



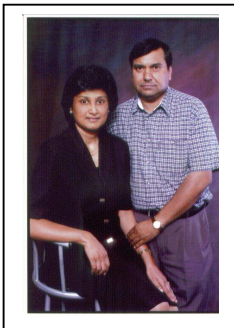

INFERTILITY-SUPPORT NEWSLETTER

{The long walk to parenthood}

<http://www.infertility-support.org.za>

August / September 2008

2008 – Issue 1



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WORD FROM THE FOUNDER

I am proud to announce the birth of Infertility-Support, a bi-monthly newsletter that aims primarily to provide support to individuals or couples facing infertility as well as family and friends that wish to understand the challenges of the rollercoaster ride of infertility. This newsletter supports the website <http://www.infertility-support.org.za>, which was accessible on the internet from 2008-08-01.

The content of the newsletter will cover issues of interest to men and women relating to improving one's fertility health, empowering oneself mentally to stay above the challenges of infertility, dealing with loss on the rollercoaster ride and general issues of interest.

In this first issue, we will focus on a few common types of cancer that are attacking men and women alike, explore the role and importance of emotional wellness in fertility health and try to understand parenthood challenges if you choose the route of adoption. The newsletter will be e-mailed as widely as possible and placed in consulting rooms of obstetricians and gynaecologists where it would be accessible to those who face the challenge of infertility and possibly do not have access to e-mail / internet facilities.

On a personal note, my husband and I went through a very traumatic experience in 1995 when the incorrect operation was performed on me. It was a life-changing experience to say the least. Through much prayer and support, my left leg did not need to be amputated at the thigh and I regained sensation in my abdomen with time. Sixteen (16) years later, we are still without children. In the interim, we have decided to love and serve the Lord in every area of our life with or without children. What we are now pursuing is a better quality of life ! Both of us are in our forties and having children may still happen. However, if it does not, we feel content in each other's company and with what our lives have been blessed with thus far.

Please feel free to e-mail your comments, questions or suggestions to krishnee@infertility-support.org.za. I would gladly take them into consideration and refine this newsletter in order for it to be a greater channel of blessing to anyone out there !

Krishnee Kisoonduth



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CANCER – FURTHER CHALLENGING THE ROLLERCOASTER RIDE OF INFERTILITY

It appears today that every second person is either affected by the cancer or knows someone who is. Since tobacco is the biggest preventable cause of cancer, “I love my smoke-free childhood” was the theme for World Cancer Day on 4th February 2008, which was commemorated around the world including in South Africa.

Research shows that children who are exposed to second-hand tobacco smoke have a greater risk of getting many diseases including cancer. There is no safe level of second-hand smoke. Recent research also shows that up to 90% of cancers are caused by environmental factors. A cancer causing factor is officially known as **carcinogen** which attacks the DNA of the cell causing mutations. This can cause cells to divide or multiply out of control. These cancer cells multiply and grow into a lump or tumour and can spread to other parts of the body. Your risk of getting cancer increases the more you are exposed to carcinogen. It is therefore important to know the different types of carcinogen and avoid being exposed to them in order to reduce your risk of getting cancer. Some cancer risk factors that can be reduced can be categorized under the following headings :

- a) *Lifestyle* eg. Tobacco, smoke from open fires, contaminated water, obesity, poor unbalanced diet etc.
- b) *Industrial pollution* eg. Avoid exposure to asbestos, cadmium ore from mining etc.
- c) *Man-made molecules* eg. Limit potato crisp intake, avoid polycarbonate baby bottles, avoid food with more than 2% trans fatty acids, avoid inhalation of fumes etc.

A key aspect in the fight against cancer is having the awareness and resources to be able to detect cancer early and get effective treatment as soon as possible. CANSA offers a variety of services in the form of support groups, interim homes, day-care centres, cancer coping kits, assisted devices and an information service. To obtain more information about the different types of cancer or services that are available, contact CANSA toll-free on 0800 22 66 22 or visit <http://www.cansa.org.za>.

The different types of cancer, include but are not restricted to :

- a) ***Breast cancer*** – The number 1 cancer in women worldwide and the second most common cancer amongst South African women. 1 in 31 women in South Africa will get breast cancer in her lifetime. Women that are at risk include those over 40, if you have a mother or sister that has been diagnosed with breast cancer, if you started menstruating at a young age, if you have gone through menopause at a late stage, if you had children after the age of 30 or not at all and if you drink more than 2 glasses of alcohol per day.

If you find a change in your breast, see a doctor as soon as possible. A lump does not mean that you definitely have breast cancer. Many lumps are not cancerous. A mammogram, currently the best way of detecting breast cancer, is an X-ray that can detect breast cancer before the lump is even obvious.

