

What Men Need To Know about Prostate Cancer and PSA

Prostate cancer is the second most commonly diagnosed type of cancer in men, with lung cancer being the first. Luckily, prostate cancer also happens to be a type of cancer that responds extremely well to alternative cancer treatments. For example, the Protocol formula is one approach with a history of working remarkably well for prostate cancer. Flaxseed Oil and Cottage Cheese, ellagic acid (or ellagitannin supplements), Cesium High pH Therapy and herbal formulas such as Essiac have also produced complete recoveries for men with prostate cancer. Thus, little effort is required to find great cases of complete prostate cancer recoveries among men using alternative non-toxic methods.

On the other hand, conventional (or mainstream) medicine has NOT had significant success treating prostate cancer, especially once the cancer has metastasized, and this is largely because of some very important misunderstandings about prostate cancer and PSA that have propagated throughout mainstream medicine. These misunderstandings should have been challenged and abandoned decades ago. But since they weren't, men with prostate cancer may need to educate themselves and gain a better understanding than their doctors, if they are to save their lives.

First, here are some basics about prostate cancer. For most of the last century, prostate cancer has occurred primarily in older men and was long known for being slow-growing in most cases -- so slow-growing in fact that men over 65 could often simply live with their cancer without using any treatment at all. This was because they had a good chance of dying of old age before dying from their cancer. However, according to cancer treatment specialist, Dr. Contreras of the Oasis of Hope Hospital, recent years are showing more and more cases of aggressive (or fast-growing) prostate cancers being diagnosed. Plus, men of younger and younger ages are developing prostate cancer and the younger cases tend to have a higher incidence of aggressive forms. For those not familiar with diagnostic methods, when a man is diagnosed with prostate cancer a needle biopsy procedure can often indicate how fast-growing or slow-growing the cancer is. This rate of growth is given a number between 1 and 10 and is referred to as the 'Gleason score' or the 'Gleason scale rating.' 1 on the Gleason scale indicates the slowest-growing type of prostate cancer and 10 indicates the fastest-growing type. Typical prostate cancer Gleason ratings might be 3, 4, or 5. Ratings of 7, 8, 9 or 10 are considered aggressive.

Since men are being diagnosed with prostate cancer at younger and younger ages and often face more aggressive forms of it today, they don't have the luxury of being able to 'live with it' as often as was common in years past. Thus, there are many more men today who MUST receive effective treatment or their prostate cancer will kill them. Unfortunately, the types of treatment offered by conventional medicine are very problematic. The 4 main conventional options are:

- 1) **Surgery**
- 2) **Radiation**
- 3) **Chemotherapy**
- 4) **Hormone-Blocking Drugs**

The surgical option involves removal of all or part of the prostate gland. This may *sound* good at first, but it is often an emasculating procedure with a high likelihood of some degree of impotence occurring as a result. Also, some men experience difficulty holding their urine post-surgery. Radiation also sounds good, but can actually cause localized prostate cancer cells to mutate into more aggressive forms in some cases and provides no curative benefit once the cancer has metastasized. Chemotherapy has no long-term curative effect on prostate cancer, either, in most cases. That just leaves hormone-blocking drugs, and this is where the MOST ludicrous and dangerous misunderstandings occur in conventional prostate cancer treatment.

For the most authoritative explanation of these misunderstandings, I recommend a 28-page booklet called *Hormone Balance For Men* by John R. Lee, M.D. It can be ordered for just \$14.95 online at www.johnleemd.com/store/books_booklets.html or by calling (800) 528-0559. Dr. Lee does a remarkable job of clarifying what men need to know about prostate cancer and PSA, and he backs it up with ample references to scientific studies. For the purposes of this article, I will summarize the main points Dr. Lee makes but I would like to refer readers to his booklet for a more in-depth understanding.

