

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 (A-Team, Battlestar Gallactica, etc.)
(cured prostate cancer over 20 years ago, naturally, with no medical treatment and 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 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 mainstream therapies, 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

“It’s time that men took charge of their health! Roger Mason’s book is a true beacon of life for restoring prostate health safely, effectively and naturally. As a dedicated researcher, he cuts through the lies and misinformation to offer men the facts they so badly need.”

-Sherill Sellman,
Lecturer, and author of *Hormone Heresy*

***THE
NATURAL
PROSTATE
CURE***

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

by

Roger Mason

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The information contained in this booklet should not be considered medical advice. The ideas, thoughts, and opinions expressed herein belong solely to the author, who is not a medical doctor. Except as otherwise noted, no statement in this book has been reviewed or approved by the Food and Drug Administration.

About This Book

This book contains the distillation of 30 years of prostate research, including BPH (benign prostate hypertrophy), cancer, prostate function, beta-sitosterol, saw palmetto, and other natural supplements considered to support good prostate health.

Literally every entry in Chemical Abstracts (*the 'Chemist's Bible'*) which contains every published medical article of importance in every scientific journal in the world), was reviewed individually, one by one. Every potentially worthwhile entry was carefully scrutinized and, when pertinent, the actual article was obtained even if it had to be translated from a foreign language. Each of these articles, in turn, was read carefully and any further references were followed up. This took almost a year of work, which was done by the author, mostly at the National Institute of Health Medical Library (the largest such library in the world) in Bethesda, MD. No one else had 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.

In particular, much of the information on diet, supplements, hormone testing and supplementation, and testosterone-to-estrogen ratios has never been taken out of the medical literature, simplified, and published in a mass-distribution book. The dozens of medical citations are here only to prove these facts. No one has ever researched every single medical study listed in Chemical Abstracts over the last 30 years on the scientifically proven ways to heal prostate disease and brought the findings to the man on the street. Nature has help for all of your problems, instead of allopathic (symptom curing) radiation, surgery, and poisonous drugs. It isn't the disease that's the problem — it's the patient.

OVERVIEW

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

By the age of 50, three-out-of-four men already have enlarged prostates; therefore, this is not an 'old man's disease' at all. By the age of 50, one-in-three men have cancer cells in their prostates. By the age of 75, 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 complaint. The symptoms are very obvious and cannot be missed: difficulty in urination, inability to empty the bladder completely, pain during sex or urination, and, especially the need to get up in the middle of the night to urinate, all classic symptoms of prostate problems.

The usual symptomatic medical treatments are surgery, radiation, microwave, and toxic drugs, including chemotherapy. These types of therapy merely attack the superficial symptoms, while ignoring the real underlying causes of the problem. Ignoring the causes can have drastic results, including wearing diapers and never having sexual relations for the rest of your life.

Men should have their PSA levels (prostate specific antigen) and PAP levels (prostate acid phosphatase) checked every year during their routine health checkup. These levels can be good indicators, but they are *only indicators* and can miss disease or indicate disease when there is none.

The real cure comes from the results you bring about when you change your diet and lifestyle and treat the very CAUSE of your problem. Methods described in this book include diet, supplements, hormone balancing, fasting, and ceasing negative habits such as excessive alcohol consumption, smoking, and overeating. Holistic medicine treats the whole person and not just mere symptoms which are harbingers of worse things to come and reflective of the underlying causes of our illnesses.

Chapter 1: Diet

Choosing a wholesome, natural diet is the most important thing you can do to get well and stay well. By eating a traditional whole-food diet, you can actually eliminate prostate infection, enlargement, or even cancer. If you have any doubts about this, please 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' (from the Greek 'macro' or great, and 'bios' or life) diet of whole grains, beans and vegetables. He quit eating red meat, dairy, sweeteners of all kinds, refined foods, preservatives, and the like. After only seven months, he knew he was well. He is now 56, healthy, happy, youthful, vibrant, and the father of two young 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 foods is basic to getting well- and supplements, hormones, and fasting are very secondary. When you are eating well, these things are very powerful and make your recovery very rapid. I have found that without a good diet it doesn't matter what else you do; you're just not going to get well. Please read my book *Zen Macrobiotics for Americans*.

We know that certain populations tend to live very long lives and have low disease rates. Well, you don't have to live in remote mountain ranges and give up all the conveniences of the modern world to do this. You just have to change your lifestyle. All longlived people eat a diet based on whole grains, beans, vegetables, local fruits and very little, if any, meat or dairy products. They also eat very low-calorie meals with a fat intake of about 15%, generally.

Most of the current "diet" authors give questionable advice on how to eat. There are only a few who really know what they're doing, and practice what they preach. John McDougall, Gary Null, Robert Pritikin, Neal Barnard, Terry Shintani, Susan Powter, Dean Ornish, Michio Kushi and others write fine books on eating well, as do any of the authors of macrobiotic books. To summarize their

advice: In order to maintain health, your diet should be based on complex carbohydrates from whole grains and beans. Most all vegetables are fine, but it is recommended that the Nightshade family (potatoes, tomatoes, eggplants) and vegetables containing excess oxalic acid (spinach, rhubarb, red chard) should be avoided. Any bean is fine and there are dozens of varieties. Local fruit can be eaten in moderation, as can seafood if you are not allergic to it. Avoid red meat, poultry and eggs, dairy of all kinds- especially milk, refined foods, processed foods, sweeteners of all kinds- including honey, and tropical foods such as citrus, pineapples, mangoes, and coconuts (which are meant for tropical people).

Dairy milk (including low-fat milk) contains large amounts of lactose, regardless of the fat content. Milk has repeatedly been shown to correlate with prostate disease.^{1,2} Due to its high lactose content 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, as they no longer produce the enzyme lactase necessary to digest dairy. Adding lactase tablets to your dairy foods will not solve the problem. Please check out the websites www.notmilk.com or www.milksucks.com, on the Internet. Use soy, almond, oat or rice milk instead, as these are now commonly available in grocery stores, refrigerated or in aseptic packs.

Surprisingly, no studies have shown a correlation between prostate disease and sugar intake, harmful as this is when consumed in excess. Americans eat about 125 pounds of various unneeded sugars in their food every year. Asians and Africans, with the lowest prostate disease rates, eat only a fraction of that amount. 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, dried fruit or any other form of sweetener, regardless of the name it is given. It is always good for a laugh to see someone in the health food store paying several dollars for a two pound bag of raw sugar, thinking that somehow this is not really sugar and not really bad for them.

Also surprisingly, no relationship with prostate disease has been shown from smoking or drinking alcohol or coffee. Do not

misunderstand this, but alcoholics generally do have smaller prostates than non-drinkers. Alcohol does cause many other disease conditions however. Exercise does not seem to correlate with prostate health either although obesity definitely does³. Study after study shows that being overweight causes higher rates of every illness. Does anything correlate positively with prostate health? Yes, grain, fiber, cereal and vegetable intake do as does eating less, not being overweight, and eating a low fat diet.

It is very important to eat less. Americans eat about twice the calories they need, about twice the protein they need, and more than five times the fat they need. Calorie restriction is the most proven and effective way to extend your lifespan. Nothing has been shown to make you live longer and live better than eating fewer calories. This has been demonstrated in clinical studies with animals, including monkeys. It will take decades to prove this in human studies, but current experience with people on very low calorie diets already make this very clear. It seems that the only author on this subject (that I am aware of) is Roy Walford, who wrote *The 120 Year Diet* and *Maximum Lifespan*. Unfortunately he went in a different direction with *Beyond the 120 Year Diet*.

A typical man needs only about 1,800 calories per day, and a woman only about 1,200 calories. You can easily eat only two meals a day, instead of three. You can also fast (fasting means water only) one day a week, by skipping breakfast and lunch on a specified day. Longer fasts may be done periodically for more powerful effects. Doctors at the University of Wisconsin¹ improved the immunity of prostate glands in rats by merely lowering their calorie intake. Other doctors at the university⁴ 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, Japan⁴ actually reduced the prostate weights of rats by simply giving them less food. Doctors at the University of Umea in Sweden,⁶ gave rats with prostate cancer less food, and inhibited the growth of their tumors. Monkeys are currently being studied for calorie restriction, with excellent preliminary results. This is the most effective means you can use to lengthen and improve the quality of your lifespan- in addition to eating the right foods.

The extensive use of soy-based foods has been suggested, since many Asian cultures eat quite a lot of these. This is very unrealistic and impractical 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 even 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 one cup a day at most. Soy isoflavones, as a supplement are really the most practical way to take soy, and are recommended in Chapter 3: Supplements.

The "ketogenic" diet has become popular recently as well as the "glycemic index". On such diets you avoid whole grains- which are the very basis of your diet- in favor of unlimited meat, dairy, and fat! Ketosis is, in fact, a pathological state in which the body is literally starving for complex carbohydrates. The glycemic index classes whole grains, such as brown rice and oatmeal as being identical to simple sugars, such as white sugar and candy. This is asinine on the surface. Start using brown rice instead of white rice or potatoes. Eat whole wheat pasta rather than refined white pasta. Find 100% whole grain breads without preservatives. Buy 100% whole grain hot and cold cereals without sugar. Make whole grains the basis of each meal. The people who advocate the ketogenic diets and glycemic index do make three good points: that eating simple sugars, refined carbohydrates, and hydrogenated fats are harmful. Whole grains are literally the staff of life and always have been, throughout history, since mankind first learned to cultivate crops and become independent.

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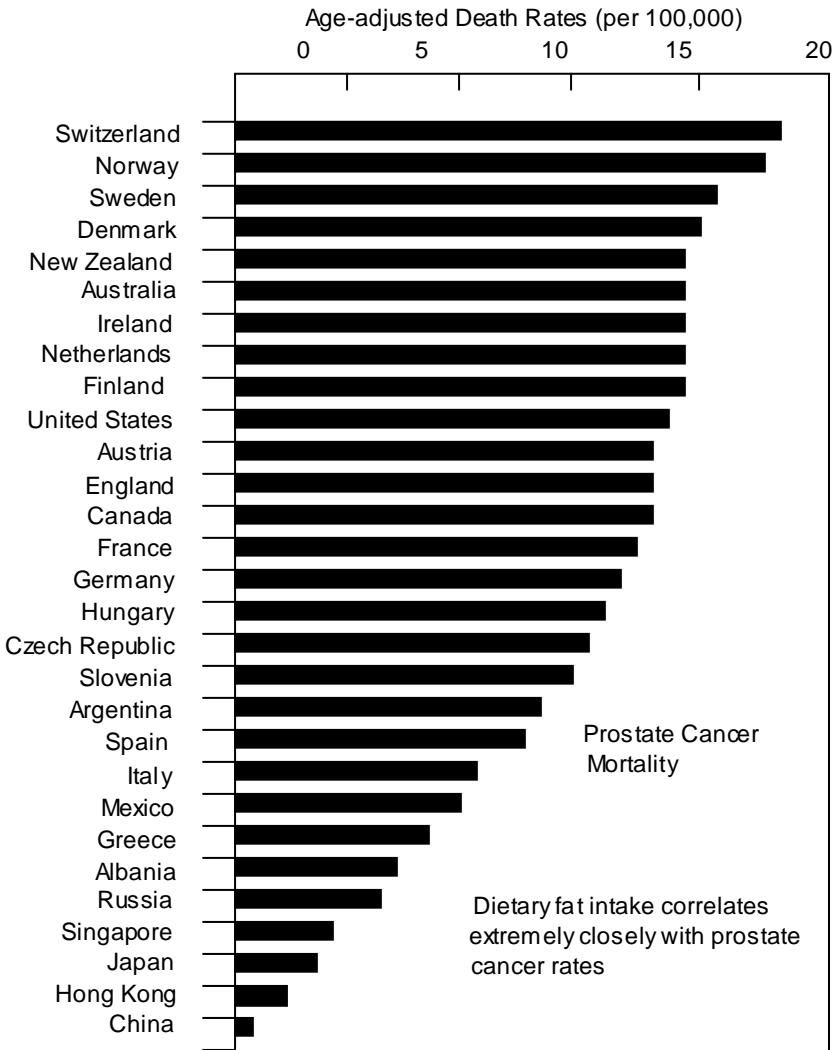
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Chapter 2: Fats

If there is one food most people love, it is fatty foods of all kinds, especially saturated animal fats like bacon and cheese. We seem to have a fat instinct to eat foods rich in both animal and vegetable fats. What is more reassuring than eating a rich food full of fat, whether it is red meat, pizza, butter, creamy sauces, melted cheese, gourmet ice cream, or just a good guacamole?

But, deep inside we all know that high-fat diets are bad for us. They cause obesity, clog our arteries, cause endless illnesses, and shorten our lives. The most popular diet of all, currently, the high-fat/high-protein ketogenic diet recommends avoiding carbohydrates and classes simple carbohydrates (sugars) with complex carbohydrates (whole grains and beans) as identical. It seems that people just want an excuse to do what they want to do -- eat a 40%-plus fat calorie diet. In America and all the European countries of the world, the diet is about 40% fats, most of which are saturated animal fats. The more affluent a society is, the richer the diet is in animal foods, dairy products, and other saturated fats--and the higher the disease rates, of all kinds.

