

Prostate Cancer

Roughly one in five men in the United States will be diagnosed with prostate cancer during their lifetime. Although prostate cancer can be deadly if it spreads to other organs, it is quite treatable if detected early. Surgery, radiation, and medicines to block hormones are common conventional treatment options.

Symptoms of Prostate Cancer Begin in our Cells

With the widespread use of prostate cancer screening tests, over 60% of men with prostate cancer may not have any symptoms at the time of diagnosis. Instead, the only sign of the disease may be an elevated prostate-specific antigen (PSA) level. For some men, the tumor can be felt during a digital rectal examination. Men with more advanced prostate cancer may have symptoms such as urination difficulties, discomfort in the pelvic area, and blood in the semen. Cancer that has spread beyond the prostate to other organs can cause other symptoms such as bone pain.

Prostate cancer is a type of cancer that develops in the prostate gland, which is a small walnut-sized gland located below the bladder in men. The prostate gland produces seminal fluid that nourishes and transports sperm. While I can provide some general information about prostate cancer, it's important to consult with a healthcare professional or urologist for accurate and personalized information.

Here are some key points about prostate cancer:

1. Risk factors: The exact cause of prostate cancer is unknown, but several risk factors have been identified. These include advancing age (the risk increases with age), family history of prostate cancer, certain inherited gene mutations (such as BRCA1 and BRCA2), and race (prostate cancer is more common in African-American men).
2. Symptoms: In its early stages, prostate cancer may not cause noticeable symptoms. As the cancer progresses, symptoms can include difficulty urinating, weak or interrupted urine flow, frequent urination (especially at night), blood in the urine or semen, erectile dysfunction, pain or discomfort in the pelvic area, and bone pain.
3. Screening and diagnosis: Prostate cancer can often be detected early through screening tests. The two main screening tests are the prostate-specific antigen (PSA) blood test and the digital rectal exam (DRE). If the results of these tests suggest the presence of cancer, a healthcare professional may recommend further diagnostic tests, such as a transrectal ultrasound or a prostate biopsy, to confirm the diagnosis.

4. Staging and treatment: Once prostate cancer is diagnosed, it is staged to determine the extent and aggressiveness of the disease, which helps guide treatment decisions. Treatment options may include active surveillance (regular monitoring of the cancer without immediate treatment), surgery to remove the prostate gland (prostatectomy), radiation therapy, hormone therapy, chemotherapy, immunotherapy, and targeted therapy. The choice of treatment depends on factors such as the stage and grade of the cancer, the patient's age and overall health, and their personal preferences.
5. Prognosis: The prognosis for prostate cancer varies depending on various factors, including the stage and grade of the cancer, the patient's overall health, and their response to treatment. In many cases, prostate cancer is slow-growing and may not require immediate aggressive treatment. However, some cases can be more aggressive and require prompt intervention.

It's important to note that the decision-making process regarding prostate cancer treatment should involve a thorough discussion with a healthcare professional, considering individual circumstances and preferences. Regular check-ups, discussions of symptoms, and appropriate screenings are essential for early detection and timely management of prostate cancer.

- **Cancer Treatment Vitamin Support Package
UPON REQUEST**

ADDITIONAL TREATMENTS IF REQUESTED UPON REQUEST

Diagnosis

Some of the most common tools used by doctors for diagnosing prostate cancer are:

- PSA test
- Biopsy
- MRI
- Transrectal ultrasonography.

Most common associated conditions

Prostate cancer treatment may damage nerves and muscles near the prostate, bladder and bowel. Side effects may include erection problems, urinary incontinence, a lowered sex drive and infertility.

Prostate cancer conventional treatments

Most common conventional treatments for prostate cancer include:

HHH Therapy or Surgery

HHH Therapy or Radical (open) prostatectomy. A radical prostatectomy is the surgical removal of the entire prostate and the seminal vesicles

Robotic or laparoscopic prostatectomy. This type of surgery is possibly much less invasive than a radical prostatectomy and may shorten recovery time.

Bilateral orchiectomy. Bilateral orchiectomy is the surgical removal of both testicles.

HHH Therapy or Radiation therapy

External-beam radiation therapy. External-beam radiation therapy is the most common type of radiation treatment. The radiation oncologist uses a machine located outside the body to focus a beam of x-rays on the area with the cancer.

Brachytherapy

HHH Therapy or Brachytherapy, or internal radiation therapy, is the insertion of radioactive sources directly into the prostate.

HHH Therapy or Intensity-modulated radiation therapy (IMRT)

IMRT is a type of external-beam radiation therapy that uses CT scans to form a 3D picture of the prostate before treatment.

HHH Therapy or Proton therapy

Proton therapy, also called proton beam therapy, is a type of external-beam radiation therapy that uses protons rather than x-rays.

Radiation therapy may cause side effects during treatment, including increased urinary urge or frequency; problems with sexual function; problems with bowel function, including diarrhea, rectal discomfort or rectal bleeding; and fatigue. Most of these side effects usually go away after treatment.

HHH Therapy or Chemotherapy

HHH Therapy or Chemotherapy is the use of drugs to destroy cancer cells, usually by ending their ability to grow and divide. Chemotherapy is usually given by a medical oncologist, a doctor who specializes in treating cancer with medication.

