. You can also ask for half of the rice or pasta in exchange for extra veggies. You are the customer after all!

EAT FOR HEART HEALTH, WALK ALL DAY!

No guarantees, but if you start with a nourishing breakfast and pack some fruit and protein-rich snacks, you'll probably have more energy and be in a healthier headspace as the day goes on. Finding heart-healthy foods on the go is easier than ever. Maybe you'll even dance all night!

WANDERLUST (n.) a strong desire or impulse to wander or travel to explore the world. Just go.

EATING FOR HEART HEALTH

VACATION KITCHEN SALAD

BY CHERYL STRACHAN, RD

Prep Time: 15 minutes • Servings: 2 large

SALAD INGREDIENTS:

- 4 cups of butter or Bibb lettuce (or something else delicate)
- 1 can of tuna or white beans, drained
- 1 apple, chopped

SALAD ADD-INS Use what you have on hand:

- ½ bell pepper, sliced
- ½ english cucumber, chopped
- 2 radishes, sliced
- 1 avocado, not too ripe, sliced
- ½ cup cheese, shredded, crumbled, or chopped (whatever you have)
- ¼ cup toasted nuts or pumpkin seeds
- 1 box of a quinoa side dish, cooked per package directions

DRESSING INGREDIENTS:

- ¼ cup extra virgin olive oil
- Juice from 1 lemon
- A clove of garlic, minced
- Salt and pepper to taste

ADD-INS if available:

- ½ tsp sugar (or half a sugar packet)
- A squeeze of mustard

TIP:
Snag salt, pepper, sugar, mustard or hot sauce packets from fast food spots.

INSTRUCTIONS:

1. Juice the lemon into a large bowl.
2. Add olive oil, salt, pepper, garlic, and any optional add-ins.
3. Whisk to combine.
4. If you're using beans, rinse them well.
5. Add the tuna or beans to the bowl with the salad dressing. If it's tuna, flake it well, mixing it with the dressing.
6. Add the apple and any optional add-ins and toss again, so everything is well-coated with dressing.
7. Arrange the lettuce on two plates. Top with the tuna and apple mixture.

HEART RETAIL & THERAPY PRODUCTS

There are so many great products available to help us live better and products that make us feel good or support a cause that is close to our hearts...

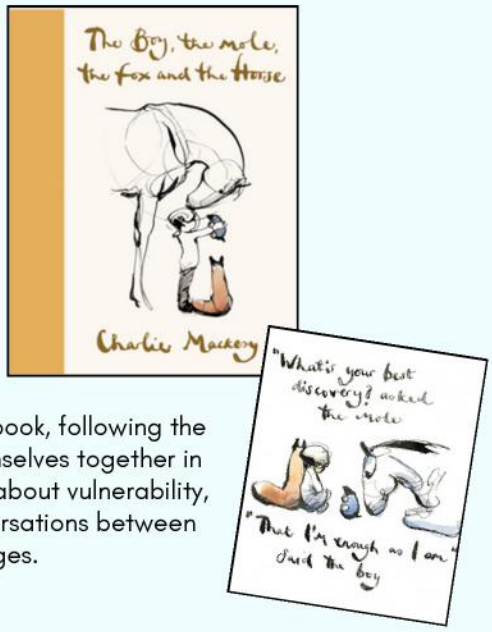
1

Beaded Daisy Medical IDs
BeadedDaisy.com

Our mission at Beaded Daisy is to ensure that men, women, and children with ALL health concerns can enjoy medical ID alert jewelry that is both affordable and fashionable. Nobody wants to think of him or herself in an unfortunate situation, but the reality is that in an emergency, everyone with a health concern NEEDS to wear medical identification jewelry. The great news is that Beaded Daisy customers can truly express themselves while always being prepared with custom medical ID jewelry!

2

"The Boy, the Mole, the Fox and the Horse:"
By Charlie Mackesy
Indigo.ca or your local bookseller



From British illustrator, artist, and author Charlie Mackesy comes a journey for all ages that explores life's universal lessons, featuring 100 drawings.

"What do you want to be when you grow up?" asked the mole.

"Kind," said the boy.

