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Prostate Cancer: The Argument for Taking a Conservative Approach

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Cancer is big business. It's one of the top causes of death in the United States, with more than 12 million diagnosed cancer patients living in America.¹ That means big medical bills for chemotherapy, radiation, biopsies, drug therapy, office visits, etc. – and that's only half the story. Because cancer affects so many of us, cancer screenings and early-detection tests have become a huge source of income for medical facilities around the world.

Of these 12 million cancer cases, about 2.27 million are prostate cancer, and it's estimated that 215,000 new cases are diagnosed each year.² Second only to breast cancer, this leaves a staggering one in six men diagnosed with prostate cancer during their lifetime.³

It's only natural we would want to find any signs of cancer as soon as possible to increase our chance of survival; however, for prostate cancer, early-detection tests can be misleading and in my opinion are frequently misused in the medical community. The questions are, "Do prostate cancer screenings, follow-up biopsies, radiation and chemotherapy increase survival chances or cause more problems?" and "What can we as chiropractors do for these patients?"

Screenings – Helpful or Harmful?

One of the most common screening tests used, aside from a digital rectal exam, for prostate cancer is the prostate specific antigen (PSA) test. This blood test measures a protein that is produced by tissues in the prostate. Malignant tissue cells produce more of this protein than benign cells and the excess protein then enters the bloodstream.⁴

Many times, medical doctors jump on a positive PSA (>4) and immediately order an invasive biopsy, pulling more money for the doctors and hospitals. A positive biopsy then leads to other biopsies, radiation, chemotherapy, brachytherapy (radioactive seed implants), etc. All of these can have debilitating side effects such as urinary incontinence, erectile dysfunction and bowel dysfunction. When treated in this manner, early-detection screenings can be harmful and lead to unnecessary testing and invasive procedures for many men.

The American Cancer Society (ACS) actually states on its Web site that because of elevated PSA test results, many men who would have never have died from or even had symptoms of prostate cancer are now being treated with chemotherapy and radiation.⁵

Right now, no major medical groups (including the American Cancer Society) endorse routine screenings for men at average risk for prostate cancer, and all say screenings for men 75 and older is unnecessary. According to the Mayo Clinic, not all prostate cancers even need treatment.⁶ There are two reasons behind this. The first is that most men's prostate cancer grows so slowly that it doesn't even begin to show symptoms before the patient dies from other causes. Second, only one in four men with a PSA from 4-10 actually has prostate cancer.⁷ That means 75 percent of men with an elevated PSA are having unnecessary biopsies!

The Centers for Disease Control and Prevention, the United States Preventative Services Task Force, the American College of Preventative Medicine and the Institute for Clinical Systems Improvement all chime in that the benefits of screening may not outweigh the harm of invasive confirmation procedures/treatments and state that there is not enough evidence to suggest early detection saves lives.⁸⁻¹¹

Despite all the evidence noted above, cancer drugs such as the 5-alpha reductase have actually been recommended as

“preventative” treatments for prostate cancer.¹² Really? Keep in mind that a long list of factors can artificially elevate PSA, leading to “false positive results” and unnecessary follow-up procedures.¹³⁻¹⁵ Factors include the following:

- Benign prostatic hyperplasia (benign prostate enlargement)
- Prostatitis (prostate infection)
- Age – PSA levels slowly rise with age
- Ejaculation can cause the PSA to go up temporarily
- Riding a bicycle
- Certain urologic procedures
- Testosterone therapy

So, if all of these major medical groups choose not to endorse the PSA test, and if so many factors can affect PSA levels, why should men sign up for early-detection screenings? Men should know their PSA level because *when it is used properly*, the PSA can signal arising problems and allow us as chiropractors to use nutrition to combat these issues.

I say “when used properly” because early-detection tests can’t tell for sure whether or not cancer is present. The key is to retest and watch how the PSA levels change. Because most prostate cancers are slow-growing, it gives the patient time to explore more natural methods to lower and stabilize their PSA levels before agreeing to invasive procedures and biopsies that may not have been necessary.

A Case Study Highlighting the Nutritional Component of Care

I had a 71-year-old man come into the office who had just been diagnosed with prostate cancer. His PSA had climbed to 13.4 while on testosterone therapy, so his medical doctor ordered a biopsy and in his case, they did discover cancerous cells in the prostate and sacrum bone. The patient stopped hormone therapy and his PSA dropped to 5.8 within two weeks. He decided not to do the recommended follow-up radiation and chemotherapy, choosing instead to try a more natural approach.

He was already on three medications for blood pressure, two for ulcers, took several rounds of antibiotics each year,

BLOOD ANALYSIS (BASELINE)

Test Name		Outcome	Healthy Range	Clinical Range
Glucose	101	C. Hi	80.00 – 95.00	65.00 – 99.00
Hemoglobin A1C	6.6	C. Hi	5.00 – 5.50	4.80 – 5.90
Creatine Kinase	192	C. Hi	64.00 – 133.00	24.00 – 173.00
LDH	250	C. Hi	120.00 – 160.00	100.00 – 250.00
Serum Iron	127	Hi	85.00 – 120.00	40.00 – 155.00
Ferritin	722	C. Hi	65.00 – 300.00	30.00 – 400.00
Total Cholesterol	304	C. Hi	140.00 – 170.00	100.00 – 199.00
Triglycerides	198	C. Hi	80.00 – 115.00	10.00 – 149.00
HDL Cholesterol	41	Opt	50.00 – 55.00	40.00 – 59.00
VLDL Cholesterol	40	C. Hi	5.00 – 20.00	4.00 – 40.00
LDL Cholesterol	223	C. Hi	50.00 – 75.00	6.00 – 99.00
Total Cholesterol/HDL	7.4	C. Hi	0.00 – 4.00	0.00 – 5.00
25-Hydroxy Vitamin D	20.9	C. Lo	50.00 – 90.00	32.00 – 100.00
PSA	6.10	C. Hi	0.00 – 1.99	0.00 – 3.99

Opt – Current result is optimal.

