

Prostate Cancer Education Foundation



My Story

2 ½ years ago, I was diagnosed with prostate cancer. At this point, my prostate cancer is dormant and dying according to my oncologist. My P.S.A. has been less than 2 for over a year and just recently, I drove out to Ventura and had the second Enhanced Color Doppler Ultrasound of my prostate and the physician told me that the tumor has not changed one iota in a year. The footprint is the same.

Now it would be wonderful if it was half as big and going away but one of the reasons I originally decided to see if I could manage it was that I realized I didn't need to cure it. If I could just get it under control and keep it dormant, I could die with it, not from it. So I want you to understand that I'm feeling good, it is under control.

Last fall in September, I attended the National Prostate Cancer Conference, which happened to be in Burbank (which was helpful). There were about 2000 people there and included the biggest names in the industry, medically speaking, people from Johns Hopkins, from Seattle (the seed implantation experts), etc. For three days, I heard discussion of diagnostics (how to decide how serious it was) and debates between urologists, radiologists and oncologists about how to treat it.

There was only one physician, who happened to have had prostate cancer himself, who said, "You know, probably 50% of the medical interventions may not be necessary." He felt history may show us that this was one of the most over-treated conditions that there is. It was only 1988 when PSA was determined to be an important diagnostic factor in prostate cancer. 1988 wasn't very long ago but now that we all know about its availability as a biomarker, the diagnoses for prostate cancer are coming at much earlier ages. It's often a slow growing disease but these medical interventions usually are happening to older men and they are hard on the body. This is major surgery (or major radiation) and oftentimes quality of life is severely diminished.

There was one other person on the program, a nutritionist, who talked about preventing the disease. I thought, "Wow, I've been here for three days hearing about how to treat it. There was only about half an hour spent on how to prevent it!" And then I realized there is no proponent for preventing or managing prostate cancer. The radiologists are paid to radiate, the urologists are paid to operate and the oncologists are paid to medicate but there is nobody that is talking about managing it. So it occurred to me, why not me? I think, as my story unfolds, you will see where I have really been blessed and why I feel a calling to share what I have learned over these last 2 ½ years.

The other thing I hope to do today is to motivate you to change the way you think about your health. Not being sick is not the same as being healthy. Because we're not sick, we say, "Well, I must be healthy," and they are not the same. I want to talk about what it means to truly be healthy and I'm hoping that my story will illustrate those points.

I am also building a web site because, as I will explain later, I was overwhelmed when I was diagnosed. Where do you go? I went on the Internet and although there was a lot of information on surgery versus radiation, it wasn't in one place and it wasn't in a way that I could really digest and understand it. It took lot of digging and reading and research to figure out what was really going on.

I formed the Prostate Cancer Education Foundation with the hope that its web site would be a very good place for newly diagnosed to go and, in a matter of hours, review what it took me 2 ½ years to figure out.

I am not a doctor and I am not going to use medical terms. I am going to use layman's terms. I am not making any recommendations regarding doctors or treatments. There are no recommendations as to what you should do. I am simply sharing my personal experience and the sources of the information that I

uncovered on my journey. There are no endorsements or physician recommendations. I am only sharing what I did and which physicians guided me.

My lecture today will include:

- 1) A brief review of my medical history and diagnosis.
- 2) PSA testing - what it is and what we know about it.
- 3) Alternative medical interventions.
- 4) Quality of life considerations.
- 5) The causes of prostate cancer and how they apply to a lot of other cancers.
- 6) Things you should know about your immune system, about diet, vitamins and supplements, exercise and stress.

For 25 years, every other year, I would go down to San Diego to the Scripps Executive Health Program. For 25 years, every other year, the people at Scripps would say, "Don, you are (either) elite or excellent health." I would love to hear that. I would run the treadmill for 14 ½ -14 ¾ minutes. I was in great shape.

Then along about 1992, the doctor said, "You know I feel a nodule on your prostate." I said, "What's a nodule?" He said, "Well, that's a hard spot." "OK," I said, "so you feel a hard spot on my prostate, so what?" He said, "Well, that could be prostate cancer, so you need to have a biopsy." I came back to Torrance, went to a local urologist and had the biopsy. I was really relieved when I got the report and he said, "No, it's negative. There was no cancer, we're just going to watch it." Every other year, I would go back to Scripps and every other year they would say, "You've got a nodule on your prostate." I would say, "I know. You've told me that before, but it's benign. It doesn't mean anything." They would say, "Oh, OK."

Another thing that was showing up on my test results was that my cholesterol was in the 230's, which is high, but my HDL, which is the good cholesterol, was also very high. It was in the high 70's. So at Scripps, they told me, "Someone with that high HDL - you've got a wonderful ratio. Don't worry about it. The HDL is cleaning out those pipes that the LDL is trying to clog up. Your ratio is excellent, not to worry." OK, so I didn't worry.

Then along about 1998, they had me do a heart scan as part of the routine testing and it showed that I had moderate calcium buildup. I said, "Well, that's interesting," and they said, "Well, you'd better go talk to a cardiologist about it. So I went to see the cardiologist and the first thing he said was, "Whoever told you that the ratio makes it OK is wrong. Cholesterol is bad, high cholesterol is bad and I don't care what your HDL is because you've got a lot of fat floating around in your blood that is lining the walls of your arteries. You need to do something about it now." He also said, "You need to be on Lipitor." So, I thought, "OK, I'll go on Lipitor." Now, Lipitor can do liver damage and so every three months, the cardiologist would say, "I'd like you to do a set of labs. I want to be sure nothing's going on with your liver." And I would say, "Ok, that's fine."