Charlie Mackesy offers inspiration and hope in uncertain times in this beautiful book, following the tale of a curious boy, a greedy mole, a wary fox and a wise horse who find themselves together in sometimes difficult terrain, sharing their greatest fears and biggest discoveries about vulnerability, kindness, hope, friendship and love. The shared adventures and important conversations between the four friends are full of life lessons that have connected with readers of all ages.

3

LIFE IN HEARTS
LifeInHearts.ca

The products at LifeInHeart.ca support various efforts for Canadian Women with Medical Heart Issues FB support community, Her Heart Hangout Meet Ups and the bi-monthly e-magazine.

Various logos on T-Shirts, Sweatshirts, Mugs, Waterbottles, Bags and Hats!

FITNESS FOR EVERY 'BODY'

MOTION IS LOTION

Have you ever heard the expression: 'If you don't use it, you'll lose it?' Well, it's true. Unfortunately, if you do not utilize any areas of your body, usually within a certain timeframe, it will disappear or no longer be useful.

So, let's make sure you take care of your body by moving it!

By ANNIE SMITH, PTS, FIS, RAB II,
Ontario - Cardiac Sarcoidosis, 2015
All the Right Moves Personal Training & Fitness

Movement can be defined as: a walk outside in nature; a hike in a national (or provincial) park; running in a marathon; swimming in a lake; weight lifting; cutting the grass; raking the leaves; building a garden; housework; walking your dog(s); and the list goes on.

However, before starting any kind of movement/activity, it's highly suggested to warm up with mobility training, also known as dynamic stretching (stretching with movement). This will prevent injury, warm up the body, lubricate the joints, elevate the heart rate (HR) slightly, and mentally prepare the body for the movement about to happen (a little 'heads up' to the body is always nice). It is important to continue to keep our joints in motion. Why? Because our joints are complex components of our body that are involved in every movement we make, hundreds of times a day. If they don't move enough, they won't function properly and consequences on our well-being are inevitable. Joint mobility is an essential factor of their function.

Finish off with static stretching (flexibility training without movement) after the activity, to again, prevent injury and lower the heart rate.

So, when you think to rake the leaves or create a garden this Spring, please reach for this article and do the mobility & flexibility training to help prevent the overuse injuries that unfortunately happen every year at this time, due to lack of physical preparation. In conclusion, to stay / become fit, you need to keep exercising regularly (30-60 minutes a day). To keep/become joint mobile, you need to keep doing the mobility training (shown here today) before any activity, and to keep flexible, do daily stretches for 5-10 minutes (that's it) a day. Try to create the habit! I really believe in YOU and I know you can do this! SMILE!

ANNIE'S TIPS

M ***Move Your Body Any Way Possible!***

O ***Outstanding – You Can Be!***

B ***Be Strong and Proud!***

I ***Inspiration – Be an Inspiration to everyone you meet!***

L ***Laugh and Keep Smiling while Creating a Healthy Body!***

I ***Inventive – Create movement and have FUN!***

T ***Tenacity – That's YOU!***

Y ***Yoga – A great way to get mobile & flexible!***

1

Wrist MOBILITY:
Roll your wrists one direction 20x, then switch direction for more 20x.

2

Forearm FLEXIBILITY:
As seen in the pictures (there are 2 different forearm stretches), hold each pose for 30 seconds minimum. Then switch pose and hand for 30 seconds.

3 Shoulder MOBILITY:

A) No Picture Shown.
Full arm circles: Standing tall, knees slightly bent, take your time making big arm circles one direction first, one arm at a time, reaching and watching that your torso stays neutral and the rotation comes only from the shoulder joint. Create the biggest ROM that you can. 20x, then change direction. Then repeat on the other arm.

