

What they are saying about *The Natural Prostate Cure*

“Hurray, Hallelujah, and Happy Prostate! Finally, someone has taken the years and done the work, so the rest of us no longer need suffer from ignorance as to how to have good prostate health. That someone is Roger Mason, and all that one needs to know in order to have a happy prostate has been distilled down into this one book. I would stake the health of my prostate on it, and can tell you as a prostate cancer survivor; it is the ONLY way to go.”

— Dirk Benedict, actor (*The A-Team*; *Battlestar Gallactica*; etc.)

(Dirk cured his prostate cancer more than 20 years ago, naturally, with no medical treatment. He wrote his story in *Confessions of a Kamikaze Cowboy*.)

“This is must-reading for anyone with prostate disease who wants to take responsibility for his healing of this epidemic problem. Roger Mason has done his homework and this ‘cutting edge’ information should be read by laymen and professionals alike.”

— Ken Malik, President,

Prostate Awareness Society, San Francisco, CA

“By his thorough research of the world’s medical literature, Roger Mason has made an outstanding contribution to preserving prostate health, using natural therapies. His exhaustive investigations leave no doubt that prostate disease has been maltreated, and [that] mainstream therapies [are] dangerous and ineffective. A void too long ignored is filled, and the natural treatments work better”

— E.W. McDonagh, McDonagh Medical Center, Kansas City, MO

“At 64 I was diagnosed with terminal prostate cancer. By eating better foods, taking natural supplements and raising some of my fallen hormone levels my cancer was cured in less than two years. This was verified by my physician, with both an MRI and a sonogram. I’ve never felt better and expect to live another twenty GOOD years.”

--Robert Young, Plainfield, NJ

“If people let the government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as the souls who live under tyranny.” —Thomas Jefferson

***THE
NATURAL
PROSTATE
CURE***

*A Practical Guide to Using Diet
and Supplements for a Healthy Prostate*

by

Roger Mason

The Natural Prostate Cure

by
Roger Mason

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About This Book

In 2009 doctors are still castrating men and cutting their testicles off! This insanity has to stop. There is no reason for men to continue to be senselessly poisoned, irradiated, and butchered by the medical profession. Covering up, or obliterating, the superficial symptoms, instead of dealing with the causes, never has worked, and never will work. Prostate problems can be cured naturally with healthy diet, proven supplements, natural hormones, and fasting. Yes, that includes outright prostate cancer.

This book contains the distillation of 39 years of prostate research, including BPH (benign prostate hypertrophy), prostatitis, cancer, prostate metabolism, diet, hormones, beta-sitosterol, and other natural supplements found to support good prostate health.

Over 120,000 entries from *Chemical Abstracts* (the “Chemist’s Bible”) were reviewed from 1970. This journal contains basically all the articles published in the world’s scientific journals. The research is updated every six months, and this book is rewritten yearly. No one else has ever taken the time and effort to do this much needed and necessary job. All the information was refined and written in plain English. This is the only book that has taken this life-saving information out of the medical journals, and put it into the hands of the general public. This is the twelvth time this book has been rewritten and expanded in the last nine years. *It is the most researched, informative, accurate, effective, documented, best selling prostate book in the world.* Over one million men in most every country have now read *The Natural Prostate Cure*.

This is a completely unique book on prostate health. The information on diet, supplements, hormone testing, and benefits of testosterone and other hormones has never been taken out of the medical literature, simplified, and published in a mass-distribution book. The dozens of medical citations are given here only to support these facts. Nature can cure your health problems - instead of allopathic (symptom-curing) radiation, surgery, and poisonous drugs. It isn’t the disease that’s the problem- it’s the patient. Men can TAKE RESPONSIBILITY for their condition, and cure themselves naturally with the information herein.

Overview

The prostate is a walnut-size gland in men that surrounds the urine tube. Just a little swelling of this small gland can cause severe urinary problems. This can also cause sexual dysfunction, since the prostate is an integral part of the reproductive system, and secretes seminal fluid. Men may encounter three main problems: infection (prostatitis), enlargement (benign prostate hypertrophy, or BPH), and cancer.

By the age of 50, three-out-of-four men already have enlarged prostates, and one-in-three men have cancer cells in their prostate. This, clearly, is not an, “old man’s disease” at all. By the age of seventy-five, an astounding three-out-of-four American men have outright prostate cancer. It is the leading form of male cancer. BPH is the most common male medical complaint. The symptoms are very obvious- difficulty in urination, inability to empty the bladder completely, pain during sex or urination, and, especially, the need to urinate in the middle of the night. All these are classic symptoms of prostate problems.

The usual symptomatic medical treatments are physical or chemical castration(!), surgery, radiation, microwave treatment, toxic drugs, and chemotherapy. These dangerous, ineffective, allopathic methods merely attack the superficial symptoms, while ignoring the real underlying causes of the problem. Treating the symptoms, instead of the causes, has very drastic results- including *diapers and impotence for the rest of your life.*

The PSA (prostate specific antigen) test is a very inaccurate indicator of prostate health. *The PSA doesn’t work, and never has worked.* A biopsy is very harmful to the prostate, and should NEVER be performed. An inexpensive sonogram (echogram) is accurate, effective, and safe, as are color Dopplers, and the more expensive MRI (magnetic resonance imaging).

The real cure comes from the results you bring about when you *change your diet and lifestyle.* Treat the very CAUSE of your problem. *Diet is everything.* Natural health includes proper diet, proven supplements, natural hormone balance, weekly fasting, regular exercise, no prescription drugs, and ending negative habits (such as alcohol, coffee, smoking, and overeating). Holistic medicine treats the whole person, and not just the symptoms. Symptoms reflect the underlying causes of our illnesses, and are harbingers of even worse health in the future. Always treat the *cause* of your illness, and not just the symptoms.

Chapter 1: Diet

Diet is everything! Diet cures disease. A wholesome, natural diet is the most important thing you need to do to get well and stay well. *Diet and lifestyle cure illness.* By eating a traditional whole grain based, low-fat diet you can actually eliminate prostate infection, enlargement, or even cancer. If you doubt this, read Dirk Benedict's book, *Confessions of a Kamikaze Cowboy*. Dirk was diagnosed with prostate cancer in his early thirties, and the doctors wanted to castrate him. That didn't appeal to him much, so he decided to go on a "macrobiotic" (Greek for overall view of life) diet of whole grains, beans, vegetables, soups, salads, seafood, and fruits. He quit eating red meat, poultry, eggs, dairy products, sweeteners of all kinds, refined foods, preservatives, and the like. After only seven months, he knew he was well. He is now sixty-three, healthy, happy, youthful, vibrant, and the father of two grown sons. If he had listened to the doctors, he would have died many years ago as a sexless eunuch in diapers, without testicles.

Eating a natural diet of whole, unrefined low fat foods is basic to getting well. *Diet is everything.* Supplements, hormones, exercise, and fasting are all secondary. When you are eating well, these additions are very powerful, and make your recovery rapid. Without whole, healthy, natural food it doesn't matter what else you do; you're just not going to get well. *Diet cures disease.*

We've all heard of people, like the Okinawans and others, who live very long lives, and have low disease rates. Well, you don't have to live in a remote farming village, and give up all the conveniences of the modern world to do this. *You just have to change your diet and lifestyle.* Such long-lived people eat whole grains, beans, vegetables, seafood, local fruits, and very little, if any, meat, poultry, eggs, or dairy products. Generally, their fat intake is only about 10 per cent (from vegetable oils rather than saturated animal fats).

Most of the current diet authors give terrible advice on how to eat. Their personal health proves this. There are only a few who really have any idea what they're doing, and practice what they preach. Gary Null, Robert Pritikin, Neal Barnard, Terry Shintani, Susan Powter, Dean Ornish, and a very few others write reasonable books on eating well. Any of the authors of macrobiotic books such as Michio Kushi are better. Please read my book *Zen Macrobiotics for Americans* to learn about macrobiotics for the Western world. For optimum health, your diet should be based on

whole grains and beans. Whole grains are the staff of life. Most all vegetables are fine, but the Nightshade family (potatoes, tomatoes, peppers, eggplant) should be avoided. Also avoid vegetables containing excess oxalic acid (spinach, rhubarb, red chard). Any bean or legume is fine, and there are dozens of varieties. Beans are good food. Local fruit can be eaten in moderation. Seafood can also be eaten in moderation, if you are not allergic to it, and do not want to be a vegetarian. Nuts are very high in fat (90% fat calories generally), and should only be used as a garnish. Soups and salads are good additions to your meals if made with macrobiotic ingredients. Avoid red meat, poultry, eggs, and dairy products of all kinds. Do not eat refined foods, processed foods, sweeteners of any kind (including honey), or tropical foods such as citrus, pineapples, mangos and coconuts (all of which are meant for tropical populations in their native environment). Tropical people in warm areas can and should eat such foods, of course.

One of the best studies was done back in 1982 at Loma Linda University (*American Journal of Epidemiology* v 120). 6,735 men were studied for what they ate. The men had a direct relation between the animal foods they ate and rates of prostate cancer. They also had the same direct relation with obesity. The more meat or poultry they ate the more cancer they got. The more milk and cheese they ate the more cancer they got. The more eggs they ate the more cancer they got. The really interesting thing about their findings is that men who ate meat, poultry, eggs, and cheese got extremely high prostate cancer rates. These work synergistically together to support malignancies. This proves the basic thesis that an excess of dietary saturated animal fat is the underlying cause of prostate disease. The chart on page 8 shows this very clearly.

Whole grains are the basis of your daily food. This includes brown rice, whole grain breads, whole wheat pasta, corn, barley, rye, millet, oats, spelt, buckwheat and quinoa. People who eat whole grains are healthier, live longer, and get less disease of all kinds. Americans only eat about 1% whole grains, when they should be eating at least 50%. The fact we eat a mere 1% whole grains says everything about our diet. At the University of California San Diego (*Integrative Cancer Therapies* v 5, 2006) progressive doctors gave prostate cancer patients a low fat, whole grain based diet with lots of vegetables for six months. These men improved remarkably, did far better, and lived longer than the ones getting the standard medical treatment. At UCLA (*American Journal of Clinical Nutrition* v 86, 2007) men were put on a Pritikin diet of whole grains and vegetables. Their insulin fell dramatically, and their risk factors for prostate cancer were greatly reduced. Again at UCLA (*Recent Results in Cancer Research* v

166, 2005) metabolic syndrome (high blood sugar and insulin resistance) was correlated with prostate cancer. Men given a low fat diet and exercise lowered their insulin levels greatly and their IGF-1 levels fell. At Queen's University in Canada (*International Journal of Cancer* v 116, 2005) doctors studied the dietary patterns of men. Those who included whole grains and vegetables in their daily fare had far lower prostate cancer rates than the ones who ate meat, milk, sugar, and refined grains. Dean Ornish's Preventive Medicine Research Institute (*Journal of the American Dietetic Association* v 105, 2005) has been working with prostate cancer patients. They gave these patients a low fat vegan diet and got really impressive results. They lived longer and had much better health. Dean and his associates (*Journal of Urology* v 174, 2005) at UCSF fed prostate cancer patients a vegan diet for one year. They also took a few basic supplements and exercised regularly. The men refused all traditional medical treatments of surgery, drugs, and radiation. This simple regimen slowed down, and even reversed, the cancer growth. If Dean would just go a little further and adopt macrobiotics, proven supplements, natural hormones, and fasting, these men could be cured of cancer instead of just living longer. An entire book, *Whole Grain Foods in Health and Disease* (2002) was devoted to the health benefits of eating whole, unprocessed, unrefined grains. They found people who eat whole grains get far less cancer, especially prostate and breast.

Meat, poultry, eggs, and dairy are the main dietary cause of prostate and other cancers due to the saturated fats they contain. Saturated animal fat is the basic cause of prostate disease. Vegetable oils should only be used in moderation at 10 to 20% total calories, as they have not been correlated per se with prostate cancer. At Wake Forest University (*Prostate* v 63, 2005) it was found that the phytanic acid found in red meat and dairy products definitely contributed to cancer of the prostate. "Phytanic acid, which primarily comes from dietary intake of dairy and red meat may be associated with prostate cancer risk." The National Cancer Institute studied the diets of 29,361 men (*Cancer Research* v 65, 2005) and showed that red meat is definitely a prostate cancer promoter. Animal foods promote disease generally.

Americans eat very few fresh (or frozen) green and yellow vegetables. Asians in general eat the most vegetables, and prepare them in the most delicious ways. You want to eat more fresh (or even frozen vegetables since they actually have more nutrients) every day. The famous Johns Hopkins University (*American Journal of Clinical Nutrition* v 85, 2007) studied over 30,000 men. They found a strong correlation between how many vegetables they ate and the less prostate disease they got. At the Negri

Institute in Italy doctors found the same phenomena (*International Journal of Cancer* v 109, 2004). Vegetables and vegetable fiber protected men from prostate cancer.

Dairy milk (including low-fat milk) contains large amounts of lactose and casein, regardless of the fat content. The protein casein has been shown to promote cancer. Milk has repeatedly been shown to correlate with prostate disease (*Prostate* v 33, 1997 and *Science* v 285, 1999). Yogurt actually has twice the amount of lactose, since dried milk powder is added to thicken it. People of all races, especially Blacks and Asians, lose their ability to digest lactose after the age of three (when humans no longer produce lactase- the enzyme necessary to digest dairy). Adding lactase tablets to your dairy foods, or buying lactose-reduced milk will not solve the problem. Visit the Internet websites www.notmilk.com or www.milksucks.com. Use soy, almond, oat, or rice milk instead, as these are now commonly available in grocery stores, refrigerated or in aseptic shelf packs. *Take dairy out of your life.*

The proof is overwhelming that dairy intake causes prostate disease. At the Fox Chase Cancer Center (*American Journal Clinical Nutrition* v. 81, 2005), “Dairy intake may increase prostate cancer risk.” At the National Institute of Health (*International Journal of Cancer* v 120, 2007) Total dairy intake was also positively associated with risk of prostate cancer.” At Inserm in Paris (*British Journal of Nutrition* v 95, 2006), “Our data support the hypothesis that dairy products have a harmful effect with respect to the risk of prostate cancer.” At the University of Bristol (*British Journal of Cancer* v. 88, 2003) they found intake of dairy foods raised IGF-1, which, in turn, raised the rates of prostate, breast, and other cancers.

Insulin resistance (high insulin and blood sugar levels) has been correlated with prostate disease. Americans eat about 160 pounds of various unneeded sweeteners in their food every year. Asians and Africans, with the lowest prostate disease rates, eat only a fraction of that amount. Excess sugar consumption, of any kind, causes hyperinsulemia, insulin resistance, high blood sugar, and diabetes. Blood sugar dysmetabolism and metabolic syndrome (pre-diabetes) is one cause of insulin disease. *Sugar is sugar is sugar*, whether it is honey, maple syrup, brown sugar, “raw” sugar, molasses, sorghum syrup, cane syrup, dextrose, fructose, maltose, fruit syrup, amazake, fruit juice, fruit concentrate, invert sugar, corn syrup, agave, dried fruit, or any other form of sweetener. This includes stevia, sucralose, and other sugar substitutes, as they act like sugar in our bodies. It’s always good for a laugh to see someone in a health food store paying several dollars for a small

bag of “raw” sugar or agave nectar, thinking that this is somehow different, not really sugar, and not really bad for them.

Bad habits such as smoking, alcohol, recreational drugs, or coffee obviously make your health worse. Smoking ages people dramatically. Smoking is clearly correlated with prostate cancer. More than one drink of alcohol a day causes poor health in general. Coffee is an epidemic addiction along with caffeinated energy drinks. The use of various recreational drugs, addictive or not, is also epidemic. Lack of exercise is another basic cause of bad health overall. *Obesity definitely is correlated with prostate conditions (Urology v 58, 2001)*. Being overweight strongly increases your chances of prostate disease. Exercise is vital for good health in general and should always be used to get well. Study after study shows being overweight causes higher rates of every known illness (except osteoporosis). Does anything correlate *positively* with prostate health? Yes, whole grains, fiber, and vegetable intake do, as does eating fewer calories, slimness, and low-fat diets.

It is very important to eat less calories. Americans eat about twice the calories, twice the protein, and more than five times the fat they need. Yes, we eat for two people. *Calorie restriction is the most proven and effective way to extend your life span*. Nothing else has been shown to make you live longer and live better than eating fewer calories. Long term clinical studies with animals, including monkeys, have proven this. Short term human studies also prove this, as well as many other health benefits. The only author on this subject was Roy Walford, who wrote *The 120-Year Diet* and *Maximum Lifespan*. (Unfortunately, he went in a different direction with his *Beyond the 120-Year Diet*.)

The average man needs only about 1,800 calories a day, and a woman only about 1,200 calories. You can easily eat just two meals a day, instead of three. You can also fast (fasting means *only* water) one day a week by skipping breakfast and lunch on a specified day. Just eat dinner on a given night and don't eat again until dinner the next night. Longer fasts may be done periodically for more powerful effects. Doctors at the University of Wisconsin (*Prostate v 36, 1998*) improved the immunity of prostate glands in rats by merely lowering their calorie intake. Other doctors at the university showed that lowering the calorie intake of mice altered their entire genetic-aging profile, and allowed them to live much longer, with greatly enhanced immunity. Researchers in Takatsuki, Japan (*Takeda Kenkyushoho v 53, 1994*) actually reduced the prostate weights of rats by simply giving them less food. Doctors at the University of Umea in Sweden (*Journal of Cancer v 58, 1986*) gave rats with prostate cancer less food, inhibiting the

growth of their tumors. Long term studies on primates for calorie restriction show excellent results. At the Hutchison Cancer Center, (*Cancer Epidemiology* v 11, 2002) men who ate the least calories had only half the prostate cancer of the control group. This, in addition to eating the right foods, is the most effective means you can use to lengthen and improve the quality of your life span.

Soy foods are very effective in reducing the rates of various cancers, especially prostate and breast. Asian cultures eat quite a lot of these soy foods in various forms. The longest lived people on earth, the Okinawans, eat more than anyone with a soy intake of 12%. This is unrealistic and impractical to ask Westerners to do this for several reasons. Soybeans per se, just don't taste very good. Tofu is not a whole food, nor is it very nutritious. Most people have never heard of tempeh, seitan, or annatto, and have little interest in eating them. Soy sauce is merely a condiment. A little miso goes a long way, and, basically is used only in soup. How much soy flour can you really add to your baked goods? Soymilk is rather high in calories (about 120 per cup), and should be limited to cooking rather than used as a beverage. Soy isoflavones, as a supplement, are really the most practical way to use soy, and are recommended in *Chapter 3*.

Not long ago the Atkins, Paleolithic, or "ketogenic" diet was popular, until obese and sickly Robert Atkins fell over dead. The awful South Beach Diet followed and went by the wayside as well. This has been replaced by the irrational and ineffective "glycemic index". Diets such as these favor unlimited meat, dairy, and fat, yet avoid whole grains! Whole grains should be the very basis of your diet! Ketosis is, in fact, a pathological state in which the body is literally starving for complex carbohydrates. The "glycemic index" classifies whole grains, such as brown rice and oatmeal, as being identical in effect to simple sugars such as cake and candy. The standard of reference is white bread! This is asinine on its face. Start using brown rice instead of white rice or potatoes. Eat whole wheat, or brown rice, pasta instead of refined white pasta. Find 100 percent whole-grain breads without preservatives. Buy 100 per cent whole grain hot and cold cereals without sugar. *Make whole grains the basis of each meal.* The words "carbohydrates" or "carbs" are basically meaningless. Eating simple sugars and refined grains should certainly be avoided. Whole grains are literally the "staff of life," and always have been throughout history. Whole grains have been our staple food since mankind first learned to cultivate crops, and became independent. Make whole grains and beans the very basis of your daily food. Please read my *Zen Macrobiotics for Americans* for a comprehensive discussion of diet and lifestyle.

