



10 IMPORTANT THINGS YOU NEED TO KNOW ABOUT PROSTATE CANCER THAT YOUR DOCTOR MAY NOT TELL YOU

What is the difference between Prostate Disease and Prostate Cancer?

The three principal diseases of the prostate are:

1. Prostatitis, an inflammation and/or infection of the prostate that is often a pre-cursor of BPH and cancer. Testing shows that 100% of men who have been sexually active have prostatitis to some degree. Sometimes this is due to calcium deposits called calcification. Calcification is present in most prostate tissue where there is also a lesion or tumor.
2. BPH or Benign Prostatic Hyperplasia is a swelling of the prostate that is not cancerous (benign means non-cancerous)
3. Prostate cancer, the most feared and to a large degree most misunderstood, prostate cancer is defined as an uncontrolled (malignant) growth of cells in the prostate gland.

All cancers are not the same.

Unlike many cancers such as pancreatic cancer, prostate cancer is very slow growing. Many men live out their lives with prostate cancer, some with no debilitating symptoms whatsoever. Because of this slow growth there is a window of opportunity to explore a variety of non-invasive, natural treatments and lifestyle changes before thinking about possibly submitting to conventional treatments.

What causes prostate cancer (PC)?

Conventional medicine will tell you they do not know. But what we do know is that prostate cancer is almost epidemic in the USA and other western industrialized countries such as Sweden, Canada, England, Germany and Australia. When one looks geographically at the incidence of prostate cancer and at countries where prostate cancer is low or non-existent, one must conclude that environment, lifestyle and diet must play a significant role. As further evidence, Japan has a very low incidence of PC but if a Japanese man moves to America and adopts the American Lifestyle and Standard American Diet (or SAD), that man will now have the same incidence of PC as an American born man. Furthermore, PC is very low in Africa, yet an African American male living in the USA has a 30% higher incidence of PC than a white American male. 2.8 million men in the USA have prostate cancer today. 230,000 men will get diagnosed with the disease this year (American Cancer Society) and approximately 10% of that number will die each year.

Conclusion: Diet and lifestyle play a very important role in determining the risk of getting prostate cancer, and likely in determining the death rate.

What is the relevance of early detection?

We hear a lot these days about “early detection” as being essential for a chance of a “cure” but two recent major studies (New England Journal of Medicine) show that screening men for prostate cancer provides little or no benefit in saving lives and can lead to painful, debilitating expensive and unwarranted medical treatments without any obvious benefit in the mortality rate. Moreover, these studies indicate that statistically it appears to make no difference whether one is diagnosed early or late in the actual lifespan of the patient. This prognosis is based on the patient being treated conventionally, meaning treated with surgery, radiation or drugs (including drugs designed to block the body's ability to manufacture testosterone which is chemical castration). Despite all the research and the war on cancer, prostate cancer continues to have no significant improvement in the death rate for the past 70 years, even though the number of diagnoses has increased significantly (over 40%) during the past 50 years. This apparent improvement is due to an increase in diagnosis of early and non-life-threatening stages of the disease

What is the PSA Test?

PSA stands for Prostate Specific Antigen although now, scientists have shown that it is not prostate specific since the same protein is manufactured in the male breast tissue and can be found in women. PSA measures a certain protein that can indicate inflammation in the prostate. More accurately, the PSA test is a measure of the focus and intensity of the immune surveillance. This PSA number can vary significantly from day to day and hour-to-hour depending upon one's activities. For instance, measuring the PSA following recent sexual activity will give a higher number than if one has had no such activity. A high PSA in itself is not an indicator of prostate cancer (Dr. Stamey, Stamford). Until recently, if the PSA number is higher than 4, many doctors would recommend a visit to a urologist. Now we hear of doctors recommending the same referral if the PSA is above 1.5. At this point, a urologist is likely to recommend a biopsy to see if a cancerous tumor is present in the prostate. A biopsy is fraught with its own issues and undesirable effects and in light of recent scientific studies, unwarranted (Scientific American, March 2009) The American Cancer Society does not recommend routine PSA tests. In the UK the PSA test is only being recommended once when a man reaches age 60.

What is a biopsy?

A biopsy is usually recommended and performed by a urologist if the PSA number or a digital rectal exam, in their opinion, justifies it. This is a painful procedure that a large segment of the medical profession deems as unnecessary for the detection or future treatment of prostate cancer. Although it must be said that a legal diagnosis (as defined by the AMA) cannot be determined without a biopsy. The procedure consists of a "gun" being inserted into the rectum and aimed at portions of the prostate that show up as a dark area on an ultrasound scan. The gun is then fired from ten to eighteen times, each time collecting a 1.5mm wide core by half inch-long sample. These samples are then sent to a pathologist for analysis. One of the problems with this procedure is that if there is cancer present and contained within the prostate capsule, with this penetration there is a real danger that cancer cells will escape into the blood stream. It has been reported that approximately 10,000 cancer cells escape into the blood stream upon extracting cancerous tissue, exacerbating the issue of cancer cell metastases or spreading. Because the gun is fired through the rectal wall, there is the additional opportunity for bacteria to be introduced into an

otherwise “clean” prostate. In some countries the biopsy is being replaced by diagnosis performed using a 3D Color Doppler Ultrasound or MRI. This 3D Color Doppler Ultrasound procedure is used to some degree in the USA as a means of monitoring prostate cancer tumors in patients who do not choose surgery or other conventional treatments.