Study after study shows that a high-fat intake is correlated with almost every disease known. This is not debatable. It is especially true with prostate disease and prostate cancer. There are just too many studies to list showing the relation of fat intake, especially saturated animal fat, to prostate disease. Please take a long look at the Prostate Cancer Mortality chart which will leave no doubt in your mind that fat intake is the major cause of prostate cancer deaths. This 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% fat calories, mostly from vegetables. Many of these people have one 120th the prostate cancer deaths that we have in America. That means, if 200 men per million die from prostate cancer in a country like Denmark, less than 2 men per million die in Vietnam. Point made.



If Asian or African men move to the United States and keep their traditional diets, they get almost no prostate disease. If they adopt the typical American 40%-plus diet, they get as much, or more, cancer than the general population. This is called a 'migration study' and the results are inarguable. Saturated fats come from red meat, dairy products, and the hydrogenated oils we find

in countless foods in the supermarket. The hydrogenated oils are the worst, because they do not exist in nature and are made in laboratories, with hydrogen gas, high pressures, high temperatures 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. The less fat you eat, the better. The less fat you eat, the healthier you will be, and the longer you will live.

Mediterranean countries that consume olive oil rather than butter do have lower prostate disease rates than other European countries, but much higher rates than Asian countries. The only exception to this fat 'rule' is when a supplement of one or two grams of flax oil is taken per day. Flax contains valuable omega-3 fatty acids and a mere 9 calories per gram, an insignificant daily calorie intake. Our ratio of omega-6 fatty acids to omega-3 is too high, and we eat few foods that contain the omega-3s.

The American Health Federation has done a fine job of showing that a low-fat, high-fiber diet slows the development of prostate cancer. Native South African black men have very low prostate disease rates, on their traditional diets. When fed a typical American high-fat diet, their testosterone levels fell, their estrogen levels rose (and thus their testosterone-to-estrogen ratio worsened), and they got more prostate disease.^{1,2}

Again, the American Health Foundation in Valhalla, NY, did an in-depth review of the literature to show that omega-6 fatty acids stimulate prostate cancer growth, while omega-3 fatty acids (flax oil) inhibit it.³ The problem is that the omega-3s are rare in foods, while omega-6s are all too common. Red meat contains arachidonic acid, which it 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. The same thing was basically shown at the Harvard Medical School, a long list of other diseases that are clearly associated with fat intake. The 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, are coming to the same conclusion over and over.

4,5,6,7,8,9,10,11,12,13

It is very obvious that fat intake, especially animal fat, is the biggest dietary factor in prostate disease. The more fat you eat, especially the saturated fats, the more chance you have of getting BPH and prostate cancer. Would you rather eat red meat and dairy products and die a painful, lingering premature death, or change the foods you eat and live a healthier, happier, longer life? Eating fat raises your estrogen levels, as does being overweight. This is the main reason American and European men over the age of 50 have estrogen levels that are actually higher than women of the same age! That's right, men over 50 generally have more estrogen (estradiol and estrone) in their blood than their wives do after menopause! This is frightening. Fat intake also increases the amount of damaging 'free radicals' in our body. Free radicals are molecules with unpaired electrons, which damage our health by attacking healthy cells looking to balance the electrical charge they carry. This is called 'oxidative damage' and harms our metabolism and shortens our life span.

The ideal diet contains only 10% fat calories from vegetables (even seafood) The maximum is 20% fat calories, mostly from vegetables. Eating any more than this will simply not benefit you. Lowering fat intake from 40% fat calories to, say, 25% won't do much at all. To benefit from a low fat diet you just have to eat less than 20% fat calories, and preferably, about 10%.

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Chapter 3 : Supplements

It is important to always to remember that making better food choices is the most vital thing we can do for our health; to put it more broadly: our diet and lifestyle, including smoking, drinking alcohol, exercise, coffee, prescription or recreational drugs, and other such factors. Supplements are most important, but very secondary to diet. You receive far, far more benefits with both diet and supplements than diet alone. All the supplements, we are going to discuss are natural, safe, and inexpensive, with extensive published clinical studies showing their value in prostate health.

A most important supplement to take is **beta-sitosterol**. The prescription herbal extracts used by doctors in Europe are all standardized for beta-sitosterol content. These are taken from herbs like saw palmetto and *Pygeum africanum*, instead of inexpensive sources such as sugar cane pulp and soybeans. They are therefore weak and expensive costing about \$50 U.S. for 30 mg tablets. Harzol, for example, contains only 30mg, and Azuprostat is the strongest at 120mg. It is recommended you take a full 300mg of beta-sitosterol a day. The studies on beta-sitosterol are listed in Chapter 5: Science and Beta-sitosterol. It should be emphasized that American herbals products such as saw palmetto, *Pygeum*, nettles, stargrass, etc. contain almost no beta-sitosterol - which is the active ingredient - and are therefore of no value. Read the label to prove this to yourself, as beta-sitosterol will not be listed. There are no other active ingredients, and the fatty acids have no medicinal value.

An important mineral for prostate health is **zinc**. The prostate contains ten times more zinc than any other part of the body, and there are numerous studies on the importance of zinc in prostate metabolism. Low zinc levels have been correlated with low testosterone levels. In the Japanese journal *Kitakanto Igaku*, researchers found low levels of zinc in prostate cancer patients. Some other valuable studies have been done in such journals as *Journal of Nutrition*, *Journal of Steroid Biochemistry*, *Endokrinologiya*, *Prostate*, and too many others to list. You need only about 15 mg of zinc daily; taking more than about 50 mg is inad-

visible, due to overdose side effects. Zinc is generally deficient in our diets; there are many beneficial reasons for supplementation.

Flaxseed oil is very good for prostate health, and is the best known source of omega-3 fatty acids. We've emphasized that you should eat a diet low in both vegetable and animal fats, but one or two grams of omega-3 fatty acids should be taken daily. Two articles in *Anticancer Research* suggest that omega-3 fatty acids may 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 associated with prostate cancer rates, but not the omega-3 acids in flax and fish liver oils. When taking flax oil, you can take two grams a day, one in the morning, and one in the evening. This is a mere 18 calories of beneficial oil. The more research that is done on flax oil the more benefits are seen from it, and flax is by far the best source. Flax seed oil is preferable to fish liver oil supplements and the many studies on omega-3 fatty acids, using fish liver oils, are equally applicable. Keep your flax oil refrigerated to prevent oxidation. There are a lot of good reasons to take this proven food daily.

Soy isoflavones have received a lot of attention recently, but who has bothered to tell you that they may have great value for your prostate? The studies on soy isoflavones on prostate health have been numerous but have surfaced only in the last eight years. The main constituents in soy that we are concerned with are genestein and daidzein. These are flavones and not 'phytoestrogens' as there is no estrogen (or testosterone, progesterone, DHEA, melatonin, etc.) in any plant. Studies on prostate health and isoflavones have been published in journals such as *Prostate*, *Anticancer Research*, *Journal of Endocrinology*, *Nutrition and Cancer*, *Journal of Steroid Biochemistry*, and many others. The proof here is overwhelming. Just in the year 2000, more studies in *Cancer Letters* and the *International Journal of Oncology* showed the further benefits of isoflavones on prostate cancer cells. Get a good brand that lists the amount of genestein and daidzein on the label, and take about 40 mg daily. Soy foods can be a poor source of isoflavones, especially refined foods such as tofu. Soy isoflavone supplements are a much more practical means of soy intake.

The value of **selenium** is undeniable, and this is a most important trace element. You need only a mere 200mcg (one fifth of one milligram) per day. Even if this is in your multi-vitamin and mineral tablet, it is probably not enough. Take a 200mcg tablet a day of any brand. Selenium, like many minerals and trace elements, is often deficient in our diets due to processed foods. Studies have shown many other benefits to our health with selenium supplementation. Another study was just published in the *Journal of the National Cancer Institute* in 2000 based on 10,456 men again showing the importance of selenium intake.

Vitamin D rarely occurs in our diets, and is basically made by our exposure to sunlight. This is the most important vitamin for your prostate. It is important to receive 800 IU of vitamin D a day, at first, preferably 400 IU each in the morning and afternoon. After a while, this can be lowered to a more practical dose of 400 IU daily. It is surprising that nearly all the research on vitamin D and prostate has come out only in the last six years. There are about a dozen clinical studies proving the importance of vitamin D to 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 journals.

We all know that **vitamin E** is a very beneficial nutrient, especially for our cardiovascular health, and that our American diets are generally deficient. Whole grains are the best source. Supplement with 400 IU daily, with the form of your choice.. At East Carolina University in North Carolina, researchers found that vitamin E suppressed human prostate cancer cells in vitro. In Finland, a study in the *Journal of the National Cancer Foundation* showed a 32% reduction in prostate cancer when vitamin E supplements were taken. Other studies were published in the *Journal of Urology* and *Nutrition and Cancer*. Choose whatever type of vitamin E you like, but the natural mixed tocopherols seem best.

It is well known that **garlic** is good for cardiovascular health, but who has ever told you garlic may help your prostate? Buy a good, dependable name brand, as some garlic extracts are almost useless and differ very much in constituents. The small difference in price is well worth it. In the book *Nutraceuticals*, by Lachance, the author lists 44 references in his study of the beneficial

effects of garlic extracts on prostate health. Researchers, at East Carolina University in North Carolina, showed the beneficial effects of garlic extract on prostate health. In the *American Journal of Clinical Nutrition* in 1997, a very good study showed the value of garlic supplementation for prostate health.

The importance of **glutathione** levels for prostate health was described in a Chinese study in the journal *Shandong Yike Daxue Xuebo*. Glutathione is one of our four recommended 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 600mg capsule of **N-acetyl-cysteine**, or NAC to enhance your glutathione levels, very effectively and safely. This is widely available, so buy any good brand. You will gain many benefits by raising your glutathione levels, especially raising your immunity so you resist disease. There has been quite a bit of good research published on the value of NAC supplements in the last few years.

The value of **green tea extract** has been shown in the *Journal of the National Cancer Institute* and *Cancer Letters*. Doctor Paschka and others showed that green tea extract killed human prostate cancer cells in vitro. Search for a good brand that is decaffeinated (most contain caffeine). Green tea contains valuable and very powerful polyphenols and catechins. Yes, this is the same black tea you see everywhere, before it is fermented to change its color, so it must be decaffeinated. Many inexpensive brands of 90% decaffeinated green tea are available.

Fruit pectin has been shown to have curative value in actual prostate cancer, and probably surely in BPH, as well. Studies were published in the *Journal of the National Cancer Institute* and *Biochemical Molecular Biology International* showing the anti-cancer properties of fruit and citrus pectin. Do not bother with the expensive 'modified' pectin, promoted, but rather the plain, inexpensive regular kind, especially grapefruit or apple, which are very effective. The modified pectin has no advantage and is simply a very overpriced and unscientific promotion. Regular fruit pectin is very bioavailable and very beneficial in other ways including lowering cholesterol levels. Take 3 to 5 grams a day in caplets, or the powder in fruit juice is tasteless.

In *Cancer Research*, **beta-carotene** intake showed a strong correlation with reduced prostate cancer in Japanese men. Many other studies in other journals have shown similar results. This is an important antioxidant with many other benefits; 25,000 IU of any brand daily 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 high doses.

Quercitin is a very potent and proven plant antioxidant but is not well known yet. You will hear more about this very effective plant supplement. Studies in the *Journal of Steroid Biochemistry, Urology*, and the Japanese journal *Daizu Tanpakushitsu Kenkyukai Kaishi* show it can help promote prostate health. A new study at the Mayo Clinic published in *Carcinogenesis*, showed it may have real value against prostate cancer. 250 to 500mg daily of any brand is good. This is a beneficial supplement for many other reasons, as well as being an excellent antioxidant.

Vitamin C has received too much attention in the media, especially for all the supposed benefits of taking megadoses of several grams(!) per day. Studies do show its importance in prostate function, in more normal amounts. We only need about 60 mg a day, which is supplied when eating normal fruits and vegetables. Studies in *Surgical Forum, Prostate, Cellular Biology International* and many other journals suggest strong anticancer properties. It is not recommended to take more than 250mg a day. Taking megadoses of vitamin C will acidify your blood (which is naturally alkaline) and cause numerous side effects over time. Long term studies have shown eventual serious side effects from large doses of vitamin C. Megadoses of nutrients, even water soluble vitamins, unbalance our body metabolism and are very unnatural. DO NOT TAKE MORE THAN 250 MG OF VITAMIN C.

Beta glucan is the most potent immune-enhancer known to science and has even been studied for its power against tumors and cancer. It doesn't matter whether the beta glucan comes from yeast or oats, as all 1,3 configurations of true beta glucan polysaccharides have the same potency. Studies, in such journals as *Immunopharmacology, Chemical Pharmacy Bulletin, and International Journal of Cancer*, show beta glucan's tremendous power to stimulate our immune system. It has only been in the last few years that advances in technology allowed us to extract it rea-

sonably. It has been known about for over 10 years now and there have been numerous animal studies showing amazing power to fight infections and ward off illnesses. This is definitely a supplement to take regularly. Economical supplements in 200 mg dosages are available for under \$20 per 60 capsules. Please read my booklet "*What Is Beta Glucan?*" to know more about it.

One herb that has been shown to have potential with human prostate cells in vitro (test tubes) is **milk thistle**. This 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. Two capsules a day of a good extract will give you about 200 mg of silymarin. After about six to twelve months you can stop using it, as non-food herbs tend to lose their effect after a while.