That brings us to November of 2001. I was set to have a quarterly visit with the cardiologist who would always give me a lab slip when I left his office. I would take the slip to the laboratory; they would take a blood sample and do whatever tests were marked. For whatever reason, I thought, "You know, I haven't checked my PSA in a while, I think I'm just going to check this on the list", which I did. When I went to see the cardiologist 10 days later, he said, "Hmm, I see your PSA is high." I said, "What do you mean it's high?" He said, "Well, it's 6.8." I said, "Wait a minute. It's always been in the 2's. Are you sure it's 6.8?" He said, "Yeah, it says here it's 6.8." So, I talked to the urologist and it was time for another biopsy. I didn't have a lot of concern because I knew in 1992, we had already checked the prostate and it was benign. It wasn't cancer. I knew I still had a hard spot so it made sense to check it again.

So this is a good time to discuss PSAs because even though many people haven't been diagnosed with prostate cancer, all adult males should know what their PSA readings are and what they mean. A common belief is that a PSA reading 4 and under is normal. It turns out that this is another myth. A Harvard study has shown that people under age 60, whose PSA reading is less than 4, are going to miss 82% of the cancers. A reading of less than 4 for people over age 60 is going to miss 2/3 of the cancers. A PSA reading of 4-10 has about a 25% chance of being cancer.

The thing that I didn't know then that I know now is that the PSA has a lot to do with the size of the prostate gland. The bigger the gland, the higher the PSA and so a PSA can be normal at 8 or 10 or 12. There really is no such thing as "normal", generically speaking. Normal for me, as calculated by one of the physicians recently, is 1.6 to 2.3. That is based on my gland size. That would be perfectly normal for me. Well, I found out I wasn't perfectly normal.

Based on autopsies, by age 70, 50% of men have prostate cancer cells. By age 80, 80% of men are going to have prostate cancer cells. Is there anything we can do to change those percentages? The real key to the PSA, as you monitor it, is the doubling time. If a PSA doubles in less than 6 months, it's serious and the chances are very good that it's cancerous and aggressive.

The most common timeframe for newly diagnosed people, however, is between 2-4 years. That means these cancer cells are slow growing and are not going anywhere in a big hurry. Personally, I am counting on me being a part of that slow-growing group.

When should you start testing? If you have a family history of prostate cancer (or breast cancer, because they're cousins), you probably want to start testing by

age 40 because if your dad or your brothers have had prostate cancer, the chances are 2 ½ -4 times greater that you will have it also. Vigilance pays off.

Well, back to my story. I went to see the urologist, who had done the biopsy, for my follow up appointment. He said, "Don, your results are positive. You have prostate cancer," and he handed me an 8 ½ x 11 sheet of paper.

How did I feel? Well, I felt numb. I felt like this was a dream. I was there but I felt I should wake up. I felt like somebody had punched me in the stomach and wondered if this meant I was going to die.

The piece of paper that the cardiologist handed me said I had prostate cancer cells in 20% of the 8 cores taken. A biopsy goes in and takes little bites out of your prostate (which isn't a lot of fun) and 20% of my biopsy cores had some cancer cells. It also said my PSA was 3.7. And at that point I said, "Well, wait a minute, what happened to the 6.8?" The report also said my Gleason score was 3 plus 3, or 6. And it said I had a relatively small gland, about 20 cc.

What I heard the doctor saying as I was looking at this piece of paper and at these details, was "Don, this is a life-threatening disease. You should not delay. Do not delay. Surgery is the gold standard for prostate cures in small prostates like yours, where the cancer appears to be confined to the capsule. But I have arranged an appointment for you to see a radiologist at Del Amo Diagnostic because those people are honest and they won't try to talk you into radiology." I thought, "Well, that's interesting. So they're honest people. There must be controversy in treatment selection."

I drove home thinking, "Gee, what do I do? How do I tell Pat and my family? How do I tell my employees? How long do I have to live?" It was heavy stuff.

So I went to the computer. I thought, “Well, everybody else goes to the Internet.” I was overwhelmed. There was so much information that I couldn’t begin to even make a dent in it. I didn’t know where to go or how to get all of the information pared down to where I could use it.

My wife, Pat, went to her networking, which was the right thing to do. Who did we know who had had prostate cancer?

I began to learn about my options. As I thought about surgery, I realized that of the people who opt for surgery, there is a significant percentage who end up with some incontinence – they spurt when they hit a golf ball or lift weights and get to wear pads. If nerve sparing is used, there’s a decreased amount of impotence but it is still a possibility. There are surgical complications if the knife doesn’t cut exactly where it should. There is a long recovery time before the person begins to feel good again and there’s a 50% chance that it will return within 10 years since, if a few cells escape the capsule before or during surgery, they colonize elsewhere in the body.

I turned to the next option, radiation. When radiation is done, it is not done once. It is done every day for a series of weeks. Fatigue, impotence and rectal bleeding as much as nine months later can and does result. I attend the Wellness Community, which is the cancer survivor’s group. I hear the men talking nine months later of terrible bleeding problems, bladder damage and, again, the significant chance of the cancer recurrence.

The hormonal side effects are fatigue, weight gain, men growing breasts and nausea. Some of the results are psychological and emotional. At the Wellness Community, some men talk about how they sit down with their wives and have a good cry. They become very emotional (there’s a lot of estrogen involved) and, again, there is the possibility that if the cells will become refractory (i.e., they no longer respond to the hormonal treatment). That’s often near the end of the line.