In a nutshell, Dr. Lee explains the two biggest fallacies in mainstream medical thinking regarding prostate cancer, which are 1) that it is beneficial to lower the PSA count as an integral aspect of treatment, and 2) that blocking testosterone will inhibit the growth of prostate cancer. Let's take a careful look at these two issues.

Conventional Fallacy #1 : It is Beneficial to Lower the PSA Count as An Integral Aspect of Treatment

Conventional doctors have long used the PSA count to measure the extent, or status of a man's prostate cancer, yet they have also known that this is NOT a very accurate method. In fact, it is well-known that BPH or benign enlargement of the prostate gland due to inflammation or other causes will generally go hand-in-hand with a higher than normal PSA count even when there is no cancer present. So, a man with a high PSA count might have cancer or he might just have inflammation in the prostate gland for various reasons. Plus, malignant prostate cancer tumors which are 'occult' (meaning they occur on the *outside* of the prostate gland rather than inside it), do NOT show raised PSA levels at all. In these cases, a man could have a raging malignant prostate cancer tumor and exhibit a totally normal PSA count. So, what is this all about?

In *Hormone Balance for Men*, Dr. Lee explains that the PSA has only recently begun to be understood in medicine. First of all, it is NOT something that only prostate cancer cells produce. It is produced by normal healthy prostate cells as well as cells of the breast tissue, believe it or not. (This may explain why some men who have had their prostate gland removed in its entirety may still produce a small amount of PSA.) Thus, even though PSA stands for 'prostate specific antigen,' it is not specific to the prostate gland alone and it is also not specific to the cancerous prostate cells. In other words, contrary to common perception, the PSA is NOT a true cancer marker.

One of the most important concepts you will learn from Lee's booklet, that even your doctor may not understand, is that when normal healthy cells of the prostate gland

produce PSA, it is simply in response to *crowding* (or pressure). For instance, an infection or any type of inflammation in the prostate gland will generally cause a rise in a man's PSA production because the swelling causes pressure or crowding of the normal cells. Even manually massaging the prostate gland will often cause a rise in PSA production for the very same reason. Basically any significant or sustained pressure on normal healthy cells of the prostate gland will tend to cause those cells to produce more PSA. According to Dr. Lee, when PSA score rises due to cancer in the prostate gland, it is because the tumor, which is usually inside the gland, presses on the surrounding healthy cells as it grows – thereby crowding them. The crowded healthy cells of the prostate then respond by producing higher amounts of PSA. Why do healthy prostate cells respond this way? That is a good question because, when it comes to physiology, Nature generally has a very good reason for different actions taking place. And this is no different. The healthy prostate cells produce more PSA when they are crowded because the PSA actually has 'anti-angiogenic' properties!

Anti-angiogenesis is a very interesting process. It is well-known that malignant tumors of virtually all types are able to stimulate the growth of new blood vessels to themselves. This is called 'angiogenesis' and occurs when a tumor is quickly outgrowing its food source, and needs new blood vessels to feed itself. Basically, the tumor feeds its own growth through angiogenesis. 'Anti-angiogenesis' refers to the process of *inhibiting* the growth of new blood vessels to the tumor, and there are a number of different substances that activate anti-angiogenesis. For instance, the use of shark cartilage for cancer patients was introduced decades ago because shark cartilage has anti-angiogenic properties. Since anti-angiogenesis slows down a tumor's ability to feed itself, it is ALWAYS a good thing whenever anyone is fighting cancer.

So let's get back to what happens to normal healthy prostate cells when they are crowded by a tumor inside the prostate gland. We recall that the crowded healthy cells produce higher amounts of PSA than when they aren't crowded and that the PSA has anti-angiogenic properties. In other words, the crowded surrounding healthy tissue responds by producing more of something that can *slow* the growth of the tumor. This appears to be Nature's way of helping the prostate gland protect itself against the spread of cancer. Nature is simple and elegant.