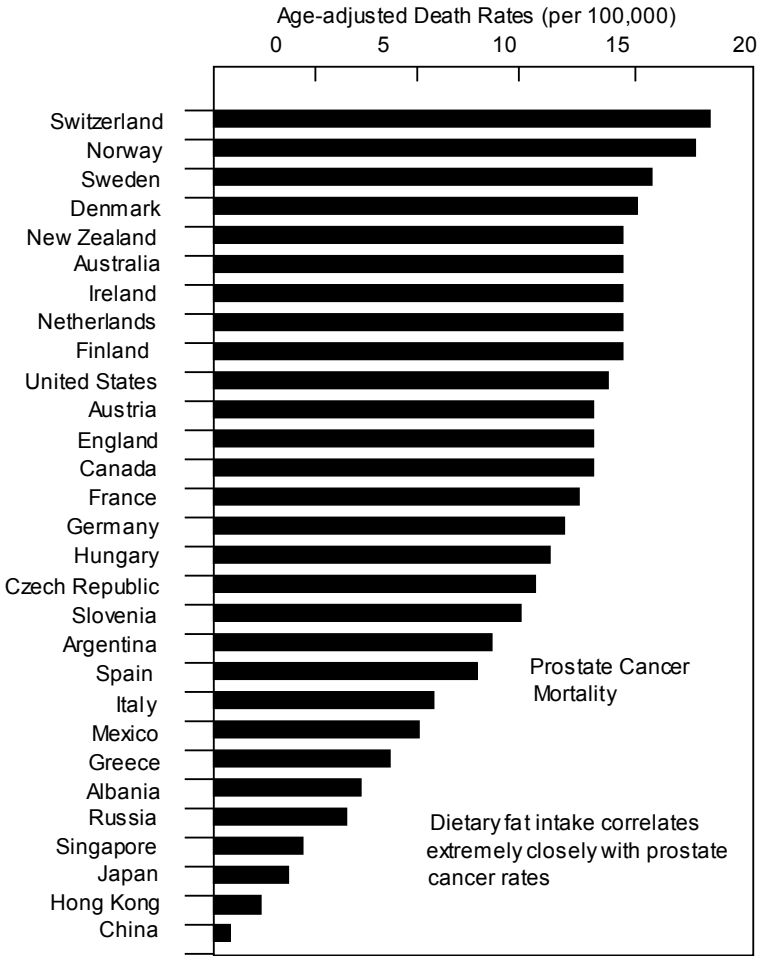
Chapter 2: Fats

Fatty foods of all kinds, especially saturated animal fats like red meat, poultry, eggs, and dairy products, seem to hold a hypnotic attraction for many people. Studies for the last fifty years have proven repeatedly that high-fat diets cause all manner of disease, poor health, and early death. Deep inside, we all know that high-fat diets are bad for us. They cause obesity, clog our arteries, promote various cancers, and shorten our lives. *Americans eat 42% fat calories!* Most all of these are saturated animal fats, which are the most harmful. Fortunately, the Atkins or ketogenic diet has faded, but has been replaced with the ridiculous glycemic index. This emphasizes animal foods over whole grains and beans, because fats and proteins cause almost no blood sugar response. Eating all the meat, poultry, eggs, and dairy products you want is obviously the road to Hell. It seems that people just want an excuse to do what they want to do, and endlessly rationalize bad habits. In America, and most all the European countries, the diet is about 40 percent fats, most of which are the saturated animal kind. The more affluent a society is, the richer the diet is in animal foods and saturated fats - and the higher the disease rates of all kinds. Prosperity brings poor health ironically.

Study after study shows that *high fat intake is correlated with every disease known*. This is not debatable. Any diet guru who tells you to eat meat, poultry, eggs, or dairy products is a prima facie fraud. This is especially true with prostate disease and prostate cancer. There are just too many studies to list that show the relation of fat intake, especially saturated animal fat, to prostate disease. Please take a long look at the Prostate Cancer Mortality chart on the next page; it will leave no doubt in your mind that *saturated fat intake is the major cause of prostate cancer deaths*. The chart is based on the diets of literally billions of people, and just cannot be contested. Men in countries like Vietnam and Red China eat about 10 percent fat calories, mostly from vegetables. These people have 1/120th prostate cancer deaths of those we have in America. That means that if 200 men per million die from prostate cancer in a country like Denmark, fewer than 2 men per million die in Vietnam. Point made.

Hydrogenated fats are the worst, as they do not exist in nature. These are made in laboratories with hydrogen gas, extreme pressures, and platinum catalysts. The body simply cannot deal with this artificial, synthetic fat, so it ends up clogging our arteries.

Eating vegetable oils is simply a lesser evil. The idea that there are “good fats” and “bad fats” is an illusion. Olive oil, for example, must be as limited as any other. The less fat you eat, the better! The less fat you eat the healthier you will be, and the longer you will live. When Asian or African men move to the United States, and keep their traditional diets, they still get almost no prostate disease of any kind. This is called a “migration study,” and the results are inarguable.



Mediterranean countries that consume olive oil rather than butter do have slightly lower prostate disease rates than other European countries, but much higher rates than Asian countries. The only exception to the fat “rule” is when a supplement of one or

two grams per day of flaxseed oil is taken. Flax is a much better choice than fish oil for a lot of reasons. Flax oil contains valuable omega-3 fatty acids, at a mere 9 calories per gram- an insignificant daily calorie intake. Our dietary ratio of omega-6 fatty acids to omega-3s is too high, and we eat few foods that contain the omega-3s. Buy and keep your flax oil refrigerated.

Nuts can be eaten in moderation as a garnish. Nuts are usually about 90% fat calories, so they cannot be used as food per se. Toasted nuts add much flavor to your basic foods. Peanuts are tropical legumes, and one of the top ten allergenic foods known. Eat temperate nuts like almonds, walnuts, pine nuts, and pecans, rather than tropical ones like cashews and Brazil nuts. Tropical people in tropical areas certainly can eat these. There is no botanical category “tree nuts”, as every one is completely different in species and unrelated to any others. The concept of “tree nut allergies” is prima facie ridiculous, and food labels that state this are meaningless. Peanuts are the real allergen.

The American Health Foundation, in Valhalla, NY has done a fine job of showing a low-fat, high-fiber diet slows the development of prostate cancer. Native South African black men have extremely low prostate disease rates on their traditional diets. When fed a typical American high-fat diet, their testosterone levels fell, estrogen levels rose (and thus their testosterone-to-estrogen ratio worsened), and they got more prostate disease (*Bulletin NY Academy of Medicine* v 56, 1980, and *Cancer Research* v 42, 1982).

Again, the American Health Foundation did an in-depth review of the literature to show that omega-6 fatty acids stimulate prostate cancer growth, while omega-3 fatty acids (like flax oil) inhibit it (*Journal of the National Cancer Institute* v 85, 1993). The problem is that the omega-3s are rare in foods, while omega-6s are all too common. Red meat contains arachidonic acid, which is generally non-existent in plant foods. This is considered to be the single most dangerous fatty acid known, and is a precursor of the inflammatory chemical Prostaglandin E². More reason not to eat meat. The same result was shown at Harvard Medical School, as well as a long list of other diseases that are clearly associated with fat intake. Studies continue at the University of Tokyo, University of Wales, University of Michigan, National Cancer Institute, University of Ohio, and many other clinics around the world. All have come to the same conclusion that dietary saturated fat causes prostate disease. Just some of the many studies were published at: *Lipids* v 27, 1992, *Proceedings of the Society for Experimental and Biological Medicine* v 216, 1997, *American Journal of*

Clinical Nutrition v 66, 1997, *Journal of the National Cancer Institute* v 85, 1993, *Nutrition Research* v 14, 1994, *Cancer Research* v 54, 1994, *British Journal of Urology* v 77 (1996), *Anticancer Research* v 16, 1996, *Cancer Epidemiology Biomarkers Preview* v 5, 1996, and *Annual Review of Nutrition* v 18, 1998.

The first study in *Lipids* (v 27, 1992), for example, was from the American Health Foundation. They clearly said, “International comparisons suggest a relationship between prostate cancer incidence and dietary fat, an inference supported by migration studies. N-6 fatty acids stimulate and N-3 fatty acids inhibit human prostate cells.” They then presented overwhelming evidence from around the world to support these findings.

It is quite obvious that *fat intake, especially animal fat, is the biggest factor in prostate disease*. The more fats you eat, especially saturated fats, the more chance you have of getting prostate, cancer, BPH, and prostatitis. Would you rather eat red meat and dairy products, and die a painful, lingering, premature death, or change your diet and live a healthier, happier, longer life? Eating fat raises your estradiol and estrone levels, causes all manner of illness, and makes you obese. This is the main reason American and European *men over the age of fifty have higher estrogen levels than women of the same age!* That’s right, Western men over fifty generally have more estrogen (estradiol and estrone) in their blood than their wives do after menopause! This is frightening! Fat intake also increases the levels of damaging “free radicals” in our body. Free radicals are molecules with unpaired electrons, which damage our health by attacking healthy cells, while trying to balance the electrical charge they carry. This is called “oxidative damage,” and harms our metabolism and shortens our life span. Oxidative stress and lowering free radicals is central to aging.

The ideal diet contains only 10 percent fat calories from vegetables (or even seafood). The maximum is 20 percent fat calories, mostly from vegetables. *Eating any more fat than this will simply not benefit you*. You must eat less than one fifth of your calories as fats and oils, and no more than that. Lowering fat intake from 40 percent fat-calories to say 25 percent, just won’t do anything at all. To benefit from a low-fat diet you must eat less than 20 percent fat calories, and preferably about 10 percent. Pseudo-scientific “studies” will lower human dietary fat calorie intake to around 30 percent, and then claim there were no benefits found — no wonder! *This is not difficult to do when you simply make better food choices*. Taking red meat, poultry, eggs, and dairy

out of your daily fare will basically solve the problem.

Chapter 3: Supplements

Always remember that continually *making better food choices* is the most vital thing we can do for our health. Natural health is about diet and lifestyle. This includes stress, smoking, alcohol intake, exercise, coffee, prescription drugs, recreational drugs, and other such factors. Supplements are important, but very secondary to diet. You receive far, far more benefits with both diet *and* supplements than with diet alone. All the supplements we are going to discuss are natural, safe, and inexpensive. They all have extensive published clinical studies behind them showing their value to prostate health, and our health in general. This chapter is not going to use extensive references however; please realize that all of these supplements are based on four decades of scientific research, and are empirically proven to be effective in the international clinical published literature.

Beta-sitosterol is the most important supplement for prostate nutrition. Take 300 mg to 600 mg of mixed sterols a day. The studies on beta-sitosterol are listed in *Chapter 5*. It should be emphasized that herbal products such as saw palmetto, Pygeum, nettles, etc., contain almost no (i.e. 1/30th of 1 percent, generally) beta-sitosterol - which is the active ingredient. They are of no value. *Saw palmetto and similar supplements are useless!* Analytical testing has shown that there are simply no biologically significant amounts of active ingredients, even in the expensive extracts. Read the label to prove this to yourself, and you will not find beta-sitosterol listed. There are no other active ingredients! Make sure the label says at least 300 mg of mixed plant sterols.

Flaxseed oil is very good for prostate health, and is the best known source of omega-3 fatty acids. 1 or 2 grams (1/2 tsp) of omega-3 fatty acids should be consumed daily. This is good for people of all ages. Two articles in *Anticancer Research* show that omega-3 fatty acids have important protective properties for human prostate cells in vitro. "The Health Professionals Follow-up Study" of 51,529 men showed that omega-6 fatty acids were positively associated with prostate cancer rates. Omega-3 acids, on the other hand, were associated with prostate health. Peking Medical College gave men flax extract for four months and dramatically increased their International Prostate Symptom Score

and urine flow. A study was done at Duke University with prostate cancer patients. The men given the flax supplement slowed down their cancer growth in only thirty-four days. When self-appointed Internet authorities tell you that flax oil is “bad” for prostate health, you know they walk in darkness. Two grams a day of beneficial flax oil is a mere 18 calories. The more research done on omega-3s the more benefits are revealed. Flaxseed is by far the best source. Flax oil supplements are preferable to fish liver oil supplements for many reasons. Flax has more omega-3s and is less subject to rancidity. The many studies on omega-3 fatty acids that used fish liver oils, are equally applicable to flax oil. *Buy it and keep it refrigerated* to prevent oxidation. There are many good reasons to take it daily, but it is especially beneficial for cardiovascular health. Buy only refrigerated flax oil and keep it refrigerated.

Soy isoflavones have finally seen a lot of research for health benefits in general. These isoflavones have shown great value for your prostate. The main constituents in soy that we are concerned with are genestein and daidzein. These are flavones (plant pigments), and not “phytoestrogens.” There is no estrogen or any other hormone (testosterone, progesterone, DHEA, melatonin, etc.) in plants. Soy does not have estrogenic effects *There is no such thing as a phytoestrogen!* Studies on soy benefits for prostate health have been published in journals such as *Prostate, Anticancer Research, Journal of Endocrinology, Nutrition and Cancer, Journal of Steroid Biochemistry, Cancer Epidemiology Biomarkers & Prevention, American Journal of Clinical Nutrition, Cancer Letters, International Journal of Oncology*, and many others. The proof here is overwhelming. You may see Internet sites warning of the “dangers” of soy. This is simply propaganda from the dairy and meat industries, especially the Weston Price Foundation. Get a good brand that lists the amount of genestein and daidzein on the label, and take about 40 mg of total isoflavones daily. Soy foods generally are an impractical source, especially refined foods such as tofu. Soy isoflavone supplements are a much more practical and realistic means of isoflavone intake.

Minerals are vital for prostate health, and we are woefully mineral deficient. No matter how well you eat, you just aren't going to get all the minerals you need. Our farm and crop soils are in such poor condition, and lacking in so many elements. *All minerals work together harmoniously in concert as a team*, so you need all those known to be necessary. Minerals work synergistically, and you need all of them. We have only begun to study the importance of minerals on prostate function. You will never have good prostate health as long as you are mineral deficient. Find a mineral supplement that contains the required

amounts of all twenty known elements we need. This includes boron, calcium, chromium, cobalt, copper, germanium, iodine, iron, magnesium, manganese, molybdenum, rubidium, cesium, nickel, selenium, silicon, strontium, tin, vanadium, and zinc. The two most important minerals for prostate health are zinc and selenium. However, the real point is to get all twenty minerals you need and not just the two most important. The multi-vitamin and mineral supplements you see generally have only about ten elements. Look for a mineral-only supplement that contains at least these twenty vital minerals in the amounts you need. *Search the Internet for "mineral supplements."* You do *not* need to supplement sodium, potassium, sulfur, or phosphorous. Avoid colloidal minerals and coral calcium, as these do not contain any biologically significant amounts. *Read the label* to see which minerals are included, and in what *amounts*. It is important to realize that we need ALL the known minerals. In the future, science will probably show that we may need others such as barium, europium, gallium, neodymium, praseodymium, thulium, lithium, samarium, lanthanum, and yttrium.

Vitamins are important. There are only 13 vitamins and there is an RDA set for each. Be sure to find one with 1 mg of methyl cobalamin instead of regular vitamin B-12. Vitamin B-12 is just not orally absorbed. We only need about 60 mg a day of vitamin C, which is supplied in our daily food. Taking more than 250 mg a day of vitamin C is harmful, and will, over time, acidify your blood (which is naturally alkaline) and cause numerous side effects. Megadoses of any nutrient unbalance the body's metabolism. **DO NOT TAKE MORE THAN 250 mg OF VITAMIN C.** There is really no reason to take a vitamin C supplement other than what is in your daily vitamin tablet.

Vitamin D does not occur in our food in any meaningful amount. Vitamin D3 is really a *hormone* that is produced in our bodies by our exposure to sunlight. *This is THE most important "vitamin" for your prostate.* It is important to take 800 IU total of vitamin D a day (unless you're out in the sun regularly). This is a safe amount, especially in wintertime when we get little exposure to the sun. Most of the research on vitamin D and the prostate has been done only the last ten years. *Vitamin D deficiency is epidemic.* There are many clinical studies proving the importance of vitamin D in prostate function. These include studies in such journals as *Cancer Research, Anticancer Research, Prostate, Clinical Cancer Research, Cancer Letters, Surgical Forum,* and other respected international publications. One study at Stanford University treated men with prostate cancer solely with vitamin D3 with very impressive effects and no other therapy. This is fat

soluble, so don't listen to "experts" who tell you to take more than 800 IU a day. Sickly or elderly people can take up to 1,200 IU.

Vitamin E is a very beneficial nutrient, especially for our cardiovascular health. Our American diets are generally very deficient. This is the second-most important vitamin for your prostate. *Whole grains are the best source* but we eat only 1% whole grains. Supplement with 200 IU daily of mixed natural tocopherols, as this is seven times the RDA. Or you can take a 400 IU capsule every other day. Overdoses will thin your blood. Don't use the cheap brands that contain only d-alpha tocopherol. There are countless published studies from around the world showing the value of vitamin E supplementation for prostate and other health benefits. Every year more studies are published. Your daily vitamin pill will only contain the 30 IU RDA. This is a basic and proven supplement for people of all ages.

Glutathione levels are important for prostate health. Blood and tissue glutathione levels fall in most people as they age. Glutathione is one of our four basic antioxidant enzymes, and is critical for immunity and how long we live. Taking glutathione alone is expensive, as well as somewhat ineffective. Fortunately, you can take an inexpensive 600 mg capsule of **N-acetylcysteine**, or **NAC**, to enhance your glutathione levels very effectively and safely. NAC is widely available, so buy any good brand. You will gain many benefits by maintaining a youthful glutathione level, especially improving your immunity so you resist disease. In the last few years, there has been quite a bit of good research published on the value of NAC supplements.

Beta-carotene is a powerful, proven, and well-known antioxidant. In *Cancer Research* intake of beta-carotene showed a strong correlation with reduced prostate cancer in Japanese men. Many other studies have shown similar results. This is an important antioxidant with many other benefits; 10,000 IU daily of any brand is good. This is a better choice than vitamin A, since it is a precursor to vitamin A and you won't overload your body, even with higher doses.

Quercetin is a potent and proven plant-derived antioxidant, but is not yet well known. You will hear more about this effective supplement. Studies in the *Journal of Steroid Biochemistry*, *Urology*, and the Japanese journal *Daizu Tanpakushitsu Kenkyukai Kaishi* show quercetin can help promote prostate health. A new study at the Mayo Clinic, published in *Carcinogenesis*, showed it may have real value against prostate cancer. A daily dosage of 100 mg of any brand is good, as a normal diet only provides about 10

mg mostly from apples and onions. It is a beneficial supplement for many other reasons besides being an excellent antioxidant. This is a borderline endogenous supplement as it just isn't found in any quantity in most common foods.

Beta glucan is the most potent immune-enhancing supplement known to science. It has been studied for its power against tumors and cancer. It doesn't matter whether beta glucan comes from yeast and mushrooms (1,3/1, 6 configuration), or oats and barley (1,3/1, 4 configuration), All 1,3 configurations of true beta glucan polysaccharides *have the same potency*. Beta glucan has proven power to stimulate our immune system. It has only been in the last few years that advances in technology have allowed us to extract it easily and inexpensively. The power of beta glucan has been known for over twenty-five years now, showing its amazing ability to fight infections and ward-off illnesses. This is definitely a supplement people of all ages need to take. Currently, yeast is the least expensive source. Economical 200 mg supplements are available for about \$10 for 60 capsules. There is a lot of advertising misinformation here, especially on the Internet, about which is the best brand. Please read my booklet, *What Is Beta Glucan?* to learn more about it.

Lipoic acid falls as we age, and is not found in your food. You should take 400 mg of regular R,S-lipoic acid to maintain normal blood sugar levels. 400 mg and no less. *Expensive R-only lipoic acid is a fraud*. Nearly all the clinical studies have used regular mixed isomer R,S- lipoic acid. There is a lot of good science here for brain metabolism and coronary heart health, as well as blood sugar metabolism. Insulin resistance and diabetes are epidemics in Western society now. One in three American children will grow up diabetic due mainly to our insane intake of 160 pounds of various sugars every year. Your blood sugar should be 85 mg/dL or less, and lipoic acid is very beneficial here. This is very important for anyone over the age of forty, or anyone with blood sugar over 85.

L-glutamine is an amino acid with many health benefits, especially in strengthening digestive and intestinal function. There have been good studies showing how it improves our intestinal health. It works well in concert with acidophilus and FOS. You should take at least 2 grams (four 500 mg tablets) of L-glutamine a day (2 in the AM and 2 in the PM). This will also "spike" your growth hormone level. Good digestion is central to good health. Again, L-glutamine works especially well with acidophilus and FOS. Our digestion is generally weak from lifelong dietary abuse. You can buy bulk glutamine and take 1 tablespoon a day.

Acidophilus and other probiotics show no specific benefit for prostate health per se, but it is important to add this to your supplements list. Our bodies work as a holistic system, and our digestion is obviously vital to our total health. *Good health begins with our digestion.* Our digestive tracts are generally in terrible shape from overeating and from eating the wrong foods. Consuming whole healthy foods, eating lower calorie foods, fasting one day a week, and taking a good brand of acidophilus daily you can improve your entire digestive system. A good brand should state that every capsule has at least 6 billion live multi-strain organisms and 8 strains at the time of manufacture. Do not be misled by “per gram” counts rather than per capsule. *Buy it and keep it refrigerated.* You can also find the spore-form of acidophilus, called “lacto spore”, that does not require refrigeration. This can be taken in addition to (not instead of) regular acidophilus.

FOS (fructooligosaccharides, otherwise known as inulin) works well with glutamine and acidophilus. FOS is an indigestible saccharide that is extracted from various plants (such as chicory), and feeds the good Lacto and Bifido bacteria in our intestines. This is called a “prebiotic” and works synergistically with probiotics. This has been known for a long time, but it is only recently that the intestinal health benefits were discovered, and good studies were published. 750 to 1,500 mg daily is good.. Always remember that 90% of our immune system comes from our digestive system.

DIM, or di-indolyl methane, is the direct metabolite of I3C or indole-3-carbinol. There are excellent human studies on both for their anticancer effects and lowering serum estrogen levels. These have been published in *Cancer Research, Journal of the National Cancer Association, Anticancer Research, Annals of the NY Academy of Sciences*, and other major journals. I3C is found in cruciferous vegetables (cabbage, broccoli, Brussels sprouts, and cauliflower). It is less expensive and more practical to take 200 mg a day of DIM rather than 400 mg of I3C. DIM is a much better bargain and twice as powerful. High estrogen levels in our bodies cause many problems as we age, and this is an excellent way to reduce them and improve estrogen metabolism. If your levels of free estradiol and estrone test low normal you do not need to take this. A low-fat diet and exercise is the way to keep estrogens low.

