

## **Cancer of the Prostate - A Naturopathic Perspective**

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Cancer of the prostate is responsible for upwards of 30,000 deaths every year in the United States. It is the most commonly found cancer in males over 50 years of age and is the most common cancer afflicting men, accounting for 21% of all cancers diagnosed. The incidence of cancer of the prostate increases until greater than 50 % of men over age 70 years will have some histologic evidence of prostate cancer. Only about a third of these cancers become clinically manifest in this age group. In 1983 there were 73,000 new cases of CAP and 23,300 deaths reported from this disease. The number of new cases jumped to 106,000 in 1991 with a reported 30,000 deaths for this period. While the total number of CAP cases increased by 33,000, the percentage of those dying from CAP decreased from 31.9% in 1983 to 28.3% by 1991. The continued decrease in the percentage of deaths due to CAP probably reflects the results of careful screening and early intervention.

Prostate cancer is extremely rare in Orientals and very prevalent in blacks, especially those who live in the United States. A correlation with environment has been noted in that men from cultures with low incidences of CAP show higher incidences of prostate cancer if they move to the United States.

Approximately 20% of all prostate enlargements are the result of cancer. About 80% of these cancers are of the slow growing variety, do not metastasize readily and often cause little if any problem. Other than contributing to anxiety, worry and other psychological problems, the course of the majority of CAP cases is relatively benign. However, a smaller percentage of these cancers may spread quickly depending upon the type and location of the lesion. In conventional medicine it is felt that most prostate cancers will metastasize given enough time and no treatment, with dissemination occurring through the lymphatics and bloodstream. The primary area of metastases is to the bones, especially those of the lumbar vertebrae and lymph nodes of the pelvis. Natural medicine views this somewhat differently in that the cancer can be contained within the prostate gland with proper therapy.

### **Causes of CAP**

As with other cancers, the precise cause of carcinoma of the prostate is unknown. A number of epidemiological factors have been noted which are thought to contribute to a higher incidence of prostatic cancer. The persons' age, race, endocrine system, diet and environment all play a role in development of cancer of the prostate, but

it is usually a combination of several or all of these which contribute to its development. The predisposing factors, as well as the course of the disease, will vary from person to person.

### **Age**

The risk of prostate cancer increases steadily after age 40 until a peak incidence is reached about age 80. Pre-malignant changes seen in younger men often do not become apparent until much later in life, thus contributing to the increasing incidence seen with aging. As there are a number of factors involved with the development of CAP, aging alone does not necessarily mean that one will develop the disease.

### **Hormones**

Hormone levels certainly influence the course of cancer once it has become established, and is also thought to be involved in its origin. The higher incidences of cancer found as the male population ages is related to the changes in the levels of testosterone, dihydrotestosterone and estrogen that normally accompany aging. Because of this a shift in the testosterone/estrogen ratio occurs leading to an androgen imbalance. Under the action of the enzyme 5-alpha reductase, testosterone is converted to its more potent form dihydrotestosterone, which results in a higher rate of tissue proliferation. Dihydrotestosterone is the active form of testosterone and when present in normal amounts, has been shown to be of benefit in the prevention of prostate cancer. As men age however, the ratio of testosterone to estrogen becomes altered causing an increase in tissue proliferation, which translates to prostate gland enlargement.

### **Genetics**

Genetic factors seem to play a role as there are higher incidences of CAP in some families than others, especially if there is a father or brother with the disease. An early onset of the disease, in males less than 55 years old, suggests that a familial predisposition is more likely. Black American males show a 50% higher incidence than whites. As of yet, a specific gene for predisposition to CAP has not been identified.

### **Diet**

Populations with diets high in animal fats and refined sugar and lower in fiber and vegetable intake have much higher incidences of cancer of the prostate. High animal fat intakes, as well as with the development of obesity, has been shown to have one of the strongest associations with prostate cancer. Animal products such as milk, cheese, meats such as chicken, turkey or beef which contain steroids, antibiotics and growth hormone also will affect the prostate gland. Additionally, the consumption of beer, especially light beers, that are high in hops can also increase the incidence of prostate gland hypertrophy as hops promote the formation of estrogen.

Men from cultures traditionally with low incidences of CAP, who migrate to the United States and adopt a Standard American Diet (SAD), develop cancer at rates comparable to those of their American counterparts. A number of epidemiological studies have shown, with all other contributing factors being equal, diets high in fiber, fruits and vegetables result in a lower incidence of prostate as well as other cancers.

### **Environment**

Environmental factors play a variety of roles in the development of CAP. Often it is several factors which contribute over a period of time, but some seem to play a greater role than others. It has been noted that there are higher rates of prostatic cancer in males who are exposed to chemical toxins. Occupations in industries such as petrochemical, rubber and textile are among the highest in number of CAP cases. Urban, as opposed to rural areas, have higher incidences of CAP which is felt to be due to air and other pollutants. Cadmium has also been implicated in cancer of the prostate as a much higher incidence is found in men who work with batteries. Zinc is normally found in high concentrations in the prostate gland and will be displaced by cadmium.