So, with this understanding, it is clear that a man with prostate cancer would NOT want to *artificially* lower his own PSA production through the use of hormone-blocking drugs. (More on how these drugs lower the PSA will be explained in the next section.) By artificially reducing the production of PSA, a man is taking away one of his body's own defenses against the cancer. Remember, if you have cancer, anti-angiogenesis is ALWAYS a good thing.

So why do doctors love to see the PSA go down? Well, it's because they are confused. They know that higher PSA scores *tend* to correlate with more cancer and lower PSA scores *tend* to correlate with less cancer. But they don't understand the crowding issue or the anti-angiogenic property of the PSA. *So they mistakenly think that lowering the PSA count means they are reducing the cancer.* Conventional doctors today use drugs like Lupron or Casodex, which are pretty effective at lowering PSA scores, because they think that by lowering the PSA they have reduced the cancer itself. However, Dr. Lee explains that by lowering the PSA this way doctors may be *promoting* the growth of the cancer. Read on to find out how.

Conventional Fallacy #2 : Blocking Testosterone Will Inhibit the Growth of Prostate Cancer

One of the most shocking fallacies in conventional cancer medicine is the idea that testosterone promotes the growth of prostate cancer and thus testosterone must be blocked or reduced in a prostate cancer patient's body. In *Hormone Balance for Men*, Dr. Lee goes into detail about how that medical fallacy got started and also presents ample scientific evidence that proves this idea is indeed a fallacy. One common-sense point is that prostate cancer has always been much less common in men between the ages of 18 and 25, which is *when testosterone levels are typically at their highest*. In fact, years ago, prostate cancer was virtually never seen in younger men at all and is only being observed now in young men because ALL types of cancer are showing up at younger and younger ages. You would think that, if testosterone does in fact feed prostate cancer, then we'd have always seen the highest rates of this type of cancer in younger men. Common sense tells us that testosterone is *not* the culprit, but you don't have to rely on common sense. There is plenty of scientific evidence to back this up.

Commonly used hormone-blocking drugs like Lupron, Casodex, and others, do in fact inhibit the production of testosterone and this *does* cause a man's PSA count to go down. Does this have anything to do with a man's cancer reducing or slowing down? No. The reduction in PSA occurs because the more testosterone a man has, the more PSA his body can make. If you reduce his testosterone level, it is harder for his body to make PSA and the PSA count goes down. It's as simple as that!

But, as we saw earlier, PSA has anti-angiogenic properties, so a man really doesn't *want* his PSA production reduced. Moreover, testosterone has the ability to oppose estrogen in the body. Men's bodies make estrogen, too, though not as much as women's bodies. When a man's testosterone level is artificially reduced through the use of testosterone-blocking drugs, that allows a dangerous shift in hormone balance to occur – a shift, according to Dr. Lee, that results in 'estrogen dominance.' Men can feel and see this shift happening when they take Lupron, Casodex, or other testosterone-blocking drugs as they experience enlarged or tender breasts and other symptoms of estrogen dominance. This is a VERY dangerous shift to allow to happen because estrogen dominance is likely to PROMOTE the growth of cancer in the body.

In a nutshell, conventional doctors *think* they are reducing prostate cancer growth by blocking testosterone and artificially lowering the PSA count. But what they are REALLY doing by employing testosterone-blocking drugs is simply reducing the production of PSA in a cancer patient whose body is producing PSA as a defense against the cancer. This way of reducing the PSA count *has no correlation to a reduction in the man's cancer*, and the resulting estrogen dominance that occurs when testosterone is blocked could actually *promote* the growth of the cancer. Thus, the use of testosterone-blocking drugs for prostate cancer is an extremely *dangerous* practice because it may PROMOTE the cancer growth in two ways: 1) by reducing the body's ability to produce PSA that is anti-angiogenic, and 2) by promoting estrogen dominance.

It may be time for men with prostate cancer to 'just say no' to hormone-blocking drugs! And it may also be time for a fair evaluation of the true effectiveness of conventional prostate cancer treatment versus what is available in alternative medicine.