Glucosamine is a basic supplement for bone and joint health. 95% of Americans over the age of 65 have some form of arthritis. There is good science behind this if used properly. Glucosamine does not work alone, and needs co-factors such as minerals, flax oil, soy isoflavones, vitamin D, as well as hormones such as

testosterone, DHEA, estriol, and progesterone. Take 500 to 1,000 mg a day. Remember chondroitin is useless despite its popularity. The molecule is too large to pass thru the digestive walls into the blood. Glucosamine needs co-factors to be effective.

Coenzyme Q10, CoQ10, is a powerful enzyme in our bodies, and our levels fall as we age. Studies have shown great value for various forms of cancer, especially prostate and breast. You must take at least 100 mg daily. If you are sickly, or have cancer, take 200 mg daily for one year. The price of real Japanese CoQ10 is as low as \$25 for 60 capsules). At Nagoya University in Japan,⁸ scientists found that CoQ10, added to cells taken from BPH patients, had a very beneficial effect on their metabolism. CoQ10 has amazing benefits for our heart, brain, kidneys, liver, and other organs. Everyone over 40 should take this. You must take at least 100 mg a day of real Japanese ubiquinone. Most brands offer much less than 100 mg because this is so expensive. All “special delivery systems” are scams. Ubiquinol is also a scam. *Do NOT take ubiquinol as it is unstable and has no shelf life.* The label MUST say Japanese ubiquinone. Do not take cheap, unstable ubiquinol.

PS, or phosphatidyl serine, is very important for brain function, memory, and preventing Alzheimers and senility. Use this with ALC and pregnenolone. Take 100 mg a day. Lecithin, or phosphatidyl choline, is also a very good time proven supplement especially for heart and artery health. Take 1,200 mg.

ALC, or acetyl-l-carnitine, is also good for brain metabolism and memory. Take 500 to 1,000 mg a day. Again, use this with PS and pregnenolone for synergistic results.

Carnosine is optional, but very good for heart and artery health. Take 500 to 1,000 mg. This is not found in a vegetarian diet. Good science here.

There are some good temporary, exogenous supplement you can take if you want. “Exogenous” means it is not in your body or daily food. After about six months most of these lose their effect.

Milk thistle has been shown to have good potential for prostate health. It is a well-known and time-proven herb, with the active ingredient silymarin. Studies in such journals as *Cancer Letters* and *Cancer Research* have shown great promise. This is a very important herb for liver health as well. Two capsules a day of a good extract will give you about 200 mg of silymarin. After about twelve months you can stop using it, as all exogenous herbs lose their effect after that time.

Curcumin is an extract of the culinary herb tumeric, and is a powerful anti-inflammatory. An important study of curcumin for prostate cancer, at the Comprehensive Cancer Center in NYC said it, “has the potential to prevent the progression of this cancer...” Other articles on cancer have been in *Molecular Urology*, *FEBS Letters*, *Molecular Medicine*, and other journals. This is a clinically-proven anti-inflammatory, but should only be used for up to a year because it is exogenous and not found in our bodies or in common foods. Take 500 mg daily.

Ellagic acid has shown good anticancer activity in many studies. Because it is commonly found in walnut hulls, it has been known to herbalists for years. Most of the available brands are overpriced and their labels very misleading. They list the amount of extract, but not the actual amount of ellagic acid. Find one that states 200 mg, or more, of *actual* ellagic acid, and not a mere extract that doesn't state the potency. Take this only for a year since it is not found in common food. You will hear more about the benefits of ellagic acid in the future as research continues.

Green tea extract has proven value here. In the *Journal of the National Cancer Institute* and in *Cancer Letters*. Search for a good decaffeinated brand, as most contain caffeine. Green tea contains valuable and powerful polyphenols and catechins. Yes, this is the same tea you see everywhere, before fermenting changes its color to black. Many inexpensive brands of 90-percent decaffeinated green tea are available. This is more practical than trying to drink it daily. You only need this for about a year since it is exogenous.

Fruit pectin has been shown to have value in actual prostate cancer, and has value in prostatitis and BPH as well. Studies have shown the effectiveness of fruit pectin in lowering cholesterol and improving digestion. It even has general anticancer properties. Do not waste your money on expensive “modified” pectin. You don't need to modify pectin! Just buy the plain, inexpensive regular kind, especially grapefruit or apple. Regular fruit pectin is soluble, bio-available, and very beneficial in other ways besides lowering cholesterol levels. Take 3 or more grams a day in caplets, or as powder (it's tasteless) in fruit juice. You take this for one year.

Aloe vera two 100 mg capsules of a 200:1 extract for one year helps strengthen your digestive system. Works well with acidophilus, FOS, and glutamine. A time proven herbal remedy.

TMG (trimethylglycine aka betaine) is the best liver rejuvenator known and 3 grams a day can be taken for a year. You can take 1 gram a day permanently to help maintain lower

homocysteine levels.

Sodium alginate is a seaweed extract that removes toxic metals from our blood. Take 3 grams a day for a year. Just search the Internet for “sodium alginate”.

In all these years of research it has become obvious that many of the “Wonder Supplements” so heavily promoted simply have no scientific value at all. The natural supplement industry is as flawed as any other business. Most of the people involved have little or no interest in natural health in the first place, and are only there for the money. Such products would include resveratrol, ubiquinol, saw palmetto, lycopene, chondroitin, *Pygeum africanum*, noni juice, policosanol, deer antler velvet, 5-HTP, homeopathic remedies, bee products (pollen, jelly, propolis, etc.), brewers yeast, DMAE, arginine, hoodia cactus, *Artemisia* (wormwood), shark cartilage, modified (not regular) citrus pectin, Tongkat ali, bilberry, pomegranate products, CMO, colloidal minerals, coral calcium, salba, PC-SPES, colostrum, chorella, nattokinase, all HGH secretagogues, spirulina, oral chelation, hyaluronic acid, mangosteen products, AHCC, MGN-3, *Tribulus terrestris*, acai berries, goji berries, astaxanthin, “greens”, Cat’s claw (*una d’gato*), colon cleansers, maca root, chrysin, whey protein, suma, muira puama, red rice yeast, oral S.O.D., CLA, *Gymnema sylvestre*, sexual rejuvenation formulas, and MSM among others. Resveratrol is probably the biggest scam ever to hit the industry. There is just no science behind this at all, just endless promotion and advertising.

Lycopene is a useless fraud. Anyone who recommends it shows they have no idea what they’re doing. This is the only book in the world to expose this scam. The “studies” are basically paid ads in medical journals by the lycopene manufacturers. One such study asked men how much pizza they ate. Others measure useless plasma lycopene instead of serum (lycopene is fat soluble.) This kind of pseudoscience is asinine. *Actual blood serum level studies of lycopene prove there is no correlation at all between lycopene levels and prostate health (Journal of the National Cancer Institute v 82, 1990), and Cancer Epidemiology BiomarkersPreview v 6, 1997).* In 1974, at Johns Hopkins University (*Prostate v 47, 2001*) the blood of 25,802 men was analyzed for nutrients and matched with their medical records. *No relation was found with lycopene content.* In 1997, at the Cancer Research Center in Honolulu (*Igaku No Ayumi v 103, 1977*), the blood of 6,850 men was analyzed for nutrients, and no relation with lycopene levels was found either. In fact, the tomatoes must be cooked in oil for their lycopene to be made absorbable. Be

clear that actual blood studies on men show no relation at all between serum lycopene levels and prostate health. *Lycopene is a fraud.*

There are 20 permanent supplements recommended in this chapter for men over forty. This is the very same list for women by the way. All of these have been shown to be safe, effective, natural, and inexpensive. You should take about twenty permanent ones, *plus* the hormones you need. Take as many on the list as you possibly can, as they have many overall health benefits. Poor health in general contributes to your prostate condition. Don't choose surgery, radiation, and dangerous prescription drugs. You may end up wearing diapers, and losing your sexual ability before you die a tortuous, premature death.

Permanent daily supplements:

- acidophilus: 6 billion units 1-2 daily
- acetyl-L-carnitine 500 to 1,000 mg
- beta-carotene: 10,000 IU
- beta glucan: 200 mg or more
- beta-sitosterol complex: 300 to 600 mg
- coenzyme Q10:100 mg, or more if you are ill
- di-indolyl methane (DIM): 200 mg
- flaxseed oil: 1,000 mg, once or twice daily
- FOS: 750 mg 1-2 daily
- glucosamine 500 to 1,000 mg
- L-glutamine: 1,000 mg, twice daily (a.m. and p.m.)
- lipoic acid 400 mg
- minerals: a good formula with 20 minerals as stated clearly on the label with the amounts contained
- vitamins: all 13, using methyl cobalamin instead of vitamin B-12
- N-acetyl cysteine: 600 mg
- phosphatidyl serine (PS) 100 mg
- quercetin: 100 mg
- soy isoflavones: 40 mg of daidzein and genistein
- vitamin D: 800 IU total
- vitamin E: 200 IU natural mixed (or 400 IU every other day)

Chapter 4: The Minerals You Need

Studies have shown us how important minerals are to prostate metabolism. This is true of our overall health in general and all cause mortality. That's right, good mineral nutrition actually helps us live longer as well as better. We have to go way beyond zinc, selenium, and chromium, which have gotten them most attention. We need all the elements known to be vital in human and animal nutrition. *Every disease and medical condition known is due in part to mineral deficiency.* We are all mineral deficient, no matter how well we eat or where we live. It must always be emphasized *we need all the known minerals for human nutrition*, and not just some of them. Minerals, like hormones, work together in concert, in harmony, together, synergistically as a team. Please read my booklet *The Minerals You Need* to learn more. There are at least twenty-four known elements needed for human and animal nutrition. We get enough phosphorous, potassium, sodium, and sulfur in our food. We do not need to supplement these. The best, most expensive mineral supplements available only have about ten different elements. There is only one supplement in the world with all 20 minerals in the amounts you need. (Yes, your author formulated it.) Just google "mineral supplement" on the Internet, and you will find it.

Iron deficiency is as common as ever, even with our excessive consumption of red meat. This irony can only be explained by lack of absorption. Iron is rarely found in high levels, and this is due to an excretion problem and not excessive intake. Iron is the "heme" in hemoglobin, and the basic mineral in our blood. You won't be eating red meat, so you won't have to worry about overconsumption. A good supplement will contain the female RDA of 18 mg. The male RDA is only 10 mg. Common sulfates, fumarates, and gluconates are good choices.

Zinc levels are generally low in men with prostate illness. Most people do not get the 15 mg RDA they need from the food they eat. Zinc is found in whole grains, beans, nuts, and meats. Deficiency is especially true for the poor, elderly, and alcoholics. There are about 2.5 g of zinc in the human body, half of which is in the muscles. Whole grains and beans are the best source. Never take in more than 50 mg of zinc daily. Zinc has a low toxicity level. The usual citrates, oxides, and sulfates all work well.

Boron is probably *the most deficient mineral in our diet*. There is no official RDA, but 3 mg is the suggested daily intake. It wasn't until 1990 that boron was even accepted as essential! The research is over-whelming here. Our soils and food are very boron deficient. You would think all vitamin and mineral supplements would contain 3 mg of this inexpensive and vital element, but many do not. This proves the megacorporations have huge advertising budgets, but no research departments. Americans probably only take in a mere 1 mg a day. Be sure you get this in your supplement, as boron deficiency is all too common. Citrates or common boric acid is fine here. Boron deficiency is very common.

Manganese is very important, and the RDA was only recently established at 2 mg. Whole grains are a major source, along with beans and legumes, nuts, and some vegetables. There is an abundance of research about the benefits for our health. A 2 mg supplement is good insurance for such an important element. We only have a total of about 20 mg of manganese in our bodies. That's all, 20 mg. Whole grains, beans, and leafy green vegetables are the best sources. Sulfates and oxides are effective.

Copper also has an RDA of only 2 mg. Americans probably only take in about half this amount. Some people with hypertension have excessive levels, while others are deficient. Whole grains and beans are the best source. Our bodies only contain a total about 150 mg of this vital element. That's all. Taking 2 mg in your supplement is good insurance. It would take about 15 mg a day for toxicity, which is very unlikely. Citrates, oxides, and gluconates are all very absorbable.

Silicon is the ignored or "orphan mineral", and almost never found in mineral supplements. More proof that megacorporations have no research departments, only advertising budgets. There is no RDA set for this, but 10 mg a day is a safe and effective dose. Do not use horsetail as a source. Silica levels in our foods vary so greatly, that it is all but impossible to say which foods are good sources. Bone and joint health depend on silica as a basic building block. The science here is most impressive. Plain silica gel (silicic acid) is a good, inexpensive source. You aren't going to find this in supplements except the one mentioned at the end of this chapter. This is one of the two non-metallic elements we need.

Iodine is very important, and the only other non-metallic element we need to supplement. The RDA is a mere 150 mcg. Eating sea vegetables regularly like kelp, nori, and hijiki, as many Asians do, is not a good idea surprisingly. All seaweeds contain extreme amounts of iodine. Overdoses of any mineral unbalance your metabolism, and are not merely excreted without effect. The most important value here is thyroid metabolism. There are only about 30 mg in our bodies, and three fourths of this is in our thyroid

gland. Only 30 mg. Iodine supplements will NOT correct low T3 or T4 levels, or any thyroid problems however.

Chromium only recently has an RDA of 120 mcg. This is often deficient in our diet to refining the grains we eat. This is critical for proper prostate metabolism, and one of the reasons this is such an epidemic. Never exceed an intake of more than 400 mcg. Do not listen to advertisements claiming their form of chromium is the “only effective one”. Regular chelates (a non-metal ion bound to a metal ion for better absorbability) are the best source.

Vanadium was ignored until very recently, and there is no RDA for it, even though it is not accepted as essential. Taking 1 mg (1,000 mcg) a day is good, but almost no supplements contain this vital mineral. Do not exceed one or two mg a day, as this is toxic at 10 mg. Vanadium has been shown to be critical for our health in general. Deficiency is all too common, due to our intake of refined foods. There is now very good science on the importance of vanadium. Chelates and sulfates are your best choices here.

Molybdenum has an RDA of 75 mcg, but that may not be enough. Be sure to take a supplement here to insure adequate intake. All common salts are good sources, and you will find this in all your supplement formulas. Molybdenum is safe and non-toxic, even though it is a heavy metal. The research is concerned more with soil and plants, rather than animals and humans. Farmers and gardeners commonly use this in their fertilizer and animal feed.

Selenium finally has an official RDA of 70 mcg, and was also ignored until very recently. This is very deficient in our soils and heavily refined foods. Do not exceed a daily intake of more than 200 mcg, as this is a heavy metal and will accumulate in your body. Whole grains are the very best source. Chelates are the most absorbable form of selenium. Be sure to take this with 200 IU of vitamin E, as they are very synergistic and work together well. Studies show people with low blood selenium suffer from higher disease rates such as cancer, coronary heart disease, and diabetes.

Germanium is a very important ultratrace element and you will just never find this in mineral supplements. Look for the only one in the world that has it. You only need about 100 mcg of ultratrace elements like germanium. Do not exceed this amount, as 100 mcg is sufficient. Clinical human blood studies prove this is a vital element we need, but our soils and our food are deficient, and it is not found in supplements. Germanium sesquioxide and chelates are safe, but germanium dioxide is not.

Strontium is another very important trace element with very good science behind it. You will not find this in mineral supplements, and 1 mg (1,000 mcg) is a good dose. Bone and joint health depend on strontium as a building block, as does calcium absorption.

No RDA has been set, but science finally recognizes this as essential. Do not confuse this with the radioactive form strontium-90. Chelates and asparates are good choices. Look for the one supplement that has 1,000 mcg.

Nickel is an ignored ultratrace element, and 100 mcg is all you need. Food and blood analysis of animals and humans show this is an essential element, but there is little research on the benefits, or for the problems caused by deficiency. The research is mostly for soil and crops. Nickel is needed in human and animal nutrition. You won't see this in the mineral supplements on the market either. Regular salts such as chlorides and sulfates are good.

Tin is also ignored as a necessary ultratrace element. 100 mcg is a good dose. Common food and soil studies prove this is an essential element. Most of the research has been concerned with tin toxicity from industrial pollution, instead of the benefits. Unfortunately, the FDA irrationally limits the dose to 30 mcg. You never find this in mineral supplements. Human studies have shown low blood tin levels in some illnesses, but we need more research here. Regular salts such as chlorides and sulfates are well absorbed.

Cobalt is never found in mineral supplements, even though it is the basic building block for vitamin B-12. Food and blood studies prove it's importance. We are supposed to synthesize our own B-12, but cannot without cobalt in our blood. We probably only take in about 25 mcg or less, but that is enough. This may not sound like much, but we only need to make about 3 mcg of B-12 daily. Taking B-12 orally just doesn't work, so you must take 1 mg of methyl cobalamin. It must be emphasized that sufficient B-12 is just not found in foods, is orally unavailable, and a daily 100 mcg cobalt supplement should insure you synthesize the 3 mcg you need. Cobalt is very important.

Cesium is an important ultratrace mineral, and 100 mcg is all you need. Do not take more than this. Human blood, common food, and soil studies prove how vital this is for our health. You will never find this in mineral supplements. International studies show the importance of cesium in our soil, our food, and our blood. Cesium is vital for humans and animals. Soon science will admit this and set an RDA. Regular salts, especially chloride, work well here.

Rubidium is not an ultratrace element at all, as our intake is about 1 mg (1,000 mcg). Taking a supplement of 500 mcg of this is enough, since common rubidium deficiency has not been demonstrated. Never found in mineral supplements (except one), and very ignored by science. Found abundantly in soil, crops, as well in mammals and humans. The few studies we have are very positive. Brain levels of rubidium fall as we age. This is definitely required in human, animal, and plant nutrition. Rubidium is found in fruits,

vegetables, poultry, and seafood. Chloride is a good form to use. A very overlooked and ignored element.

It is very possible we may need other ultra-trace elements such as barium, europium, gallium, neodymium, praseodymium, thulium, lithium, samarium, lanthanum, and yttrium. It is very difficult to determine their effects since they are needed in such tiny microgram amounts. The mineral supplements sold are woefully inadequate. Just search for “mineral supplements” on the Internet and you’ll find the only complete one in the world.

Chapter 5: The False Hope of Magic Supplements

Every year hundreds of millions of dollars worth of useless Magic Prostate Supplements are sold. You see these on TV, radio, magazines, and newspapers. Search the Internet for “prostate supplements” and you’ll find endless snake oil products. One way to determine these are worthless is that personal anecdotal testimonials are used rather than medical journal citations. . Every year more such spurious supplements are promoted by first rate advertising.

The most infamous of these was PC-SPES. (Colloidal minerals was the second most infamous.) In 2002 it was finally banned by the FDA, as it was adulterated with cancer causing DES (diethyl stilbestrol) and warfarin (rat poison)! The PC-SPES herbal mixture costs less than five dollars to make, but a bottle, lasting only ten days, sold for \$100 or more, and would cost over \$3,000 a year. All the cancer patients faithfully taking it soon died, including the most ardent, and misguided, supporters and proponents. Side effects from this toxic herbal cocktail included deep-vein thrombosis, leg cramps, and gynecosmastia (breast growth). An entire book “The Prostate Miracle” was a best seller. This book told people PC-SPES was a miracle supplement that magically helped men to cure prostate cancer with no change in diet or lifestyle. The author was completely discredited of course. Your author was the only one in the world to warn people about this popular and dangerous scam. They claimed the PSA level was lowered. *The PSA doesn’t work and never did work and never will work.* The main thing one notices is that they repeatedly claimed that testosterone levels were reduced by taking PC-SPES, and that it had powerful “estrogenic activity.” Low testosterone levels and high estrogen levels are basically the very CAUSE of prostate disease. PC-SPES’s very own claims proved the product made

your problem *worse*, not better!

Lycopene is still a popular hoax by the tomato processors. Your author is still the only one in the world exposing the fact that it is worthless. Every year more and more medical claims are being made for it. All the “studies” on lycopene are either paid ads, invalid cell studies, plasma (not serum) results, or overdosed lab rats. (Lycopene can only be measured in blood serum since it is fat soluble.) There is not one valid human study showing any value for lycopene. The published international clinical blood serum (not plasma) studies prove beyond any doubt lycopene has no value at all. It is only found in tomatoes in any quantity. Tomatoes are a toxic nightshade vegetable containing the poisonous alkaloids solanine and tomatine. Tomatoes should not be eaten. For centuries tomatoes were considered an ornamental plant not fit for human or animal consumption. This is discussed in Chapter 3: Supplements. The famous Hutchison Cancer Center (Cancer Epidemiology 16, 2007) studied hundreds of men and found, “lycopene levels were unrelated to prostate cancer.” Only cooked tomatoes in oil provide any lycopene anyway.

Saw palmetto is still sold all over the world for prostate health despite the fact it doesn't work. Weak extracts are sold by prescription in Europe at high prices. This is discussed in Chapter 5: Science and Beta-sitosterol. Saw palmetto only contains about one part in 3,000 of plant sterols. There are no other active ingredients. This includes other useless supplements like *Pygeum africanum*, nettles, pumpkin seeds and pollen extract. Saw palmetto is nevertheless still very popular and widely sold.