What is “Conventional Treatment”?

Conventional treatment generally offered by your doctor or urologist comes in three basic forms: Surgery, including **Radical Prostatectomy**, where a large incision is made in the abdomen, or robotic often called **DaVinci** surgery which is performed by miniature robotic arms through three or four small incisions in the abdomen; and the prostate and any suspicious surrounding tissue removed. Both are considered major surgery with all its inherent risks. Generally speaking, and there are arguments from both sides of the practicing aisle, the risks are less and recovery quicker with robotic surgery. The so called physical “side effects” of surgery include impotence ranging from 50 - 90% depending upon where the surgery is performed and the competence of the surgeon, incontinence, reported as high as 50%, and a high incidence (reported as 35%) of the return of the cancer within 3 - 5 years.

Radiation, which can basically be divided into three forms: general or broad-beam, where the wide area around the prostate and lower abdomen is radiated; **Proton Beam Therapy** which is a much more focused and accurate form of radiation and **Brachytherapy** where radioactive seeds are inserted into the prostate either on a temporary or permanent basis depending on the required dosage. Radiation too has its drawbacks with various side effects ranging from a burning of the tissue of the rectum and colon to impotence and incontinence and as ever, the potential return of the cancer.

Androgen Deprivation Therapy is where a chemical is introduced into the body to prevent the testicles from producing testosterone. This is in effect chemical castration. The theory being that the cancer feeds off testosterone and grows. This theory has been recently challenged in a study by Harvard Medical School and many leading prostate cancer doctors lead by Dr. Morgantaler. Side effects from this treatment include, impotence (almost 100%), osteoporosis and brittle bones, and deterioration of the muscles leading to a shrinking of the body. The deterioration of muscles includes the

large muscles in the heart.

What is “Alternative Treatment”?

In one sentence, Alternative Treatment addresses the cause of the cancer, not simply the symptom. It must be understood that the tumor is the end result of a disease process that is going on in the body. “Alternative” philosophy speaks towards curing or rectifying the cause and letting the body's own immune system do its job of controlling cancer cells. There is no silver bullet for curing prostate cancer. No single therapy. All conventional treatments address the obvious symptom of cancer - the tumor, and not the cause of the disease. The basis of “Alternative Treatments” is to find the cause of the disease and rectify the cause thereby allowing the immune system to function as it is designed to destroy the cancer. Generally, this entails a number of tests to look at the “body terrain” to determine what the body is deficient in or toxic with or both. There is another element not addressed by conventional medicine and that is the emotional or stress component. Many studies, including one from the Center for Disease Control, state that 85% of all chronic illness, including cancer, has an emotional component.

Why does the cancer return following treatment?

There are several reasons given by doctors depending upon the treatment you have had. The most common for surgery is that the surgeon did not ‘get all of the cancer’ since it had already grown beyond the prostate capsule. Because the prostate has been removed does not guarantee that the “cause” of the cancer has been eliminated. What caused the cancer to grow in the prostate can cause other malignancies to develop in other parts of the body. It is not necessarily simply a metastasizing of the original tumor. The body terrain must be changed in order to address the cause and eliminate the opportunity of cancer to develop.

What can I do to prevent prostate cancer?

The first and most obvious is to not live the western industrialized lifestyle, suffer the accumulated stresses or eat that diet. Do what people do that do not get prostate cancer. Eat little to no red meat, no dairy food, no processed foods. Measure and balance your hormones with bio-identical hormones, remove the amalgam fillings from your mouth (they are 50% mercury)...in other words become the healthy person you need to be. Look

for help in becoming aware of your sources of stress and conflict and, avoid stress, address and rectify emotional issues. Get tested for and detoxify your body of heavy metals particularly cadmium, lead, nickel and mercury. Get regular exercise no matter how modest it might be, but it needs to be weight bearing, including lifting weights. Get a functional blood analysis and see how your body is performing. Maintain adequate vitamin D3 blood levels and the minerals necessary for a healthy prostate.

The subject is addressed in fully in the upcoming book 'Prostate Cancer, why we get it and what to do about it'.

What can I do to give me the best chance at a cure for my prostate cancer?

Deciding on a treatment is a very personal matter. As an educational organization it is more important to us that you get all the information about all treatments and then for you to make a decision based on all the available knowledge rather than a very limited knowledge that your doctor or urologist might tell you. In our documentary 'Surviving Prostate Cancer without Surgery, Drugs or Radiation' there is a wealth of information and advice from exceptional doctors and patients, that leads us to believe that alternative treatments and lifestyle changes offer the best opportunity for a long life free of the damaging direct effects that often accompany conventional treatments. This documentary is available on DVD from our website www.survivingprostatecancer.org. Whatever method of treatment you choose it is important to support your body's own fight by reinforcing your immune system and eliminating personal behavior that promotes disease. However:

NO treatment comes with a guarantee of success.