So, here I was. What to do? Who to see? Where to go? I decided to get networking.

The first networking call I made was to Jerry #1 who is both a neighbor and a friend. I had been told he had had prostate cancer some years before and that it had been cured. I spoke with him who told me he had had cryosurgery about eight years earlier and that now everything was terrific. I asked who he had seen and who had he worked with. He gave me a whole pile of materials - newsletters, pamphlets, booklets - information that I went through.

Jerry suggested that I might call the doctor who performed the cryosurgery. He said that although the doctor was no longer practicing, he had formed a research foundation and would be my consultant or coach in exchange for contributions to his foundation.

So I called Dr. Israel Barken in San Diego who told me I was in luck because the following Saturday, they were having their San Diego Wellness Community meeting. He invited me to come and told me the proposed schedule. He said that between 8–9 in the morning, they would be having a group meeting with people who were newly diagnosed. From 9-10, they would be meeting with survivors or people under treatment. Between 10-12, they would be having an educational arm where, that Saturday, they would be talking about state of the art radiology.

I got up early on Saturday morning and drove down to San Diego and went to the 8 o'clock meeting. In the room were 9-10 people, along with Dr. Barken. Half of the group was there for a new diagnosis and the other half was there because their cancer had returned. We each went around and told our story, including our PSA and Gleason scores.

There was one man in the back and Dr. Barken remarked that they hadn't seen him in a while and asked him what had been happening to him and to bring the group up to date. The guy said, "Nah, nah, everything's the same." Dr. Barken again asked him to tell the group. He said he was a watchful warrior who had been managing his cancer for 12 years. This intrigued me because nothing in the books I had read mentioned anything about being a watchful warrior. And he talked about his lifestyle changes. He talked about what he was doing and I wondered if it was possible that I could do that also.

The following week, my wife and elder daughter and I went down to San Diego to have our meeting with Dr. Barken. I asked if he thought I could be a watchful warrior. He said maybe but that he had a few questions for me first. He asked what my attitude was. My response was that I felt energized and that if anyone could beat it, I could. I did not feel I was a victim. I was not afraid and not within myself. I was just looking for direction. If I should have surgery, I would have surgery. If I should have seeds, I would do that. What I needed was information and coaching. I did say that I was really intrigued by the guy who said he was a watchful warrior and who hadn't done anything other than manage it.

Dr. Barken's response was that with my attitude, he thought I could probably do it. He asked if I was disciplined and I said, yes, that I thought I was disciplined, that if I decided to do something, I would do it. He then said we needed a second opinion on the pathology so we would be sure of the cancer stage we were dealing with.

I should take a minute to discuss the **Gleeson Score**. My report said that my Gleeson score was 3 plus 3, or 6. (While there are two components for prostate cancer, there is only one for breast cancer). Cells that are barely differentiated from the normal cells are given a score of 1. If the cells are a little more differentiated, they are given a score of 2. If the cells are ragged looking, they are given a score of 3. A score of 4 is given if the cells are beginning to clump or

stick together. If the cells appear to be mass (i.e., one big ugly tumor), they are given a score of 5.

In prostate cancer scoring, the first number is the most prevalent form of cell. The second number is the second most prevalent and they add them together for the total score.

In my case, I was 3 plus 3, meaning there were no clumps or masses. If I had been 3 and 4, I would probably not have attempted watchful waiting because 4's and 5's are very aggressive. If they get to your bones, it's not good. I was 6, which is the highest score for non-aggressive cancer. I would have preferred to have been 4 or 2, but I was 6. This was confirmed by the second opinion from a nationally-known pathologist on the east coast.

Dr. Barken said if he was going to be my coach, I would have to agree to maximum surveillance. That meant that we would be doing PSA readings quarterly so he would know what was going on. In addition, he wanted me to go to the University of San Francisco for a spectroscopic MRI. A spectroscopic MRI of the prostate would tell us what the footprint was and would also indicate the probability of the cancer having escaped the capsule. If it was clearly outside the capsule, we probably would not have attempted to manage it because it would have been too dangerous.

Enter Jerry #2, Pat's classmate. Pat told me that her friend's husband had had prostate cancer a few years prior and had cured it. He sounded like another person I should talk to, so I called Jerry #2. He said that as far as he could tell his cancer cells were completely dormant and that he had accomplished that in 60 days. Amazed, I asked him how he did that and he said that he had made a total commitment when he was told he had prostate cancer. He took off from work for 60 days and began his regimen by seeing a blood screener in Orange County by the name of Mick Hall, a nutritionist who also wrote a book on health

for one's body. Mick put Jerry #2 on a strict regimen, which included a special tea, Essiac tea, a couple times a day.

Jerry went to the local health food store and bought a book on the cancer curing properties of this Essiac tea. This tea comes from the Indians in Canada and was used by a Canadian nurse to treat and cure several types of cancer. Unfortunately, her "practice" was shut down by the government because she was not a licensed physician and the Canadian FDA had not approved the tea as a cancer treatment. Essiac tea is now manufactured in Germany, imported and sold in local health food stores. I bought and read the book.

Jerry also did three-day fasts monthly and had a series of colonics. I learned that colonics are a fancy enema where water is pressure injected into one's colon, forcing it deep into the colon to clean it out. Jerry's description of the procedure was that it was painless but did a thorough job of cleaning the colon. He had a special diet of no red meat, no dairy and no sugar. He was put on vitamins, supplements and digestive aids.