Other popular useless supplements include resveratrol, policosanol, pomegranate products, noni juice, chondroitin, colloidal minerals, coral calcium, sea silver, colostrum, all HGH secretagogues, homeopathic remedies, deer antler velvet, chorella, spirulina, 5-HTP, Tribulus, maca root, chrysin, MGN-3, AHCC, vitamin C megadoses, red rice yeast, oral SOD, CLA, coconut oil, *Gymnema sylvestri*, cinnamon extract, MSM, whey protein, bee products, colloidal silver, 7-keto DHEA, niacin megadoses, Tongkat ali, modified (not regular) citrus pectin, bilberry, arginine, hoodia cactus, acai fruit, goji berries, oral chelation, artemisia (wormwood), mangosteen, and grapefruit seed extract.

Resveratrol is probably the most successful supplement scam in history and has eclipsed colloidal minerals. Resveratrol has been known about for years and it is completely useless as a health supplement. The grape skins it comes from were fed to pigs, but now sold at high prices to the gullible. There is no science at all

here. Resveratrol is exogenous anyway and would have little value even if it did work. A very well done scam. Your author is the only one in the world to expose this as well.

Men; diet, lifestyle, and proven supplements cure disease, and heal your prostate, not Magic Supplements.

Chapter 6: Science and Beta-sitosterol

Science has shown that the most powerful, proven, and effective nutritional supplement for prostate health is a common plant alcohol called beta-sitosterol. *This is the most important supplement you need for good prostate health.* Beta-sitosterol is found in literally all of the vegetables you eat, and is the most prominent plant sterol in nature. Actually, “beta-sitosterol” is really a combination of several additional sterols, including campesterol, stigmasterol, and brassicasterol. So, we really mean *mixed sterols* when we refer to beta-sitosterol. Americans are generally estimated to eat about 300 mg a day of these mixed plant sterols, and vegetarians to eat about twice that much. Your author was the first one to offer a valid prostate supplement based on 300 mg doses of plant sterols. Any claims for “steolins” is advertising hype, as all beta-sitosterol extracts contain about 1% of these glucosides and they have been shown to have no value (*British Journal of Urology* v 83, 1999).

Traditionally, such herbs as saw palmetto, Pygeum species, nettles, star grass, and other herbs have been used to treat prostate problems. The trouble with using these is that generally they contain about a mere one-part-in-three-thousand of the beta-sitosterol complex. A typical analysis of saw palmetto shows that it contains a variety of fatty acids (capric, lauric, myristic, palmitic, palmitoleic, stearic, oleic, linoleic, linolenic, arachic, and eicosenoic), and minute traces of sterols and other plant chemicals that are biologically insignificant. Obviously, these herbal formulas just *do not contain any effective amounts of active ingredients.* That means you would have to eat about a pound of saw palmetto berries to get a basic dose of 300 mg of beta-

sitosterol. Even with the most expensive “10x” (ten times) extracts of these herbs, one would still have to eat about two-hundred 500 mg capsules to get the 300 mg of beta-sitosterol! So, it is obvious that these herbs are ineffective, despite their continual promotion by the so-called natural health industry. Saw palmetto, *Pygeum africanum*, nettles, and other such herbs are simply biologically worthless. Even when the label says “85 percent fatty acids and sterols,” that really means “nearly all fatty acids and almost no sterols.” Saw palmetto and similar products simply have no value, no matter how much advertising you have read. You won’t see any saw palmetto or other herbal prostate product with any significant amount of plant sterols in it.

Analyses have been widely published in journals such as *Biochemistry* 2002, *Gazzetta Chimica Italia* 1988, *Journal of High Resolution Chromatography* 1986, *Journal of Pharmacy Science* 1979 and *Indian Journal of Chemistry* 1977 showing only a fraction of one per cent sterols are contained in any of these herbs.

What about the herbal extracts sold by prescription in Europe? Those extracts are standardized according to beta-sitosterol content, regardless of its source, by law, and this is prominently and clearly stated on the label. Whether you buy Permixon in France; Harzol, Tadenan, or Azuprostat in Germany; or Prostaserene in Belgium, they are all based on how much *actual* beta-sitosterol content they have. *They are weak and very expensive.* A bottle of 60 tablets of (30 mg sterols) Permixon, for example, will cost about \$50 U.S. You would have to take ten a day to get any benefit, which would cost you about \$250 a month.

After one thoroughly researches beta-sitosterol, it becomes obvious that such herbs are a completely uneconomical source, while soybeans, sugarcane pulp, and pine oil (tall oil) are all excellent, natural, inexpensive sources. Many cane-sugar processors now extract the valuable chemicals from the pulp, after the sugar is pressed out. Only a few companies sell actual beta-sitosterol supplements containing 300 mg or more. The most popular brand contains a useless amount of 20 mg and sells for \$29.95 for 60 tablets! Find one with at least 300 mg.

There are dozens of classic double blind studies done with men regarding the effects of beta-sitosterol on BPH (benign prostate hypertrophy) or enlarged prostate. We’ll discuss a few of these to give you some examples of the first-rate research that has been done around the world at leading hospitals and clinics.

At the Institute of Clinical Medicine at the University of Rome (*European Urology* v 21, 1992) DiSilverio and his colleagues studied thirty-five men with BPH for three months, and gave half of them a placebo (inert capsules). They concluded, "On the basis of these considerations, monotherapy with a special *S. repens* extract [a special clinical high potency beta-sitosterol extract] may be more favorably accepted, on account of similar clinical results, when compared to the combination therapy cyproterone acetate plus tamoxifen."

At the Hospital Ambroise in Paris (*British Journal of Clinical Pharmacology* v 18, 1984) Champault and two other doctors did a classic double-blind study on one-hundred ten men, half of them receiving a placebo. They concluded: "Thus, as predicted by pharmacological and biochemical studies, PA109 [4 tablets of Permixon daily] would appear to be a useful therapeutic tool in the treatment of BPH." They should have used more beta-sitosterol than that.

At the Klinische Endokrinologie in Freiburg, Germany (*Klinische Endokrinologie* v 98, 1980) Zahradnik and other doctors demonstrated that beta-sitosterol taken from star grass (and sold as the prescription extract Harzol) lowered prostaglandin levels. In regard to the development of prostate enlargement, it was shown that high prostaglandin levels supported tumor growth.

Doctors at the University of Padova, Italy (*Minerva Urologica e Nefrologica* v 37, 1985) studied the effect of a special, clinical, high potency beta-sitosterol extract (from *Pygeum africanum*) on men with BPH. Dr. Tasca and his associates measured urine flow and other parameters in men ranging from ages 49 to 81, compared to men receiving a placebo. The men receiving beta-sitosterol achieved much-improved urine flow. Such extracts are not available to non-scientists.

At the Institute of Medical Sciences in Madras, India (*Medical Science Research* v 16, 1983) Doctors Malini and Vanithakumari have studied the effect of beta-sitosterol on the prostates of rats. In only six weeks, improved metabolism and reduced weights of their prostates was seen. This was a unique and thorough study.

At the University of Dresden, Germany (*British Journal of Urology* v 80, 1997) Doctors Klippel, Hilti, and Schipp studied one-hundred and seventy-seven BPH men for six months. Half the men received a placebo and half received the prescription extract Azuprostat containing 130 mg of beta-sitosterol. To substantiate their research, thirty-two references were cited. They carefully

screened all the men, who were tested extensively during the study. They concluded, “These results show that beta-sitosterol is an effective option in the treatment of BPH.”

A nine-week double blind study of fifty men was conducted at the University of Basel, Switzerland (*Urologe A* v 24, 1985) Dr. Vontobel and his colleagues studied a special extract of nettles containing a high concentration of beta-sitosterol. They said, “The use of beta-sitosterol from nettles, in the evaluation of the objective parameters showed significant differences; the men who received the supplement improved significantly.” You cannot buy such extracts in stores.

At the University of Bochum in Herne, Germany (*Lancet* v 345, 1995) Dr. Berges and his associates used pure beta-sitosterol with two-hundred men, over the course of a year, half of whom received a placebo. They said, “Significant improvement in symptoms and urinary flow parameters show the effectiveness of beta-sitosterol in the treatment of BPH.” This is clearly one of the most important and well-done studies on prostate ever published.

Doctor Bassi and others at the University of Padova, Italy for two months (*Minerva Urologica e Nefrologica* v 39, 1987), studied forty men who had BPH and were given an extract of *Pygeum africanum* containing a high beta-sitosterol content. Half the men received a placebo. They concluded, “The preliminary results demonstrate a significant improvement of the frequency, urgency, dysuria [difficult, painful urination], and urinary flow in patients treated with the active drug.”

At eight different urological clinics in Europe (*Prostate* v 37, 1998) a collective study over a two-month period was done of 263 total patients with BPH. They were given either *Tadenan* (a *Pygeum africanum* extract standardized for beta-sitosterol content) or a placebo. This very extensive study was coordinated among different clinics and different doctors who all agreed, “treatment with the *Pygeum africanum* extract led to a marked clinical improvement. A comparison of the quantitative parameters showed a significant difference between the *Pygeum africanum* group and the placebo group, with respect to therapeutic response.” The *Pygeum* extracts you buy in the store are much weaker than this. They concluded that beta-sitosterol is the most promising of all medical therapies

A study was done on twenty-three patients at the Urological Clinic of Krankenhauser, in Germany (*Wiener Klinische Wochenschrift* v 22, 1990), Dr. Szutrelly gave the patients with

prostate enlargement either Harzol (herbal extract standardized for beta-sitosterol content) or a placebo, over a two-month period. He measured their prostates with ultrasound equipment before and after treatment. At the end he said, “within the scope of a controlled double blind study to demonstrate the effect of conservative therapy of benign prostatic hyperplasia with Harzol, ultrasonic examination of the prostate adenoma [enlargement] was carried out on twenty-three patients before and after therapy, with the trial preparation of a placebo. Within a two-month treatment with Harzol there was a significant change in echo structure of the prostate adenoma. This is interpreted as a reduction in the interstitial formation of oedema [swelling].”

A unique review (*Medizinische Klinik* v 77, 1982) of studies, over a thirty-one-year period, used eighteen different international trials involving 2,939 men with BPH. They were treated with strong extracts of saw palmetto, standardized for beta-sitosterol content. After reviewing all these studies, the researchers announced, “The evidence suggests that *Serenoa repens* [saw palmetto] extract improves urologic symptoms and flow measures.”

Another unique review, in a different manner, was done at the Department of Urology in Glasgow, Scotland (*Journal of the American Medical Association* v 280, 1998) Dr. Buck did a twelve-page review of herbal therapy for the prostate, including Harzol, Tadenan, Permixon, Strogen, and Sabalux (all European prescription herbal extracts standardized for beta-sitosterol content). He documents his review with fifty-nine published, worldwide studies, and discusses the biological basis of prostate illness. His conclusions of the efficacy of herbal treatment of prescription drugs and therapy are well founded.

Dr. Braeckman performed a study done at the University of Brussels, Belgium (*British Journal of Urology* v 78, 1996), using Prostaserene (an extract standardized for beta-sitosterol) for six weeks. This led him to conclude, “Traditional parameters for quantifying prostatism, such as the International Prostate Symptom Score, the quality-of-life score, urinary flow rates, residual urinary volume, and prostate size were found to be significantly improved after only 45 days of treatment. After ninety days of treatment, a majority of patients (88%) and treating physicians (88 percent) considered the therapy effective.”

At the Veterans Administration in Minneapolis (*Current Therapeutic Research* v 55, 1994) doctors did a very thorough review of the research on beta-sitosterol, going back over thirty

years and including thirty-two references. They concluded that beta-sitosterol had “the greatest efficacy amongst phyto-therapeutical substances.” They also concluded that, “Beta-sitosterol improves urological symptoms and flow measures.” A review like this is very impressive, as it uses many studies condensed into one comprehensive presentation.

At the University of Rome (*British Journal of Urology* v 83, 1999) doctors gave men with BPH (average age of sixty-eight) Permixon for ninety days. This caused a drop of 50 percent in prostate gland DHT levels, and a rise of 72 percent in testosterone levels. More proof that testosterone is necessary for healthy prostate metabolism. It is not the serum level of DHT that is critical, but how much DHT binds to the prostate itself. In the same journal an extensive review from the Veterans Administration Center was published. They found, “beta-sitosterol improves urological symptoms and flow measures.”

A fine review from the University of Connecticut (*Pharmacotherapy* v 22, 2002) on the effects of beta-sitosterol and BPH. “In men with BPH, evidence suggests that the agents improve urologic symptoms and flow measures to a greater extent than placebo and to a similar extent as finasteride. Beta-sitosterols also are efficacious in the treatment of BPH, improving urinary symptoms and flow measures in placebo-controlled clinical trials. Phytosterols improved lower urinary tract symptoms (LUTS) and urinary flow measures in numerous clinical trials.” They were also very concerned with quality of life (QOL) measure and found “Based on the studies reviewed, phytosterols are generally well tolerated and potentially effective in treating symptoms of BPH and improving quality of life.” This was defined by the International Prostate Symptom Score (IPSS) developed in 1993, which is considered the gold standard for urological symptoms.

Dr. Berges and his associates at Ruhr University in Germany published another study on beta-sitosterol, in 2000 (*British Journal of Urology* v 85). This time they wanted to do a very long-term study, over an eighteen-month period, to prove beyond any doubt the lasting effects of beta-sitosterol therapy on prostate enlargement. This was, of course, a classic double blind study, and they measured many basic indexes to show in detail how the men fared. The untreated men got worse with time, while the men given beta-sitosterol improved in all measured ways. They concluded, “The beneficial effects of beta-sitosterol treatment... were maintained for eighteen months.” This leaves no doubt as to the long-term effectiveness.

These are only a few of the many dozens of studies that have appeared in the major medical journals. They show, in fact, that beta-sitosterol is the active ingredient in herbs. American herbal products, even the most expensive extracts that claim “85 percent fatty acids and sterols,” have almost no beta-sitosterol in them. Analytical studies prove there are no significant active ingredients in any of these products. This is never mentioned on the label, proving that almost every over-the-counter natural prostate remedy sold in the U.S. simply has no value.

Chapter 7: Other Benefits of Beta-sitosterol

[Due to the hundreds of published studies involved, it is impractical to use endnotes in this chapter.]

Beta-sitosterol is one of the most important nutrients in our diet, is found in literally all our vegetables, and is the most important supplement you can take for good prostate health. It has many other benefits, and can be used by both men and women (especially to protect against breast cancer). It's estimated that Americans generally consume about 300 mg a day of natural beta-sitosterol in their diets, while vegetarians eat at least twice that much. Western diets are clearly deficient in this.

A notable benefit of this supplement is the promotion of healthy cholesterol and triglyceride levels. Over thirty years ago, studies showed a positive effect, with no change in diet or exercise. Since then, over sixty articles have been published in international medical journals. To reap the benefits described, you need to take at least 300 mg a day of mixed beta-sitosterol. If you lower your fat intake, and actively exercise, the results will be much more dramatic. Common sense tells you to cut down on, or cut out, saturated animal fat, dairy, and, especially, unnatural hydrogenated fats, which are found in so many of our processed foods. Surprisingly, the intake of vegetable oils does not raise cholesterol or triglyceride levels, but excess vegetable oils can contribute to other illnesses and conditions including cancer. Please read my book, *Lower Cholesterol Without Drugs*.

You would think that doctors would be giving beta-sitosterol

to all their patients with high cholesterol levels. Instead, they are prescribing costly, toxic drugs with very serious side effects. These drugs do not lengthen lifespan at all, but do harm your health. Surprisingly, beta-sitosterol is very difficult to find in drug stores, health food stores, and mail order vitamin catalogs. Every year beta-sitosterol becomes much more popular and well known. This is obviously a supplement for women, as well.

High cholesterol and triglyceride levels are the biggest cause of clogged arteries, or atherosclerosis. At the Wistar Institute in Philadelphia, McMaster University in Ontario, Sumitomo Chemical in Japan, and the Institute of Experimental Medicine in Leningrad, atherosclerosis was improved by simply giving beta-sitosterol supplements.

Studies have been done in other areas of illness that show beta-sitosterol has great potential in areas such as blood clotting, ulcers, cancer prevention, tumors, immunity, inflammation, diabetes, and other diseases. Since beta-sitosterol is found in all common vegetables, this proves it really is an essential nutrient, and will be so recognized in the future. Plant sterols are not optional, as they are an integral part of our diet.

The following studies show the promising potential of beta-sitosterol for various conditions:

Doctors at the State University of New York have been studying the effects of beta-sitosterol on human prostate and human colon cancer cells in test tubes (in vitro). They have found it to be a potent killer of cancer cells, but so far only in test tubes. This is very promising research in finding effective natural supplements that have anti-cancer properties. Soon they will use real people in their studies.

At the famous Sloan-Kettering Cancer Institute, doctors found beta-sitosterol, when fed to rats, slowed the growth of colonic adenomas (tumors). Why aren't they using real men and women?

At the University of Frauenklinik in Germany, men with prostate adenomas were given beta-sitosterol, which slowed tumor growth by decreasing their prostaglandin content.

At the National Institute of Health in Maryland, scientists studied the chemo-preventive properties of beta-sitosterol. This means that it helps prevent cancer when known carcinogens (cancer-causing chemicals) are given to laboratory animals. The same chemo-preventive results were found with rats at Wayne

State University. O.K., they can't use real people here.

At Shiga University in Japan, and the University of Valencia in Spain, high blood-sugar levels in hyperglycemic rats were lowered by feeding them beta-sitosterol. Diabetic rats improved their diamine oxidase (DAO) levels when fed oral beta-sitosterol. DAO levels are a basic marker in this condition. The same desired results were shown in another study, where glucose-6-phosphatase (G-6-P) levels were lowered. G-6-P is another basic marker of diabetes and blood sugar disorders. Soon human diabetics will take beta-sitosterol and demonstrate their improvements.

Studies have shown that oral beta-sitosterol protects against stomach ulcers in rats. At West China University in China, it was shown that beta-sitosterol helps protect our stomach linings and prevent the formation of ulcers. In another study, stomach lesions in test animals were reduced 80 percent with oral beta-sitosterol. At the University of Texas, the same protection against stomach ulcers in rats was shown by simply adding beta-sitosterol to their food. Doesn't it sound more promising to study a beneficial, inexpensive substance found in all vegetables for reducing stomach ulcers, rather than toxic prescription medicines? Stomach ulcers are epidemic in all the developed countries.

There are so many studies on the antimicrobial properties of beta-sitosterol it is hard to count them all. These include antibacterial, antifungal, and even antiviral. Antiviral supplements are very rare. This is a much better medical road to follow than the constant search for powerful synthetic antimicrobial drugs that cause more harm than benefits. At the Central Institute of Medicine in India, the Institute of Biotechnology in Peking, the University of California, and the Federal University in Brazil, powerful antimicrobial properties were shown. This broad-spectrum activity is most impressive.

Studies have shown beta-sitosterol intake improves blood parameters in various ways. At the Efurt Medical Academy in Germany, beta-sitosterol fed to rabbits improved their fibrinolytic capacity and plasminogen activity. At the Tokyo Institute in Japan, the same basic results were found in cows. At Aga Khan University in Pakistan, blood platelet activity was improved. We have mentioned before that beta-sitosterol lowers cholesterol and triglyceride levels with no other changes in diet or lifestyle. The references to "fibrinolytic," "plasminogen," and "platelets" simply mean that blood functions were improved due to beta-sitosterol supplementation.

Studies have been done, especially at the University of Stellenbosch in South Africa, on improving the human immune system by simply adding beta-sitosterol to their diets. Runners ran better under the influence of this supplement. T-cell activity in the blood was improved, lymphocytes grew faster, and natural killer-cell (NK-cell) function was improved. This simply means that the runners' immune systems were functioning better. Our immunity is central to our health, and low immunity is epidemic. Taking beta-sitosterol along with beta glucan is a very effective combination.

Powerful anti-inflammatory properties of this wondrous substance have been demonstrated. People in technological societies suffer from far too much inflammation in their systems. This is a basic cause of illness and debility. At the University of Stellenbosch, doctors are working with people with rheumatism to see if beta-sitosterol will help them. This is certainly more fruitful than dangerous, and ineffective synthetic chemicals. These are widely promoted every year as arthritis and rheumatism "break-throughs," but never deliver what is promised. At King George Medical College in India, arthritic rats were given beta-sitosterol with good results and total safety. At the University of Napoli in Italy, arthritic rats improved significantly when fed beta-sitosterol. Several relevant U.S. and European patents have been granted. When are we going to see humans with arthritis studied?

At Dhaka University in Bangladesh, doctors found that diabetic rats fed beta-sitosterol reduced their blood sugar significantly. This was done by improving liver function and normalizing sugar metabolism. At the University of Valencia in Spain, the insulin metabolism of diabetic rats was improved dramatically. The same results were found at Shiga University in Japan. Why aren't American researchers looking at improving the life of diabetics by natural means, instead of injecting them with insulin and giving them toxic drugs for the rest of their lives? One in three American children born today will grow up diabetic.