Alternative medicine for Prostate Cancer

Immunotherapy

The goal of cancer immunotherapy is to improve the body's natural ability to find and destroy cancer cells. Successful immunotherapeutic approaches stimulate the natural defenses of the immune system and provide new ways to attack cancer. This is possible with comprehensive interventions that include cell therapy / immuno-pharmacological therapy in combination with nutritional, endocrine measures and supplements.

Vaccines Cancer vaccines deliver a cancer-specific protein to the body and direct the immune system to target cells that contain that protein. A vaccine developed for prostate cancer called was designed to trigger the immune system to attack cells that have PSA on their surface.

HHH Therapy or **T-cell immunotherapy** Chimeric antigen receptor (CAR)-modified T-cell immunotherapy involves taking the patient's T cells, genetically engineering the T cells to produce receptors that direct them to the cancer cells, and returning these CAR T cells to the patient's body (NCI 2017b).

HHH Therapy or Dendritic enhancer or T-cell modulators T-cell Modulators are peptide chains composed of tens of amino acids that appear to store all the experience of the immune system. The great intellectual leap to understand is that T-cell Modulators do not transfer antibodies nor create them directly, but its function is to educate, and teach the immune cells to recognize specific antigens that could happen to them unnoticed i.e. Prostate malignant cells. T-cell Modulators do not cure anything but work to make a "smarter" immune system so that it is the body itself eliminating the disease. They are therefore vital in developing the strategies of the immune system against cancer. T-cell Modulators contain several immunoactivity components that have been shown to act synergistically in raising Dendritic and NK function and are also effective as adjuvant therapy in Prostate cancer treatments, elevating dendritic and NK function as much as 250%

HHH Therapy or Hyperthermia involves the use of heat to directly treat a tumor or increase the vulnerability of cancer cells to other forms of treatment, such as immunotherapy, vitamin C, chemotherapy or radiotherapy. Concerning clinical trials, hyperthermia has already shown antitumor activity and has a potential role in the treatment of prostate cancer.

Non-ablative or mild hyperthermia (HT) has been shown in preclinical and clinical studies as a localized sensitizer that enhances the tumoricidal effects of immunotherapy, radiation or chemotherapy.

A novel, minimally invasive interventional technique, HT has been suggested to improve the efficacy of chemotherapy for solid organ tumors.

Thus, hyperthermia may be a promising approach in prostate cancer treatment that enhances the cytotoxic effect of the chosen therapeutics.

Mistletoe helps fight tumor-induced immune suppression. Natural killer cells (NK) are a type of white blood cell that looks for and destroys Prostate cancer cells. Research has shown that NK cells can spontaneously recognize and kill a variety of Prostate cancer cells.

Mistletoe has been called a “biological response modifier” due to its ability to improve various aspects of immune function. Studies show that it activates natural killer cells, T cells, macrophages and monocytes.

A special proprietary form of liposomal mistletoe created with nanotechnology has been created for use in our Prostate cancer treatment approach.

Glutathione is the most important antioxidant produced by your body and a master detoxifier of every cell in your body. It prevents cellular damage caused by free radicals and peroxides.

Glutathione metabolism is able to play both protective and pathogenic roles. It is crucial in the removal and detoxification of carcinogens, and alterations in this pathway can have a profound effect on cell survival. However, by conferring resistance to a number of chemotherapeutic drugs, elevated levels of glutathione in tumor cells are able to protect such cells

Personalized nutrition A typical diet, characterized by dependence on animal products, refined carbohydrates and unhealthy fats such as processed vegetable oils, can promote an inflammatory environment in the body. A pro-inflammatory diet has been associated with an increased risk of Prostate cancer and an increased risk of death from Prostate cancer.

We custom-make a diet targeted to enhance the immune system’s ability to heal and provide our patients with the right nutrition for their current and long-term needs.

Vitamin D Patients with higher vitamin D levels were significantly less likely to die from the disease (Mondul 2016). In another study, short-term supplementation with high-dose vitamin D for three to eight weeks lowered PSA levels (Wagner 2013).

Hormone Therapy

Hormone therapy can weaken the bones of prostate cancer patients, but

supplemental vitamin D may help prevent fractures in these patients (Ottanelli 2015; Dueregger 2014).

A study examining factors associated with bone preservation in prostate cancer patients using hormone therapies found that those taking vitamin D supplements experienced less bone loss in their lower-back vertebrae (Alibhai 2013).

Zinc Healthy prostate cells accumulate zinc to accomplish their normal cellular functions. In contrast, prostate cancer cells have depleted zinc stores, which makes them less susceptible to cell death.

Melatonin, a hormone best known for its role in regulating sleep, is also emerging as a promising anti-cancer agent. Evidence to date has shown that melatonin can interfere with cancer initiation, progression, and metastasis.

Fish Oil and Omega-3 Fatty Acids These fatty acids have many health benefits and may even slow the growth of prostate cancer. In laboratory and animal studies, omega-3 fatty acids were found to inhibit inflammation, interfere with blood vessel growth in tumors, and cause cancer cells to die. In a study that included more than 290,000 men, those who reported high fish and high omega-3 fatty acid intake on diet questionnaires at the beginning of the study were significantly less likely to die from prostate cancer during approximately 20 years of follow up

Curcumin Liposomal Curcumin, a carotenoid pigment extracted from the spice turmeric, has well-established anti-inflammatory and oxidative stress-reducing effects. In laboratory studies, curcumin interfered with cancer growth signals, decreased androgen receptor activity, reduced production of PSA, and slowed tumor growth