He also saw a chiropractor two times a week. When I asked him about it, he said that Mick Hall had told him his colon was not functioning properly. He had a dead spot where waste was building up and instead of having 2-3 bowel movements a day following meals, he was only having only one a day or one every two days. The waste, by just sitting and collecting, was polluting his body. Mick felt it had to do with Jerry's spine, hence the chiropractor. Twice a week, the chiropractor would hang him up and pull on him and after about three or four weeks, during one visit, Jerry heard this "snap" and thought he had broken something. What had actually happened was that his spine had self-fused and the snap he heard was the breaking loose of the fusion. With that fusion, the nerves for this section of his colon were not functioning properly, which substantiates the belief that everything in the body is connected.

I also went to see Mick Hall. He said some strange things to me. He told me my immune system was extremely strong, which made me wonder how I could have prostate cancer. He told me my liver, gall bladder and prostate were probably toxic. I asked him how he knew that. He said that my blood was very acidic and that there was fat, cholesterol and other things floating around that weren't being taken out by the liver. He suspected that, like Jerry #2, my colon was also restricted.

I have subsequently learned about the connection between high cholesterol levels and the prostate. The oxidation of cholesterol is very detrimental to the prostate. I had a toxicity problem.

Mick talked about how stress was impacting the acidity of my blood. I was somewhat surprised because I didn't feel my life was that stressful. Mick's response was that I had been dealing with daily stress for so long, I didn't realize how much stress I was actually experiencing.

We all know the responses to stress are fight or flight. There is another response, the freeze response. Freezing is being locked in stress for long periods of time. In times of stress, a person uses up more energy than he/she has. This affects the immune system.

So, I began a treatment plan similar to Jerry's. I went off red meat to reduce my fat intake. I also went off dairy products. I used to love ice cream and would eat it while watching television. I eliminated sugar. I used to enjoy snacking on Good and Plenty's and jellybeans were also nice to have in the car.

I got a biofeedback referral to help figure out why my colon wasn't operating properly. She attributed it to a muscle weakness on the left side and said I needed to strengthen the muscles. I began doing exercises that would help strengthen the muscles. It must have worked because I began to have bowel

movements several times a day. I had a colonic referral and had colonics weekly for four weeks.

Mick also sold me a book, "Eat Right 4 Your Type". The book, written by two doctors, says we all have different blood types and suggests that the body chemistry of different blood types causes different reactions to the same food. For example, my son and I are Type A, or agrarian. My wife and daughters are Type O, or hunter/gatherer. They have no problems digesting meat but my son and I both do. When I mentioned to my son that as a Type A, he should probably avoid meat, he informed me that he already knew that. When I asked him how he knew that, he told me that, as a former weight lifter, he noticed that he was weaker the day after he had consumed meat and so he had stopped eating meat. To me, that was a strong endorsement for paying attention to blood type and food intake. I have friends who have improved their health, such as losing weight and lowering their blood pressures, by simply gearing their diet to their own particular blood type.

Then, Mick gave me his book, "Five Principles of Balanced Health", where I learned about three-day fasts, detoxifying my body, gall bladder flushes, and juicing. I changed vitamins and added supplements. I did the things that were recommended I do.

Before going any further in my story, I probably should address the issue of cancer itself. What is it? What causes it? Can it be managed? Can it be cured? Can it be avoided (something that I hope a lot of you are interested in)?

There are multiple causes and if I were a physician, I could probably list a hundred of them. But from what I have read, I have figured out is that there are really two broad categories of causes, one is oxidation and free radicals and the other is a failure of the body's detox systems.

Now what is a free radical? Basically, it is an unstable molecule (i.e., a molecule that is missing an electron) seeking the nearest stable molecule in order to steal its electron and gain stability. When the once stable molecule loses its electron, it now becomes a free radical itself and the destructive chain reaction is continuous.

When a free radical attacks a normal cell [and this can be anywhere in the body, the lung (lung cancer), the breast (breast cancer), the prostate (prostate cancer)], the target is the DNA of that cell. If, in attacking a cell, the DNA is damaged, the cell can no longer receive information and communicate and support the body's mechanisms. Basically from that point on, it only exists to reproduce because the automatic cue to "die" (i.e., all cells are set to die at some point so that our body cells are completely regenerated over many years) is not heard or acted upon. The damaged cell just continues to reproduce.

How do we create free radicals? First, there's the normal digestion process. When I eat red meat, I create a lot more free radicals because my body has a more difficult time digesting it.

Another source of free radicals is toxins caused by the air we breathe, the water we drink and the food we eat. All of these have contaminants that are the result of sprays, fertilizers and chemicals. We take all of this into our bodies and create free radicals.

Exercise, such as lifting weights and playing tennis, creates free radicals through fat burning. We all like to get rid of fat but the process of the fat burning in the body creates free radicals.

The immune system in operation, where it kills invaders, creates free radicals. The inflammation response, which, as we know, is the body's initial response to almost any injury, creates free radicals.

What is the free radical defense? The answer is antioxidants. When the free radical hits antioxidants at the cell level, the antioxidant says, “Here I am. Marry me”, and neutralizes the free radical. Having a lot of antioxidant material in the body’s cells is wonderful because free radicals are neutralized and don’t really have a chance to attack healthy cells and cause a mutation into cancer.