As we age, our human **growth hormone** levels fall, and as they fall, the possibility of developing prostate disease increases. Raising our growth hormone levels will strengthen our immunity and allow us to live longer. Unfortunately, actual HGH is expensive (30 IU is \$300 a month minimum) and must be injected by needle or air injector pen. Many promotional products claim to raise HGH, but we have found that they contain no active ingredients that will do so. Please do NOT fall for these promotions no matter how enticing they sound. None of them work, no matter how well the advertising is done. No matter how persuasive the ad you read, please understand that these supplements do NOT work. You can help keep youthful levels of growth hormone by eating well, exercising, staying slim, eating a low calorie diet, fasting, and avoiding bad habits. HGH levels must be measured by blood serum, and IGF-1 levels do not accurately reflect them, despite the conventional wisdom. Fortunately, there is a simple, inexpensive, effective, and safe way to spike HGH temporarily. Simply take a gram of **L-glutamine** in the morning and one in the evening. L-glutamine is an amino acid with many health benefits, especially in strengthening intestinal function. There have been good studies showing how this improves our intestinal health. Soon we will have nasal spray secretagogues, such as hexarelin, by prescription, that will safely and effectively raise our growth hormone levels, but they will be just as expensive unfortunately.

While there are no studies to show the value of taking **acidophilus** and other probiotics for prostate health, per se, it is important to add this to your supplement list. Our digestive tracts are generally in terrible shape from overeating and from eating the wrong foods. By consuming healthy foods, restricting our quantity of food, fasting one day a week, and taking a good brand of acidophilus twice daily, you can improve your entire digestive system. A good brand should state that every tablet or capsule has at least 3 billion live organisms at time of manufacture. Keep this refrigerated. Take **FOS** (fructo-oligosaccharides, otherwise known as inulin) at the same time. FOS, an indigestible sugar extracted from various foods, feeds the good bacteria in our intestines. This has been known about for a long time, but it is only recently that the intestinal health benefits were discovered. There are good published studies on FOS. Take a 750 mg capsule with your acidophilus. You can also find the spore form of acidophilus called "lactospore" that does not require refrigeration and can be taken in addition to (not instead of) regular acidophilus.

There are excellent human studies on **indole-3-carbinol** or **I3C**, for its anticancer effects and lowering of 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). You can take 400 mg a day or use the metabolic derivative **di-indolyl methane**, or **DIM**, 200 mg a day. I feel the studies on I3C apply equally to DIM and the latter 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.

Curcumin is an extract of the culinary herb tumeric and is a very powerful anti-inflammatory. An important study at the Comprehensive Cancer Center in NYC⁷ of curcumin for prostate cancer and 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 powerful and clinically proven anti-inflammatory, but should be only used for up to a year because it is not found in our bodies nor in common food other than tumeric spice.

Coenzyme Q10 is a powerful enzyme in our bodies whose 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 have cancer, take 200 mg daily, divided into AM and PM doses. Only very recently has the price come down, so it is reasonably priced and can be taken in these doses economically. At Nagoya University in Japan⁸, 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, and should be a part of everyone's supplement program. Remember to take at least 100 mg a day.

There are some supplements you can take for your general health that aren't specific for prostate. PS or phosphatidyl serine, is very important for brain function, memory and for preventing senility and Alzheimer's. This is related to lecithin or phosphatidyl choline. Take 100 mg a day. Another good brain metabolism supplement is acetyl-L-carnitine; take 500 mg a day of this. To avoid inflammation in your joints take 500 mg of glucosamine daily, but do not waste your money on chondroitin. Glucosamine is great but needs a complete variety of minerals to work well. Chondroitin is simply too large a molecule to be absorbed by our intestines. The "studies" are paid advertisements in medical journals. It doesn't matter how many millions of dollars of this are sold every year; as chondroitin simply doesn't work.

Herbs such as saw palmetto, *Pygeum africanum*, etc. have been shown to contain *insignificant* amounts of beta-sitosterol or any other active ingredient. No matter how strong the extract, or the claims of "85% sterols and fatty acids", they simply don't produce results. The exception is rye pollen and other similar grain pollens, as they contain the active ingredient DIBOA (a hydroxamic acid). Unfortunately, pollen (not bee pollen!) extracts contain very little DIBOA, are very expensive and the amount is never listed or even mentioned on the label. Unless someone synthesizes this and puts it on the market stating the amount of DIBOA clearly on the label don't waste your time.

Rather than spend money on thirteen bottles of each mineral we need for our health, it is a much better idea to find a complete mineral formula that contains calcium, magnesium, iron, se-

lenium, chromium, iodine, molybdenum, copper, zinc, manganese, boron, vanadium and silicon. You do not need to supplement sodium, potassium, or phosphorous. Avoid colloidal minerals that claim to contain “70 different minerals”, as they do not contain the thirteen basic minerals you need in the amounts necessary, the other 57 minerals are not needed, and all 70 are present in biologically insignificant amounts. They never mention the lead, cadmium, uranium, mercury, aluminum, and other toxic minerals contained in them. Search the Internet under the subject “mineral supplements” or “minerals” to find a good brand.

We must discuss a most questionable promotion regarding benefits of lycopene, which is a product of a major ketchup manufacturer. Studies claim that the more pizza men remembered eating, the more prostate health they achieved! This kind of pseudoscience is asinine. Many other dietary studies contradict this^{1,2,3,4}. Actual blood serum (not plasma) level studies of lycopene prove there is no correlation at all between lycopene levels and prostate health^{5,6}. In 1974 at Johns Hopkins University the blood of 25,802 men was analyzed for nutrients and matched with medical records. No relation was found with lycopene content.. In 1997 at the Cancer Research Center in Honolulu the blood of 6,850 men was analyzed for nutrients and they found no relation with lycopene levels either. In fact, no matter how much fresh tomatoes or tomato juice you eat, you won't raise lycopene levels at all (the tomatoes must be cooked in oil to be absorbed). Don't fall for this no matter how much advertising you hear about it. Many of the so-called “studies” the media trots out are really merely paid ads in medical journals from the lycopene manufacturers. Look at the 2001 “study” at Wayne State University⁹ that was so highly touted by the media. It is clearly marked paid “advertisement” by federal law when you read the actual journal. Men in Asia, who have the lowest rates of prostate disease in the world, almost never include tomatoes in their diets. Please be clear that actual blood studies on real men show no relation at all between serum lycopene levels and prostate health. Don't fall for this.

There are twenty-two supplements recommended in this chapter, all of which have been shown to be safe, effective, natural and inexpensive. Take as many on the list as you possibly can, as all have various other health benefits. Poor health contributes to prostate problems, which can result in surgery, radiation, and

dangerous prescription drugs. You could end up wearing diapers, and losing your sexual ability before you die a premature death.

Suggested supplements:

- beta-sitosterol: complex 300mg
- zinc: 15mg
- flax oil: 1gram twice daily
- soy isoflavones: 20-40 mg of daidzein and genestein
- selenium: 200mcg
- vitamin: D 400 IU twice daily
- vitamin: E 400 IU
- garlic extract: 500mg twice daily
- N-acetyl cysteine: 600mg
- green tea extract: 200mg twice daily
- fruit pectin: 3g – 5 grams
- beta-carotene: 25,000 IU
- quercitin: 250 - 500mg
- vitamin C: 250mg
- L-glutamine: 1 gram twice daily
- acidophilus: 3 billion twice daily
- FOS: 750mg twice daily
- milk thistle extract :2 X 500 mg capsules daily
- beta glucan: 200 mg
- indole-3 carbinol 400 mg or di-indolyl methane 200 mg
- curcumin 500 mg
- Coenzyme Q10 100 mg or more

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Chapter 4: The False Hope of PC- SPES

This chapter was originally six pages long with numerous citations. In 2002 PC-SPES has finally been banned by the FDA after the makers have been caught two different times adulterating the product with dangerous prescription drugs. The first time they were caught adding the carcinogenic synthetic estrogen DES. The second time they were caught adulterating it with both warfarin (a rat poison and blood thinner) and the anti-anxiety drug alprazolam. The only reason to include this two page chapter (with no citations) now that PC-SPES is no longer being sold is to warn you about such promotions and to prove to you that this author is always going to tell you the truth about natural health. This book was the **ONLY** one in the entire world for years to warn people that PC-SPES was not only a useless but a dangerous promotion with serious side effects.

It seems everyone on earth fell for this hook, line and sinker. The first thing one notices is that the so-called “studies” were really paid advertisements in medical journals. Every single one of them used the name brand product instead of a generic version for objectivity. In some of the “studies” the actual patent holders who profited from the sales participated- this isn't science, folks. The second thing one notices is that the “studies” only talked endlessly about the PSA level and never about the actual growth of the cancer. The PSA is very easily raised or lowered artificially by a variety of means and is not an accurate indicator of prostate health at all. The third thing one notices is that they continually claimed that testosterone levels were reduced by taking PC-SPES and that it had powerful “estrogenic activity”. Anyone reading this book knows very well that low testosterone levels and high estrogen levels are the very **CAUSE** of prostate disease basically. It is exactly this reversed testosterone-to-estrogen ratio that causes men to have epidemic rates of prostate disease as they age. To lower testosterone and raise estrogen is insanity. Their very claims proved their product to not work at all.

This herbal mixture costs about five dollars to make, but a bottle sold for \$100 or more and would cost \$5,000 a year. This was prima facie evidence something was very wrong. PC-SPES

consisted of common Chinese herbs and one American herb - saw palmetto. We've discussed in this book that saw palmetto, per se, is useless, as it contains almost no beta-sitosterol or other active ingredients. The seven Chinese herbs included *Dendratherma morifolium*, *Ganderma lucidium*, *Glycyrrhiza gladbra* (licorice), *Isatis indica* (indigo dye), *Panax pseudo-ginseng* (not real ginseng), *Rabdosia rebescens*, and *Scutellaria baiclensis* (scute). In reviewing over 30 years of prostate research not one of those herbs has ever been mentioned in the published literature as having benefits for prostate metabolism, in any way at all.

If this had merit I would have put out a generic version of it and called it "PC-FAITH" and retailed it all over the world for \$9.95 for the benefit of mankind. It was very obvious this was possibly the most successful promotion of a natural supplement in history that had no value. I never once met or even heard of anyone who got better from taking it. Quite the contrary, it seems everyone who took it got worse, and many of them are now dead.

There are admitted serious side effects to taking this herbal formula, including deep vein thrombosis, leg cramps, and gynecomastia (breast growth). Numerous men have reported embarrassing breast tissue growth from taking PC-SPES. Suffering any side effects from taking herbs shows you are taking ones that are incompatible with your individual biochemistry. When you take a proper herb, that is compatible with your unique biochemical makeup, there should not be any negative side effects at all - none at all. Herbs are not safe merely because they are natural.

A very popular book on prostate health was written by a medical doctor, claiming that PC-SPES is a wondrous, marvelous, even incredible substance for prostate cancer. The book also promotes supplements I have found to have little or no benefit, claims testosterone causes prostate disease, ignores the critical and central role that diet plays in the development of prostate illness, and generally shows little or no understanding of the whole subject. The book goes on to suggest traditional allopathic medical treatments including surgery, chemical castration, toxic drugs and chemotherapy. I strongly feel it is books like that which are misleading people about natural health - the book was a best seller! One wonders what the author is doing now, since he has been so discredited.

Chapter 5: Science and Beta-sitosterol

Science has shown that the most powerful nutritional supplement for prostate health is a common plant alcohol called beta-sitosterol. Beta-sitosterol is found in literally all of the vegetables you eat, and is the most prominent plant sterol in nature. Actually it is comprised of several sterols including campesterol, stigmasterol, brassicasterol, and beta-sitosterol.

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 only a mere one-part in three thousand of the beta-sitosterol complex. A typical analysis of saw palmetto¹ 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 mere 330mg of beta-sitosterol. Even with the most expensive 10x (ten times) extracts of these herbs, one would still have to eat about two hundred 500mg capsules a day to get the 330mg of beta-sitosterol! So it is obvious that these herbs are ineffective, despite their continual promotion by the so-called natural health industry. Please understand that saw palmetto, *Pygeum africanum* and other herbs and their extracts are simply biologically irrelevant, because they do not contain enough active ingredient. Even when the label says, "85% fatty acids and sterols" you can be sure that really means nearly all fatty acids and almost no sterols. The saw palmetto products sold in America simply have no value, no matter how much advertising you have seen. I have never once seen a saw palmetto or other herbal prostate product with any significant amount of beta-sitosterol, at all.

What about the herbal extracts sold by prescription in Europe? Those extracts are standardized according to beta-sitosterol content, regardless of their source, and this is prominently and clearly stated on the label by law. Whether you buy Permixon in France; Harzol, Tadenan and Azuprostat in Germany;

or ProstaSerene in Belgium, these are all based on how much actual beta-sitosterol content they have. They are very expensive - a bottle of 60 tablets of Permixon, for example, containing 30mg of beta-sitosterol per tablet, will cost about \$50 in American dollars.

After one thoroughly researches beta-sitosterol, it becomes obvious that herbs are a completely uneconomic source, while soybeans, sugarcane pulp and pine oil (tall oil) are all excellent, natural, inexpensive sources. Many sugar processors now extract the valuable chemicals from the pulp, after the sugar is pressed out.

There are dozens of classic double-blind studies, done with actual men, on the effects of beta-sitosterol on benign prostate hypertrophy or BPH (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 the Institute of Clinical Medicine at the University of Rome¹, DiSilverio and his colleagues studied 35 men with BPH for 3 months, and gave half of them a placebo (inert capsules). They concluded, "On the basis of these considerations, monotherapy with *S. repens* extract (beta-sitosterol extracted from saw palmetto) 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 Paris², Champault and two other doctors did a classic double blind study on 110 men, with 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."