There are many other published studies of beta-sitosterol, on both humans and animals that have shown a wide range of potential benefits, including increased levels of SOD (superoxide dismutase), which is critical to immunity and lifespan. SOD is the most important of our four antioxidant enzymes, and our levels fall as we age. People with many various illnesses have low beta-sitosterol intake. Vegetarians typically eat 100 percent more beta-sitosterol than meat eaters, and are known to be healthier, live longer, and have far less diseases. This includes cancer, coronary heart disease, diabetes, and the many other conditions that affect most all Americans. The elderly have been shown to have

extremely low phytosterol intake, generally. Americans just don't eat many green and yellow vegetables.

Topical uses have been studied for keratosis, acne, psoriasis, and skin protein synthesis. Unfortunately beta-sitosterol creams are waxy and leave a residue on the skin.

Why hasn't beta-sitosterol been studied more? Why isn't it more readily available? Why isn't information like this widely disseminated? There's just no PROFIT in selling an unpatentable, non-prescription, inexpensive plant extract obtained from sugarcane pulp, soybeans, and pine oil. As time goes on we will see more studies and more real people used in these studies.

Chapter 8: Prostatitis

Prostatitis is simply a chronic infection of the prostate gland, due to weak immunity in that area. It can be triggered by various factors, such as anal intercourse (heterosexual or homosexual), urinary tract infections (urethritis), bladder infections (cystitis), or post-surgery complications. It also happens for no known reason at all. Honest doctors admit that little is known about the causes of or treatments for this condition. Strong and dangerous antibiotics are the usual medical route. The only real answer is natural medicine, and bolstering the immune system with diet, supplements, hormones, exercise, and fasting- diet and lifestyle in other words. *It takes time and patience to cure prostatitis.* This is a chronic condition. Read *Seven Steps to Natural Health* on page 74 to see how you can really adopt a total program of diet and lifestyle.

Prostatitis can also be an acute as well as a chronic condition. This can cause symptoms similar to BPH, only much more painful. In fact, prostatitis can temporarily falsely raise PSA levels very dramatically, and make men fear that they may have cancer. *More proof the PSA is useless for diagnostics.* Prostatitis can cause frequent urination, painful ejaculation, a sense of urgency, severe pain in the genital area, poor or no sexual functioning, and incomplete emptying of the bladder. In acute forms, the illness can even manifest as flu-like symptoms, with fever, chills, cold sweats, pain, and nausea.

The medical profession can do little or nothing about this common condition. The usual medical treatment is to test the urine and see if specific bacteria can be found. Then an antibiotic is prescribed. These medications have serious side effects, and the

patient must be monitored while taking them. Again, the doctor is treating the symptom, and ignoring the cause of the infection. The bacteria are not causing the problem- they are growing because of *low immunity* and impaired metabolism of the prostate gland. Treatment with antibiotics is generally very ineffective, to say the least. Often, even if the symptoms go away during treatment, the improvement is unrelated to the antibiotic regimen. There is also a type of infection called non-bacterial prostatitis, where no specific harmful bacteria can be detected. Doctors may still try to treat this with a succession of antibiotics, hoping to find one that will stop the infection. Obviously this is a classic exercise in futility, and is not very successful at all. Often, patients who get no treatment at all recover just as quickly as those who take antibiotics.

Whether it is infection, enlargement, or outright cancer of the prostate, it all comes down to *weak immunity*. For the infection to take hold, the body's immune system and metabolism must be impaired. Thus, all of these conditions can be treated with diet, supplements, hormone balancing, fasting, and exercise. It must be emphasized that prostatitis, especially the chronic variety, does not respond well to conventional medical treatment. You must be very clear that you are going to have to treat yourself, and depend on your own efforts to get well. Doctors have sometimes resorted to alpha-blockers, anti-inflammatories, physiotherapy, and even debilitating surgery in an attempt to deal with this problem. You must deal with your total health and your immune system, and treat this as you would actual cancer. Prostatitis is arduous to treat. You will have to make basic changes in your diet and lifestyle if you are to get well and stay well. Prostatitis is often literally harder to cure than outright cancer generally, because it is usually chronic and long term. *The best way to cure yourself is to treat your inflammation as if you did have cancer.* Go on a very good diet without meat, poultry, eggs, dairy, sugars, or refined foods. Take the twenty recommended supplements even if you're under 40. Test and balance your dozen basic hormones. Fast one day a week (on water only) faithfully. Get daily exercise, even if it just means walking the dog. No prescription drugs. Give up any bad habits such as alcohol, coffee, or cigarettes that can lower your immunity. You will make regular monthly progress this way.

It should be noted that the antioxidant quercetin has shown some benefit in cases of prostatitis, and is discussed in the chapter on supplements. At the Institute for Male Urology in California (*Urology* v 54, 1999), men with prostatitis were studied. Half were given quercetin, 500 mg twice a day (100 times the normal intake), in a double blind study. In only one month, two-thirds of the quercetin men showed improvements of at least 25 percent. Taking

an inexpensive, over-the-counter, natural food supplement that offers many other health benefits certainly seems preferable to prescription drugs. Other studies (*Journal American Nutraceutical Association* v 2, 1999) have also shown the value of quercetin for infection of the prostate.

One would think much research is being done on such a common and hard-to-solve condition, but such is not the case at all. There are few studies done on finding the causes and possible treatments of prostate inflammation, especially natural cures. We need more human research here. The medical profession is really helpless here, and often causes more harm than good with shotgun, in-the-dark approaches.

Chapter 9: Prostate Cancer

Yes, *prostate cancer can be cured naturally*, without resorting to drugs, surgery, radiation, or chemotherapy. Prostate cancer may actually be cured by diet alone. The best book on this subject is *Confessions of a Kamikaze Cowboy*, which should be re-titled and re-edited. The author, actor Dirk Benedict (*The A-Team*), got prostate cancer in his thirties, at the height of his career. He decided to go on a macrobiotic diet and stopped eating meat, poultry, eggs, dairy, refined foods, tropical foods, alcohol, coffee, and sugars of any kind. He did not have the many supplements and hormones we have now.

The doctors wanted to castrate him, which meant he would die anyway, with a terrible quality of life. He thought about this option, and decided that the whole grain diet, and living another fifty years, sounded better than dying a painful, lingering, premature death, with no testicles. He turned his back completely on the doctors and refused all medical treatments. Within seven months he knew he was basically well, and would soon be completely cancer-free. Over 30 years later, Dirk is happy, healthy, vibrant, youthful, and the father of two handsome sons. This inspiring book, relating his true-life story, is vitally important to read. It is also important to read such books as Anthony Satarillo's *Recalled By Life* (out of print, but at libraries), Mina Dobic's *My Beautiful Life*, and Elaine Nussbaum's *Recovery From Cancer* on their healings of cancer in the same way.

The most important factor in curing prostate cancer, or any other cancer, is to *change your diet and lifestyle*. Stop eating eggs, dairy, poultry, meat, sugars of any kind (even honey and maple

syrup), tropical foods, hydrogenated oils, preservatives, chemicals, refined foods, coffee, cigarettes, prescription drugs, and alcohol. A diet based on whole grains, beans, most vegetables, some local fruit, soups, salads, and small amounts of seafood (if you don't want to be a vegetarian), is the way to cure yourself. There are various books available on macrobiotics, especially my *Zen Macrobiotics for Americans*. There are some fine authors out there who have written books on natural diet, such as Susan Powter, Robert Pritikin, Gary Null, Dean Ornish, Neal Barnard, Terry Shintani, and others. The vast majority of diet books are not good at all to put it mildly.

The white European countries have more prostate (and other) cancers largely because of their high-fat and high-calorie diets. Whole grains are hardly eaten anymore (only 1% of the diet) in Western countries. *Whole grains such as rice, wheat, barley and oats are literally the staff of life*. They have been the dietary basis of most cultures for thousands of years. Eating well also means eating low-fat, low-calorie foods. Generally, men need only about 1,800 calories per day, and women only about 1,200. The Hutchison Cancer Center (*Cancer Epidemiology Biomarkers Preview* v 11, 2002) showed that low-calorie diets help cure prostate cancer in real men.

After you have changed your diet, the second most important thing to do is to take the proven supplements for you general health. Always remember that supplements are always secondary to good diet, and nothing can compensate for not eating well. The supplements recommended in this book are safe, natural, inexpensive, effective, and proven - in medical journals around the world - to support good prostate health.

The third step is hormone balancing. The prostate is strongly hormone controlled. Saliva testing of hormones is the greatest medical breakthrough in the last decade. Most of the public is still completely unaware of it, as are medical professionals. Doctors rarely test hormone levels, and have little knowledge of how to do this properly. Hormones are very powerful, are not to be used casually, and should not be taken without first testing your levels. Hormone testing will become very mainstream in the near future. DHEA, testosterone, pregnenolone, progesterone, melatonin, thyroid (T3 and T4), GH (growth hormone), and cortisol levels are all critical to good prostate health. If you wish to maintain the youthful hormonal levels you had in your thirties, you can use a hormone supplement and monitor your levels annually.

Fasting is powerful for healing cancer. Fasting just one day

per week (supper one day to supper the next day *on water only*) can change your health completely. *Fasting is literally THE most powerful healing method known.* Some fine books on fasting have been written by Paul Bragg, Joel Fuhrman, Eve Adamson, Nathaniel Bronner, and Alan Cott. Please remember that true fasting means *nothing but water*. Prayer is also effective if you have any religious orientation. It is the sincerity of your prayer that counts. Faith is simply trust in the unknown, and trust can and does move mountains. Prayer works.

If you feel you can't fast and go without food, then go on a diet of, say, only brown rice for a period of time. You can also go on a low calorie, soup-only diet. Soon you will be able to fast one day a week, from dinner to dinner, with no problem. People think of fasting as starvation, deprivation, and hunger. Actually, hunger pangs generally go away after the second day, and a feeling of lightness, elation, and joy take over. This is the most powerful healing method, and also develops character and spirituality.

Recently, a theory called "complementary medicine" has been popularized, which uses both traditional allopathic (treat only the symptom) and natural (treat only the cause) medicines. You cannot go north and south at the same time, and you cannot successfully use opposing methods of healing. The best way to get well is to use allopathic medicine **ONLY** for the effective diagnostic techniques it employs. You then have a choice of completely avoiding radiation, chemotherapy, prescription drugs, and surgery. These medical methods merely disguise your symptoms and ignore the causes of your illness. Use natural treatments to *deal with the very cause of your illness*. If you have already had allopathic treatments it may not be too late for you to use natural methods to get well and overcome the very negative and destructive effects of the previous medical treatments.

A classic success story of healing prostate cancer naturally comes from my friend Laddie in Oregon. He found he had prostate cancer in his fifties. It was verified, and the diagnosis was he would probably be dead within five years, no matter how many medical treatments he underwent. He said he would rather die of cancer than undergo such torture. His wife, Monica, was determined not to be a widow, and looked into the natural healing of cancer. She read up on macrobiotics, and immediately put Laddie on a diet of whole grains, beans, most vegetables, local fruits, and some seafood. All his life, Laddie had eaten meat, eggs, poultry, dairy, sugar, alcohol, coffee, and refined foods - the usual American diet. He decided it was time to change his diet and lifestyle. Monica made his meals every day, packed his lunch, and

made sure he stayed with the diet and didn't deviate.

Laddie bought all the supplements recommended in this book, and took them every day. Taking supplements was the easy part. They were a fraction of the cost of the toxic prescription drugs he would have used otherwise. He took melatonin and pregnenolone, and used transdermal progesterone cream daily. His thyroid was fine. With saliva testing he discovered his testosterone and DHEA levels were both low. Laddie went against the doctors who believe testosterone is bad for the prostate and increases cancer growth. He raised his low levels of testosterone, and also took DHEA.

Laddie had never gone without food for more than twelve hours in his life. He started fasting for twenty-four hours, once a week, by skipping breakfast and lunch every Saturday. He also started going on occasional two-day fasts. He knew he was getting well because he FELT better. *Healthy people feel good.* You could just look at him and see he was getting healthier month-by-month. His friends and relatives felt pity for him, and thought he was in extreme denial. Laddie lost weight, his complexion was clearer, he had more energy, and he simply looked and *felt better*. His original doctor became very upset as Laddie got healthier and healthier every month, refusing all traditional medical treatments. He told the doctor he had raised his testosterone and was taking four other natural hormones. The doctor became so frustrated that he stopped seeing Laddie and referred him to a colleague!

After less than eight months, Laddie knew in his heart he was well. He had never felt or looked better in his life. Since the PSA is useless for diagnosis, he got a sonogram. This showed no more malignancy. The second doctor verified he could no longer find any evidence of cancer in Laddie's body. He tried to tell Laddie that there must have been a "mistake," and that he never had cancer, but Laddie showed him the original diagnostic results. Today, Laddie is a happy, healthy, and thankful man. He eats well, takes his supplements and hormones, and fasts once a week to celebrate being alive. He expects to live into his nineties.

Bob Young is a seventy-eight year-old, blind jazz musician who lives in New Jersey. Bob was diagnosed with prostate cancer fourteen years ago, and refused the conventional medical treatments. He heard one of my radio shows, and finally tracked me down on the phone. Since he couldn't read, I sent him some audio tapes to listen to, and spoke with him over the phone. His aides also read him my books regularly. He changed his diet and quit eating meat, eggs, poultry, and all dairy products. He started eating whole grains and other natural foods. He took all the

suggested supplements and tested his basic hormones. Surprisingly his medical doctor was very supportive of his natural treatment, and helped him test his hormones. It took two years because of his advanced, long-term tumor growth and his age, but he finally was diagnosed cancer free both by MRI and sonogram. He enjoys his natural food diet, still takes sixteen supplements every day, and keeps his hormones in balance. Bob is looking forward to another good ten years of life, and plays in his jazz band weekly. If an elderly blind man can cure his cancer by changing his life then you can, too. Bob is an inspiration to anyone with a serious illness.

There are many other true life stories of men who cured prostate cancer naturally on my website library. You can do this in only one year just by changing your diet and lifestyle.

Chapter 10: Progesterone

Progesterone is thought of as a female hormone, but actually protects men from excess estrogen. Men need progesterone in their bodies for life itself, only in smaller quantities than women. The estrogens estradiol and estrone are the feminizing hormones in men, and it is progesterone that is the natural antagonist to them. Excessive estrogen levels in men over 50 cause cancer, breast growth, obesity, and other problems. Progesterone can help inhibit this. Do not confuse real, natural progesterone with the synthetic progestin analogs, like Provera[®] that have been shown to have serious side effects. They do not have the advantages of natural progesterone. Nature has given progesterone to both men and women to balance and offset the strong effects of estrogen. Men, of course, have lower levels of progesterone than women, so they need less supplementation. *Men have specific progesterone receptors on their prostates*, yet even urologists and endocrinologists are blind to such well-known scientific facts. *Your prostate needs progesterone to be healthy.* You do not have to test your progesterone levels, and saliva testing does not work well here as it is fat soluble. You do not need to test here.

Progesterone is very poorly absorbed orally. If taken by mouth, it is broken down into unwanted metabolites. Fortunately, it is readily absorbed through the skin into the blood. Therefore, transdermal creams are very practical and effective. Just use a good brand that contains 800-1000 mg of real, natural, USP (pharmaceutical grade) progesterone per two-ounce jar (400-500 mg per ounce). This must be stated clearly on the label. Apply 1/8th teaspoon of the cream directly to your scrotum (testicle sac) five days a week. This allows it to penetrate and reach the prostate receptors. This small amount provides about 7 mg daily, of which

about 2 mg should be absorbed into your system. You can use it on your inner wrist if you want. Progesterone has been shown to be completely non-toxic and very safe, especially in these amounts.

Now, let's quickly discuss the research that shows progesterone opposes and balances excess estrogen, and is a *powerful 5-alpha-reductase inhibitor*. This means progesterone helps stop the conversion of beneficial testosterone into dihydrotestosterone (DHT). High glandular DHT content is a major cause of prostate disease. Your prostate has specific progesterone receptors that no other hormone can attach to. The following studies were published in the most prestigious medical journals in the world, including *Endokrinologie*, *Indian Journal of Experimental Biology*, *Gynecological Investigation*, *International Encyclopedia of Pharmacological Therapy*, *Acta Endocrinology*, *Journal of Clinical Endocrinology and Metabolism*, *Journal of Endocrinology*, *Journal of Steroid Biochemistry*, *Oncology*, *Annals Endocrinology*, *Acta Physiologica Latinoamerica*, *Prostate*, *Urology Research*, *Endocrinology*, and *Archives of Gerontology and Geriatrics*.

The Center for Drug Research in India did four different studies showing that progesterone shrank enlarged rat prostates and antagonized the stimulating effects of estrogen. Progesterone stimulates alkaline phosphatase, and depresses acid phosphatase in the prostate, and is generally supportive of proper prostate function. Six different studies in clinics around the world all independently demonstrated progesterone is a powerful 5-alpha-reductase inhibitor that stops the conversion of testosterone into DHT. Men with prostate disease generally have high DHT binding levels in their prostates due to low testosterone levels. In fact, at Staten Island College, and Mt. Sinai Medical School, progesterone was shown to raise the level of androstenedione in the prostate gland itself. Remember that *a healthy prostate needs an abundance of androgens such as testosterone, androstenedione, and DHEA to function well*. We need youthful levels of these hormones.

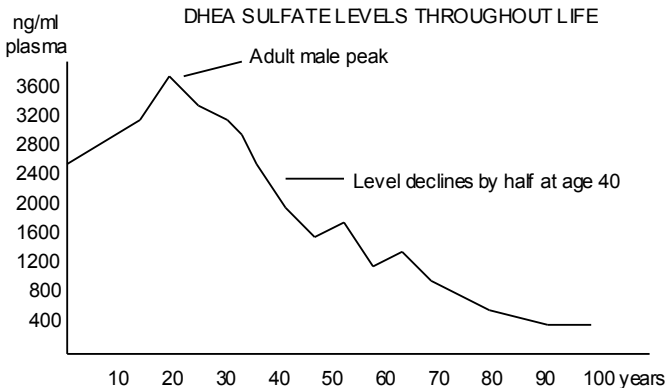
At the University of Laval in Quebec, progesterone inhibited estrogen from binding to the prostate, and the presence of progesterone receptors was clearly demonstrated. At the Institute for Biological Medical Experiments in Buenos Aires it was shown that progesterone shrank prostate weight in test animals, and reduced 5-alpha-reductase activity as well. At the Biochemical Medical Laboratory in France, the University of Maryland, and the Institute of Clinical Medicine in Rome, doctors demonstrated the importance of prostate progesterone receptors, showing how

responsive the gland is to this hormone.

In 1988, a very important study was done at Nanjing Medical College in China. Progesterone reduced the prostate weights of test animals, and the doctors concluded that this therapy should be used on humans. Since that time there have been almost no published studies on the use of progesterone for BPH and prostate cancer even in animals. We need human studies here, and they aren't being done. There's just no profit in natural hormones used in natural ways. Doctors and urologists aren't even aware the prostate gland has progesterone receptors, nor would they care if they did know. All this information is in mainstream medical journals. What do they do in medical school anyway? This is an inexpensive, over-the-counter cream, and you don't need a doctor or a prescription for it in the United States.

Chapter 11: Your Other Basic Hormones

DHEA is the second most important androgen, after testosterone, for prostate health. DHEA is very important for male sexual and urological health. Men with erectile dysfunction are commonly low, and need supplementation. DHEA is called the "life extension hormone" for good reason. Many diseases show overall low levels in patients, especially coronary heart disease. DHEA levels fall as we age as you can see from the chart below.

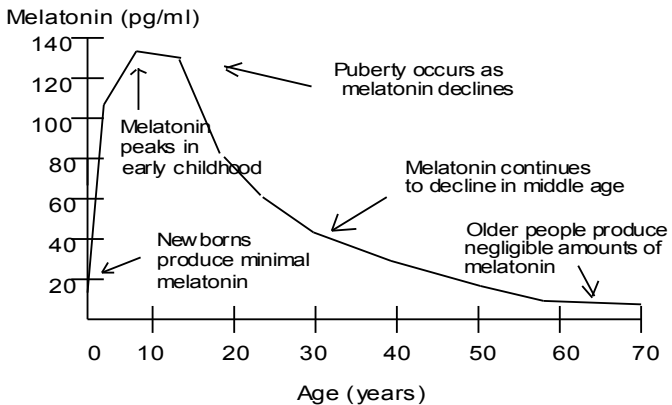


Men with prostate cancer had their blood analyzed, and had decidedly lower DHEA levels than healthy controls (*Urology Times* v 26, 1998). At Johns Hopkins University more men were studied. The prostate cancer patients (*Cancer Epidemiology Biomarkers* v 2, 1993) had 12% lower DHEA levels than healthy

men. Other researchers have found higher DHEA levels helped prevent prostate conditions in general.

Melatonin has extensive research for prostate health, yet we never about this. In 1958 it was finally identified as the pineal gland hormone. It wasn't until the mid-1990s that it became available inexpensively. The hallmark of this research is that *the prostate actually contains melatonin receptors*. Medical doctors, including urologists, are not aware of these well-established scientific facts. No other prostate books talk about melatonin either. This chart shows that melatonin peaks at about age 13, and then falls severely until it almost disappears at age 60. Take this only at night, never during the day. The media has tried to portray this as a mere aid for poor sleep and jet lag, when it is a potent, powerful, and proven anti-aging, anti-cancer, antioxidant, immunity-stimulating hormone.