The other primary cause of cancer is a failure of the detoxification system. Here, the chief agent is the liver and involves a two-step process. The liver has enzymes that make fat toxins water soluble so that the body can use them. Then, the enzymes bind with the toxins and escort them out of the body. The liver is a place to store fatty toxins that it can’t process.

When the liver has reached its capacity, the overflow goes to the gall bladder. The gall place is the storage bin for the liver. When the gall bladder is full, the excess fat toxins then go to the prostate. One of the things I graphically learned from Mick Hall is the gall bladder can be full of little green balls made up of cholesterol. Remember when I said that my cholesterol was high but I was told not to worry about it because my HDL was taking care of it? What I found out was really happening was that my liver was storing up the fat toxins and when it could not store anymore, it started putting them in the gall bladder and when that was full, it started storing them in the prostate.

I confirmed that these toxins were in my gall bladder because I did a procedure, known as a “gall bladder flush”. The morning after I had the flush, there were literally hundreds of little green balls floating in the toilet, so I know that my gall bladder was loaded. While my immune system was incredibly strong, it was a detoxification system failure that caused me to end up with prostate cancer.

What does it take for cancer to take hold? I have learned that one of two situations has to exist for a person to end up with cancer. The first is a low

antioxidant level in the body. This condition allows free radicals to multiply and run rampant. The second is the body lacks the enzymes in the liver to make fatty toxins water soluble so they can be excreted from the body rather than stored in the cells.

Normal cells metabolize glucose and oxygen. They love oxygen. Our whole body loves oxygen. Glucose, or blood sugar, is energy. Normal cells secrete carbon dioxide and water and thrive in a slightly alkaline environment.

Cancer cells ferment glucose as fuel. They love sweets (sugars). They don't require or want oxygen. They secrete lactic acid and thrive in an acidic environment. Remember when I said my blood was acidic?

The key immune system players are antioxidants (to neutralize the free radicals), T-cells and natural killer cells. Although you wouldn't think natural killer cells is a medical term, that is what they are called. Remember when Mick Hall said I had a strong immune system? Immune systems can be observed and assessed by a microscopic analysis of the blood. If an immune system has active natural killer cells and T-cells that are darting back and forth, it is considered strong. If the natural killer cells and T-cells are few or are lethargic and nothing much is happening, the immune system is considered weak.

The T-cells and the natural killer cells can recognize foreign cells infected with viruses and bacteria and kill them. They do the same thing to abnormal cells if they can recognize them but that is the problem with cancer cells. Today, I have a normal cell that gets attacked by a free radical, which causes it to mutate. Now it is no longer a normal cell, yet it was a normal cell yesterday.

How does a natural killer cell know that it should kill that cell? The cancer cell is smart and, covering itself with a mucous-like substance called fibron, begins a game of hide and seek. Its goal is to not let the killer cells know that it is

abnormal. The goal of the killer cells is to discover the abnormal cancer cell and so begins a game of cat and mouse.

How can you find out about your immune system? You can go see a blood screener like Mick Hall who will perform a microscopic blood analysis, talk to you about your toxicity, and your T- and natural killer cell activity.

For the first time, there is a simple way to measure the antioxidant content in the cells. This seems, to me, to be extremely valuable so I have arranged to lease a biophotonic antioxidant scanner from Pharmanex who hold the master license. You can click on the antioxidant [scanner](#) to get more information.

Back to my story. How did I come to make the watchful warrior decision? From everything I could determine, with my Gleason score of 6, I really believe I had the beginning of cancer began back in 1992 when I was told the biopsy was clear. When a biopsy is done, the tissue to be examined is somewhat randomly chosen. The smaller the tumor, the greater the chances of it being missed. While I don't know it for a fact, I think they just missed it in my case. I probably have had prostate cancer for 12 years, not 2 ½. Since I was going for maximum surveillance, I could keep a close watch and if my PSA started to increase dramatically, that would make it a different matter and I would be able to proceed with a more invasive procedure.

There was a question of capsule containment, i.e., the MRI in San Francisco said the cells were pretty close to the edge in the apex but they didn't see them out (of the capsule). However, all that is needed is for a few cancer cells to get out into the bloodstream. Since they contain a sticky substance, once they get floating around, they can stick onto a bone or organ and then they love to start their own colony. The cells are so small that you don't know they are there, which is why most recognized reoccurrence with prostate cancer happens years later and not immediately.

I had a bone scan and the MRI. The bone scan revealed a lot of arthritis in my back but no cancer. So I decided to go on a three-month maximum effort, reading books, checking web sites and implementing several lifestyle changes. I became a vegetarian for three months. I went to Peninsula Center and bought a juicer. I loaded up on the supplements that are really good for the prostate. And a funny thing happened, I lost 30 pounds! Now many of you have known me for a long time and none of you, I think, would have said, "Don, you're fat." I wasn't fat but I lost 30 pounds just by not eating ice cream and, of course, not eating meat, dairy or sweets either during this time.

We had a water filter put into our home and I drank filtered and bottled water. I went for the colonics. I did the three-day fasts. I did my biofeedback sessions. I exercised daily.

For stress reduction, I resigned from several boards that were not "have to's" in my life. Although they were important to me, I thought that maybe to be alive was more important. I attended Wellness Community sessions.

The net result was that almost a year after my diagnosis, my PSA was down to 2 and so it went down from 6.8 to 3.7 to 2. I thought, "That's good, so I'll just keep at this." There's a gentleman in this room who's a friend who said, "Don, I hear what you're doing is good but you really ought to have an oncologist talk to you about what you are doing." I said, "Well, that probably makes sense", so he said, "I've got a wonderful guy (Dr. Stephen Tucker) who does nothing but prostate cancer in Century City. I'd like you should go see him." I agreed to do so since I was learning throughout this process and there was nobody that I wouldn't be willing to go talk to to learn more.