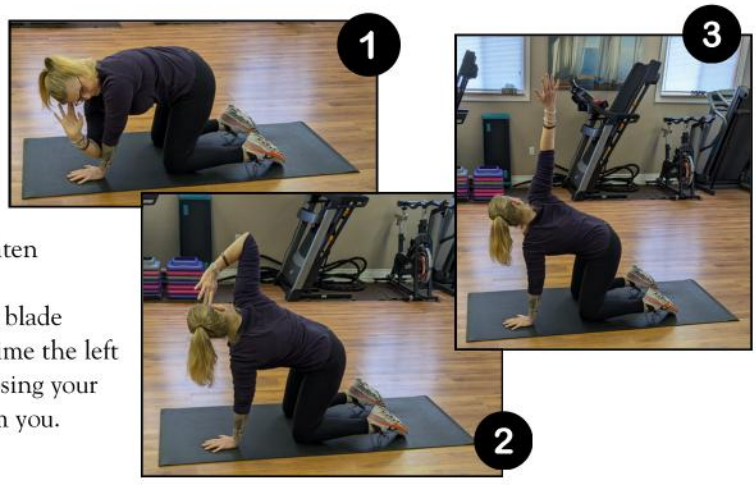
B) Holding a broom handle with a nice wide, overhand grip, relax your shoulders, and place the handle in front of your thighs, arms straight (don't lock your elbows). Start to lift your arms up, keeping shoulders down the entire time, pressing the knuckles forward and then to the sky. Think of keeping your shoulder blades down, squeezing a grape between your shoulder blades and do not shrug your shoulders (keep them down from your ears). It's the shoulder joint itself rotating, not your back rounding or shoulders elevating. See how far you can take the broom handle without bending your elbows (hence the wide grip). If you are unable to go past your head, change the broom handle with a rope and watch how much further you can go. This move helps create shoulder joint mobility as well as a lovely front shoulder and chest stretch when the handle/rope is behind your back (as seen in pictures). Do 10-15x. Try daily to increase the range of motion (ROM) in your shoulders. Please don't be discouraged if you cannot go past your forehead or head (rotator cuffs in shoulder joint need help if you are unable for full ROM). Practice with a rope (or exercise tube like I demonstrate with as well) to help further your ROM in your shoulder joint.

BROOM

ROPE

4 T-Spine (aka Thoracic/'Middle Spine') MOBILITY:

Flow through this slowly, for 5-10x each side.
On hands and knees, take your right fingertips to your temple, elbow back, cross over towards the inside of your left arm. Then bring the right elbow back, inline with your right shoulder and then straighten your elbow reaching your fingertips towards the sky.
Feel the opening in your chest and the right shoulder blade working towards the left shoulder blade. The whole time the left hand is pressing strongly into the floor and not collapsing your left side. Feel as if you are pressing the floor away from you.



5 T-Spine & Shoulder FLEXIBILITY:

A) Thread the Needle:
Hold this move for 30 seconds each side. Do as many times as you can. If your head doesn't reach the floor, no worries. Place a yoga block/book etc. (as also shown) beneath your head. Really reach with your arm that is threading through your body.

block assist

B) Across the body Shoulder Stretch: One arm across chest. Hold for 30 seconds.

6 Hip MOBILITY:

A) 90/90 – As seen in pictures, start in a 90/90 position with the legs. If hips are tight, use hands (where shown) to help support your body as your move from side to side into 90/90. Move slowly, carefully from side-to-side 10-16 times.

B) i) Starting with the left leg in front, both buttocks and hip grounded, lift the back right foot only, keeping the right knee on the ground. 10x.

ii) Now lift the front left leg keeping the foot on the floor. 10x.

Repeat i) ii) on other side.

7

Hip FLEXIBILTY:

A) Back of Hip: Lay down as seen in pictures. Flex and cross your left foot over your right thigh. Keep that foot flexed. Keep the knee that's crossed, 'open'. You can place your left hand gently on the inner left thigh to help if your hips are tight. Just don't place pressure on your knee directly. If you're flexible enough, lift the right leg off the floor and reach through and hold the back of right leg. Hold 30 seconds. You can also lift your bottom leg off the floor and place it on a yoga block or book, working towards your chest. Repeat other side.

B) Front of Hip: 'Runners Stretch' aka Hip flexor stretch: As seen in pictures.

Congratulations on showing up for you & choosing to start creating a healthy lifestyle of physical fitness and mindfulness. I am so proud of you! See you next time! Namaste.

Annie is a regular contributor to the Ted Rogers Patient information website. Her "HEARTFIT' videos can be found at OurHeartHub.ca

ALL ABOUT Y♥U!

plus Elizabeth Doherty

Canadian Medical Association conference was held in Ottawa in March with 10 Heart Warrior Queens representing. We shared in so much learning, laughs and most importantly hugs!