Melatonin's most important benefit is in *extending our life span*. Lab animals given melatonin in their drinking water have lived as much as 1/3 longer. It also boosts the immune system, and may be the most powerful of all known antioxidants. According to new research, melatonin promotes good cardiovascular health, exhibits anti-cancer and cancer-preventive properties, and is very important to prostate metabolism. At the University of Lodz in Poland (*Neuroendocrine Letters* v 20, 1999) it was shown that melatonin has beneficial effects on cancer in general. The doctors



said, "Melatonin may exert its oncostatic (cancer defeating) effect indirectly, via modulation of the endocrine and immune systems." At the University of Milan in Italy (*Prostate*, v 45, 2000) researchers said, "Melatonin exerts a direct oncostatic activity on human androgen-independent prostate cancer cells, by affecting cell cycle progression." Again, your prostate has melatonin receptors and you need to supplement this after 40.

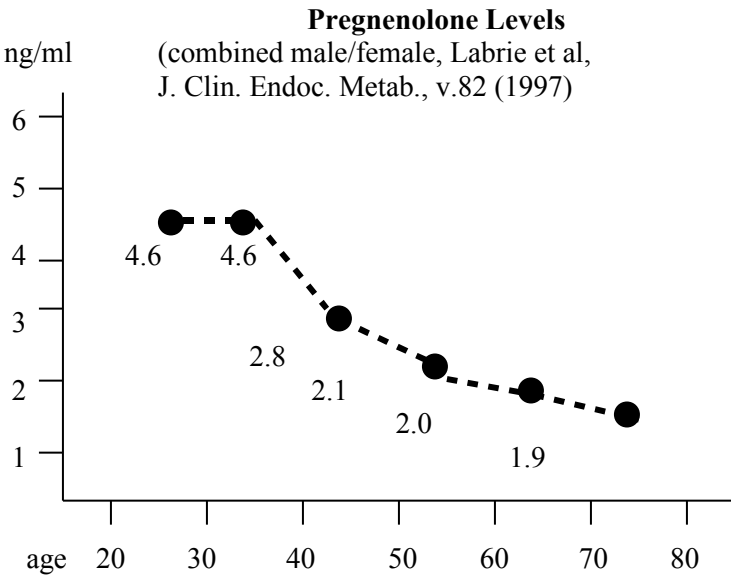
More recently, human studies have been done as a result of all the impressive animal studies. At the University of Tuebingen in Germany, men with both BPH and prostate cancer were found to have low melatonin levels (*Clinica Chimica Acta*, v 209, 1992) In a later study at the same university (*Wiener Klinische Wochenschrift* v 109, 1997) they found the same phenomenon in men with prostate cancer. The doctors suggested using melatonin supplements to treat prostate cancer as a standard therapy. The same university also did a long review (*Advances in Experimental and Medical Biology* v 467, 1999) with seventy-one references that consistently showed low melatonin in breast and prostate cancer patients. They suggested using it as part of standard therapy. In a fourth study there (*International Congressional Series Excerpta Medica* v 1017, 1993) the doctors said, “Since the observed depression of melatonin in cancer patients may contribute to, or even cause, severe endocrine aberrations, the use of melatonin as a substitutive therapeutic agent in these patients should be considered.” Yet another review (*Pineal Update*, 1996 ed. by Webb) found low melatonin in prostate cancer patients, and suggested melatonin therapy be considered. At the University of Lodz in Poland (*International Journal of Thymology* v 4, 1996) researchers came to the same conclusion: to use melatonin as a standard means of treating prostate cancer. “Moreover, preliminary results of use of melatonin in the treatment of cancer patients suggest possible therapeutic role for melatonin in human malignancy.” Why isn’t this standard cancer therapy now?

Research turned up eleven studies done at the University of Tel Aviv in Israel. The University of Hong Kong did three studies showing melatonin has powerful anticancer activity. “Melatonin inhibited the growth of LnCaP tumors,” and “the anti-proliferative action of melatonin on LnCaP tumor growth was demonstrated in vivo...” (*Prostate* v 46, 2001). At the University of Milan in Italy (*Oncology Reports*, v 7, 2000) doctors again studied the effect of melatonin on human prostate cells. They had already published a previous study on the benefits of melatonin on prostate cancer. They concluded, “Our results, together with previous reports on different human neoplasms [tumors], seem to suggest that melatonin might be considered as an effective cytostatic agent, either alone or in combination with standard anticancer treatments.” Again, doctors recommending this as a standard.

Pregnenolone is the “grandmother” hormone from which all the other sex steroid hormones are derived. *It is most important brain metabolism regulator*, and is largely responsible for memory, learning, and cognition. Pregnenolone can be called the forgotten, or orphan, hormone, as very little research has been done on this

most basic and important steroid. *It is the most potent memory-enhancer known to science.* Even endocrinologists are basically unaware of the necessity of measuring and supplementing pregnenolone, especially in people over the age of forty. Why so little research on such a basic and powerful hormone?

Pregnenolone falls precipitously after the age of thirty-five. Saliva testing of pregnenolone is available on the Internet, and blood tests can be specially ordered by your doctor. It was almost impossible to find any information at all regarding pregnenolone and prostate health in the last three decades, since so little research has been done on it. Fortunately, at the famous Marie Curie Hospital in Paris (*Journal of Steroid Chemistry and Molecular Biology* v 46, 1993) doctors did an extensive, unusually sophisticated, and very detailed study where they measured fourteen different hormone levels in men with prostate cancer and compared them to men with normal levels. They discovered that pregnenolone (and DHEA) levels were generally lower in the patients. A good dose for those over forty is 50 mg for men and 25 mg for women. Do not exceed these doses.



Growth hormone (GH) levels fall as we age, and, as it falls, the possibility of developing prostate cancer rises. Raising our GH level will strengthen our immunity, and allow us to live a longer and better life. At Federico II University in Italy (*Journal of*

Clinical Endocrinology & Metabolism v 88, 2003) a case control study was done on the effects of falling GH levels for prostate health. They said, “In conclusion, GH replacement restores prostate size to normal in both young and elderly patients with no increase in prostate abnormalities.” Real human growth hormone (rhGH) costs about \$3,600 a year and must be injected subcutaneously. The inexpensive Chinese GH is no longer available. Many promotional products claim to raise GH, but all of these are scientifically ridiculous, especially the “homeopathic HGH” (which contains none at all). Do NOT fall for these well-done promotions, no matter how enticing they sound. *NONE of them work*, no matter how well the ads are written. You can help maintain a youthful level of growth hormone by eating well, eating a low-calorie diet, *exercising*, staying slim, fasting, and avoiding bad habits. GH levels must be measured by multiple blood draws; there are currently no saliva test kits for this. It is difficult to accurately measure HGH because blood levels may vary quite a bit during the day. Go by the real world *results* you get. GH is very overrated because it is expensive. It is no better than any other hormone, and *only those over 50 who have balanced all their other basic hormones should even consider it.*

IGF-1 (insulin-like growth factor) levels do NOT parallel HGH levels, despite the conventional wisdom. Those who claim otherwise prove their ignorance in the matter. High IGF-1 levels are often *associated* with prostate disease. You can “spike” (but not consistently raise) your GH level by taking a gram of L-glutamine in the a.m., and another gram in the p.m., daily. Just because real HGH is so expensive does not mean it is a “Miracle Hormone”- it is expensive because the pharmaceutical corporations have colluded to make it so. Veterinary growth hormones are just as costly to produce, but are sold cheaply to farmers. *Don't even consider GH* until all your basic hormones such as progesterone, insulin, estradiol, estrone, melatonin, DHEA, pregnenolone, testosterone, and your thyroid hormones T3 and T4 are balanced. This is the last one to do and only after the age of 50.

Yes, you should test both of your free thyroid hormone levels since all our hormones work together, in concert, as a unified system. Prostate disease is often associated with thyroid dysfunction (*Journal of Urology* v 168, 2002, and *Prostate Cancer* v 4, 2001). Just test your *free T3* (triiodothyronine) and *free T4* (L-thyroxine), instead of your TSH or T3 uptake, as your doctor will probably suggest. There are no saliva tests for T3 and T4 now, but there will be soon. It is the *free* levels of T3 and T4 you are interested in. Pharmaceutical T4 (Synthroid, Levoxyl, etc.), and T3 (Cytomel, Cynomel, etc.) (T3) are bioidentical in every way.

Treat your T3 and T4 completely separately and do NOT use Armour® Thyroid (unless both your T4 and T3 are equally low). Armour contains both in a 4:1 ratio. Armour® pig extract can only be used by about 5% of those who are hypothyroid.

High *insulin* levels have been correlated with BPH as well as cancer (*Journal of Urology* v 168, 2002, *Recent Results in Cancer Research* v 166, 2005, and *JNCI* v 95, 2003) High insulin is due to “insulin resistance”, where your body’s cells don’t properly respond to normal levels of the hormone. Insulin resistance is another cause of prostate disease (*Hormone and Metabolic Research* v 35, 2003). The only way you can diagnose for this is with a glucose tolerance test (GTT). You simply drink a small cup of glucose solution, wait one hour, and test your blood sugar level. It is an inexpensive test that everyone over forty should get. Your GTT result should be about 100 and not just 110 as the medical profession claims. *Your fasting blood glucose should be 85 or less, not 100 or less.* Insulin resistance (and diabetes) can be cured with a whole grain based diet, proper supplements, hormone balancing, exercise, and avoiding ALL sugars including honey, fruit and fruit juice as much as possible.

Cortisol is best measured with saliva at 9:00 AM, 1:00 PM, 5:00 PM and 9:00 PM for a daily profile, since it varies so much during the day. Only diet and lifestyle is going to lower high levels. Cortef® cortisol tablets are available for low levels. This profile is optional and does not need to be done.

Surprisingly, our *thymus* glands are not well understood. The thymus does not just secrete one or two simple hormones we could use as supplements. This important gland involutes, or shrinks, until it all but disappears by the time we are forty. Obviously, this has a lot to do with aging and illness. One cannot simply take thymus hormone or take thymus extract. We need a lot more research here on how to rejuvenate thymus activity as we age.

Your Basic Hormones

Testosterone

Androstenedione

DHEA

Pregnenolone

Melatonin

Progesterone

Estradiol

Estrone

Estriol

T3

T4

Growth Hormone

Insulin

Cortisol

Chapter 12: Testosterone Is Your Friend

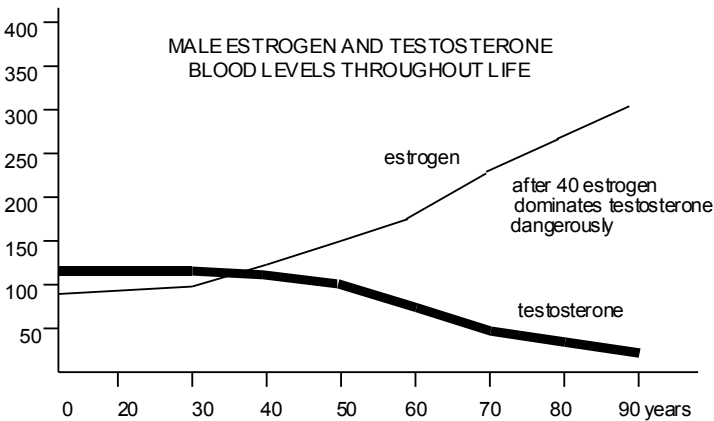
Nearly every medical doctor in the world will tell you that testosterone is somehow “bad” for your prostate and makes prostate cancer grow. This is unquestionable *Sacred Dogma* - even though the *fall* in testosterone as men age almost exactly parallels the *rise* in prostate cancer, BPH, and prostatitis. This insanity started more than eighty years ago, even before Huggins got the brilliant idea to castrate men to cure their prostate cancer! Eunuchs (castrates) had less developed sexual organs and smaller prostates, so this must have seemed like a good idea at the time. The victims seemed to get better temporarily, but the cancer soon returned with a vengeance, and they quickly died. Anyone who thinks you cure cancer by cutting off a man’s testicles is obviously insane in the first place. This butchery has continued to the present day, and now doctors use both chemicals and scalpels to castrate men. There are seventy-four (74) published studies in this chapter to prove empirically that testosterone is prostate healthy. Every year more such studies are published, yet doctors still physically and chemically castrate men to reduce their levels to zero.

A study from the famous Oxford University was published in the Proceedings of the Royal Society of Medicine in 1936. Testosterone was only discovered and synthesized in 1935 so it was barely known to doctors, much less available. Ironically, seventy years ago the doctors knew that estrogen was bad for prostate health, while testosterone was good for prostate health. They also were aware of the all important testosterone to estrogen ratio where testosterone should control and limit the “female

hormone”. Over eighty studies were quoted on the entire subject.

Another study from Louisiana State University was published in the *Journal of Urology* in 1938. Here the doctors understood that testosterone levels fell as men aged, and the incidence of prostate disease rose greatly. Since testosterone had only been very recently discovered the patients were given fresh animal testes with good results. They referred to other studies using extracts of animal testes as well as the recently synthesized testosterone propionate. The medical profession inherently knew that “the male hormone” was good for curing BPH — a common malady even then.

You can clearly see from this chart that testosterone levels fall as men age, while estrogen levels rise. Testosterone dominance and the testosterone-to-estrogen ratio are reversed, and prostate disease increases accordingly. Common sense tells you that testosterone is your friend, has always been your friend, and will always be your friend, as described in my book *Testosterone Is Your Friend*.



Acta Endrocnologica 74 (1973), pp. 792—800, and 80 (1970), PP. 173—78

The scientific literature is full of countless studies that prove testosterone is necessary for good prostate health and metabolism. When blood serum free testosterone levels are low, prostate receptors must choose dihydrotestosterone (DHT), which causes disease. DHT binding (not DHT blood levels) to the prostate receptors is a basic cause of illness. Let’s take just some of the many dozens of published clinical studies from around the world to prove that *high, youthful levels of the androgens testosterone, androstenedione, and DHEA protect you from prostate illness, and*

that supplementing low testosterone and androgen levels helps you cure your illness. There are dozens more in my files.

At the University of Washington¹ a progressive, innovative, and pioneering doctor named Richmond Prehn actually said that we should consider using androgen *supplementation* to reduce the growth of prostate cancer! He pointed out that declining testosterone levels contribute to carcinogenesis, and that supplementing low levels would reduce cancer rates. He pointed to earlier studies that showed low testosterone levels in prostate cancer patients indicated a much worse prognosis. It is doctors like him that are going to lead us into the medical Age of Enlightenment, and out of the Age of Darkness.

At the University of Witwaterstrand in Africa,² a study was titled “Low Serum Testosterone Predicts a Poor Outcome in Metastatic Prostate Cancer.” They studied 122 patients and found that the ones with the *highest* testosterone levels had the least aggressive tumors, and lived the longest. The patients with the lowest testosterone levels had far more aggressive growth, and died much sooner. They concluded, “Low testosterone seems to result in a more aggressive disease and a poorer prognosis in advanced prostate cancer.” This study is very clear.

At the Hubei Medical University in China,³ doctors studied men with BPH and carcinoma (PCA). They found that, “The results showed that serum testosterone in patients with BPH and PCA was lower than that of the healthy control group,” and further, “...the ratio of testosterone-to-estradiol is decreased with the rise of the age. The results suggested that the imbalance of serum sex hormones [i.e. falling testosterone and rising estrogen] was related to the pathogenesis of BPH and PCA.” *It is low testosterone and high estrogen levels that cause prostate problems.*

At the famous Harvard Medical School⁴ a study was titled “Is Low Serum Testosterone a Marker for High Grade Prostate Cancer?” They found that men with lower testosterone levels had faster growing tumors, higher Gleason scores, and shorter life spans. (Gleason scores are a measure of cancer severity.) The conclusion was, “In our study, patients with prostate cancer and a low free testosterone [level] had more extensive disease. In addition, all men with a biopsy Gleason score of 8 or greater had low serum free testosterone. This finding suggests that low serum free testosterone may be a marker for more aggressive disease.” *Again, the lower the testosterone the worse the prognosis.* Men, this is directly from Harvard Medical School.

At the University of Vienna,⁵ men with prostate cancer were compared to healthy controls. The men with cancer had decidedly lower testosterone levels than the healthy ones. Again, we see that the lower the testosterone, the worse the disease and malignancy rates. They also found that the other major androgen, DHEA, did not negatively affect cancer. They said, “These data are confirmed by the present study; it can be concluded that DHEA or DHEA-S serum concentrations represent no risk factor for PC [prostate cancer] development.” This couldn’t be clearer.

Again at the University of Vienna⁶ men with prostate cancer were studied for their serum testosterone levels. The doctors concluded, “Low serum testosterone in men with newly diagnosed prostate cancer is associated with higher tumor micro vessel and androgen receptor density [*note: both of these make the malignancies grow faster*], as well as [*with*] higher Gleason score, suggesting enhanced malignant potential.” In other words, in men with low testosterone the tumors grew faster, the cancer was more aggressive, and the patients died sooner.

A third study from the University of Vienna⁷ was titled, “High Grade Prostate Cancer is Associated With Low Serum Testosterone Levels.” They found that, “patients with high Gleason score prostate cancer have lower testosterone levels.” The men with the lowest Gleason scores and slowest growing malignancies had high testosterone levels averaging 4.1 ng/ml; the ones with the highest Gleason scores and fastest growing malignancies had low testosterone levels averaging only 2.8 ng/ml. *The men with almost 50% higher testosterone levels fared much better.* They also found that the powerful and beneficial androgen DHEA does not contribute to cancer, as mainstream doctors keep preaching.

Again at Harvard Medical School,⁸ doctors found that the cancer patients with the highest levels of testosterone fared the best and lived the longest. “A high prevalence of biopsy-detectable prostate cancer was identified in men with low total or free testosterone.” They said further, “A low serum testosterone level in men is associated with a number of medical conditions, most notably sexual dysfunction, and is commonly treated with exogenous (externally provided) testosterone supplementation.”

At the Memphis Veterans Administration Hospital⁹ the good doctors found that elderly veterans fared much better when they had higher testosterone levels. “Patients with a pretreatment testosterone level of less than 300 ng/100 ml had shorter intervals free of progression than patients with pretreatment testosterone

levels of greater than 300 ng/100 ml.” They referred to studies as early as 1971 that showed the same previous phenomenon. *The higher the testosterone levels the longer the men lived*; the lower the levels the sooner they died.

In an impressive collective effort between six international clinics,¹⁰ including UCLA and Columbia University, scientists used the Norwegian Cancer Registry to study the frozen blood serum and medical records of approximately 28,000 men. The median age of the men at blood draw was sixty years old. They found that *the healthy men actually had higher testosterone levels* than the ones who developed prostate cancer. They concluded that the idea of testosterone increasing the risk of prostate cancer is completely unsupported in any way. Men, this study is the second largest ever done on testosterone and prostate cancer. You just can’t argue with its conclusions based on 28,000 real men.

The University of Chicago and three other clinics¹¹ found the exact same results. “A separate analysis of serum testosterone levels revealed that the higher the pretreatment serum testosterone level, the greater the survival rate. Compared with patients with serum testosterone levels of less than 6.9 nmo/L, significant differences in survival were observed for patients with serum testosterone levels of 10.4 to 13.9, 13.9 to 17.3, and those higher than 17.3 nmo/L.” This means that the higher the testosterone levels were, the longer the men lived, and the better they fared. “These results have important implications for the design and analysis of future clinical trials of hormone therapy.” Doctors should be giving men testosterone therapy, rather than “androgen ablation. They actually came out and said this in plain words.

At the famous Johns Hopkins University in Baltimore¹² more men were studied. One group was healthy, one had BPH, and one had prostate cancer. Their total testosterone (measured in ng/dl) was measured over a five-year period. The healthy men had an average level of 636.1, the BPH group only 527.4, the men with localized cancer averaged only 472.6, and those with metastatic cancer 567.7. Clearly, *the healthy men had much higher levels of testosterone*. Strangely enough, the conclusion was, “These data suggest that there are no measurable differences in serum testosterone levels among men who are destined to develop prostate cancer and those without the disease”!!! These doctors simply did not want to admit that low testosterone was found in the BPH, low cancer, and metastasized cancer patients. A dramatic difference of 35 percent certainly should have proved the case decisively. They actually tried to deny their own results.

At the University of Utah¹³ researchers did a unique study in which they compared 214 sets of male twins. Using identical twins is a most effective means to demonstrate scientific validity. They found that *the higher the testosterone levels, the smaller prostate glands were*. “Prostate volumes correlated inversely with age-adjusted serum testosterone.” The men with the smallest prostates had testosterone levels of 17.7 / 7.9 / 17.9 nmo/L, while the men with the largest glands had levels of only 14.7 / 6.0 / 14.2. To prevent or cure BPH, a man certainly wants to maintain a youthful testosterone level. Any man over the age of 40 should know his free testosterone level, and supplement it as necessary.