I went and listened for 45 minutes as he described how his 13-month hormone deprivation program would work and what wonderful results they had had with their patients. Many of them had been cancer-free for 5-6 years.

When he finished, I told him that there was one question I wanted to ask him. Knowing what had happened to me (my low PSA over the past year), I wanted to know if there was anything different that he would do that I had not done if I decided not to do the hormones. After thinking about it a while, he told me there were three things.

First, he would recommend that I take three medications: Proscar (also used in the hormone treatment program), Celebrex and Calcitriol. In a recent study, it was discovered that men who had some reason to be concerned about prostate health and who were given Proscar had a 25% lower prostate cancer conversion rate than men who were given a placebo. Men might want to consider discussing Proscar with their urologists if there is a family history of prostate cancer or if their PSA is increasing.

Celebrex is an anti-inflammatory drug that you would normally think of for arthritis. However, oncologists know Celebrex kills cancer cells in the laboratory and believe an ongoing study will prove it also kills cancer cells in the body.

Calcitriol is really Vitamin D. Vitamin D is produced by our bodies after exposure to sunlight. Vitamin D is often a missing component in older people who have cancer.

The second thing the doctor told me I should do was to drive up to Ventura and have Dr. Duke Bahn do an Enhanced Color Doppler Ultrasound study of my prostate. I didn't quite understand why I would have to go all the way to Ventura. He explained that the equipment was quite expensive and that Dr. Bahn, who had been working with his mentor in Michigan, had been enticed to move to Ventura. The machine allows a view of the prostate on screen in color and Dr. Bahn can precisely measure the tumor, determine its size, location, etc.

On my first visit to Dr. Bahn, he told me it was very clear that I had a tumor on left side of my prostate gland. The right side showed evidence of being pre-cancerous. It was not quite cancer yet, but it was close. As I mentioned at the beginning, last Thursday, he informed me that it had not grown at all these past 12 months, not even 1 millimeter. That's good news!

Dr. Tucker wanted me to increase my PSA's to every month. That's really maximum surveillance. I agreed to all of his suggestions and I have done them. Now, as I mentioned, my PSA is below 1 and has been there for the whole year, so it's pretty much quiet.

I have created an acronym to describe how, in my case, to manage it and, in your case, to avoid it. Actually, these are pretty much both sides of the same coin since these are the things I would be doing if I were trying to avoid it.

The acronym is: **PAT DRIVES**.

P is for Prayer – maybe that's the only thing I had to do but I am a believer that the Lord helps those who help themselves, so I have done everything I can to make my body inhospitable to cancer. I just want it not to want to be there because the environment is hostile to cancer. I believe that bodies are a wonderful creation and we have all heard stories about miracles and how bodies have healed themselves. I am trying to give my body every chance to do that.

A is for Attitude – my attitude, as I said, is energized. I want to clean my body up. I'm going to keep it clean. I'm very very grateful because remember the 6.8 down to 3.7? I believe I was tipped off. If it had been 3.7, I'm not sure the cardiologist would have told me my PSA was high and I still wouldn't know I had prostate cancer since there are no other symptoms. I really did get tipped off.

T is for Teas – I use the Essiac tea that I read about but I also learned that green tea is a wonderful way to build up antioxidants. I didn't know much about tea. The leaves of black tea are dried. The leaves of green tea are green and the ingredients of green tea are terrific for building up antioxidants, which is one of my goals.

D – D is for Detox and also for Diet. As I said, we put in a water filter. I drink lots of water. I like to think of it as washing off the porch. I keep the water going through to clean everything out. Organic foods are better. It's better to have organic food where there are no toxins, poisons, or chemical fertilizers. There is nothing that I own that is worth more than my body and I want to put the best possible food I can get into it. That is why I have moved toward organic. I did the fasting initially but I have not done so for a year. I fasted every month for the 3-month program that I followed at the beginning of my regimen. I ingest lots of fiber and digestive friendly bacteria, such as acidophilous, which is something that can be bought in health food stores (refrigerated section) to help my digestive system. I have learned that if we gulp down our food, it hits the stomach, the acids and enzymes come but if the food has not been properly prepared (i.e., thoroughly chewed), it simply gets pushed through our body and much of the food value is not realized.

Probably the most important point of my story is summed up in a quote by Dr. Jesse Stroff, "Diets that lack adequate levels of vegetables can cause serious problems due to lack of antioxidants and Phase I and II enzymes for detoxification."

Vegetables are important. They weren't ever important to me before. I always thought about what entree I was going to have and remembered I would have to have some vegetables and would say, "And don't give me very many, please." It turns out that's not good.

The list of protectors and promoters (under diet on the web site) came from a program presented right here about 6 months ago. Take a look at the list of cancer promoters. It contains all the things that one would think would not be good for us and yet, in today's fast food world, this is what we are feeding ourselves and our children.

Who are the good guys? The good guys are fruit and colorful vegetables. What I have learned about vegetables is dull is not good. Those peppers that are bright red and green, deep greens, yellow squash – these are the ones we should eat. The brighter the colors, the more antioxidants they contain. So I guess the good Lord wanted us to see them and pick them first because those are the ones that do our bodies the most good.

