

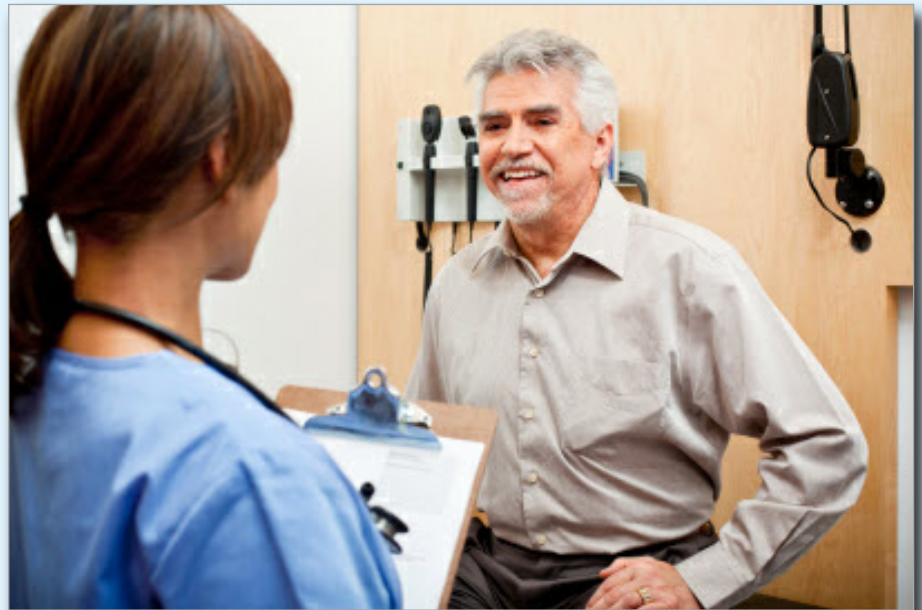
Prostate Cancer: Early Detection & Support

"We should be equipped to evaluate and treat men in the early stages of prostate cancer where it is not only safe to treat but effective."

Prostate cancer is the most commonly diagnosed cancer among men in the US, accounting for 25% of all tumors. As many as 50% of all men seventy years and older have latent prostate cancer.

Prostate cancer is slow growing in most cases with only 7% of diagnosed prostate victims dying within 5 years. And be reminded, MORE women are diagnosed with breast cancer, but MORE men die of prostate cancer. Of the 180,000 men with prostate cancer in the US, 31,000 die annually. These are serious numbers. And really, that is the motivation for all of us.

For all our male patient, we should be equipped to evaluate and treat men in the early stages where it is not only safe to treat but effective. If symptoms are present, order a thorough Chem Panel that contains a serum creatinine, CBC with differential and a PSA. If the PSA comes back higher than 4, order a Free PSA.



The following recommendations come from Dr. Harry Eidenier and his seminar series and reference manual "More than just a Bunch of Numbers-Making Sense of Blood Chemistry Results." This excellent text should be in each clinician's library as it represents findings from some of the great clinicians of our time.

PSA which stands for Prostate Specific Antigen is a marker used for prostate cancer and is effective about 80 % of the time in detecting can-

cer. This leaves out 20% of men, however, who have low levels of PSA who contract cancer. The real value of a PSA test is when it doubles over a 3 to 12 month period. So a base-line level is useful to have for all of us over age 50.

Another valuable measurement is the free PSA. When the percent of free PSA is below 25% and the total PSA is above 4ng/ml, further investigation should be considered. Clinically, if the free PSA is less than 25%, prostate adeno-

ma is probable. If the free PSA is greater than 25%, benign prostatic hypertrophy or BPH is probable.

Although the PSA test is often thought of for prostate cancer, 25%-50% of men with BPH will have an elevated total PSA. In men with BPH, PSA can be normal or increased. Other renal indicators like BUN, uric acid, and electrolytes may be normal; however, if the creatinine is a 1.2 or higher on a male over 40, BPH should be ruled out. Often the creatinine will increase long before the PSA increases. Let me repeat that. "The creatinine will increase long before the PSA increases." Therefore, creatinine is an important marker for men. There are other indicators for BPH listed in the notes below, but I wanted to emphasize the free PSA ratio and elevated creatinine.

Because there are so many variables in the cause or causes of BPH and prostate cancer, the treatment should be multi-variant. Here are the nutrients supported by clinical feedback from physicians like yourself and the literature.

I like using Biotic Research's Palmetto-Plus a bio-available multivitamin mineral with sufficient zinc, selenium, saw palmetto extract, antioxidants and the appropriate amino acids. The minerals and antioxidants in Palmetto-Plus protect against the heavy metals cadmium and mercury which can be a major factor in the cause of any cancer. The amino acids glycine, alanine and glutamic acid as reported in the Maine Medical Journal have been used since the late 50's to reduce symptoms.

If patients have increased cancer risks, use Palmetto-Plus Forte, which has additional lycopene. We can inhibit the conversion of testosterone to dihydrotestosterone by inhibiting an enzyme named 5-alpha reductase. Saw Palmetto berries are perhaps the most well

known and respected for reducing this conversion.

Also Biomega-3, Omega 3 Fatty acids from small fish like anchovies and sardines that are not exposed to heavy metals and PCBs, are used to reduce systemic inflammation and increase cell membrane integrity.

Use Liquid Iodine at sufficient amounts to correct iodine deficiencies and counteract the chlorine, fluorine and bromine in our food and water supply. Dr David Brownstein's book, [Iodine: Why You Need It, Why You Can't Live Without It](#), reminds us that Japanese men have less prostate cancer and ingest approximately 13 mg; yet when they relocate to the United States and consume our iodine deficient diet, their cancer rate escalates to ours.

Don't forget kidney support. Dr. George Goodheart helped Biotics Research develop Argizyme an organic beet and botanical blend of various sprouts, botanicals agents, antioxidants and amino acids that have proven very effective in the treatment of kidney/bladder problems.

You can see the link below for the exact doses and diet suggestions, but get ready to eliminate all dairy, alcohol, and gluten containing grains from the diet, at least temporarily. Also, it is important not to drink excess fluids late at night as it increases urinary frequency and reduces the rejuvenating effects of deep sleep.

I hope this information has been helpful and I encourage you to look for the symptoms and take action. Symptoms rarely go away by themselves.

Thanks for reading this week's edition. I'll see you next Tuesday.