At the Petrov Institute of Oncology in Russia,¹⁴ men (average age about 40) were divided into two groups of high and low blood testosterone. The first group was given 120 mg daily of oral testosterone undecanoate, and the second 80 mg. Their prostates were reduced in volume, generally in six months. “These findings suggest that exogenous testosterone in middle-aged and older men with some clinical features of age-related androgen deficiency can retard or reverse prostate growth.” Everyone knows that the gradual decrease in male testosterone levels after the age of about thirty clearly coincides with the abnormal increase in prostate volumes (BPH). The need for testosterone supplementation is obvious, yet doctors somehow can’t see this. Using oral testosterone salts was a very bad idea, the doses were too high, and they would have gotten far better results with natural transdermal or sublingual testosterone delivering about 3 mg a day.

At the famous Tenovus Institute in Wales¹⁵ over two hundred prostate cancer patients were studied. Again they found that *the men with the lowest testosterone levels had the poorest prognosis* and died the soonest. “Low concentrations of testosterone in plasma at the time of diagnosis related to a poor prognosis. Patients who died within one year of diagnosis had the lowest mean plasma levels of this steroid.” They went on to repeat, “The results of this study suggest that low plasma testosterone concentrations in men with prostatic carcinoma at the time of initial diagnosis is associated with a poor prognosis. The highest levels of plasma testosterone were found in those patients who subsequently survived the longest.” This study was done almost twenty years ago, and was published in a major journal. Why are doctors still castrating men with scalpels and toxic chemicals to destroy their testosterone?

At the University of Connecticut¹⁶ doctors gave elderly, hypogonadal (low testosterone) men either transdermal testosterone (the natural and correct way) or injections of testosterone salts (the

unnatural and wrong way), for several months. They found, “There were no ill effects on prostate size, symptoms, or prostate specific antigen [PSA] level.” If they had measured more health parameters they would have found that the men responded well overall, and got many benefits from raising their testosterone. If testosterone has negative effects (as 99.9 percent of the world’s doctors believe), then they would have enlarged their prostates, raised their PSAs, and gotten high rates of cancer- since basically all men over seventy already have growing cancer cells in their prostates. These sacred beliefs were further disproved with the low-testosterone (hypogonadal), elderly men who were given supplemental testosterone. The doctors reiterated, “No significant side effects in prostate tests or symptoms were seen in this study.”

A similar study was done at the Brooke Army Medical Center in Texas¹⁷ where older men were given injections of supplemental testosterone salts for six months. The doctors concluded, “Parenteral [injection] testosterone replacement in hypogonadal men with normal pretreatment digital rectal examination and serum PSA levels does not alter PSA or PSA velocity beyond established non-treatment norms.” If testosterone *causes* prostate problems, obviously their PSA levels would have gone up dramatically. The doctors should have used natural transdermal or sublingual testosterone, but still the men generally benefited from the therapy.

A quarter of a century ago at the Granada Medical Facility,¹⁸ men with BPH were studied and compared with healthy men of the same age group. They found that the men with BPH had a 43% lower testosterone level than the normal men. The men with BPH had an average level of only 2.3 ng/ml, while the healthy men’s levels averaged 4.0 ng/ml. Obviously 43 percent is a very dramatic difference, and proves again that low testosterone causes prostate disease. “The testosterone concentration in the BPH group was significantly lower than that of the healthy control group.” The authors were also well aware that estradiol rises strongly in men as they age, and that estradiol supplementation causes abnormal growth in the prostate gland. All this twenty-five years ago in a major journal, yet ignored today. This isn’t recent news.

At the Royal London Hospital¹⁹ doctors did a stunning review of thirty-four studies, complete with fifty-five references, and revealed that the Huggins testosterone “dogma” has been completely unsupported by science for the last sixty years. “Yet there has so far been no conclusive evidence, despite thirty-four studies, that levels of circulating testosterone in individuals developing prostate cancer are higher than in controls.” They quoted other studies: “Three overviews provided similar evidence

that there is no significant difference in mean testosterone levels between patients and control.” They went on to say, “Firstly, prostate cancers arising in men with low serum testosterone levels are more malignant and frequently unresponsive to hormones [e.g. estrogen].” Yet doctors continue to walk in darkness.

At the National Cancer Institute in Maryland²⁰ men with prostate cancer were studied and compared to healthy controls. On the surface, the testosterone levels appeared the same. However, the testosterone-to-estradiol ratios in healthy men were higher, at 7.00, compared to 6.68 in the cancer patients (higher is good, since testosterone should dominate estradiol.) The testosterone-to-estradiol ratio is just as important as the actual free testosterone level itself. As men age, their testosterone levels fall, and their estrogen levels actually become higher than women of the same age! Estrogen, instead of testosterone, becomes dominant.

At the Beth Israel Hospital in New York City²¹ researchers studied men for thirteen different hormones (or their metabolites) to determine which ones contributed to the growth of their carcinomas. They found that the average cancer patient had a low testosterone level of about 350 ng/dl, compared to the healthy controls’ much higher levels of about 450 ng/dl. In the men under sixty-five, the difference was much more dramatic, with levels of 282 ng in cancer patients compared to 434 ng for the healthy controls — over 50 percent higher testosterone in healthy men without cancer. The researchers were very reluctant to admit what they found- it contradicted their dogma. *They also found that the cancer patients had much lower DHEA levels* as well. The estrone levels were also clearly “markedly higher” in cancer patients. More proof that it is estrogens, and not the androgens DHEA and testosterone, that cause malignancy.

The internationally renowned Karolinska Institute in Sweden²² studied 2,400 cancer patients and found that the prostate cancer patients had 8 percent lower testosterone than healthy controls. Prostate cancer is the leading cause of male cancer deaths in Sweden, mainly due to high-fat diets. The conclusion was, “*Testosterone levels were lower in patients with cancer than in controls.*” Again, we see that high, youthful testosterone levels help prevent cancer.

Again, at the University of Utah, the same doctors²³ studied the brothers of men with prostate cancer and found they had four times the chance of also getting cancer. They saw that the high-risk brothers had much lower testosterone levels than healthy controls. “The observation of a lower rather than higher plasma testosterone

content in men at risk for the cancer might indicate that tissue responsiveness is supranormal.” They also found a much lower testosterone-to-estradiol ratio, which demonstrated estrogen dominance, with rising estradiol and falling testosterone. The controls had a desirable 162.5:1 ratio, while cancer patients had only a 132.5 ratio. This ratio is just as important as the free testosterone level itself.

Twenty years ago, at the University of Helsinki²⁴ hormones were measured in men with BPH or prostate cancer, against healthy controls. The free testosterone levels of the BPH patients averaged only 301 pmol/L, the cancer patients just 249 pmol/L, while the healthy men had a high 380 level. The healthy men had low estradiol levels of only 53.5 pmol/L, while the BPH patients had a stunning 137.4 pmol/L, and the cancer patients 83.7. The healthy men had testosterone-to-estradiol ratios of 7.1:1 (high is good), while the BPH men had 2.2, and the cancer patients only 3.0. The poor doctors still couldn't figure out that excess estrogens cause prostate disease, while high, youthful testosterone levels prevent and cure it.

Fifty years ago (a half-century!) at Boston University²⁵ doctors studied men on testosterone therapy to see what effect it had on their prostates. These subjects had used testosterone propionate injections (doctors really didn't know any better at the time) for four years. Healthy controls of the same age were compared. The men who were on testosterone therapy had less palpable irregularities and less hypertrophy than the healthy controls. Even using the wrong kind of testosterone resulted in better prostate health, fewer irregularities, and less BPH. They concluded, “In this study, there was no evidence that testosterone propionate in the dosage used had initiated carcinoma or activated latent carcinoma of the prostate gland.” Actually, they found less prostate disease of all kinds in testosterone-supplemented men. This is a half century ago!

At the National Public Health Institute in Finland,²⁶ doctors based their study on 62,440 Finnish men to see if testosterone and its precursor, androstenedione, increased prostate cancer rates. They concluded, “There was no association [detected] between serum testosterone or androstenedione concentrations and the occurrence of subsequent prostate carcinoma in the total study population or in subgroups, based on age [or] body mass index [BMI].” The actual numbers showed that *healthy men had 11% higher androstenedione than the cancer patients.* They further said, “The results of the current study do not appear to corroborate the hypothesis that serum testosterone or androstenedione are

causes of the subsequent occurrence of prostate carcinoma.” This is the largest study on record based on 62,440 men. You simply cannot dispute the results of a study this big.

At the International Agency for Research on Cancer, in France,²⁷ doctors did a very impressive review of the literature, complete with two-hundred forty-seven citations. Twenty-two major studies from around the world were analyzed in great detail. They came right out and said, “A first conclusion of this review is that, taken together, epidemiological studies have provided little support for the hypothesis that prostate cancer risk is increased in men with elevated total or bioavailable testosterone.” They did, however, find that elevated IGF-1 (insulin-like growth factor) levels were clearly correlated with prostate disease. A review of twenty-two other studies proves testosterone is prostate healthy.

At Umea University Hospital in Sweden²⁸ almost 3,000 men, both with and without prostate cancer, were studied for their blood androgen levels. *The men with the highest levels of testosterone had the least rates of cancer*, while the men with the lowest levels of testosterone had the highest rates of cancer. The doctors were stunned at the results, since they clearly started out to prove, “androgens stimulate prostate cancer in vivo and in vitro.” They began with a bias against testosterone and had to reverse themselves due to their own findings.

Again, at Harvard Medical School²⁹ doctors really took a big risk in going against the prevailing negative view of testosterone and prostate health. They took 75 men with low testosterone, 20 of whom had a precancerous condition called “prostatic intraepithelial neoplasia” or PIN. They gave all of these men supplemental testosterone for one year knowing that the prevailing medical opinion is that the twenty men with PIN should be expected to get outright cancer of the prostate. Of course nothing of the sort happened. The men were in much better mental and physical health after raising their testosterone levels to normal ones and their prostate glands prospered having the testosterone they needed. Give these doctors a lot of credit here for courage.

At Taipei Veterans Hospital³⁰ ninety-six men with advanced metastatic prostate cancer were studied for their hormone levels including testosterone, LH, FSH, and prolactin. They were divided into two groups based on their testosterone levels. Group 1 had 77 percent higher testosterone levels than group 2. Group 1, who fared the best, had the highest testosterone levels. Group 2, the ones whose cancer grew quickly, had the lowest testosterone levels. The doctors concluded, “Higher testosterone and lower LH, FSH and

prolactin levels were good prognostic factors for patients with metastatic prostate cancer undergoing hormonal treatment, irrespective of tumor grading.” These same doctors still insisted on using ablation “therapy” to destroy their testosterone to castrate levels. Incredible! None so blind as those who refuse to see.

Over a quarter century ago at the famous Tenovus Institute for Cancer Research in Wales³¹ doctors found out that *low testosterone was clearly correlated with both BPH and prostate cancer*. They actually tried to deny this fact, in spite of the blood tests they had! This proves the medical profession is more interested in keeping the status quo than finding the truth. *The healthy men had 17 percent higher testosterone levels than the men with prostate cancer*, yet they tried to claim these levels “were not significantly different.” 17 percent is very statistically significant in any study obviously. The men with BPH also had significantly lower testosterone levels. Of course they still poisoned these poor men with stilbestrol (a synthetic estrogen) to destroy all testosterone production and make them worse. Estrogen *causes* cancer.

At Yamagata University in Japan³² a first rate study was done with men suffering from BPH compared to healthy controls. The men with BPH had 19 percent larger prostates and a stunning 390 percent higher estradiol levels. The healthy men had 49 percent higher free testosterone levels and 46 percent higher total testosterone levels. The healthy men had an excellent .99 testosterone to estrogen ratio, while the diseased men had a terrible .17 testosterone to estrogen ratio. Again, the authors actually tried to deny the testosterone levels were related to prostate volume since this contradicted the accepted medical dogma! Truth just doesn't interest them.

Way back in 1981 at the University of Helsinki in Finland³³ doctors studied the hormonal profiles of men with prostate cancer. The men who lived longest had a full 33 percent higher testosterone (T) level and an impressive 67 percent higher progesterone level. The men who died the earliest had 33 percent higher estradiol (E2) and 36 percent higher estrone (E1). The men who fared the best had a 1.1 T to E2 ratio and a 0.3 T to E1 ratio, while the sickly men had a poor 0.6 T to E2 ratio and a 0.2 T to E1 ratio. They concluded, “The statistical findings that patients with higher plasma T and lower oestrogens (the English spelling) have a good response to treatment also have a logical basis in the available literature.” Further they said, “In patients with a good response, the mean plasma T level was significantly higher than in patients with poor response.”

At the Harvard School of Public Health and other clinics³⁴ men (average age seventy-two) with prostate cancer were compared to healthy men. *The healthy controls had a full 21 percent higher levels (average 541.8 ng/ml) of testosterone (T) than the cancer patients (average 447.1 ng/ml).* The authors again tried in vain to deny that low testosterone was clearly correlated with prostate cancer despite the results. This is a very powerful human “case control study” headed by the famous Harvard University. When supposed scientists are so biased as to try to deny their own data, this shows the entrenched dogma in the medical profession is more interested in dogma and tradition than truth and facts. They actually tried to say that, “T was associated marginally positively” to infer exactly the opposite of what they found. It’s obvious that most medical doctors are hopeless.

At Helsinki University in Finland³⁵ one hundred and twenty-three men (average age of seventy-two) with prostate cancer were studied for their hormone levels. “Low pretreatment values (of testosterone) indicated poorer prognosis,” was their conclusion. The lower the free testosterone level, the higher the Gleason score. The lower the free testosterone the more aggressive and faster growing were the tumors. *The lower the free testosterone the more the cancer metasticized.* After four years 80 percent of the men with the higher testosterone levels were still alive, but only 45 percent of the men with the lower testosterone levels were still alive. Only 20 percent dead vs. a full 55 percent dead. High testosterone wins again.

At the Munich University Clinic³⁶ a case control study was done on actual prostate tissue in healthy men and men with BPH. They found, “The mean levels of estradiol and estrone were significantly higher in BPH.” They further said, “Our results indicate that the prostatic accumulation of DHT, estradiol and estrone is in part intimately correlated with aging, leading with increasing age to a dramatic increase of the estrogen/androgen ratio particularly in stroma of BPH.” They found low-prostate stroma tissue levels of testosterone of course. Binding of DHT and estrogens causes BPH, while binding of testosterone is protective.

Men, we can go on with studies like these all day. At the University of North Carolina³⁷ healthy men were compared to men with outright prostate cancer. The healthy men had 22% higher testosterone levels. At the University of Iowa³⁸ healthy men were injected with completely irresponsible amounts of testosterone salts up to 500 mg weekly. “No significant change occurred in the prostate volume or serum PSA levels at any dose of exogenous testosterone.” Again, at the University of Iowa³⁹ men were injected

with ridiculous amounts of testosterone salts up to 500 mg yet, “Serum PSA is not responsive to elevated serum testosterone levels.” At the Hamburg University Clinic in Germany⁴⁰, men were studied for their hormone levels. The healthy men had higher testosterone levels, while the men with BPH and cancer had lower levels. At Harvard Medical School⁴¹ researchers found that men with BPH had lower testosterone and androstenedione levels than healthy men, and that estrogen dominance over testosterone, as men aged, was a clear cause of hypertrophy. At the famous Walter Reed Army Medical Center in Washington,⁴² hypogonadal men got either testosterone enanthate injections or transdermal testosterone. They concluded, “This study suggests that in hypogonadal men neither PSMA [membrane antigen] nor PSA expression is testosterone dependent.” At the Moscow Medical Institute,⁴³ they clearly found that, “In normal men over sixty years old, the plasma levels of FSH [follicle-stimulating hormone] and estradiol were higher, and those of prolactin, testosterone, and estriol [the “safe” estrogen] were lower than those of normal men.” In mainland China⁴⁴ doctors found, “The serum level of testosterone was less and that of prolactin was greater in BPH [men] than in normal subjects.” At Adis International Ltd, in New Zealand⁴⁵ researchers gave transdermal testosterone to hypogonadal men for a whole year. This normalized their testosterone-to-estrogen ratios, improved their erectile response, and made their overall sexual function better. “PSA levels and prostate volumes remained in the normal range during long-term treatment.” At Queen’s University in Canada,⁴⁶ they did a review of the literature and said, “The current evidence does not support the view that appropriate treatment of elderly hypogonadal men with androgens has a causal relationship with prostate cancer.” At the Institute of Reproductive Medicine in Germany⁴⁷ men were treated with transdermal testosterone for up to TEN years, and “prostate specific antigen levels were constantly low in all patients.” At the University of California at Los Angeles,⁴⁸ racial groups of men averaging seventy years of age were studied. The Asian men with the highest levels of free testosterone had the lowest rates of prostate disease. Caucasians with the lowest levels of free testosterone had the highest rates of prostate disease. At the Imperial Cancer Research Fund in London⁴⁹ men were studied for their hormone levels. The healthy men had higher plasma testosterone levels than the men with prostate cancer, and much higher levels than the men with advanced metastatic cancer. At the University of Medical Science in mainland China⁵⁰ Chinese men were studied for their serum testosterone levels. The healthy men had higher levels than the BPH or cancer patients.

At the University of California at Davis⁵¹ cancer patients were

studied and the doctors said, "Men with prostate carcinoma and low testosterone levels have a much worse prognosis. At Nijmegen University Hospital in the Netherlands⁵² doctors said, "Low testosterone was found to be a very negative prognostic factor at Chiba University in Japan.⁵³ again, men with prostate cancer had decidedly lower DHEA and DHEA-S levels than healthy controls. At the Akademy of Medizin in Poland⁵⁴ men with BPH had lower levels of testosterone than the healthy controls they were matched with. At the Veterans' Administration Center in Los Angeles⁵⁵ doctors admitted that they got no benefit from androgen ablation, no matter if the testosterone was literally lowered to zero. At the American Health Foundation in New York⁵⁶ black men with prostate cancer were compared to healthy black men. The cancer patients had lower testosterone, androstenedione, and DHEA, while they also had higher estrone and estradiol levels. A very long study was done at the University of Copenhagen lasting almost five years⁵⁷ using two-hundred forty-five men with prostate cancer. The men with the highest levels of testosterone lived the longest by far with the highest quality of life and slowest growth of cancer. The men with the lowest levels died sooner and had a much lower quality of life with faster growing malignancies. "Pretreatment level of serum testosterone was confirmed as having significant prognostic value on progression-free, overall and cancer-specific survival." At the Royal Postgraduate Medical School in London⁵⁸ thirty years ago men with BPH were compared with healthy controls. The healthy men with an average 475 ng/ml had a significant 8% higher testosterone level than the diseased patients with an average 438 ng/ml level. Again, the authors tried to deny there was any difference as the results didn't fit in with their preconceptions! German doctors⁵⁹ injected testosterone salts into hypogonadal men for over three years. Even though this is the wrong way to raise testosterone, the prostate volume did not increase, the PSA did not rise and there was no increase in rates of prostate disease of any kind. Quite the contrary, men got dramatic benefits in many ways. At the University of California in Torrance⁶⁰ doctors gave natural testosterone transdermal gel to hypogonadal men for three years. The men got dramatic benefits and, "Levels of PSA.... remained in the normal range." At the University of Utah⁶¹ doctors gave hypogonadal men both injections and transdermal patches of testosterone and found, "Prostate size during therapy was comparable to that reported for normal men. In these men treated with transdermal testosterone, PSA levels were also within the normal range."

At the University of Iowa⁶² 110 men with prostate cancer were studied. Clearly the higher their testosterone the slower the tumor growth and the longer they lived. "Patients with a pretreatment

testosterone level of less than 300 ng/100 ml.... had the most rapid progression.” Over a quarter century ago doctors at the National Cancer Institute⁶³ compared healthy men to ones suffering from BPH. The healthy men had an average full 146 percent higher testosterone level than the afflicted men. At Roswell Institute in NY⁶⁴ normal men were compared to those with BPH. The healthy men had 152 percent more testosterone on the average than the patients. This was also a quarter century ago and is hardly news. At the University of TN⁶⁵ the longevity of men with prostate cancer higher testosterone was “the most significant variable” of all parameters studied in the longest-lived patients. At the Karolinska Institute hypogonadal men were given testosterone patches for a year. Their PSA stayed the same as did their prostate volume as determined by ultrasound⁶⁶. At Beth Israel Center⁶⁷ an review of seventy-two studies showed there was, “no causal relationship between testosterone and prostate cancer risk.” At the Cross Cancer Institute in Canada⁶⁸ it was found that the men with the lowest testosterone levels died the soonest and their cancer grew the fastest. That’s seventy published studies to prove the point. At the famous Sloan-Kettering Cancer Center “low preoperative total testosterone was associated with advanced pathological stage.”⁶⁹ At Chiba University⁷⁰ high testosterone levels in prostate cancer patients showed far less aggressive malignancy, and low testosterone was very predictive of cancer occurrence. Abraham Morgenthaler at Harvard⁷¹ finally called the Huggins Theor a “Modern Myth”. He then goes on to destroy the myth complete with 36 references. The Tenovus Cancer Institute⁷² also said low testosterone is a very negative indicator for prostate cancer. We could go on with dozens of more such studies but seventy-two should be enough for now. Every year more such studies are done around the world proving testosterone is prostate healthy.