Seeds are good, particularly pumpkin seeds. Nuts are good, particularly almonds and walnuts because they contain oils that are good for the heart. Pure water, but not distilled, is good. Distilled water has had all of the minerals removed and our bodies need those minerals.

Fish, particularly salmon and other cold water fish are good. Poultry is OK but it should be free range, not those stuck into cages and stuffed with hormones so they get fat. Preferably, it should be the white meat because all of the fat is in the dark meat.

Who are the bad guys? The answer is red meat, dairy, processed foods and sugar.

Why are they bad? They are bad because they all promote an acidic environment and a lot of acid is required for the digestion process. Meat and dairy have a lot of saturated fats. Saturated fats were a big deal several years ago when people realized they are artery cloggers.

Trans fats, which are partially hydrogenated, are probably the worst of all because of how they are created. Companies that make donuts, cookies and all things with shelf life take certain fats and oils and heat them to extreme temperatures. This changes their chemical makeup and they will no longer become rancid. By putting these partially hydrogenated fats in their products, they can now extend their shelf life to several weeks. What a deal if you are in the business of making cookies! The problem is that the body's cells can accept those fats but they can't metabolize them. They can't break them down. Since nothing breaks them down, guess what they do. They store them. We're all wearing them around our waist and they don't go away.

How much of our obesity problem today is attributable to these kinds of trans fats? At this point, there are no label requirements for the listing of trans fats. There will be in 2006. The FDA has been trying to get it on but at this point, there is no requirement. According to the American Airlines magazine I was reading on a recent trip, Whole Foods Market will not permit any food in their store that contains trans fat. I don't know if that's true, it's just what the magazine said, but if it is true, then it's a step in the right direction. I'm beginning to love Whole Foods and I had never paid any attention before.

Next we come to glucose and sugar. What happens to any glucose or sugar that is not utilized for energy? It is stored. So we have the same thing going on here as we did with trans fats. When we have desserts and lots of sugar and we're not exercising (burning it up in activity), we are going to end up storing it as fat. If you get enough of that glucose in your blood, you can become insulin insensitive, a condition known as diabetes. How many of you know people who have become or are becoming Type II diabetics? They are almost always overweight. It's the cookies, cakes, and colas with all of the excess sugar and trans fats going to the waistline and getting stored.

There's something called a Glycemic Index, which indicates the amount of sugar content in food. Those foods with a value below 55 can actually cause a dip in your blood sugar level. Those foods between 55 – 70 can cause a small increase and those foods above 70 can cause your blood sugar to go "through the roof".

One thing I learned is that a splash of vinegar or lemon juice will slow the impact of these foods and help avoid the spikes in the blood sugar. So those vinaigrette salad dressings are a good idea if you want to have a baked potato.

There are some principles to remember:

- 1) If it doesn't rot or doesn't sprout, it's probably not food. When you think about it, the good Lord gave us things that rot or sprout so we could digest them.
- 2) Organic is better.
- 3) Colorful vegetables are better.
- 4) Raw is best. Steamed is next. (The rule is less cooking is better. Vegetables that are cooked and cooked probably have had all of their value cooked out of them).
- 5) The most important single extender of life is calorie restriction. Eat less to live longer.
- 6) Think vegetable first and then the meat or fish as a side dish. Entree portions should be confined to the size of the palm of your hand.
- 7) Fish oil and olive oil have wonderful omega-3 fats that are good for the heart and cancer prevention.
- 8) Whole grains, not refined flour. Most breads contain refined flour which is useless. Ezekiel (from the Bible) bread is highly recommended because it contains whole grains and can be found nowadays in most supermarkets or health food stores.

- 9) If you read the label and cannot pronounce the ingredients, don't buy it.
- 10) Protein is necessary. Protein sources are vegetables, eggs, white meat poultry, salmon, lean meat.
- 11) Frying and barbecuing create carcinogens.
- 12) 6-8 glasses of water, not with meals. (Water dilutes the acid the body produces for the digestion process. As we age, less acid is produced and if that acid is further diluted with water, the digestion process is even less efficient.)
- 13) Vegetable juicing is terrific but fruit juice is mostly fructose (sugar).
- 14) Breakfast is important. (Skipping breakfast will increase the occurrence of obesity fourfold).
- 15) Avoid trans fats.
- 16) Starches convert to sugar, so go easy on the pasta, rice and potatoes.

What's wrong with diets? The Atkins diet concentrates solely on protein consumption in order to achieve weight loss. No carbohydrate leaves only fat to burn for energy. Although followers will lose weight on this diet, what is the impact on their immune systems and their overall body function? South Beach is similar but better because it allows for less red meat, no sausage, some turkey, poultry and fish. Mediterranean is great for the heart and for prostate cancer. The least occurrence of prostate cancer in Europe is in Greece and Italy. This is because of the vegetables, olives, cucumbers, etc. that are found in a typical Mediterranean salad. What I have concluded is success is moderation.

R is for reading and research in my regimen. I do a lot of reading and have subscriptions to several prostate cancer newsletters and periodicals (see [periodical sources](#)).

I is for imaging. Every morning, I meditate and send my little Pac-Man to my prostate to eat up the cancer. We know that our subconscious mind, if it tells your body there is trouble, it will send in reinforcements. Imaging works.

V is for vitamins and supplements. Most of us have been told we don't need to take vitamins and supplements as long as we eat a balanced diet because that was what our doctors were taught in medical school. Most doctors still say the same thing. In 2002, the Journal of the American Medical Association came out with an article in which they recommended every adult should take a multivitamin.