- b) ***Cervical cancer*** – The cervix is the lower part or mouth of the uterus (womb). A woman would be at risk for cancer of the cervix if she does not have regular pap smears, engaged in sex before age 15, started using oral contraceptives before age 18, she or her partner has multiple sexual partners, had a sexually transmitted infection, is a smoker or follows an unhealthy diet low in fruit and vegetables.

A regular pap smear is one of the most effective methods to prevent cervical cancer and involves a painless, simple, quick and harmless test that can be done by a doctor or nurse that checks for abnormal cells from the cervix. These abnormal cells are not cancer but if left untreated, may develop into cancer.

- c) ***Testicular cancer*** – The testicles are the two glands located in the scrotum (sac) that produce sperm and hormones. Testicular cancer occurs most commonly in men between 15-40 years of age, males who have an undescended or partially descended testicle, males who reach puberty early, males with a family history of testicular cancer, males whose mum or sisters have had breast cancer and men who are obese. It cannot be prevented but regular self-examination can ensure early detection.

Symptoms to watch out for include a feeling of heaviness in the testicle, enlargement of the testicle, change in consistency of the testicle, sudden accumulation of fluid or blood in the scrotum, a dull ache in the groin and a swelling or tenderness in other parts of the body such as the groin, breast or neck.

- d) **Prostate cancer** – The prostate gland is a small organ found only in men. It produces semen that carries and nourishes sperm. Prostate cancer develops in the prostate gland and eventually the cancer cells may spread outside the gland to other parts of the body. Prostate cancer is usually slow growing and progressive. Early warning signs include a difficulty passing urine, a frequent need to urinate, especially at night and difficulty in starting and stopping the urinary stream. Late symptoms of advanced prostate cancer include blood in the urine, a painful or burning sensation when passing urine and pain in the lower back, upper thighs or pelvic area.
- e) **Cancer of the oesophagus** – The oesophagus, also known as the gullet, is a long muscular tube that connects your throat to your stomach. In adults it is at least 30cm long. When you swallow food, it is carried down the oesophagus to the stomach as the walls of the oesophagus contract to move the food down.

According to the National Cancer Registry, cancer of the oesophagus affects about 13% of the South African population. Its incidence is higher in males than in females. Warning signs include progressive difficulty in swallowing, persistent heartburn, indigestion or regurgitation, weight loss and physical exhaustion or weakness. People at risk of cancer of the oesophagus include those who use tobacco products excessively combined with alcohol, smoke excessively, eat maize contaminated with fungal toxins and are regularly infected with *Candida Albicans* (a fungus that causes diseases in the digestive system).

Cancer of the oesophagus can be treated using surgery, chemotherapy or radiotherapy. The choice of treatment will depend on the stage of the cancer, its position and size as well as your age and general health.

Courtesy of CANSA
<http://www.cansa.org.za>
 0860 22 66 22



**EMOTIONAL WELLNESS – DOES IT
 PLAY A ROLE IN YOUR
 FERTILEHEALTH ?**



For most couples, infertility is more than just a physical condition. A diagnosis of infertility often carries intense emotional and social burdens as well. Infertile couples commonly experience anger and frustration, loss of control, isolation or mockery from family and friends, depression and grief. These emotions may at times be overwhelming.

Many gynaecologists recommend that couples seek professional psychological support or at least join a support group where couples can share their feelings with others who are going through the same experiences. Consulting a gynaecologist that is medically knowledgeable on the latest in the infertility field, sensitive and compassionate is critical to a couple, especially in this aspect of the medical industry that has become a competitive business ! Finding such gynaecologists today is like looking for a needle in a haystack. One such gynaecologist is the fertility expert that responds to medically related questions on the website <http://www.infertility-support.org.za>,

Dr Richard Joubert. Should you wish to consult Dr Joubert directly as a patient, his practice is situated in suite M18, 1st floor, Medical Centre, Pretoria East Hospital, Garsfontein Road (directly opposite Woodhill Golf Estate), Pretoria, Republic of South Africa – telephone number (012) 998 1161.

Because conception and infertility diagnostic testing may require precise timing of intercourse, many couples also experience a loss of sexual spontaneity. As a result, there may be discomfort during intercourse due to decreased lubrication in the woman or impotence in the man.

How do your emotions affect your fertility ?

Do you remember that saying from your childhood that goes : “Sticks and stones may break my bones but words will never hurt me ?”. Behaviour experts say “not true !”. They believe that words have the power to shape your life in profound ways. They also believe that the words you choose to take on from others or repeat to yourself, become your reality.

Each time you speak a positive message such as “I am loveable and worthy of respect”, the words reach your subconscious mind to make up who you are. Equally, accepting words such as “You won’t make good parents” have the same effect. Pete Cohen, a motivational speaker and life coach indicates that if you focus on what’s wrong in your life, that’s where it will take you. If you think a lot about what frightens you, you are going to spend a lot of time feeling afraid. Point your thoughts in a more positive direction instead. Think about these strengths and you will become stronger.