Have an event/presentation you did? Or an inspiring quote to share? Share to receive a $25.00 GC for LifeInHearts.ca - Email Jackie@Heartlife.ca

7th Annual, Annie's Pace Global Adventure

By ANNIE SMITH, PTS, FIS, RAB II, Ontario - Cardiac Sarcoidosis, 2015
All the Right Moves Personal Training & Fitness

Join the 7th Annual, Annie's Pace Global Adventure (APGA), May 23-26, 2025. An all-abilities, 4-day adventure where you do any kind of movement for 1 hour day, every day of the 4 days, 'with' people from all around the world. APGA raises awareness and support for heart failure research, cardiac transplantation and heart health. APGA has raised $25,000/6 years for the Test Your Limits Initiative at UHN Foundation. Enjoy your adventure! Thank you for your support!

SO, WHAT IS APGA?

1. It is a 4-day, all-abilities physical adventure every May, where the world unites for heart health awareness. People participate from around the world, exercising for a minimum of 1 hour each day (doing any activity for their heart health) OR, 'Test Your Limits' like myself and exercise as much as you can, every day of the 4 days!

Participants that I'm aware of are from Hong Kong, Scotland, Greece, United Kingdom, Spain and many locations in both the U.S. and Canada! I've seen family and friends 'team up' every year for an amazingly FUN and social 1-4 days while exercising their body, mind and spirits!

The 7th Annual

Annie's Pace Global Adventure

May 23-26, 2025

2. It encourages organ donation. Eight lives can be saved when you sign up for organ donation, so please sign up today if you have not already.

3. For more information on the fundraising portion of APGA: http://support.uhnfoundation.ca/goto/anniespace2025 or watch a VIMEO Video @ vimeo.com/707059617

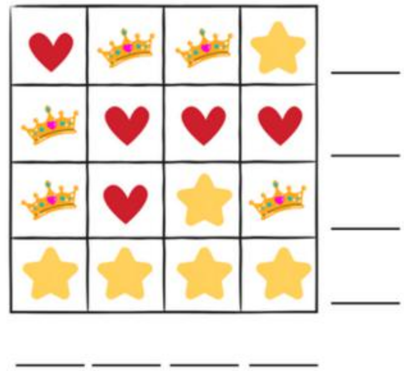
Join 'Annie's Pace Global Adventure' FACEBOOK group page for APGA updates.

Life In Hearts: Begin • Blossom • Become!

Fill in the missing numbers

The missing numbers are integers between 1 and 6.
The numbers in each row add up to totals to the right.
The numbers in each column add up to the totals along the bottom.
The diagonal lines also add up the totals to the right.

					13
					10
5					22
					15
					19
				4	15
9	15	17	21	19	17



Find the value of each shape

FIND THE HIDDEN MESSAGE...

T	B	E	V	O	L	G	X	O	F	H	T	S	M	A
J	E	U	L	A	U	G	H	T	E	R	U	U	A	I
E	O	S	T	L	E	A	V	E	S	A	L	N	R	N
R	T	Y	U	T	A	I	N	N	I	Z	I	S	I	O
E	V	O	L	N	E	S	H	L	A	U	P	E	G	G
B	I	R	D	S	S	R	T	G	D	L	S	T	O	E
H	T	M	R	A	W	H	F	E	E	Y	I	S	L	B
S	I	R	I	H	O	S	I	L	R	N	I	O	D	N
F	L	O	W	R	E	S	N	N	I	O	R	S	S	P
R	A	L	A	P	H	I	E	W	E	E	A	L	D	I
O	E	N	M	E	A	R	S	I	O	P	S	N	B	N
Q	G	N	O	R	S	D	U	O	L	C	N	E	E	K
E	H	O	L	L	Y	H	O	C	K	I	S	Q	E	R
A	K	E	Z	E	E	R	B	G	M	O	L	F	S	Q
H	Y	D	R	A	N	G	E	A	R	E	V	O	L	C

This puzzle is a word search puzzle that has a hidden message.

First find all the words in the list. Words can go in any direction and share letters as well as cross over each other.

Once you find all the words, copy the unused letters starting in the top left corner into the blanks to reveal the hidden message.

aster	bees
birds	breeze
clouds	clover
hollyhock	hydrangea
joy	laughter
lilies	love
orange	peony
rain	red
soil	sunsets
tulips	warmth
begonia	marigold
butterflies	pink
foxglove	rose
iris	sunshine
leaves	zinnia

“ _ .”

By _

CLICK HERE

Answer Key

LIFE IN HEARTS

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