Hi/Low – Current result is higher / lower than the healthy range, but still within clinical ranges.

C. Hi/C. Low – Clinically high / low.

(Note: The clinical range is used by the medical community to diagnose disease states. The healthy range is a stricter guideline showing emerging problems in their developmental stage.)

as well as a slew of vitamins, antioxidants and herbs. Despite this, he still had high blood pressure at 160/82 and was overweight at 5'7" and 234 lbs.

The first thing I knew by looking at him was that this patient was not healthy. To get him to the point that his body could fight off cancer cells, we needed to address his overall health. We did a full-analysis blood profile including glucose, kidney, liver, cholesterol, inflammation markers, 25-hydroxy vitamin D, metabolic profile, complete blood count, and another PSA; and discovered he had a slew of problems that were making it difficult for his body to fight off infections and other invaders. (See my article in the May 20 issue, “A Silent Case of Hemochromatosis,” to see how high ferritin can cause a spiral of health issues.)

The human body only has so many resources to launch against foreign invaders. Cancer cells are opportunistic and will thrive and multiply in a weak or

unhealthy environment. If the body is already struggling with everyday functions like glucose control or inflammation and muscle breakdown, it will create a prime environment for cancer cell growth.

Giving this patient’s immunity a boost with supplements and changing his diet to include lots of quality protein and vegetables instead of high-glucose carbohydrates and fruit was a great start. The high cholesterol was likely a protective effect from all the other problems going on in his body, and it was vital that this patient get a therapeutic phlebotomy to lower his ferritin level. I recommended a series of supplements for the patient including the following key nutrients:

- High-dose vitamin C with ribose to boost his immune system and assist with the excess body breakdown seen with the high creatine kinase
- Chromium / alpha-lipoic acid / N-acetyl-L-cysteine to assist with glucose control

- Combination supplement made of alanine, glutamic acid, glycine, bovine prostate concentrate, saw palmetto and pumpkin seed, all of which have been shown to be beneficial for prostate health and the reduction of prostate inflammation
- Vitamin D to boost his immune system and aid with glucose regulation
- Mushroom complex to improve immune cell function and response
- Lauricidin to boost his immunity
- Digestive aids to help him absorb the most nutrients possible from each meal and better digest all supplements

A few months later, we rechecked a few blood tests and saw great results. The ferritin had dropped to 566 and his PSA marker was down to 5.7. Keep in mind that the key with PSA is watchful waiting. A stable or lower PSA is very good.

Over the next few months the patient decided to try additional therapies and checked into a center in Mexico for treatment. There he underwent integral bio-energetic treatments applied daily for five hours, magnetic biofeedback, detox therapy, anti-stress management, electromagnetic heat, hyperthermia therapy, exposure to a blue light multi-frequency device, homeopathic treatment with minerals and herbs, and ate a vegetarian diet. They also encouraged him to eat a lot of fruit and fruit smoothies every day. By the end of treatment, his PSA had jumped up to 6.4. I think the high level of sugar/glucose consumed in fruit was a factor in the elevated PSA.

The patient had it drilled into his head by the medical doctors that to beat his cancer, he needed his PSA to drop below 4, so he was very disappointed. I explained that the PSA was just a number, not an indicator of actual cancer growth. The rising PSA could be associated with benign prostatic hyperplasia, of which he had just been diagnosed, or several other factors. I stressed the importance of following a supplement program designed around his test results and added tumeric / ginger as natural anti-inflammatory. Within a few weeks, the PSA was back down to 5.6. We also rechecked some other tests at this time and his cholesterol had dropped 100 points to 203, the creatine kinase was

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down to 162, LDH was at 191, ferritin was down to 521. His blood pressure was down to 121/61. He was healthier, allowing his body to have more resources for combating cancer cells.

It's interesting to note that about a year later, the patient's PSA shot up to 8.5, then to 15.5, yet after additional testing (ultrasounds, etc.), his medical doctors concluded that despite the increased PSA, the tumor in his sacrum was actually smaller and there were no signs of cancer in the prostate at all.

PSA – To Test or Not to Test

The PSA test became a widely popular screening tool in the late 1980s. Prior to its emergence, men had an 8.7 percent chance of being diagnosed with prostate cancer. By 2005, that number had jumped to 17 percent. Despite “catching” all these cancer cases, the mortality rate has hardly changed in the past two decades and has actually increased from 2.5 percent to 3 percent.¹⁶ Men who a few decades ago would have lived their lives never even knowing they had prostate cancer are now being labeled “cancer patients,” which will effect their ability to get health insurance, life insurance and may affect their children's chances as well! Not to mention shouldering the burden of expensive medical procedures.

By using comprehensive testing to see how each area of the body is functioning, it's easy to see exactly what therapies and supplements are right for the individual patient. The PSA is another tool in this sense. There are other options for men with elevated PSA levels. It's all about getting the body healthier. Your patients deserve to understand the value and limitations of prostate screenings and the PSA tumor marker, and learn about the natural treatments you can offer them. ■

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BIO

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