When we understand that disease does not start in the body but that it ends up there, we’ll find the highway to healing. Dis-ease (or unease) starts in the mind with thoughts then winds its way through the emotions to ultimately end up in the lower vibrations of the physical body, manifesting as physical symptoms and signs. Our bodies will let us know when we’ve been overdoing it and over-thinking it. Long periods of distress overwhelm us and our immune systems are often the first to show through symptoms such as colds, flu, fever blisters or simply headaches and muscle aches. As with stress reduction and mental / emotion health, there are many ways to support your spirit.

Take a walk in nature, surround yourself with friends that sincerely care for you and accept you as you are and let go of old grievances. If you invested much of your time trying to fit in into some or other gathering with no apparent success why not accept that you may not have been born to fit in but to stand out. Give thanks for the life around you, the little things we often overlook. Whether you go to church and pray, take time off now and again and contemplate where you have been, where you are at and where you would like to be. A truly humbling experience !

At regular intervals but especially on a birthday, take stock of your life. You ought to have progressed from your previous stock-take, albeit it in baby steps. If you are in the same place both physically and / or emotionally, then be the first one to detox by being honest with yourself and brave enough to make some meaningful changes. After all, you are what you feel !

*Courtesy of O Magazine
and the South African
Journal of Natural
Medicine*



BREASTFEEDING AN ADOPTED BABY

With infertility on the rise, adoption is becoming an increasingly attractive option for potential parents. With adoption still very much shrouded in mystery and the subject continuing to evoke many questions and fears, most couples adopting for the first time confess to feeling completely overwhelmed by the process.

Be that as it may, equipping oneself with the correct information will make the process far less daunting and confusing.

Mothers who are unable to give birth to their own babies often feel that their bodies have failed them. Breastfeeding their adopted babies reminds them that their bodies can do it right and that they can be mothers in every sense of the word. The physical closeness of the breastfeeding experience also helps the mother to bond with the new baby and the hormones that are made when breastfeeding – prolactin and oxytocin, have been called “mother-love” hormones. Prolactin increases nurturing behaviour and oxytocin, the desire to cuddle with the baby.

Getting the new baby properly positioned at the breast is first priority. Frequent sucking is very important as well as the need for the breast is emptied as much as possible at each feed so that the body gets the message to make more milk. Adoptive parents often don't know how long it will take before the adoptive process goes through and when they will actually receive their child.

Some processes take years whilst others take a few days. Lactation consultants have a protocol to deal with all situations and believe that any woman, with the right help (even if she doesn't have a uterus or ovaries) can breastfeed an adoptive baby.

*Courtesy of Living and Loving
Contact Jacquie Nutt at
breastfeeding@telkomsa.net for
a list of all the International
Board Certified Lactation
Consultants in South Africa*

UPCOMING EVENTS / HAPPENINGS

1. *"Kids and Baby Expo"*

- a) When - 7 – 10 August 2008
- b) Where - Heartfelt Arena, Corner of Eeufees and Voortrekker Roads, Pretoria

2. *"Cancer Research in Action"*

The most comprehensive cancer research conference CANSA has hosted.

- a) When - 20 - 22 August 2008
- b) Where - Emperors Palace, Johannesburg
- c) Contact - <http://www.soafrika.com/events/cansa/inv.htm>
or e-mail Tiffany Hurst on tiffany@soafrika.com

3. *"Healthy Living Expo 2008"*

View the latest in supplements, products and equipment to aid healthy living.

- a) When - 5-7 September 2008
- b) Where - Fountain Court at Sandton City, Johannesburg
- c) Contact - info@naturalmedicine.co.za

4. *"Infertility Support Group Meetings"*

- a) When - Starting in September 2008. Date to be finalized
- b) Contact - krishnee@infertility-support.org.za
- c) Where - Pretoria East. Venue to be communicated to confirmed attendees
- d) Cost - None
- e) Programme - Informal discussions, sharing of good and bad practices, talks by guest speakers on areas of specialization eg. Adoption, infertility treatments, medical conditions, foster care etc.



WHAT TO LOOK FORWARD TO IN THE NEXT
ISSUE !!!

*In the October / November 2008 issue, we will look at,
amongst others :*

- a) *The impact of environmental factors, body weight and exercise on fertility;*
- b) *Infertility treatment and multiple-gestation pregnancy;*
- c) *Miscarriage – the hidden loss;*
- d) *Below the belt troubles for women : ovarian cysts, fibroids, dysmenorrhoea, endometriosis;*
- e) *Effects of caffeine on the body.*



CONTACT ME ?

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