### **Vasectomy**

Several studies have suggested that men who have undergone vasectomy have increased risks of developing prostate as well as testicular cancer. The production of allosperm antibodies, which are formed following the procedure, has been proposed as a mechanism for lowered immune response and the body's subsequent inability to destroy cancerous cells. Other studies have not shown the same correlation and the matter remains unresolved.

### **Screening**

Until recently it was recommended that men undergo periodic screening for CAP, especially in older men. The frequency and methodology for screening has been controversial as there have been no studies to assess whether screening translates to decreased mortality rates. Additionally, the considerable anxiety and worry caused by “watching the PSA” has been decried by a number of physicians. A recent study suggests that in fact “watchful waiting” shows better outcomes than treatment.

### **Prevention**

Prevention is the best treatment for prostate cancer. However, as many men are unaware of problems until they are found on routine examination, the same therapies useful to help prevent CAP are also used in treatment.

Primary on the list is an overall balanced diet which is high in protein and vegetables, lower in carbohydrates and very low in fat (less than 25 to 35 grams per day)

and cholesterol. Consuming organically grown foods free of pesticides and animal products free of steroids, antibiotics and growth hormones is a must. Additionally, we have found that a specific diet based upon the person's blood type, can enhance the immune response to the tumor. A blood diet, as per D'Adamo, can also be used by the physician to recommend specific foods which have a propensity to attacking certain cancer cells.

Garlic (*Allium sativum*), in its natural clove form, helps supply the body with vitamins and minerals but most importantly helps to prevent infection as well as enhance t-cell binding to cancerous cells. *Allium sativum* also disrupts the metabolism of the cancerous cell by curtailing its ability to produce lactic acid.

Fish oils, olive oil and high amounts of Evening Primrose oil (EPO) or Eicosapentanoic acid (EPA) act to reduce thrombus formation thus lowering the potential for tumor and thrombus spread. Decreased thrombus formation has been linked with better survival rates in cancer patients due to the inability of the cancer to spread by this route.

Modified citrus pectin (MCP), has been shown to combine with a variety of galactose-specific proteins on cancer cell surfaces. MCP inhibits metastases in rat CAP by adhering to the cancer cell surface thus making it unavailable for aggregation and adhesion needed for metastases. The studies show that MCP does not inhibit the cancer growth but makes it difficult to spread.

Antioxidants such as Vitamin C, E, glutathione, and beta carotene should be taken in large doses as they eliminate free radical formation and enhance cellular oxidation. Studies have shown that in men who take higher doses of antioxidants have a lower rate of CAP. In patients who have CAP, it has been my experience that the person who has opted for radiation or chemotherapy does not suffer their effects as severely if they are receiving antioxidant therapy.

### **Herbal Medicines**

Herbal medicines have long been a mainstay in the treatment of cancer in general and in particular for prostate cancer. As a general rule, herbal medicines are not specific for the different types of tumors encountered but rather act as an overall immune system stimulant.

Specifically for cancer of the prostate, the components of the herb *Serenoa repens* [Saw Palmetto] and *Pygeum africanus* are the mainstay of any herbal medicine program for cancer. *Serenoa* blocks the conversion of testosterone to its more potent form dihydrotestosterone which has been implicated in the formation of prostate cancer. *Serenoa* has also been found to have anti-estrogenic effects which means

decreased swelling and increased blood flow to the prostate while lowering the Prostatic Specific Antigen (PSA) level.

Stone seed (*Lithospermum*), fenugreek (*Trigonella*) and *Vitex agnus castus* have been found to decrease the follicle-stimulating hormone [FSH] that is needed to increase estrogen and testosterone levels. Because these hormones are involved with tumor proliferation and prostatic enlargement, a reduction in PSA values are seen following their administration.

*Urtica dioica* is effective against prostate cancers confined to the periurethral and transitional zone because of its lectin binding action.

Less specifically but equally important are the use of medicines such as Polk weed (*Phytolacca decandra*), Periwinkle (*Vinca rosea*) [Periwinkle], Mistle Toe (*Viscum album*), Oregon Grape (*Berberis aquifolium*), Burdock (*Arctium lappa*), *Colchicum autumnale*, *Conium maculatum*, *Echinacea angustifolia*, and *Digitalis purpuria*. These, along with others, have been found to effectively treat cancer of the prostate and when used along with a holistically oriented program, have equal or improved survival rates over conventional therapy.

I often use the Hoxsey formula as a base prescription to be taken 2 to 4 times daily in addition to the other botanical medicines I prescribe. Besides being an overall immune stimulator, it enhances lymph flow and helps with an overall detoxification of the body.

### **Nutrient Therapy**

As mentioned, antioxidant therapy to prevent the occurrence of CAP is highly recommended. If there is an enlargement of the prostate, infection or CAP, intravenous nutrient therapy can be beneficial. This is an especially useful therapy with CAP for patient's undergoing radiation therapy or opt for surgery.

### **Homeopathy**

There are a number of homeopathic medicines that are used to treat prostate disease and an individual prescription is needed in order to determine the correct prescription.