At the Klinische Endokrinologie in Freiburg, Germany,³ Zahradnik and other doctors demonstrated that beta-sitosterols taken from star grass (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, Italy⁴ studied the effect of beta-sitosterol extract (from *Pygeum africanum*) on 27 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.

At the Institute of medical Sciences in Madras, India,⁵ Doctors Malini and Vanithakumari have studied the effect of beta-sitosterol on the prostates of rats. In only six weeks, they improved the metabolism and reduced the weights of their prostates. This was a unique and thorough study.

At the University of Dresden, Germany,⁶ Doctors Klippel, Hilti and Schipp studied 177 BPH men for 6 months. Half the men received a placebo and half received the prescription extract Azuprostat containing 130mg of beta-sitosterol. To substantiate their research, 32 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."

At the University of Basel, Switzerland⁷, Dr. Vontobel and his colleagues studied a strong extract of nettles containing a high concentration of beta-sitosterol in a double blind study of 50 men for nine weeks. They said, "The use of beta-sitosterols from nettles, in the evaluation of the objective parameters, showed significant differences; the men who received the supplement improved significantly".

At the University of Bochum in Herne, Germany,⁸ Dr. Berges and his associates used pure beta-sitosterol with 200 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,⁹ studied 40 men who had BPH and were given an extract of *Pygeum africanum* containing a high beta-sitosterol content. Half the men received a placebo, with many parameters being measured during

the two-month study. 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,¹⁰ 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.”

A study was done on 23 patients at the Urological Klinik of Krankenhaus in Germany.¹² 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 23 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 review¹³ of studies, over a 31-year period, used 18 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, Scotland¹⁴. Dr. Buck did a twelve page review of herbal therapy for the prostate, including

Harzol, Tadenan, Permixon, Strogon, 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,¹⁵ 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 90 days of treatment, a majority of patients (88%) and treating physicians (88%) considered the therapy effective."

At the Veterans Administration in Minneapolis⁹ doctors did a very thorough review of the research on beta-sitosterol going back over 30 years and included 32 references. They concluded that beta-sitosterol had, "the greatest efficacy amongst phytotherapeutica 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 Rome¹⁸ doctors gave men with BPH (average age of 68) Permixon for 90 days. This caused a drop of 50% in prostate gland DHT levels and a rise of 72% 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.

At St. Luke's Hospital¹⁰ in NYC doctors did an extensive review of herbal supplements for prostate conditions and noted that all of them had beta sitosterol as the active ingredient just like the prescription herbal products sold in Europe. They concluded that beta sitosterol is the most promising of all medical therapies.

Dr. Berges and his associates at Ruhr University in Germany published another study on beta-sitosterol in 2000¹⁰. This

time they wanted to do a very long term study to prove beyond any doubt the lasting effects of beta-sitosterol therapy on prostate enlargement for an eighteen month period. 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 18 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 around the world, and have been done in some of the most important urological clinics. This shows that, in fact, beta-sitosterol is the active ingredient in herbs. American herbal products, even the most expensive extracts that claim "85% fatty acids and sterols", have almost no beta-sitosterol in them. This is never mentioned on the label, and suggests that every over-the-counter natural prostate remedy sold in the U.S. has little, if any, value.

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Chapter 6: 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 the most important phytosterol in our diet, and is found in literally all our vegetables. It is the most important supplement you can use for good prostate health. It has many other benefits, and can be used by both men and women. It is estimated that Americans generally eat about 300 mg a day of beta-sitosterol and vegetarians eat at least twice that much.

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 50 articles have been published in international medical journals. To reap the benefits described, you need to take about 300mg a day of mixed beta-sitosterols. If you lower your fat intake, and actively exercise, the results can be much more dramatic. Common sense tells you to cut down 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 prostate disease and other illnesses. Please read my book *Lower Cholesterol Without Drugs*.

You would think doctors would be giving beta-sitosterol to all their patients with high cholesterol levels. Instead, they are given costly prescription drugs that may induce serious side effects, and have questionable success in reducing cholesterol. Surprisingly, beta-sitosterol is very difficult to find in drug stores, health food stores, and mail order vitamin catalogs. In the future, beta-sitosterol will become much more popular and well known. This is obviously a supplement for women, as well.

High cholesterol and triglyceride levels are considered 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 suggest beta-sitosterol may have great potential in many other areas such as diabetes, blood clotting, ulcers, cancer prevention, tumors, immunity, inflammation, and other diseases. Since beta-sitosterol is found in nearly all vegetables, it makes sense that this really is an essential nutrient; it will be so recognized in the future.

The following studies are discussed for educational purposes, and not to infer that beta-sitosterol can be used to cure these 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. 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. At the famous Sloan Kettering Cancer Institute, doctors found beta-sitosterol to slow the growth of colonic adenomas (tumors) when fed to rats. 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 chemopreventive properties of beta-sitosterol. This means that it helps prevent cancer when known carcinogens (cancer-causing chemicals) are given to laboratory animals. The same chemopreventive results were found with rats, at Wayne State University.

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 with 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 levels were lowered. G-6-P is another basic marker.

Studies have shown oral beta-sitosterol protects against stomach ulcers in rats. At West China University in China, it was shown that beta-sitosterol may help to protect our stomach linings, and prevent the formation of ulcers. In another study, stomach lesions in test animals were reduced 80% 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?

There are so many studies on the anti-microbial properties of beta-sitosterol, it is hard to count them all. These include anti-bacterial, anti-fungal and anti-viral. This is a much better medical road to follow than the constant search for powerful synthetic anti-microbial drugs that often cause more harm than provide 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 anti-microbial properties were shown. This broad spectrum activity is most impressive.

Studies have shown beta-sitosterol intake to improve blood parameters in various ways. At the Efurt Medical Academy in Germany, beta-sitosterol fed to rabbits improved their fibrinolytic capacity and plasminogen activity. From 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 about the healthier cholesterol and triglyceride levels that beta-sitosterol helps to promote. Noted terms fibrinolytic, plasminogen and platelets simply mean that your blood functions better when coursing through your body.

Studies have been done, especially at the University of Stellenbosch in South Africa, on improving the immune system by simply adding beta-sitosterol to the diet of humans. 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 the runners' immune systems were functioning better.

Powerful anti-inflammatory properties of this wondrous substance have been demonstrated. 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 synthetic chemicals that are touted as arthritis and rheumatism 'breakthroughs' every year, 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 given beta-sitosterol. Several relevant U.S. and European patents have been granted for this purpose.

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 for the rest of their lives?

It is important to know that many other studies of beta-sitosterol, on both humans and animals, have shown a wide range of potential benefits, including increases in SOD (superoxide dismutase) levels, which are critical in immunity and lifespan. SOD is the most important of our four antioxidant enzymes, and our levels fall as we age. People with certain illnesses also have low beta-sitosterol intake. Vegetarians eat twice the beta-sitosterol of meat eaters, and are known to be healthier, live longer, and have far less disease such as cancer, heart attack, diabetes, and the rest of the epidemics that eventually affect most Americans. The elderly have been shown to have extremely low phytosterol intake, generally.

Topical uses have been studied for keratosis, acne, psoriasis, and skin protein synthesis. Yet, no one offers a beta-sitosterol skin cream. Studies using this substance, instead of dangerous steroids and other unnatural drugs, may bring us important answers to skin problems from which so many people suffer. Why hasn't this been studied more, and why isn't it more available? Why isn't information like this widely disseminated? There's just no PROFIT in selling an un-patentable, non-prescription plant extract that can be inexpensively extracted from sugar cane pulp, soybeans, and pine oil.

Chapter 7: Prostatitis

Prostatitis is merely an infection of the prostate gland, where the immune system becomes weak 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 can also happen for no known reason at all. Honest doctors admit little is known about the causes or treatments for this condition. Strong and dangerous antibiotics is the usual medical route.

Prostatitis can be either an acute or a chronic condition, and can cause symptoms similar to BPH, only with a lot of added pain. In fact, prostatitis can temporarily raise PSA levels very dramatically, and make men fear they may have cancer. 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 flu-like symptoms, with fever, chills, cold sweats, pain, and nausea.

The usual medical treatment is to test the urine and see if specific bacteria can be found. Then an antibiotic is prescribed. These medications can have some 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 gland. Treatment with antibiotics is generally very ineffective, to say the least, and often when the symptoms go away during treatment, it 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. It is usually not very successful. Often, patients who get no treatment at all recover just as quickly as those taking the antibiotics.

Whether it is infection, enlargement, or outright cancer of the prostate, this all comes down to weak immunity. For the infection to take hold, the immune system and the metabolism must be impaired. Thus, all of these conditions can be treated with diet, supplements, and hormone balancing. It must be emphasized that prostatitis does not respond well at all to conventional medical treatment. You must become very clear that you are going to have to treat yourself and depend on your own efforts to get well. Doctors sometimes have resorted to alpha-blockers, anti-inflammatories, physiotherapy and even debilitating surgery in an attempt to deal with this problem. You must deal with the very health of your prostate, supporting it by eating right, taking the supplements shown to help it, and maintaining your hormones in balance. You are going to have to make basic changes in your diet and lifestyle if you are to get well and stay well. Prostatitis can be very difficult to treat, especially the chronic variety.

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 California¹ 30 men with prostatitis were studied. Half were given quercetin, 500 mg twice a day, in a double-blind study. In only one month, two thirds of these men showed improvements of at least 25%. Taking an inexpensive, over-the-counter, natural food supplement that includes many other health benefits certainly seems preferable to prescription drugs. Other studies² have also shown the value of quercetin for infection of the prostate. It is important to take the other twenty-one supplements recommended in this book, as well.

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. One interesting study done at the Nauchno Institute in Russia³ found that rabbits induced into having prostate inflammation had lower levels of testosterone and androstenedione.

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Chapter 8: 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 next year. Dirk Benedict, the actor (A-Team, Battlestar Gallactica, etc.), developed prostate cancer in his thirties at the height of his career. The actress Gloria Swanson told Dirk to go on a 'macrobiotic' diet and stop eating meat, poultry, eggs, dairy, tropical foods, alcohol, and all sugars and sweeteners of any kind.

The doctors wanted to castrate him, which meant he would die a little slower. He thought about this option and decided that the whole grain diet and the chance of 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 never looked back. Within seven months he knew he was basically well and would soon be completely cancer-free. Over twenty years later, Dirk is happy, healthy, vibrant, youthful, and the father of two handsome sons. This is an inspiring book, relating his true-life story is vitally important to read. It is also important to read 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 thing in curing prostate, or any other cancer, is to change your diet and lifestyle and stop eating fats, oils, dairy, poultry, eggs, red meat, sugar and other sweeteners (even honey and maple syrup), tropical foods, hydrogenated oils, preservatives, chemicals, coffee, cigarettes, prescription drugs, and alcohol. A diet based on whole grains, beans, most vegetables, some local fruit, and small amounts of seafood (if you are compatible with it), is the way to cure yourself and get well. There are dozens of wonderful books on the so-called 'macrobiotic' diet. Please read my book *Zen Macrobiotics for Americans*. There are some fine authors out there who have written excellent books on natural diet, such as John Mc Dougall, Susan Powter, Robert Pritikin, Gary Null, Dean Ornish, Neal Barnard, Terry Shintani, and

others. Unfortunately, the vast majority of diet books are not good at all; following their advice will lead you to an early demise

The popular ‘ketogenic’ diet where you eat all the meat, dairy, fats, eggs, butter, and poultry you want, while completely avoiding healthful whole grains is the most popular and deadly diet every promoted. Its popularity seems to be due to giving people an excuse to eat all the rich, fatty foods they want. To class all carbohydrates as ‘sugars’ and equally harmful, is obviously scientifically ridiculous. Whole grains are literally the staff of life, and have been the basis of most cultures for thousands of years. Part of eating well is also to eat as little as possible, and as few calories as possible. The less you eat, the sooner you will get well. Generally, men need only about 1,800 calories per day and women only about 1,200 according to most researchers.

After you have changed your diet, the second most important thing to do is to take all the proper supplements that have been shown to help. Please 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. Saliva hormone testing is the greatest medical breakthrough in the last decade, yet the public is mostly completely unaware of it, as are medical professionals. Doctors rarely test hormone levels. When they do test they use unnecessary, expensive, invasive blood testing. Hormones are very powerful, should not be used casually, and are not to be taken without first testing your body’s levels. Hormone testing will become very mainstream in the near future. DHEA, testosterone, pregnenolone, progesterone, melatonin, thyroid (T3 and T4), GH, and cortisol levels are very critical to good prostate health. If you are low in a hormone, or if you wish to maintain the youthful levels you had in your thirties or forties, you can use a hormone supplement and monitor your levels every six months with another saliva test.

Fasting is very powerful in healing cancer, and even just one day a week (supper one day to supper the next day, on water only) can literally change your health completely. Fasting is liter-

ally THE most powerful healing method known. Some fine books on fasting have been written by Paul & Patricia Bragg, Joel Fuhrman, Lee Bueno, Dave Williams, Herbert Shelton, Alan Cott and Eve Adamson. Please remember that a real fast 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. 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, peace, and joy take over. This is the most powerful healing method; one that develops character and spirituality.