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Chapter 13: Estrogens

Men and women have exactly the same hormones, only in different amounts. There is no “estrogen” per se; estrogen is merely a convenient term to use when referring to the class of hormones collectively known as estrogens. Men have smaller amounts of estrogen than women until the age of fifty, when male levels begin to rise. Female levels fall after menopause, so middle-aged men commonly have more estrogen than women! This is a dangerous situation obviously, as men’s testosterone-to-estrogen ratio becomes reversed. The reversal of this ratio is a major key to understanding not only prostate disease, but many other male illnesses, including cardiovascular health, low immunity, gynecomastia (male breast growth), abdominal fat, cancer, baldness, and many of the other ills of aging men. *High estradiol and estrone cause prostate disease.*

There are actually three basic estrogens: estradiol or E2 (the most powerful and most carcinogenic); estrone or E1; and estriol or E3 (the weakest, safest, and most beneficial). Estradiol and estrone comprise about 20 percent of human estrogen and estriol about 80 percent. Over the last thirty years there have been dozens of studies showing the harmful effect of excessive estrogen in aging males caused by the reversed androgen-to-estrogen ratio (including androstenedione and DHEA, in addition to testosterone) – the main key to prostate disease. It is beyond the scope of this book, and would likely bore the reader, to list and discuss these dozens of studies. We will pick twenty of them to quickly prove

the point that testosterone is your friend, and excess estrogen is your enemy, and that the reversal of the androgen-to-estrogen ratio is the most important insight we have into prostate disease. There are many, many other such studies.

At the University of Glasgow in Scotland (*Biochemical Journal* v 126, 1972) estradiol was added to human BPH and cancerous prostate tissue, completely changing the metabolism, clearance, and uptake rates of testosterone and androstenedione, and also increasing the uptake of DHT (dihydrotestosterone). DHT binding to the prostate is the main concern in prostate disease, and not simply DHT serum levels.

At the University of Vienna (*Wiener Klinische Wochenschrift* v 110, 1998) twenty-three clinical trials spanning fifteen years were reviewed. They found that estrogen (not testosterone) suppression was the proper treatment for BPH. “The estrogen suppression ... is considered as an efficient pharmacotherapeutic strategy in the medical treatment of uncomplicated BPH.” These good doctors should go a little further and realize that testosterone supplementation is the next step.

At Strangeways Research Laboratories in England (*Journal of Endocrinology* v 74, 1977) estradiol stimulated the uptake of DHT in both human BPH and cancerous prostate tissue. Again, at the same lab estradiol was added to human BPH and prostate cancer cells. “Estradiol stimulated DHT, but not androstenedione or testosterone uptake by BPH cells. The effects of estradiol on carcinoma cells were similar to those of BPH cells.” The harmful DHT binds to the prostate instead of the healthful androstenedione and testosterone.

At the University of Oulu in Finland (*Journal of Endocrinology* v 71, 1976) estradiol given to men raised both their SHBG (sex hormone binding globulin) and their bound free testosterone, thereby lowering available testosterone in men with prostate cancer. At the University of Bonn in Germany (*Hormone Metabolic Research* v 11, 1979) men with BPH were found to have high estrone levels, which excessively bound to their prostates. At Sabbatsberg Hospital in Sweden (*Scandinavian Journal of Urology* v 14, 1980) estrone was found to convert into the more dangerous and carcinogenic estradiol, in human BPH tissue.

In studies performed at the University of Hamburg in Germany (*Journal of Steroid Biochemistry* v 19, 1983) men with BPH were found to have excessive estradiol in their prostates, high

5-alpha-reductase activity, and increased DHT accumulation. Again we see that DHT binding (not serum levels) to the prostate gland is a central concern. At the American Health Foundation in New York (*Prostate* v 5, 1984) high estradiol levels characterized the prostate fluid of men with cancer. At the Bielanski Hospital in Poland (*Roczniki Akademii Medicina* v 42, 1984) men with prostate cancer generally had high serum estradiol and low serum testosterone, showing the classic reversed testosterone-to-estrogen ratio. At the Sloan-Kettering Cancer Institute in New York (11. *Prostate* v 9, 1986) human BPH tissue had more than twice the estradiol concentration as healthy tissue, showing that excessive estrogen production is a factor in both BPH and cancer. At Erasmus University in Holland (*Journal of Steroid Biochemistry* v 44, 1993) researchers found that estrogen caused “striking” growth stimulation in LnCaP human prostate cancer cells, which are considered androgen-dependent, not estrogen-dependent. At the Schering AG Research Labs in Germany (*Journal of Steroid Biochemistry* v 44, 1993) the doctors finally started promoting the therapy of reducing estrogen in men with prostate disease, using aromatase inhibitors, which prevent estrogen formation. The idea of lowering estrogen, as therapy, is admirable here. Now they just have to start using testosterone supplementation as the next step.

At Bergmannsheil University in Germany (*Journal of Clinical Endocrinology* v 77, 1993) doctors found high levels of estradiol and estrone in human BPH tissue, and learned that the reversed androgen-to-estrogen ratio, as men age, basically accounts for BPH. At Harvard Medical School in Boston (*Journal of Clinical Endocrinology* v 77, 1993) three-hundred twenty men with BPH were compared to 320 healthy men. High plasma estradiol levels were clearly related to BPH, as well as to the obviously reversed testosterone-to-estrogen ratio. Low androgen levels were clearly related to BPH. At the Genoa University Medical School in Italy (*Journal of Clinical Endocrinology* v 77, 1993) researchers found that estradiol stimulated the growth of androgen-dependent LnCaP human cancer cell lines by up to 120 percent. This contradicts the “testosterone is bad for you” theory, as LnCaP cells are supposed to be stimulated by testosterone and androstenedione, and not by estrogens.

At Kiel University in Germany (*Journal of Clinical Endocrinology* v 47, 1978) doctors, over 20 years ago, studied men with prostate enlargement for their plasma and urinary estrogen levels. They found a clear relation between BPH and estrogen levels, especially estradiol. “There was a highly significant increase of prostate stroma in association with higher

individual estradiol concentrations and urinary estrogen excretion.” At the University of Hamburg (*Prostate v 3, 1982*) doctors found exactly the same thing in men with prostate enlargement. “In conclusion, there is a distinct accumulation of estrogens in the nuclei of stroma, estradiol concentration being significantly higher — stimulating the growth of BPH.” *Excessive estradiol and estrone are the main biochemical cause of prostate disease among many other illnesses.*

Japanese doctors (*Prostate v 42, 2000*) strongly correlated the reversed estradiol to testosterone ratio that comes with age to BPH. More Japanese doctors (*Rinsho Byori v 52, 2004*) said, “Estrogen may play a pathophysiological role in BPH...due to increased estrogen and decreased testosterone.” The doctors at Northwestern University (*Prostate v 41, 1999*) came to the same conclusion. Estrogen dominates testosterone after the age of 50 in men and is a major cause of prostate growth. German doctors at the University of Hamburg said, “there is a distinct accumulation of estrogens in the nuclei of prostate stroma, estradiol concentration being higher than estrone. Estradiol could play a preferential role in stimulating the growth of the BPH stroma.”

At Northwestern University in Chicago (*Prostate v 28, 1996*) doctors found that it is estrogen and SHBG that promote prostate growth, and verified their results with forty-nine references. At the University of Palermo in Italy (*Prostate v 28, 1996*) doctors learned that estradiol stimulates LnCaP lines, and that “the current model for hormone dependence of human prostate carcinoma should be revised.” In other words, the current medical dogma that testosterone is the cause of prostate disease is absolutely wrong; it is excess estrogen- and the reversed testosterone-to-estrogen ratio — that is the real cause of prostate disease. Unfortunately, it is difficult to lower estrogen levels. The current anti-aromatase drugs (which lower our levels of the enzyme aromatase) are generally dangerous and/or ineffective. Aromatase is the enzyme that converts testosterone to estradiol, and androstenedione to estrone. It is very difficult to lower aromatase or to prevent aromatase activity, except by the diet, exercise, and lifestyle changes described earlier, as well as taking DIM (di-indolyl methane) and flax oil.

It should be noted that there is overwhelming animal study evidence going back over forty years proving that the estrogens estradiol and estrone are basic contributors to BPH, prostatitis and cancer. When you have such massive evidence in animals, especially dogs, you know this is factual even before you do human studies. Scientists should do more human studies of course,

and finally they are being done.

Remember, you can only lower estrogen levels by losing weight, eating a low-fat diet, eating fewer calories, eating more fiber, avoiding alcohol, exercising regularly, taking DIM and flax oil, raising your testosterone, androstenedione, and DHEA levels, and using transdermal progesterone cream. The most important factor here is a low-fat diet, especially avoiding saturated animal fats. Just remember that eating saturated animal fat and being overweight are the two biggest causes of high estradiol and estrone levels.

Chapter 14: Home Hormone Testing

Prostate conditions are largely hormone-based. Our prostates are more affected by hormones than any other factor. Ironically, even urologists almost never test their patients for hormone levels, especially testosterone. If you demand a hormone test, it requires seeing a licensed medical doctor, getting blood drawn, paying up to \$200 per hormone tested, a second office visit, and then usually an expensive prescription. The results you get back often do not distinguish between bound (unavailable levels) and free (bioavailable levels). Most doctors do not know the difference between bound and unbound hormones. In fact, most doctors are simply unaware of which hormones to test, how to test them, and how to administer supplemental ones. Even endocrinologists are surprisingly uninformed about hormone testing and administration, even though this is their specialty. Yes, this includes naturopaths, holistic doctors, and life extension specialists generally.

Proteins in our bloodstream called SHBG (sex hormone binding globulins) bind themselves to the majority of our sex hormones, making them biologically unavailable. Testosterone, for example, is about 98 percent bound. This leaves only about 2% free, bioavailable testosterone that actually affects our metabolic processes. For over twenty years now, scientists have been able to accurately measure hormone levels by using saliva samples. This has taken place only in clinics and medical studies. Now, with technological advances, saliva samples can be collected at home, and sent to a laboratory for an RIA analysis (radioimmunoassay),

at a cost of approximately \$30 per hormone. The World Health Organization approved this method in the 1990s due to its ease, efficiency, reliability, and practicality. Now you can test estradiol, estrone, estriol, testosterone, DHEA, melatonin, pregnenolone, androstenedione, cortisol, and other hormones by simply putting your saliva into a test tube and mailing it to one of several testing labs. (Progesterone is best tested with a serum blood draw as it is fat soluble.) Soon, we'll also be able to test insulin, our T3 and T4 thyroid hormones, as well as growth hormone. California and New York ban home hormone testing in order to protect the medical profession monopoly.

Saliva testing is a tremendous breakthrough in both traditional medicine and alternative, natural medicine, yet very few people are aware of it, much less where to buy the test kits. One would think they would be available in every pharmacy and chain drug store, as well as the mass retailers. It may take years for such a great advance in diagnostic medicine to become widely utilized. No matter what illness you have, medical doctors, naturopaths, and chiropractors, life extension specialists, and holistic practitioners rarely test for hormones. Ideally, a complete scan of your basic twelve male hormones is needed. Obviously, our hormones are extremely critical to every aspect of our health, including mental functioning. Younger people, who are ill, should have their basic hormones tested. Everyone over the age of 40 definitely needs to know the levels of their basic hormones. You will never enjoy good health and long life unless your endocrine system is balanced at youthful levels.

It is a little-known fact that men and women have exactly the same hormones, only in different amounts. We all have the exact same hormones. Women have the androgens DHEA, testosterone and androstenedione, while men have progesterone, prolactin (the milk secreting hormone) LH (luteinizing hormone), FSH (follicle-stimulating hormone), and the three basic estrogens. Women even have a prostate specific antigen (PSA) even though they have no prostate gland! The vast majority of people have no idea what any of their vital hormone levels are, or whether they are too high or too low. You can never know the true state of your health, or obtain your optimum health, unless you know your basic hormone levels and balance them to youthful ranges.

For women, estrogen deficiency after menopause is a well-established myth that is disproved by thousands of clinical studies around the world. Medical doctors and pharmacists know nothing about estriol - the most basic human estrogen. Fortunately men rarely have estriol imbalance. In men, estrogen (estradiol and

estrone) rises while testosterone falls. Estriol is rarely out of line in men. This reverses the traditional testosterone-to-estrogen ratio, and causes serious problems, such as prostate disease, breast enlargement, baldness, weight gain, heart problems, and many other conditions. Male levels of DHEA, melatonin, and pregnenolone fall steeply after forty. Men really don't need to test their progesterone levels. They can just use 1/8th teaspoon of transdermal cream five days a week. Even though they have no ovaries, men can have rises in LH, FSH, and prolactin, which can cause various health problems. (High prolactin levels, by the way, are very negative for prostate health, and can only be lowered with diet and lifestyle.)

What should a man with prostate problems do? Test all your basic hormones especially testosterone and DHEA, as well as estradiol, estrone, pregnenolone, melatonin, cholesterol, free T3 and free T4 (don't bother with TSH or T3 uptake), and any other hormones he wants to measure. A four sample cortisol profile is optional. You can get a blood test for free T3 and T4 from www.healthcheckusa.com without a doctor for under \$100. Your fasting blood sugar level should be 85 or less. If not get a glucose tolerance test (GTT) to determine possible insulin resistance. Look for a result of 100 mg/dL rather than 110. You must monitor those hormones you supplement at least once a year. If testosterone is low, you can go to a doctor for a prescription. Use a compounding pharmacist for natural transdermal testosterone creams/gels, or use 4 mg sublingual enanthate (3 mg actual testosterone) drops in oil. Buy 100 g of a 3 percent cream and use a half gram a day (15 mg) on thin skin. (Expect about 3 mg of this to be absorbed). This will last over six months. Always use testosterone before noon, as this is the natural cycle, and your levels fall during the day. Natural testosterone tastes terrible, so use sublingual enanthate drops. Never inject testosterone nor use methyl testosterone, steroids, or HCG. The patches are very expensive, and have a very poor (about 15%) absorption. The gels sold now in the chain pharmacies also are weak, overpriced, and have very poor absorption. You cannot legally buy testosterone in DMSO solution, but you can make this yourself. Use 3 mg a day on thin skin like your inner wrist. Sublingual and transdermal DMSO solutions are the most effective ways to use testosterone. You can buy 99 percent DMSO (not gels!) cheaply via the Internet. Do not use androstenedione or its analogs to raise testosterone. Androstenedione is now an illegal steroid. There is no way to raise testosterone safely and effectively other than sublingual or transdermal (nasal spray are illegal) real prescription testosterone. All over-the-counter, non-prescription "precursors" are frauds. For men who are "androgen resistant" and cannot use testosterone or DHEA, there is no answer currently. In

fact, androgen resistance is not even covered in the world clinical literature. There may be an answer soon- and it won't be estrogen blockers.

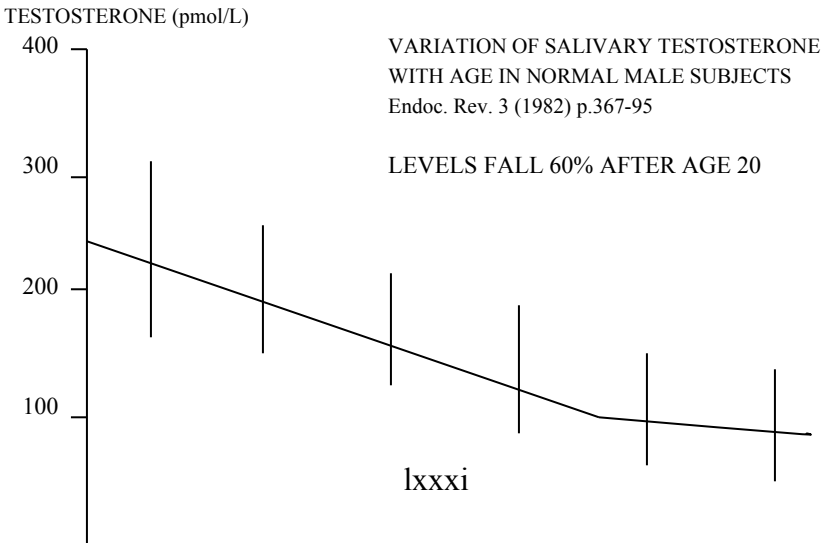
If DHEA is low, dosages of 25 mg daily should be effective. DHEA is not orally metabolized by some men (androgen resistance), but converted to estrogens instead. Monitor your levels annually. If estradiol (the most powerful of the three estrogens) or estrone are high, it is very difficult to lower them. "Anti-aromatase" drugs, which prevent the metabolism of testosterone into estradiol, and androstenedione into estrone, are dangerous and toxic. You can take 200 mg of DIM and 1 to 2 grams of flax oil daily to help lower your estrogen. This will improve the metabolism of all your estrogens and their metabolites. You should also lose weight, stop drinking alcohol, consume less food, eat two meals a day, fast weekly for 24 hours, exercise vigorously, eat more fiber, and *quit eating saturated animal fat*. Fat intake, especially saturated animal fat, is highly correlated with elevated estrogen levels in both men and women. In other words, you can lower your estrogen level safely and effectively with diet and lifestyle changes, more than any other method. All these factors work together very well.

It is commonly believed that testing levels of IGF-1 (insulin-like growth factor) is a dependable indicator of actual growth hormone levels. This is simply not true, and clinical studies prove it repeatedly. Men with prostate disease are often found to have relatively high levels of IGF-1 and low levels of growth hormone. Studies have shown that IGF-1 levels (which can be tested by saliva) are not dependable indicators of growth hormone at all. IGF-1 is often elevated in men with prostate and other diseases. GH levels vary radically during the day, especially when go to sleep. If you want to test your HGH (human growth hormone, or somatotropin) level you must go to a specialty clinic and get a 12 hour profile at 9:00, 1:00, 5:00 and 9:00. This is not necessary at all. If you are over 50 and want to use GH, *just go by real world results*. Just go by actual physical, measurable benefits after 90 days. As discussed earlier, lifestyle will keep your GH level up, and L-glutamine will temporarily "spike" your level. None of the over-the-counter GH supplements have any legitimacy at all, regardless of their impressive claims. No matter how persuasive the advertising, do not listen to the claims that non-prescription supplements raise GH levels. *None of them work!* To raise your GH you must use real prescription rhGH daily by injection. The traditional way to use this is s.c. (subcutaneous) injections with a very fine needle. Sublingual use is a lot more practical and accepted by some doctors, but there is no clinical proof for this.

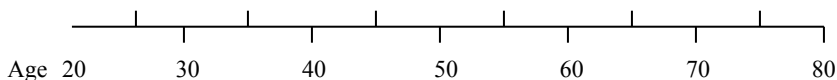
The molecule is too large to use with DMSO for transdermal use. The GH molecule chain is very long (191 amino acids), and will not go thru the skin intact. You cannot shake or shock GH, or it will break and be useless. The bottom line is GH is overrated simply because it is very expensive. If you are over 50 balance ALL your other hormones before even considering GH therapy.

Search the Internet under “saliva hormone testing” or “saliva hormone test”. If you aren’t on the Internet, get a relative to help you or go to your local public library for assistance. These kits just aren’t sold in retail stores yet. California and New York do not allow you to use these kits due to the medical lobby. If you live in one of these states just use the address of a friend or relative in one of the other 48 states. People outside of the U.S. can send these using couriers such as Emory or UPS.

Most of these labs offer kits that test 1 to 4 hormones, at a cost of about \$30 per hormone. Melatonin has to be ordered separately, as it must be collected by itself at 3:00 a.m. in the morning. The time of day when a sample is taken is very important for many hormones, as levels rise and fall throughout the day and night. For consistent analysis collect saliva samples for your various hormones at, say, 9:00 AM each time. Follow the directions included in the kits. Refer to the various graphs in this book and look for the youthful levels you had at about the age of thirty. Vegetarians usually have lower levels of hormones. You MUST monitor your levels of every hormone you choose to supplement, at least once a year. You simply cannot take these powerful hormones without monitoring them.



vertical bars represent normal ranges



This chart shows clearly that 90% of men over the age of 50 can, and should, benefit from proper testosterone supplements. Read my book *Testosterone Is Your Friend- a Book for Men and Women*.

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- t American macrobiotic whole grain based diet is central to everything. Diet cures disease; everything else is secondary.
- t Proven supplements are powerful when you’re eating right. There are only about twenty scientifically proven supplements for those over forty, and eight for those under forty.
- t Natural hormone balance is the third step. The fourteen basic hormones are listed on page 52. You can do this inexpensively without a doctor.
- t Exercise is vital, even if it is just a half hour of walking a day. Whether it is aerobic or resistance you need to exercise regularly.

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- t No prescription drugs, except *temporary* antibiotics or pain medication during an emergency. (There are rare exceptions such as insulin for type 1 diabetics who have no operant pancreas.)
- t The last step is to limit or end any bad habits such as alcohol, coffee, recreational drugs, or desserts. You don't have to be a saint, but you do have to be sincere.

The only thing to add to this is meditation or prayer.

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Roger Mason is a nationally known research chemist who studies and promotes holistic health, natural products, and life extension. He has written eight other unique and cutting edge books on his findings. He is heard daily on 1,400 national radio stations advocating natural health. Roger has a free informational Internet site and weekly newsletter at www.youngagain.org. He lives with his wife and dog in Wilmington, NC.