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"I thought menopause was happening to me. Now I realise I can control it instead of it controlling me."

PILOT CASE STUDY

Jo, Secondary Headteacher, Perimenopause
Pre- and post-programme interviews and HRV data, March - May 2026

Symptoms gone
Night sweats and hot flushes completely resolved

Sleeping through
From six broken hours to full, restful sleep

2× HRV
Her measured vagal capacity doubled during practice

Self-managed
Results achieved through regulation and lifestyle changes

THE STARTING POINT

When Jo began the programme she was a headteacher running on roughly six hours of broken sleep, disrupted every night by hot flushes and night sweats; flushes every single day at high intensity, and sweats that woke her nightly.

What distressed her most was not the heat but her mind: not fog or confusion, but the loss of *precision* in her memory. She described being on a "*hamster wheel,"* constantly behind, no longer functioning to her own standards. As she put it: *"I'm not being as sharp - I can't lead my team. I don't like being that person. I'm getting short with people because I'm frustrated with myself."* Beneath it ran a harder feeling still: *"I hate the fact that my body is failing me."* She had always felt in control, and no longer did. Alongside all this she was carrying significant stress at home. She had also chosen to manage her menopause without HRT.

BEFORE

- Daily hot flushes (intensity 8/10) and night sweats every night; six hours of broken sleep
- Loss of memory precision, "not fog, not confused", and feeling “constantly behind”
- Short-tempered and frustrated with herself: "I can't lead my team. I don't like being that person."
- “I’ve always felt in control and now I’m not.”
- "I hate the fact that my body is failing me."

AFTER

- Uninterrupted sleep; night sweats and hot flushes resolved
- Sharper thinking and better organisation; no longer behind
- Calmer under pressure; colleagues noticed the change unprompted
- “I can control this now. I’m more invigorated than in my twenties.”

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WHAT MADE THE DIFFERENCE

Jo's leadership pressures and home stresses did not ease during the programme - her husband's health and family demands continued throughout. What changed was her **capacity to regulate and recover**. She pinpointed the turning point as understanding her physiology: the realisation that her symptoms could be *influenced rather than simply endured*. From there, consistent daily breathing and coherence practice, improved sleep routines, more movement, and cutting caffeine and Diet Coke produced cumulative, compounding gains. As Jo put it: *"I have this ability to control it now. There's loads you can do and it's amazing how simple it is."*

THE DATA BEHIND THE CHANGE

Jo committed fully to the programme — averaging **14.6 practice sessions a week** — determined to prove to herself that she could navigate menopause on her own terms, without HRT, by taking control of what she could. Her progress showed up across three independent, validated measures.

1. Symptoms. Tracked weekly using **Hunter's Hot Flush Rating Scale (HFRS)**, a validated clinical measure of how problematic, distressing and interfering hot flushes and night sweats are (scored 1–10, higher being worse). Jo's problem rating fell from **6.0 to 1.0** - the floor of the scale - which it reached in early May and held for the final four weeks. Over the same period her hot flushes reduced from seven days a week to none, and her night sweats from every night to none. Her own sense of control rose from **2 out of 10, to 10/10**.

2. Physiology. Jo demonstrably increased her **trainable HRV, or vagal capacity** - her heart rate variability during practice roughly doubled, from a median of **12.9 ms in the first three weeks to 25.8 ms in the final three weeks**. This was a genuine trajectory, drawn from her full record of practice and corroborated by a clear month-on-month rise from May onward, rather than a single favourable reading. In physiological terms it is consistent with a strengthening of the **vagal brake** - the parasympathetic system's ability to calm the body after stress - the trainable mechanism the programme targets. (These readings reflect how effectively Jo regulated *during* practice; the carry-over to her everyday state is reasonably inferred from the consistent trajectory and her symptom outcome rather than directly measured.)

3. Wellbeing. On the **PROMIS-29**, a clinical wellbeing questionnaire used widely in healthcare (scored so that lower is better on symptom domains), Jo's largest gains were in the two areas where she had struggled most: her **sleep-disturbance score fell from 15 to 5** (out of 20) and her **fatigue score from 15 to 6**, alongside a reduction in anxiety (7 to 4). On the individual sleep questions she moved from rating her sleep quality "very poor" to "good," and from sleep being "very much" a problem to "not at all." Asked to rate her overall wellbeing at the end, she selected *"much improved."*

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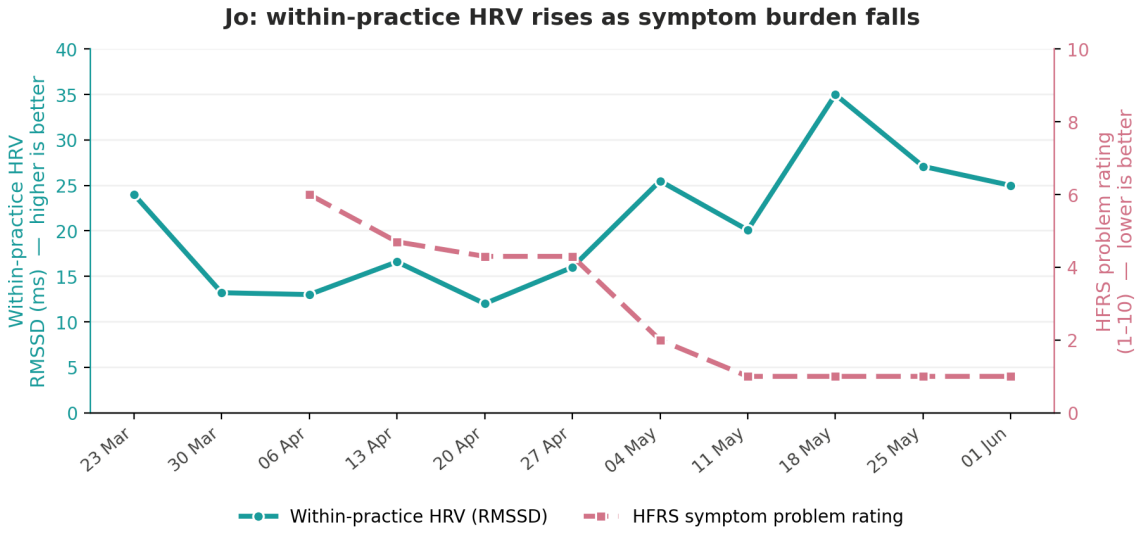

Jo's within-practice HRV (teal, weekly median RMSSD) rises as her HFRS symptom problem rating (rose, dashed) falls to the scale floor. The two measures move in opposite directions across the ten weeks — HRV up, symptom burden down — and her symptom resolution holds through the final month.

> *"The pressures haven't changed - my ability to deal with them has."*
>
> **Jo, Secondary Headteacher**

WHY IT MATTERS FOR SCHOOL LEADERSHIP

Jo herself is unequivocal about where the change showed up most: *"The most significant change in the last three months is my leadership."*

Jo's experience points to something the wider pilot is examining: that ***menopause may compound existing stress*** rather than standing alone as a discrete problem. Her leadership load did not lighten - her capacity to carry it was restored. Supporting recovery, sleep and nervous-system regulation resolved her symptoms and restored her clarity, steadiness and confidence as a leader, and her relationships with her team and family.

For schools facing the retention of experienced senior leaders, the most skilled and hardest to replace members of staff, and disproportionately women in the 45–55 age range, that is the outcome that matters most.

Jo is the cohort's clearest example of sustained engagement coinciding with both a measurable physiological improvement and a complete symptom resolution.