Recently, a theory has been popularized, called 'complementary medicine', 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 incredible 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.

My favorite success story of healing prostate cancer naturally comes from my friend Laddie, who in his fifties, found out he had prostate cancer. This was verified by biopsy, and the diagnosis was that he would probably be dead within five years, no matter how many medical treatments he underwent. He said he would literally 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 he had eaten meat, eggs, poultry, dairy, sugar, butter, alcohol, coffee, refined

foods -- the usual American diet. He decided it was time to change what he ate and drank. 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 recommended supplements, and took them everyday. It was very easy to take these every night before bed. They were a fraction of the price of the toxic prescription drugs he would have used otherwise. He took melatonin, pregnenolone, and used transdermal progesterone cream daily. By using a saliva test, he discovered that 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 took DHEA and also used over-the-counter androstenedione to raise his low levels of testosterone

Laddie had never gone more than twelve hours in his life without food. He started to fast for twenty-four hours, once a week, by merely skipping breakfast and lunch every Saturday. He even started going on two-day fasts, occasionally. He got better, and better, and better. You could just look at him and see he was getting healthier every month. His friends and relatives felt pity for him, and thought that he was in extreme denial. Laddie lost weight, his complexion was better, he had more energy, and simply felt and looked better, all the time. His original doctor became very upset as Laddie got healthier and healthier every month, refused all traditional medical treatments, even raised his testosterone, and was taking four other natural hormones. His doctor became so frustrated 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. His PSA reading was down to 0.4, after being over 10.0. Normal for a man his age is about 3.0. The second doctor verified he could no longer find any evidence of cancer in Laddie's body. He told him there had been a 'mistake' and he never had cancer, but Laddie showed him the original laboratory biopsy results. Today Laddie is a happy, thankful, and healthy man. He eats well, and still takes most of the supplements, monitors his hormone levels once a year, and still takes all his hormones. He still fasts once a week, to celebrate being alive.

Chapter 9: Progesterone

Progesterone is thought of as a female hormone, but it is not at all feminizing in men. Quite the contrary. Estrogen is the feminizing hormone in men, and it is progesterone that is the natural antagonist to it. It is excessive estrogen levels in men over 50 that cause breast growth and other problems. Progesterone can help inhibit this. Please do not confuse real, natural progesterone with the synthetic progestin analogs, like Provera, that have been shown to have serious side effects and do not have the advantages of real, 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.

Progesterone is very poorly absorbed orally and, thus taken, 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. We suggest a good cream that contains 800-1000mg of real, natural USP (pharmaceutical grade) progesterone per two-ounce jar (400-500mg per ounce) and states so clearly on the label. Avoid anything with the words 'wild yam' on the label as this is known as 'yam scam' in the trade. Yam does contain an alkaloid called diosgenin, which can be converted into progesterone through sophisticated chemical procedures in a laboratory, but cannot transform in the body; it is not a biological 'precursor' of progesterone. Apply a mere 1/8th teaspoon directly to your scrotum (testicle sac) daily which allows it to get into the prostate receptors. Applying this amount provides about 7mg daily, of which about 5mg should be absorbed into your system. Progesterone has been shown to be 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 which stops the conversion of beneficial testosterone into dangerous dihydrotestosterone (DHT). Research also shows that the prostate has specific progesterone receptors to which no other hormone can attach. The following studies were published in the most prestigious medical journals in the

world, including as *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 generally is supportive of proper prostate function. Six different studies, in clinics around the world, all independently had results showing progesterone is a powerful 5-alpha-reductase inhibitor that stops the conversion of testosterone into DHT in test animals. DHT content in the prostate is the single most important factor, generally. In fact, at Staten Island College in New York, and Mt. Sinai Medical School (also in New York), 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, as it does in our youth.

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, as well as reduced 5-alpha-reductase activity. At the Biochemical Medical Laboratory in France, the University of Maryland and the Institute of Clinical Medicine in Rome doctors demonstrated the importance of progesterone receptors, showing how responsive the prostate is to this hormone.

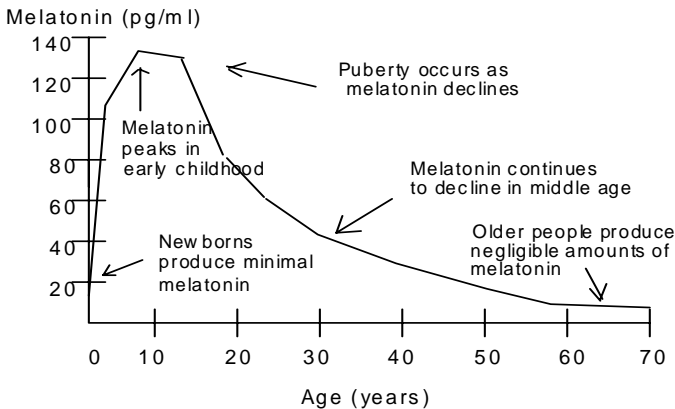
In 1988, a very important study was done at Nanjing Medical College in China, where progesterone reduced the prostate weights of test animals and the doctors concluded the therapy should be used on humans. Since that time there have been almost no published studies on the use of progesterone for BPH and prostate cancer.

Chapter 10: Melatonin and Pregnenolone

While researching this book, **melatonin** was often mentioned, yet we almost never find any mention of melatonin as critical for prostate health. Scientists around the world have independently found this to be absolutely vital to prostate health and function. The hallmark of this research is that the prostate actually contains melatonin receptors that are necessary for the prostate to function at all. Almost no medical doctors, including urologists, are aware of these well established facts. How can the medical profession be so unaware of such basic facts? These studies were published prominently in leading medical journals.

None of the other prostate books talk about this either. No one else has taken the time, until now, to gather all these studies and report on them to the general public. Now men can have access to an inexpensive, safe, over-the-counter hormone to help support their prostate health.

Much has been written on the amazing effectiveness of melatonin on general health and longevity. We have found some excellent books that extol the many benefits of melatonin. Russel Reiter in his book, *Your Body's Natural Wonder Drug*, does report one unpublished study on melatonin and prostate cancer. Amazon.com lists over 50 books on melatonin, such as *Melatonin Miracle*, *Melatonin: The Anti-Aging Hormone*, *ABC's of Hormones*, and *Stay Young the Melatonin Way*.



The above chart shows that melatonin peaks at about age 13, and falls severely until it's almost nonexistent by age 60. Melatonin is produced by the pineal gland at night, so it is important to take it only after the sun goes down. It is very safe, and has no known lethal dose (even common table salt has a lethal dose).

Melatonin's most important benefit is to extend our lifespan. 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 preventive anti-cancer properties, and could help make other cancer therapies more powerful. It is remarkably safe and non-toxic, without any known side effects. Amazingly, melatonin was not even identified as a pineal gland hormone until 1958, when it was finally isolated at Yale University. At the University of Lodz in Poland it was shown that melatonin has beneficial effects on cancer, in general .¹

Specifically, there have been many studies in laboratory animals showing that melatonin, taken in varying doses, could lower prostate weight and shrink the prostate, thus facilitating the prevention of prostate cancer. These studies have been published in such journals as *Endocrinology*, *Progress in Brain Research*, *Experientia*, *Hormone Research*, *Archiva Farmacologia Toxicology*, *Hormone Metabolism Research*, *Journal of Pineal Research*, *Journal of Urology*, *European Journal of Pharmacology*, and many others. They clearly show the value of melatonin in prostate disease. More recently, human studies have been done as a result of the most impressive animal studies. At the University of Tuebingen in Germany, men with prostate cancer were found to have low melatonin levels². In a later study at the same university,³ the researchers found the same phenomenon and suggested using melatonin supplements to treat prostate cancer, as a standard therapy.

Again at the University of Lodz in Poland,⁴ researchers came to the same conclusion to use melatonin as a regular way of treating prostate cancer. Studies in *Endocrinology*, *Journal of Clinical Endocrinology and Metabolism*, *Frontiers of Hormone Research*, and others have found definite melatonin receptors in the prostate gland, proving how important this hormone is for proper

function, regulation and metabolism. The fact that now there are known melatonin receptors in our prostates, discovered only in the last 10 years, is very enlightening in regard to treatment of diseases of the prostate.

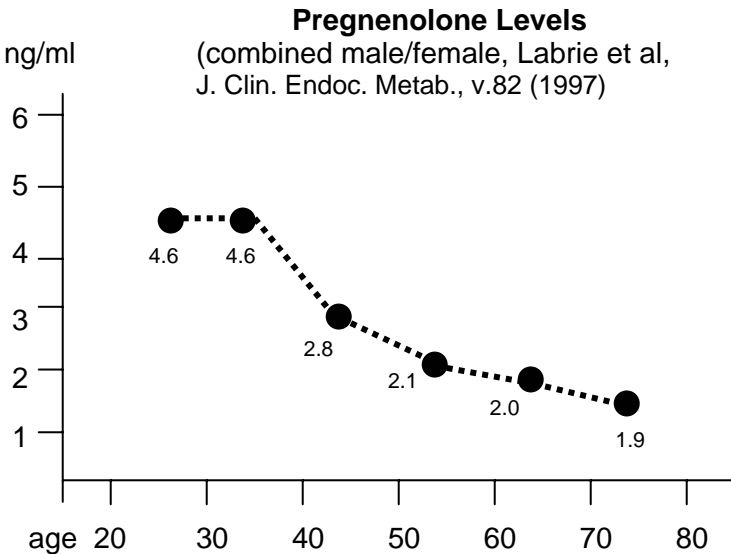
There have been studies performed at the University of Alberta in Canada, the University of Texas in Houston, and San Gerardo Hospital in Italy that revealed that melatonin could inhibit prostate cancer in laboratory animals. A very good study was done at Tel Aviv University in Israel,⁵ showing that melatonin receptors in human prostate glands could suppress prostate enlargement. They noted that BPH is due to the imbalance of estrogen and testosterone as we age, and that this excess estrogen also interferes with normal melatonin metabolism.

At the University of Milan in Italy⁶, doctors studied the effect of melatonin on human prostate cells. They had already published a previous study on the benefits of melatonin on prostate cancer⁷. 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. This hypothesis is further supported by the well-known immunostimulatory and antioxidant properties of the hormone." In other words, they strongly feel melatonin is an effective treatment for cancer.

There are many more studies, and the proof, here, is overwhelming. Benefits may be seen by simply taking a 3mg tablet every night. If you are very old, very sick or have outright prostate cancer, you could take two tablets. **Take melatonin only at night**, as it is produced at night when our eyes don't detect sunlight. Do not take this during the day.

You may never have heard of *pregnenolone*, but it is the "grandparent" hormone from which all the other sex steroid hormones are derived. It is the most important brain metabolism regulator and is 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 may well be the most potent memory-enhancer known to science.

Pregnenolone falls severely after the age of 35. Saliva testing is available from some companies or blood tests can be special ordered from your doctor. At the St. Louis Hospital in Paris⁸, doctors measured fourteen different hormone levels in men with prostate cancer. They found that pregnenolone (and DHEA) were anticorrelated with the occurrence of the cancer. This means that pregnenolone levels were clearly lower in these men. Safe dosages are 25 to 50 mg per day, if you are past the age of 40. For those men over 60, the 50 mg dose is recommended. In 2002, saliva hormone testing has finally become available for measuring pregnenolone levels.



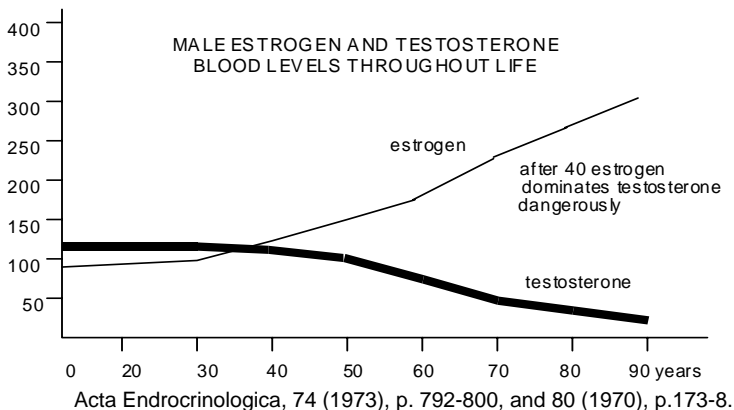
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Chapter 11: Testosterone Is Your Friend

Nearly every medical doctor in the world will tell you that testosterone is somehow bad for your prostate and makes prostate cancer grow “like throwing gasoline on fire”. This is Sacred Dogma and not to be questioned- even though the fall in testosterone as men age almost exactly parallels the rise in prostate cancer, BPH and prostatitis. This insanity started over 60 years ago when a doctor named Huggins got the brilliant idea to castrate men to cure their prostate cancer! The victims very temporarily seemed to get better, but the cancer soon returned with a vengeance and they died. Anyone who thinks you cure cancer by cutting a man’s testicles off is obviously insane in the first place. This stupidity has continued to the present day, but now doctors use both chemicals and scalpels to castrate them.

You can clearly see from this chart that testosterone levels fall as men age, while estrogen levels rise. The testosterone dominance and testosterone to estrogen ratio is reversed, and prostate disease increases accordingly. Modern doctors are obviously unable to show studies demonstrating that testosterone causes prostate illness. Common sense tells you that testosterone is your friend, has always been your friend and will always be your friend. My book, “Testosterone Is Your Friend” is due in Fall 2003.



