

PROSTATE CANCER SUPPORT

BAROSSA/GAWLER P.S.A. GROUP

We are affiliated with the
PROSTATE CANCER FOUNDATION
OF AUSTRALIA

We are a member of The Association of
Prostate Cancer Support Groups (S.A.) Inc.

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<p>Next Meeting:- Tuesday, June 20. 7:00 p.m. Venue:- Uniting Church Hall, Nuriootpa Details: General discussion</p>
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June 2006 Newsletter

Summary of Business at meeting held on May 16, 2006

Chair: Tony Woolley

Members Present: 13

Apologies: Eric Both, Kevin Higgs, Roger Menz, Edna Pontt, Peter & Pat Kent, John Phillips, Joy Hall, Ron & Coral Bittner

Welcome: Tony welcomed new members Julie Baird & Jenny Bockmann, and Guest Speaker, Dr Chris Hoff.

Business: Barossa Health, Andrology Australia and Prostate Cancer Foundation Pamphlets & magazines distributed.
Notice of meeting on May 25 of the Mitcham Support Group with guest speaker Graham Goodings.
Members advised of the death of Rex Starick. Condolences from the Group have been conveyed to Mrs Starick.
The passing of Gerry McCreanor was also acknowledged – see tribute later in this newsletter.

Guest Speaker: Tony introduced Dr Chris Hoff who has agreed to share with us information about her work with hormone therapy.

Summary of talk by Dr Chris Hoff

Topic: Natural Hormone Replacement Therapy (NHRT)

Definitions: *Hormone* – a chemical produced by one part of the body which affects other parts (or all parts) of the body.

Hormone “factories” – pancreas, pituitary, thyroid & adrenal glands, ovaries & testicles (etc.)

Natural Hormone – a hormone that is biochemically and molecularly identical to the human hormone and that is derived from a plant.

Bio-identical hormones – identical in every way to “natural” estrogens, testosterone, progesterone and other hormones.

Andropause – Male equivalent of menopause.

Hormone imbalance can result from a range of factors including obesity, genetic background, environmental toxins and emotional or physical stress, but **age** is the most common cause.

During **menopause** women's estrogen levels plummet and many experience symptoms like hot flushes, mood swings, night sweats and vaginal dryness, while reduced estrogen levels may also reduce calcium levels in the bones (osteoporosis).

Andropause usually affects men between the ages of 40 and 55. There is a slow but relentless decline in the production of male androgens (particularly testosterone), possibly accompanied by symptoms including mood changes, impotence, decline of libido, decreased energy and strength, and increased body fat.

NHRT may involve testosterone or estrogen replacement, but there is another essential hormonal element – **progesterone**. It is not just estrogen and testosterone which suffer from a downturn in production during menopause and andropause; the production of progesterone also declines. Progesterone is formed naturally in the adrenal glands, the testes and the ovaries. It is manufactured in massive doses during pregnancy. It balances excess estrogen and works against increased testosterone in the same way as androcurs (leucrin, flutamide, etc.) It increases energy, helps digestion and improves mental acuity. There is also some evidence that progesterone can reverse the bone density loss associated with menopause (and andropause?).

A **saliva test** is more accurate than a blood test to reveal hormone imbalance (but is not covered by Medicare). With the information derived from the saliva test appropriate hormone replacement therapy can be commenced, and the key ingredient in many cases is progesterone.

Natural progesterone is obtained from the wild yam. It can be given as a cream which is readily absorbed through the skin, or as a dissolving lolly. Natural progesterone therapy has no unpleasant side-effects.

Dr Hoff's talk was greeted with enthusiasm by everyone who heard her. As prostate cancer is a hormone-related disease, the insights she gave us into the possibilities of an alternative treatment programme for prostate disease were exciting. One of our members who is undergoing NHRT with Dr Hoff strongly endorsed her methods which have resulted in significant improvement to his condition which was going nowhere with traditional treatment. An obstacle to a more general adoption by doctors of NHRT is the negative attitude of the drug multinationals because there is nothing in it for them, and the adoption of natural medications threatens the profits they presently enjoy from synthetic chemical products.

Those with access to the Internet may like to seek further information via Google search for Dr John Lee, or by visiting <http://www.redwoodnhrt.com.au>

Around the Groups

The Onkaparinga Group had a successful BBQ with live musical entertainment. (Our Roger is learning to play the guitar – maybe next year Roger we could do something similar!)

Chairman John Shields reported on an awareness meeting organized for the new Mitcham Support Group, with Dr Peter Sutherland and Dr Graham Lyons providing the professional input.

Adelaide PSA's guest speaker for their May meeting was Dr Alan Stapleton, the urologist who has been a regular contributor to the Adelaide Group. As usual, he attracted an audience in excess of 50.

Thanks to Reg Mayes, I am reproducing in this newsletter his report on Dr Stapleton's talk.

VALE GERRY McCREANOR

The founder and long-time President of the Adelaide PSA Group, Gerry McCreanor, died on May 4, aged 71.

Gerry was diagnosed with prostate cancer in 1991, when very little was known about the disease outside the medical profession. There were no support groups and little information was available.

Unlike the thousands who preceded him and just accepted their fate, battling alone against the debilitating disease, Gerry decided to do something. He contacted a prostate cancer sufferer in NSW named Peter Schade, who was making a lone effort to increase public awareness about prostate cancer.

As a result of this liaison a meeting was arranged and the Adelaide PSA Group was formed (I think in 1997).

When our Barossa Group was started in the following year, Gerry was right behind us, contributing his energy and enthusiasm to ensure that we got off to a good start. His association with our group continued through a number of visits and by his always being available with advice and information. I greatly valued Gerry's friendship and support. He was unfailingly cheerful, positive and generous.

I am grateful to John Shields of the Onkaparinga Group for allowing me to reproduce a part of his tribute to Gerry:

A large crowd attended the service at Heysen Chapel, Centennial Park, to celebrate Gerry's life, and the love that poured out to Gerry from his family, and the wonderful tributes to him from his many friends, was a powerful testimony to a Man who excelled in everything that he did, and evidence that his life was motivated by a strong desire to do as much as he possibly could for the enjoyment and benefit of so many people, in all age groups, both here and interstate.

Barry Oakley, who this year succeeded Gerry as President of the Adelaide Group, recounted the time that he first attended a meeting of Adelaide PSA....he said it was an amazing happening to see the spirit of the 40 or so men in the room. The jokes, the laughter, the spirit of optimism, This was something very special.

Gerry made this happen; he was a man who selflessly gave of himself for the good and the wellbeing of others.

NEXT MEETING: Tuesday, June 20 in the Uniting Church Hall, Nuriootpa at 7:00 p.m.

It would be good to see as many as possible at this month's meeting as there will not be a meeting in July. I'm sure that some of us will be wanting to follow up on the topic so convincingly introduced to us by Chris Hoff at the May meeting. It will also be an opportunity to consider our programme for the remainder of this year.

Alan Hall 12/6/06

Disclaimer: The information in this newsletter is not intended as a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your qualified health provider.