Why the change in position after all those years? I believe there are two reasons. The first is that most Americans do not eat a balanced diet what with fast foods, pizza and the like. The second is that those very few Americans who do eat a balanced diet are receiving less nutrients out of the food they are eating because the soil is depleted, there is more usage of sprays and fertilizers, etc.

If a person is going to take vitamins and supplements, how does he or she decide which ones to take? I went to www.consumelabs.com who evaluate vitamins based on what it says on the label and what is found in the product, which I thought was a reasonable approach.

One thing that stands out is that of all the vitamins listed, only one was a capsule. Capsules, which should always be taken with food, are both quickly and easily absorbed into the system and so their effectiveness is very high. The effectiveness of tablets and caplets, on the other hand, is dependent on the individual's ability to break them down so they can be absorbed into the system. If a person lacks the required amount of acid to break down the tablet or caplet soon enough, it can be all the way through the person's system before it is broken down, thus minimizing or eliminating its effectiveness.

Is the mixture appropriate? It should be age specific and gender specific. How extensive are its contents? The law only requires a minimum of three vitamins in order to qualify as a multivitamin, so it is important to examine this aspect. Finally, it is important to conduct regular testing to assure the immune system is improving. I have a scanner test periodically to make sure my immune system is in good shape.

The result of my research has been that Pharmanex, who make the biophotonic scanner available, has vitamins and supplements that are:

- 1) Extensive
- 2) Gender and age specific
- 3) Capsule form
- 4) Pharmaceutical grade
- 5) Testing for results

They have a money back guarantee if a person's antioxidant level does not improve. They have also agreed to donate a portion of their vitamin sales proceeds to the Prostate Cancer Education Foundation, which I thought was terrific. They also have a world-renown scientific advisory board.

I would like to share about my own family's antioxidant experience. I just had an antioxidant scan and my score was 65,000. I expected it to be high because I eat now a lot of vegetables, I take my vitamins and I do all the things I can to make my body inhospitable to cancer. My wife, Pat, had an original score of 6,000. She had been told by her doctor that she did not need to do anything, so she didn't take any vitamins. She started taking vitamins and her score about four weeks ago was 25,000. My daughter, Susan, started out at 16,000, which was a little below normal. She started taking the vitamins and now her score is 64,000. My daughter, Sharon, was around 19 or so and is now in the 60,000 as well. So I can say, without a question in my mind, that that has made a difference in their health.

Next, I would like to mention some helpful prostate supplements for those with prostate issues. Lycopene, Selenium, Vitamin E (alpha and gamma are the two important ones), Vitamin C, Saw Palmetto, Peenuts (a proprietary blend of prostate nutrients) and Proscar (by prescription) are all important supplements to consider. (You can see my [vitamin and supplement list](#) on this web site).

E is for exercise to burn up excess blood sugar. I stretch and run a couple of miles most days, preferably around 30 minutes. I lift weights three times a week, which makes my bones strong, since I need to keep that cancer forever out of my bones. It also burns fat, relieves stress and stabilizes my blood sugar.

There was a study done with 2,000 British nurses over a 12-year period. It found that those nurses who exercised only 1-3 hours a week had a 25% reduced chance of breast cancer. Those nurses who exercised 3-8 hours had a 40% reduced chance of breast cancer. Cancer and exercise are inversely related.

S is for stress. I have tried to simplify my life. Enjoy your work. If you hate your work, you are experiencing stress all the time. I meditate a couple of times a day, once in the early morning and once when I get home from the office to become totally relaxed before dinner.

I heard the psychiatrist at the Meningen Clinic say, "Don't sweat the small stuff and, by the way, it's all small stuff." It's a matter of attitude and how you see what's happening to you rather than letting it get your blood pressure up. I have a saying that I like which is, "What's so – so what?" Instead of overresponding, this happened, so what? I'm not going to die. How important is this? Is this something I can pass? Do I need to deal with it and, if so, how do I deal with it? It's just a simple little slow down before you have an immediate response. I pray and I trust God's direction. I'm so grateful for the many blessings and I hope I am passing back things that are helpful to you. Random acts of kindness can be

very rewarding and can cause you to focus on things a little bit differently. What can I do to make this better?

The last physician I want to share is Dr. Michael Galitzer. He is a naturopathic physician in West L.A. I saw his name in the book, "How to Kill Prostate Cancer in 90 Days". Michael Galitzer does what he calls "Biological Terrain Assessment". He checks your blood, your saliva, your urine and then he checks the energy level of your various organs. He is trying to determine if you are healthy, i.e., your biological terrain. Is your body inhospitable to cancer and other diseases? He uses a small electronic measuring device with a probe which, when it touches you, runs a little current through you. One by one, the machine scores all of the vitamins, supplements and prescriptions you are taking. A little needle registers its impact on the energy of your important organs. The machine makes one sound if everything is OK and it kind of groans if it decreases the energy. Because of the testing, I changed from Lipitor to Zocor and now there is no groaning. He confirmed my blood is now alkaline, so, bingo, the things that I have been doing have worked. The last time I saw him, he said, "Don, you're one healthy dude!", which was awfully good to hear.

Here are a few points to sum up. Cancer cells occur in all of us every day due to digestion and all the things we drink and breathe. Eradication is not a cure because if you don't change the basis of your body chemistry, the cause(s) remain. Only you can decide what you eat and how much you exercise. Everything that has been discussed as being helpful to the prostate is also helpful for the heart, weight and other systemic diseases like diabetes and arthritis.