The scientific literature is full of countless studies proving that testosterone is necessary for good prostate health and metabolism. When blood testosterone levels are low the prostate receptors must choose dihydrotestosterone (DHT) which causes disease. DHT binding 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 supplementing low testosterone and androgen levels helps you cure your illness.

At the University of Washington¹ a progressive and brilliant doctor named Richmond Prehn actually said that we should consider using androgen supplementation to reduce the growth of prostate cancer! He pointed out the declining testosterone levels contribute to carcinogenesis, and 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 this that are going to lead us into the Age of Enlightenment and out of the Age of Darkness.

At the University of Witwaterstrand in South Africa² a study was titled, "Low Serum Testosterone Predicts a Poor Outcome in Metastatic Prostate Cancer". They studied 122 patients and found the ones with the HIGHEST testosterone levels to have the least aggressive tumors and live 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 China³ 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 control group" and further, "...the ratio of testosterone to estradiol as 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 men with lower testosterone levels had faster growing tumors, higher Gleason scores and shorter life-spans. The conclusion was, "In our study patients with prostate cancer and a low free testosterone 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. This is directly from Harvard Medical School.

At the University of Vienna⁵ men with prostate cancer were compared to healthy controls. The men with cancer had decidedly lower testosterone levels than the healthy men. Again, we see the lower the testosterone the worse the disease and malignancy rates. They also found that the other major androgen, DHEA, did not 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 factors for PC development." This couldn't be clearer either.

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 microvessel and androgen receptor density (note: both 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 of 4.1. The ones with the highest Gleason scores and fastest growing malignancies had low testosterone levels of only 2.8 ng/ml. The men with almost 50% higher levels fared much better. They also found that DHEA-S levels were the same in both groups and that the powerful and beneficial

androgen DHEA does not contribute to cancer as the mainstream doctors keep preaching.

Again at Harvard Medical School⁸ doctors found 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 testosterone supplementation." Again, from Harvard Medical School.

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 earlier studies as early as 1971 that showed the same phenomenon. The higher the testosterone levels the longer the men lived; the lower the testosterone levels the more quickly they died.

In an impressive collective effort between six international clinics¹⁰ 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 60 years old. They found out 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 and was based on the blood serum of 28,000 men. You just can't argue with it.

At 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 less than 6.9 nmol/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 over 17.3 nmol/L." This means the higher the testosterone levels the longer

the men lived and 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".

At the famous Johns Hopkins University in Baltimore¹² more men were studied. One group was healthy, one had BPH and one cancer. The total testosterone (ng/dl) was measured over a five year period. The healthy men had average levels of 636.1, the BPH only 527.4, the men with local cancer 472.6 and 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, local cancer and metastasized cancer patients. A dramatic difference difference of 35% certainly proves the case decisively.

At the University of Utah¹³ researchers did a very unique study in that they compared 214 male twins. Using identical twins is a most effective means to demonstrate scientific validity. They found that the higher the testosterone levels the smaller the prostate glands. "Prostate volumes correlated inversely with age-adjusted serum testosterone." The men with the smallest glands had testosterone levels of 17.7/7.9/17.9 nmol/L, while the men with the largest glands only had levels of 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 if necessary.

At the Petrov Institute of Oncology in Russia¹⁴ men aged 4 were divided into two groups of high and low blood testosterone. The first group was given 120 mg of oral testosterone undecanoate daily and the second group 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 30 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 is a very bad idea, the doses were too high and they would have gotten far better results with natural transdermal cream in much smaller amounts such as 10 to 15 mg daily.

At the famous Tenovus Institute in Wales¹⁵ 222 prostate cancer patients were studied. They again 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 1 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 20 years ago and published in a major journal. Why are doctors still castrating men with knives and toxic chemicals to destroy their testosterone?

This was further proven with hypogonadal (low testosterone) elderly men who were given supplemental testosterone. At the University of Connecticut¹⁶ doctors gave 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 the men responded well overall and got many benefits from raising their testosterone. If testosterone had negative effects (as 99.9% of the doctors of the world believe) then they would have enlarged their prostates, raised their PSA's and gotten high rates of cancer (since basically all men over 70 already have growing cancer cells in their prostates). 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 (injections) testosterone replacement in hypogonadal men with normal pretreatment digital rectal examination and serum PSA levels does not alter PSA or PSA velocity beyond estab-

lished nontreatment norms.” If testosterone caused prostate problems obviously their PSA levels would have gone up dramatically. They should have used natural transdermal testosterone. The men benefitted generally from the therapy.

At the Granada Medical Facility in Spain¹⁸ a quarter century ago men with BPH were studied and compared with healthy men of the same age group. They found the men with BPH had a 43% lower testosterone level than the normal men! The men with BPH only had an average level of 2.3 ng/ml while the healthy men had levels of 4.0 ng/ml. 43% is obviously a very dramatic difference and proves again that low testosterone causes prostate disease. “The testosterone concentration in the BPH group were significantly lower than that of the 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.

At the Royal London Hospital¹⁹ doctors did a stunning review of 34 studies complete with 55 references and revealed the Huggins testosterone dogma has been completely unsupported by science for the last 60 years. “Yet there has so far been no conclusive evidence, despite 34 studies, that levels of circulating testosterone in individuals developing prostate cancer are higher than in controls.” They mentioned other studies; “Three overviews provide similar evidence that there is no significant difference in mean testosterone levels between patients and controls.” 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. estrogens).”

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 falls, their estrogen levels are actually higher than women of the same age(!), and estrogen becomes dominant instead of testosterone.

At the Beth Israel Hospital in New York City²¹ researchers studied men for 13 different hormones or metabolites to determine which ones contributed to the growth of the carcinomas. They found the average cancer patient to have a low testosterone level of about 350 ng/dl compared to the healthy controls with much higher levels of about 450 ng/dl. In the men under 65 the difference was much more dramatic with levels of 282 ng in cancer patients compared to 434 ng for healthy controls- over 50% higher testosterone in healthy men without cancer. The researchers were very reluctant to admit what they found. They also found 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 the malignancy.

The internationally renowned Karolinska Institute in Sweden²² studied 2,400 cancer patients chosen from over 26,000 men. It was found that the prostate cancer patients to have 8% lower testosterone than healthy controls. This is the leading cause of male cancer death in Sweden mainly due to their very high fat diet. The conclusion was “Testosterone levels were lower in patients with cancer than in controls.” Again we see 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 found the high-risk brothers to have 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 ratio while the cancer patients only had 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, prostate cancer and healthy controls. The free testosterone levels of the BPH patients were only 301 pmol/l, the cancer patients a mere 249 pmol, 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 and the cancer patients 83.7. The healthy men had testosterone to estradiol ratios of 7.1 while the BPH only 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 them.

Fifty years ago at the Boston University²⁵ -a full half century ago- doctors studied men on testosterone therapy to see what effect it had on their prostate glands. These subjects had used testosterone propionate (doctors really didn't know any better at the time, and transdermal creams were unknown) for up to 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 with less 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.

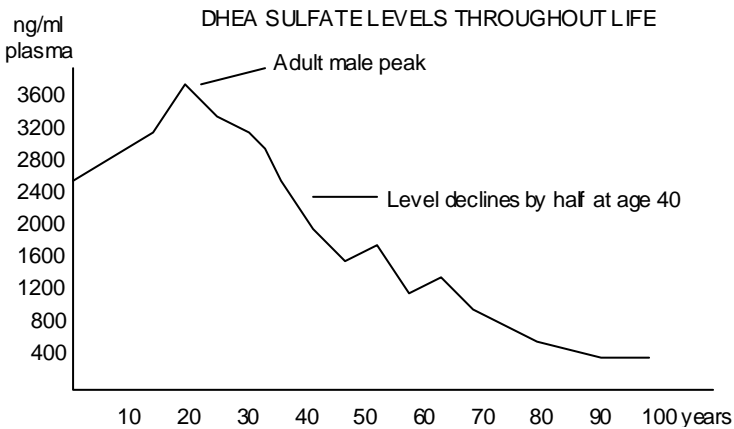
At the National Public Health Institute in Finland²⁶ doctors based their study on 62,440 Finnish men to see if testosterone and its precursor, androstenedione, increased prostate cancer rates. They concluded, "There was no association between serum testosterone or androstenedione concentrations and the occurrence of subsequent prostate carcinoma in the total study population or in subgroups detected based on age of body mass index." 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 with 62, 440 men.

At the International Agency for Research on Cancer in France²⁷ doctors did a very impressive review of the literature with a full 247 citations. 22 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 levels were very clearly correlated with prostate disease.

Men, we can go on with studies like this all day. At the Hamburg University Clinic in Germany²⁸ men were studied for their hormone levels. The healthy men had higher testosterone, while the men with BPH and cancer had lower levels. At Harvard Medical School²⁹ 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, DC³⁰ hypogonadal men got 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 ³¹ they clearly found that, “In normal men over 60 years old, the plasma levels of FSH and estradiol were higher and those of prolactin, testosterone and estriol (the “safe “ estrogen) were lower than those of normal men.” In mainland China³² doctors found, “The serum level of testosterone was less and that of prolactin was greater in BPH than in normal subjects.” At Adis International Ltd.³³ in New Zealand researchers gave transdermal testosterone to hypogonadal men for a whole year. This normalized their testosterone to estrogen ratios, improved 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 Canada³⁴ 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 Germany³⁵ men were treated with transdermal testosterone for up to ten full years and, “Prostate specific antigen levels were constantly low in all patients.” At the University of California at Los Angeles³⁶ racial groups of men averaging 70 years of age were studied. The Asian men with the highest levels of free testosterone had the lowest rates of prostate disease. The white men with the lowest levels of free testosterone had the highest rates of prostate disease. At the Imperial Cancer Research Fund in London³⁷ men were studied for their hormone lev-

els. 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 China³⁸ 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 Davis³⁹ 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 Netherlands⁴⁰ also said, “Low testosterone concentration at the start of therapy was also associated with poor prognosis.” At Johns Hopkins University again⁴¹ men with prostate cancer had decidedly lower DHEA and DHEA-S levels than healthy controls. At the Akademy of Medizin in Poland⁴² men with BPH had lower levels of testosterone than healthy controls they were matched with. At the Veterans Administration Center in Los Angeles⁴³ doctors admitted they got no benefit from androgen ablation no matter if they testosterone was literally lowered to zero. At the American Health Foundation in New York⁴⁴ 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.



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Chapter 12: Estrogen

Men and women have exactly the same hormones, in different amounts. There is no 'estrogen', per se, and 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 until the age of 50, when male levels rise. Female levels fall at this age, and men commonly have more estrogen than women! This is a dangerous situation, obviously, as the testosterone to estrogen ratio is now reversed. The reversal of this ratio is the key to understanding not only prostate disease, but many other male illnesses, including cardiovascular health, immunity, gynecomastia (male breast growth), abdominal fat, cancer, baldness, and other ills of the aging male.

There are actually three basic estrogens: estradiol (the most powerful and most carcinogenic), estrone, and estriol (the least powerful and most beneficial), which comprises 80-90% of human estrogen). Over the last thirty years, there have been dozens of studies showing the harmful effect of excessive estrogen in aging males, and the reversed androgen-to-estrogen ratio (including androstenedione and DHEA, as well as testosterone) as the key to prostate disease. It is beyond the scope of this book, and would probably bore the reader to list and discuss these dozens of studies. We will pick 17 of them to prove quickly 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.

At the University of Glasgow in Scotland,¹ estradiol, added to human normal BPH and cancer prostate, tissue completely changed the metabolism, clearance, and uptake rates of testosterone and androstenedione, and increased the uptake of DHT. DHT binding to the prostate is the main concern in prostate disease, and not merely DHT serum levels. At Kurume University in Japan,² excess estradiol and estrone caused cancer in rat prostates, whereas androgens reduced tumor weight. Estrogen dominance continued to advance cancer growth. At Strageways Research Laboratories in England,³ estradiol stimulated the uptake of DHT in both human BPH and cancerous prostate tissue.

At the University of Oulu in Finland,⁴ estradiol given to men raised SHBG (sex hormone binding globulin) and bound free testosterone, thereby lowering available testosterone in men with prostate cancer. At the University of Bonn⁵ in Germany, men with BPH were found to have high estrone levels, which excessively bound to their prostates. At Sabbatsberg Hospital in Sweden,⁶ 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,⁷ 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 to the prostate gland is a central concern. At the American Health Foundation in New York,⁸ high estradiol levels characterized the prostate fluid of men with cancer. At the Bielanski Hospital in Poland,⁹ 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,¹⁰ human BPH tissue had more than twice the estradiol concentration of healthy tissue, showing that excessive estrogen production is a factor in both BPH and cancer. At Erasmus University in Holland,¹¹ researchers found 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,¹² doctors finally started promoting the therapy of reducing estrogen in men with prostate disease, using aromatase inhibitors, which prevent estrogen formation. This idea of lowering estrogen as therapy, is admirable here.

At Bergmannsheil University in Germany,¹³ 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,¹⁴ 320 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. BPH was not related to androgen levels, except for low levels. At the Genoa University Medical School in Italy,¹⁵ researchers found estradiol stimulated growth of androgen-dependent LnCAP human cancer

cell lines by up to 120%. 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 Germany¹⁶, 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 Hamburg¹⁷, 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."

At Northwestern University in Chicago,¹⁸ doctors found that it is estrogen and SHBG that promote prostate growth, and verified their results with 49 references. At the University of Palermo in Italy,¹⁹ doctors learned that estradiol stimulates LnCAP lines, and "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 to be considered 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 prevent aromatase activity, except by the diet and lifestyle changes just mentioned, and taking I3C or DIM.

You can lower estrogen levels by losing weight, eating a low-fat diet, eating less food and more fiber, avoiding alcohol, exercising regularly, raising your testosterone, androstenedione and DHEA levels, and applying transdermal progesterone cream directly to your scrotum. There are recent studies showing that indole-3-carbinol (I3C), an extract of vegetables, is effective in lowering estrogen levels in humans as is its derivative di-indolyl methane (DIM).²⁰

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Chapter 13: Home Hormone Testing

It is commonly agreed that prostate problems are hormonally based and are affected more by hormones than by any other factor, yet doctors almost never test their patients for hormone levels, especially testosterone. If you demand a hormone test, this requires seeing a licensed medical doctor, getting blood drawn and paying up to \$200 per hormone. Then you often get back results that do not distinguish between bound, unavailable levels and free, bioavailable levels. In fact, many doctors are simply unaware of the difference and don't know any better.

Proteins in our bloodstream called SHBG (sex hormone binding globulins) attach themselves to the majority of our sex hormones, making them biologically unavailable. Testosterone, for example, is about 98% bound, leaving only about 2% free testosterone to affect our metabolic processes. For about twenty years now, scientists have been able to accurately measure hormone levels using saliva samples, but this has taken place only in clinics and medical studies. With technological advance, saliva samples can now be collected at home and sent in to a laboratory for RIA (radioimmunoassay) analysis, at a cost of only about \$30 a hormone. The World Health Organization approved this method in the 1990's due to its ease, efficiency, reliability and practicality. Now, you can test estradiol, estrone, estriol, testosterone, DHEA, melatonin, pregnenolone, androstenedione, cortisol, T3, T4, and other hormones by simply putting your saliva into a test tube and dropping it in the mail box.

This is a tremendous breakthrough in both traditional medicine and alternative, natural medicine, yet very few people are aware of saliva testing; even fewer know where to buy the test kits. It may take years for such a great benefit to become widely known. No matter what illness you have, medical doctors, or even naturopathic doctors and chiropractors, almost never test for hormone levels of any kind. Even life extension advocates, who promote the use of over-the-counter hormones, like DHEA and melatonin, usually don't suggest testing your levels to see if you need to supplement them in the first place, or how much to take.

Our hormones, obviously, are extremely critical to every aspect of our health, and that includes mental functioning. It is a little known fact that men and women have exactly the same hormones, only in different amounts. Women have testosterone and androstenedione, while men have all three estrogens, progesterone, LH, FSH and even prolactin (the milk secreting hormone). The vast majority of people have no idea what their 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 do know your basic hormone levels.

For women, estrogen deficiency after menopause is a well-established myth that is disproved by thousands of clinical studies in women around the world. Their real problem is progesterone, deficiency. As their levels of DHEA fall badly, so do levels of melatonin and pregnenolone. Testosterone can either be too high or too low. In men, estrogen rises while testosterone falls thus reversing the traditional testosterone to estrogen ratio and causing many 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. Even though they have no ovaries, men have a dramatic rise in LH (luteinizing hormone) and FSH (follicle stimulating hormone) that also causes various health problems.

What should a man with prostate problems do? Test for testosterone and DHEA, as well as estradiol, estrone, pregnenolone, progesterone, cortisol, T3 and T4 levels, and any other hormones he wants to measure. Generally, it is safe after the age of 50 to take melatonin supplements (at night), as well as pregnenolone supplements. If testosterone is low, you can go to a doctor for a 3% natural testosterone transdermal cream (use a half gram daily). Do not use oral or injected salts of testosterone such as propionate or enanthate, and certainly never methyl testosterone. The other choice is to take dosages of about 50 mg of over-the-counter androstenedione, and monitor your levels every six months. You can also check your level of estrone to prove it does not rise. Androstenedione is the direct precursor of testosterone in both men and women.

If DHEA is low, dosages of 25mg of DHEA should be effective. Monitor your levels every six months. 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 to estradiol, and androstenedione to estrone, are dangerous and not advised. You can take 400 mg of I3C or 200 mg of DIM, daily, to lower your estrogen and improve the metabolism of all your estrogens and their metabolites. You should also lose weight, stop drinking alcohol, eat less food, exercise vigorously, eat more fiber, and quit eating fat and red meat. Fat intake, especially saturated animal fat, is very correlated with high estrogen levels in both men and women. In other words, you can lower your estrogen levels safely and effectively with lifestyle, more than any other factor.

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; clinical studies prove this 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 and are often elevated in men with prostate and other diseases. If you want to test your hGH (human growth hormone, or somatotropin) levels you must go to a doctor and order a special blood test. As discussed earlier, lifestyle will keep your hGH levels up, and L-glutamine will temporarily spike your levels, but none of the supplements sold have any legitimacy at all, regardless of their impressive claims. No matter how persuasive the advertising, do not listen to the claims of over-the-counter supplements to raise GH levels. To raise your GH you must inject actual rhGH (recombinant hGH) twice a week, at a cost of at least \$300 a month. You can also use an air injector pen, like diabetics use. Soon we will have oral secretagogues and nasal sprays with hexarellin, and other safe, proven, prescription peptides. These may be more convenient, but it is doubtful they will be any less expensive.

You can contact the following companies, which offer saliva test kits, or search the Internet under "saliva hormone testing":

Aeron Life Cycle Labs
now sold through Jason Products
8468 Warner Dr.

Culver City, CA 90232
(800) 527-6605 toll-free

Great Smokies Diagnostics / Body Balance
18-A Regent Park Blvd.
Asheville, NC 28806
(888) 891-3061 toll-free

ZRT Laboratories
1815 N.W. 169th Place #5050
Beaverton, OR 97006
(503) 466-2445 phone
www.salivatest.com

Life-Flo Labs
11202 North 24th Avenue
Phoenix, AZ 85029
www.life-flo.com
(888) 888-7440 toll-free

Pharmasan, Inc.
375 280th Street
Osceola, WI 54020
(888) 342-7272 toll-free
www.pharmasan.com

Most of these labs offer kits that test 1 to 4 hormones, at a cost of about \$30 a hormone. Melatonin has to be ordered separately, as it is tested in the early morning, usually at 3:00 AM. Vegetarians will have lower levels of hormones, generally. Time of day when the sample is taken is very important as hormone levels rise and fall throughout the day and night. Follow the directions included in the kits. Test your hormones at the same time of day for consistency.

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- Virginia Brown- Macrobiotic Miracle
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- PCRM- Healthy Eating for Life for Women
- Michio Kushi- Cancer Prevention Diet
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Roger Mason is a nationally known research chemist, who studies natural products and natural cures for illness. He writes unique and iconoclastic books and articles on his findings. Roger appears daily on national radio and television shows advocating natural health and speaks at natural health conferences. He lives with his wife Ivey in Wilmington, NC.

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MO122	30 DAY SUPER WEIGHT LOSS PLAN	\$55.00	\$75.00	Sorry, No specials at this time
MO122-P	30 DAY WEIGHT LOSS PLAN w/ 2 oz. Progesterone	\$68.00	\$90.00	Sorry, No specials at this time
MO122UE	30 DAY WEIGHT LOSS PLAN w/ Ultimate Energizer	\$65.00	\$85.00	Sorry, no specials at this time!
SS108	5-Hormone Test Kit	\$165.00	\$200.00	Sorry, no specials at this time!
MO10022	5-HTP, 100mg, 60 capsules	\$21.95	\$32.95	3 for \$43.90
MO123	60 DAY SUPER WEIGHT LOSS PLAN	\$101.95	\$150.00	Sorry, no specials at this time
MO123-P	60 DAY WEIGHT LOSS PLAN w/ 4 oz. Progesterone	\$126.00	\$168.00	Sorry, no specials at this time
MO124	90 DAY SUPER WEIGHT LOSS PLAN	\$139.00	\$210.00	Sorry, no specials at this time!
MO124-P	90 DAY WEIGHT LOSS PLAN w/ 6 oz. Progesterone	\$175.00	\$228.00	Sorry, no specials at this time!
MO1308	ACETYL L-CARNITINE, 500 mg, 90 Caps	\$38.95	\$56.95	3 for \$78.00, 5 for \$112.00
MO907	Acidophilus w/ FOS, 5 billion/gr, 100 caps	\$24.00	\$37.00	3 for 52.00
SS100	Aloe Vera, 100mg, 60 Capsules	\$9.95		3 for \$19.90
SS130	Alpha Lipoic Acid, 100mg, 120 capsules	\$20.95	\$35.90	3 for \$41.90
MO511	Alpha Lipoic Acid, 200 mg, 60 capsules	\$19.95	\$33.95	3 for \$39.90
MO10035	Alpha Lipoic Acid, 300mg, 180 capsules	\$68.00	\$90.00	3 for \$136.00
MO107	Androstenedione, 100mg, 120 Capsules	\$24.00	\$42.00	3 for \$48.00, 5 for \$75.00

MO106	Androstenedione, 60 tablets, 50mg	\$12.00	\$17.00	3 for \$30.00, 12 for \$96.00
MO110	ANTI-AGING MOIST. with DHEA, 2 oz. cream	\$15.00	\$27.95	3 for \$33.00
MO906	Antioxidant Combo, 60 capsules, 600mg	\$45.00	\$65.00	3 for \$90.00
MOW100	Appetite Suppressor, 90 capsules	\$19.00	\$27.00	3 for \$48.00
MO151	ARTHRITIS ARSENAL: 14 Proven Cures, kit	\$32.00	\$39.95	3 for \$64.00, 5 for \$100.00
MO999	ASTRAGALUS, 60 Caps. 200mg	\$12.95		3 for \$26.00
SS259	Attention Factors, 200mg formula, 120 caps	\$27.95		To be Added
SS162	B Complex 100, 700mg, 90 capsules	\$16.95	\$20.95	3 for \$34.90
MO1018	B Complex, 100 capsules, 100mg each	\$10.95	\$14.95	3 for 25.90
SS249	B1 Vitamin, 100mg, 120 capsules	\$7.50	\$9.95	3 for \$15.00
SS254	B12 Vitamin, 1mg, 120 capsules	\$8.75	\$12.95	3 for \$17.50
SS250	B2 Vitamin, 100mg, 120 capsules	\$7.50	\$9.95	3 for \$15.00
SS251	B3 Vitamin, 100mg, 120 capsules	\$7.50	\$9.95	3 for \$15.00
SS252	B5 Vitamin, 100mg, 120 capsules	\$7.50	\$9.95	3 for \$15.00
SS253	B6 Vitamin, 100mg, 120 capsules	\$7.50	\$9.95	3 for \$15.00
MO1306	Beta Carotene, 25,000 IU, 120 capsules	\$12.95	\$26.95	3 for \$26.00
MO579	Beta Glucan 1/3, 1/6, 60 capsules, 200 mg	\$23.95	\$69.95	3 for \$47.90, 10 for \$135.00
SS304	Beta Glucan Cream, 1%, 2 oz.	\$19.95	\$39.95	3 for \$39.95
M131	BETTER CHOLESTEROL, 275mg, 60 caplets	\$29.95	\$41.00	3 for \$59.90, 6 for \$106.00
MO101-A	BETTER PROSTATE, 300mg, 60 caplets	\$27.00	\$34.95	2 for 46.00, 3 for \$60.00, 6 for \$100
MO3021	Bilberry, 25% Extract, 120 capsules, 80mg	\$14.95	\$23.95	3 for \$29.90
MO3028	Bone Factors Formula, 180 capsules	\$19.95	\$25.95	3 for \$39.90

SS260	Brain Factors, formula, 60 capsules	\$29.95		To be Added
SS257	Breast Augmentation Cream with DHEA, 2 oz.	\$15.00	\$27.95	3 for \$33.00
MO487	BROMELAIN, 500mg, 60 capsules	\$14.95	\$18.95	3 for \$29.90
MO515	Calcium Citrate, 180 Capsules, 325mg	\$15.95	\$21.95	3 for \$39.00
MO408	Calcium Pyruvate, Fat Burner, 500mg, 180 capsules	\$28.00	\$39.95	3 for 65.00
SS115	Carbo Smasher, 725mg, 60 capsules	\$22.95	\$35.99	3 for \$45.90
MO702	Cholestrak, Cholesterol Test, 2-test kit	\$18.95	\$25.95	3 for \$45.00
MO011	Chromium Picolinate, 150 tablets, 200mcg	\$12.00	\$16.00	3 for \$30.00
MO10109	CHRYSIN, 500mg, 60 Capsules	\$26.95	\$39.95	3 for \$53.90
SS311	Citrus Pectin	\$25.95	\$52.00	3 for \$51.90
SS303	Clearly Cranberry, 650mg, 120 tablets	\$22.95	\$32.95	3 for \$45.90
M500	CoEnzyme Q10, 100mg, 60 capsules	\$39.95	\$68.00	3 for \$79.90
MO1101	CoEnzyme Q10, 30mg, 120 capsules	\$34.95	\$61.00	3 for \$69.90
MOCR121	COQ10 THERAPEUTIC CREAM, 1%, 2 oz.	\$19.95	\$49.95	3 for \$39.95
MO9112	Creatine Monohydrate, Pfanstiehl, 1000 gr	\$22.95	\$59.95	Sorry, No specials at this time
MO911	Creatine Monohydrate, Pfanstiehl, 500 gr	\$15.95	\$32.00	3 for \$31.90
MO10027	Curcumin, 500mg, 180 caps	\$39.95	\$49.95	3 for \$80.00
SS136	CURCUMIN, 500mg, 60 Capsules	\$22.95	\$24.95	3 for \$45.90
MO701	DHEA, 25 mg, 60 tablets	\$10.00	\$16.00	3 for \$20.00
MO20011	DHEA, 60 tablets, 50mg	\$14.00	\$18.00	3 for \$31.00
MO20010	DHEA, 90 count, 25mg	\$12.50	\$14.95	3 for \$32.00
MO3030	DIM, 60 caps, 200mg	\$29.95	\$49.00	3 for \$59.90, 12 for \$168.00
MO3026	D-Ribose, 120 caps, 750mg	\$19.95	\$44.95	3 for \$44.95

MO5001	ECHINACEA w/ Goldenseal, 100 capsules	\$14.95	\$18.95	3 for \$29.90
MO1010	ELDERBERRY, standarized extrcacts, 60 caps	\$10.95	\$14.00	3 for \$22.00
SS310	Ellagic Acid	\$19.95	\$69.95	3 for \$39.95 Not yet available
MO10114	ELU SUN: Natural Skin Tanning, 60 capsules	\$14.95	\$16.95	Sorry, No specials at this time
SS161	Essential Multivitamins, 60 capsules	\$11.95	\$15.90	3 for \$23.90
MO912	EZ DETECT, Colon Cancer, Ulcer Test	\$8.95	\$12.95	3 for \$20.00, 5 for \$30.00, 10 for \$50
SS129	Fabulously Female, 120 Capsules, 550mg	\$33.95	\$49.99	3 for \$67.90
MO127	FAT ABSORB, 250mg Natural Chitin, 120 capsules	\$21.00	\$27.00	3 for \$42.00, 5 for \$60.00, 10 for \$100
MO401	FAT IGNITE, 800mg, 180 capsules	\$26.00	\$42.00	3 for \$52.00
SS176	FAT IGNITE, 800mg, 90 capsules	\$15.00	\$22.00	3 for \$30.00
SS255	Folic Acid, 800mcg, 120 capsules	\$6.50	\$9.95	3 for \$13.00
SS117	Folic Acid, 800mcg, 250 tablets	\$8.95	\$12.99	3 for \$17.90
MO908	FOS, 750mg, 90 tablets	\$13.95	\$22.95	3 for \$27.90, 5 for \$43.00
MO1119	Garcinia Cambogia, 500mg, 180 capsules	\$21.95	\$29.95	3 for \$43.90
SS118	Garlic Oil Concentrate, 1500mg, 100 soft gels	\$9.95	\$15.95	3 for \$19.90
MO1307	GARLIC, 180 caps, 600 mg	\$17.95	\$26.95	3 for \$35.90
MO901	Ginkgo Biloba, 120mg Standard Ext, 120 caps	\$13.95	\$26.00	3 for \$27.00
SS146	Ginkgo Biloba, 60mg Standard Ext, 120 caps	\$9.95	\$16.95	3 for \$67.90
MO129	Ginkgo Biloba & St. John's Wort., 60 caps	\$18.00	\$21.00	3 for \$36.00
MO486	GLUCOSAMINE, 750mg, 180 capsules	\$31.00	\$38.95	3 for \$75.00

SS119	GoutPlex, 625mg, 60 capsules	\$22.95	\$29.95	3 for \$45.90
M505	GRAPE SEED Extract, 100mg, 120 capsules	\$23.95	\$36.95	3 for \$48.00
MO902	Green Tea Extract, 60 caps, 300mg	\$14.00	\$22.00	3 for \$36.00
SS272	Guarana Seed, 1000mg, 90 tablets	\$15.95	\$22.95	3 for \$31.90
MO30001	Hepatitis-C Suppression Therapy, kit	\$75.95	\$104.95	Sorry, No specials at this time
MO570	Herbal Niagra, 600mg, 120 capsules	\$29.95	\$47.00	3 for \$69.00, 10 for \$205.00
MO130	Herbal Treatment for Tinnitus, 500mg, 60caps	\$19.00	\$20.95	3 for \$38.00
MO6009	HMB, 500mg, 180 capsules	\$59.95	\$67.00	3 for \$119.95
MO2009	Horny Goat Weed, 180 caps, 500mg	\$29.95	\$39.95	3 for \$59.90
SS131	I.B.S. Response, part I, 120 capsules	\$19.95		To be Added
SS132	I.B.S. Response, part II, 120 capsules	\$19.95		To be added
MO10029	IP6 Inositol hexaphosphate, 120 capsules, 500mg	\$18.95	\$29.00	3 for \$39.95
MO010	IPRIFLAVONE, 300mg, 60 capsules	\$25.00	\$32.00	3 for \$50.00
MO11007	Japanese Green Tea, Formula I, 20 teabags	\$3.75	\$5.25	3 for \$10.00
MO11008	Japanese Green Tea, Formula II, 20 teabags	\$3.75	\$5.25	3 for \$10.00
SS220	Joint Factors, 120 capsules	\$21.95	\$35.90	3 for \$43.90
SS221	Joint Factors, 240 capsules	\$35.95	\$59.95	3 for \$71.90
MO1305	KAVA KAVA, 300mg, 60 capsules	\$17.95	\$27.95	3 for \$38.90 5 for \$53.00
SS309	Kojic Acid Cream	\$19.95	\$49.95	3 for \$39.95 Not Yet Available
MO10110	L-Carnitine Fumurate, 500mg, 120 capsules	\$29.95	\$37.90	3 for \$72.00
MO10025	L-CARNITINE TARTRATE, 500 mg, 120 Caps	\$39.94	\$59.90	3 for \$78.00, 5 for \$112.00

SS120	Lecithin Concentrate, 1200mg, 120 soft gels	\$18.95	\$24.99	3 for \$37.90
SS121	Lecithin, 1200mg (19 grain), 120 soft gels	\$9.95	\$15.99	3 for \$19.90
MO585	L-Glutamine Powder, 1000 grams, jar	\$59.95	\$79.95	3 for \$139.90
MO10113	L-Glutamine Powder, 300 grams, jar	\$27.95	\$35.00	3 for \$55.90
MO513	L-GLUTAMINE, 900mg, 180 Capsules	\$29.95	\$37.95	3 for \$59.90
MO913	Liquid Nutrition, 32 fl. oz. (1 QT or 946 ml)	\$39.95	\$49.95	3 for \$100.00
SS109	L-Lysine, hydrochloride, 1000mg, 100 tablets	\$9.95	\$14.99	3 for \$19.90
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MO105	Natural Progesterone Cream, 2 oz.	\$18.00	\$25.00	3 for \$39.00
MO304	NICOBAN, Herbal Quit Smoking Program	\$49.95	\$99.95	3 for \$130.00
M490	NO PAIN, Capsaicin Lotion, 2 fl. ozs.	\$8.00	\$12.00	3 for \$20.00, 5 for \$30.00
SS243	Ocular Factors, formula, 60 capsules	\$29.95		To Be Added
MO3023	Olive Leaf Extract, 180 caps, 500mg	\$30.95	\$39.00	3 for \$61.00
SS155	Olive Leaf Extract, 500mg, 60 capsules	\$10.95	\$12.95	3 for \$21.90

MO932	Org. Flax Oil+Omega 6, 1000mg, 100 soft gel	\$15.95	\$26.00	3 for \$31.90
M1010	PANAX GINSENG, 8%, 400mg, 180 caps	\$18.95	\$22.95	3 for \$38.00
MO9029	Papaw Ointment, 75g net wt.	\$12.00	\$27.00	3 for \$24.00
MO512	Phosphatidylserine, 100mg, 60 Capsules	\$36.00	\$47.95	3 for \$74.00
SS307	Pregnenolone Saliva Test	\$70.00	\$90.00	Sorry, no specials at this time!
MO300	Pregnenolone, 100mg, 90 Capsules	\$18.00	\$23.00	3 for \$36.00 5 for \$50.00
SS106	PREGNENOLONE, 25mg, 60 capsules	\$8.00	\$15.00	3 for \$16.00
MOH101	PREGNENOLONE, 90 capsules, 50mg	\$13.00	\$21.00	3 for \$26.00
SS138	Protein Bar	\$1.75	\$2.25	3 for \$5, 10 for \$15 20 for \$25.00
PL101	ProtoLean, Diet Formula, 30-day kit	\$39.95	\$59.99	3 for \$79.90
MO10111-C	Pure Whey Protein, Chocolate, 3 pounds	\$39.95	\$49.95	3 for \$100.00
MO10111-V	Pure Whey Protein, Vanilla, 3 pounds	\$39.95	\$49.95	3 for 100.00
MO3001	PYCNOGENOL, 100mg, 120 capsules	\$17.95	\$39.95	3 for \$36.00
MO1210	QUERCETIN, 120 caplets, 200 mg	\$17.95	\$29.95	3 for \$36.00 5 for \$50.00
SS262	Ra-zen Relief, net wt. 150g (5.3 oz)	\$20.00	\$25.00	Sorry, No Specials
MOCR1	RETINOL WRINKLE TREATMENT, 2 oz.	\$18.00	\$20.00	3 for \$36.00 5 for \$58.00
MO700	SAMe, 30 tablets, 200 mg	\$22.00	\$36.00	4 for \$76.00
MO11006	SAMe, 30 tablets, 400 mg,	\$31.00	\$49.95	3 for \$62.00
M507	SELENIUM, 50mcg, 100 tablets	\$3.95	\$4.95	3 for \$10.00
MO704	SKIN CURE: Psoriasis, Eczema, 4 fl. oz.	\$15.00	\$21.00	3 for \$30.00
MO1100	SOD Anti-Wrinkle Treatment, 2 oz.	\$39.95	\$120.00	3 for \$79.00, 10 for \$220.00
MO1009	Soy Isoflavone Extract 40%, 250mg, 60 caps	\$22.95	\$35.95	3 for \$45.90

SS270	Soy Isoflavones, 100mg, 60 capsules	\$15.95	\$22.95	3 for \$31.90
MO406	St. John's Wort, 450 mg, 180 capsules	\$19.95	\$34.00	3 for \$43.00
SS124	Super C Complex, 500mg, 250 tablets	\$13.95	\$29.95	3 for \$26.90
SS125	Super E, 400 I.U., 60 tablets	\$21.95	\$29.99	3 for \$43.90
MO10028	Super Fat Absorb, 250mg Natural Chitin, 240 caps	\$29.95	\$49.00	2 for \$59.90
SS261	Super Gout Suppression Therapy, Kit	\$69.95	\$85.00	3 for \$139.00
MOSODS	SuperOxide Dismutase Spray, 2 oz., 50,000 PIU	\$39.95	\$65.00	3 for \$79.90
MO12002	Tea Tree Daily Wash for Acne, 250mL	\$15.95	\$19.95	3 for \$31.90
MO5009	Tea Tree Oil, 100% Pure, 50mL, 1.7 fl. oz.	\$23.95	\$49.95	3 for \$47.90
SS187	Tea Tree Skin Care Soap, 1-bar pack	\$4.95	\$5.50	3 for \$15.00
MO20013	Tea Tree Skin Care Soap, 3 Bar Package	\$9.95	\$19.95	3 for \$19.90
SS188	Tea Tree Toothpaste, 110g	\$4.95	\$5.95	3 for \$9.90
MO910	Thermogenics Plus	\$49.95	\$69.95	3 for \$129.00 10 for \$360.00
SS308	Thyroid Panel Saliva Test	\$100.00	\$200.00	Sorry, No Specials
MOEFA1	Total EFA, 180 capsules, 1200mg	\$24.00	\$53.00	3 for \$66.00
MO10102	Total Minerals, 60 tablets	\$9.95	\$26.00	3 for \$24.90
MO108A	Triple Hormone: DHEA, Pregnenolone, Melatonin, 60 tablets	\$18.00	\$20.00	3 for \$36.00
MO703	Ultimate Energizer, 275 mg extract, 100 caps	\$32.00	\$39.95	3 for \$76.00 5 for \$102.00
SS160	Ultrahigh Multivitamins, 240 capsules	\$32.95	\$43.95	3 for \$62.90
MO903	Ultraman Multivitamins, 180 capsules	\$33.95	\$43.00	3 for \$68.00
MO904	Ultrawoman Multivitamins, 180, 600mg caps	\$28.95	\$37.95	3 for \$59.00

MO11005	Vein Free w/ Horse Chestnut, 100mg, 90 tabs	\$11.95	\$16.95	3 for \$24.00
SS238	Vitamin C, 750mg, 100 capsules	\$8.95	\$12.95	3 for \$17.90
SS237	Vitamin C, 750mg, 180 capsules	\$14.95	\$19.95	3 for \$29.90
SS126	Vitamin E, 400 I.U., 180 soft gels	\$26.95	\$33.99	3 for \$53.90
MO10021	Vitamin E, d-alpha, 120 caps, 400 IU	\$24.95	\$29.95	3 for \$49.90
SS127	Wrinkle Response, 365mg, 60 capsules	\$31.95	\$44.99	3 for \$63.90
SS192	Xenadrine (Thermodrine), 120 caplets	\$12.95	\$32.95	3 for \$25.90
SS128	Zinc Lozenges, 170mg, 30 lozenges	\$6.95	\$8.95	3 for \$13.90