

The Prostate Cancer Secret: What You Eat Could Be Your Best Defense — or Worst Enemy

1 message

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Since beginning my journey in reporting repurposed drugs and agents against cancer, I have encountered a number of surprises. Today I share with you the remarkable foods that suppress prostate cancer, the most common hormonal cancer in men. But perhaps more urgently I bring you the foods that are most likely to cause it.

I changed my diet immediately upon writing this article.

The Good, Bad & Ugly of Prostate Cancer

Somewhere between your morning cup of coffee and your evening glass of red wine, something extraordinary may be happening inside your body. Without a prescription, without a doctor's visit, and without a co-pay, you may already be consuming some of the most potent anti-cancer agents ever studied in a laboratory. Or, without knowing it, you may be doing the exact opposite.

Prostate cancer is not a rare disease reserved for the unlucky few. It is, in a very real sense, a disease of modern male aging. If a man lives long enough, the odds increasingly favor that prostate cancer will appear somewhere along the way. It is the most common hormone-driven malignancy in men — fueled by testosterone and androgen signaling — and its relationship with everyday food is far more intimate and scientifically established than most men, and even most physicians, realize.

What follows is not a wellness blog hypothesis. It is a summary of peer-reviewed clinical trials, meta-analyses involving hundreds of thousands of men, and direct human tissue studies confirming that specific foods suppress — or actively feed — the molecular machinery of prostate cancer. Some of the findings will surprise you. At least one will genuinely alarm you.

The Defenders: Four Foods Fighting for You

Coffee: The Most Unexpected Ally

Let us begin with breakfast. In 2017, a team of Italian researchers recruited 7,000 men from the Molise region of southern Italy and measured their coffee habits against prostate cancer incidence over nearly a decade. The results were striking: men who drank more than three cups per day had a **53% lower risk** of prostate cancer compared to those who drank little or none.

This was not a statistical fluke. The Harvard Health Professionals Follow-Up Study — one of the most rigorous long-term dietary investigations ever

conducted, following 47,911 men over 20 years — found that coffee consumption was specifically protective against **lethal and metastatic prostate cancer**, the most dangerous forms. A meta-analysis pooling 16 prospective cohort studies and over 1,081,586 participants confirmed the inverse dose-response: more coffee, less cancer.

When the Italian team tested decaffeinated coffee on prostate cancer cells in the laboratory, they found **no protective effect**. The active agent is caffeine itself. It inhibits PI3K/Akt/mTOR — the central cancer stem cell survival pathway — suppresses HIF-1 α (the molecular switch that helps tumors survive low-oxygen environments), and disrupts the Warburg effect, the metabolic reprogramming that cancer stem cells depend on for energy.

Caveat: Remember, this must be caffeine combined with coffee from real coffee beans, not caffeine added to an energy drink which is harmful to health.

Green Tea: The 90% Number That Changes Everything

If coffee is the surprising defender, green tea is the overwhelming one. In a phase II randomized controlled trial, men diagnosed with high-grade prostatic intraepithelial neoplasia (HGPIN) — the precancerous lesion that most commonly precedes invasive prostate cancer — were given green tea catechin supplements for one year. By the end of the trial, only **3% of the treated group** had developed prostate cancer. In the placebo group, the figure was **30%**.

That is a 90% relative risk reduction. In a disease this common, that is not a modest finding. That is extraordinary.

The primary active compound, **EGCG (epigallocatechin-3-gallate)**, simultaneously suppresses Wnt/ β -catenin, Notch, Hedgehog, NF κ B, and STAT3 signaling — all five of the major cancer stem cell survival pathways — in addition to inhibiting telomerase (the enzyme that gives cancer stem cells unlimited replicative potential) and dismantling HIF-1 α . When EGCG and red wine polyphenols are combined, they synergistically shut down the

SphK1/S1P pathway, a key prostate cancer survival switch confirmed in both cell studies and living mouse tumor models.

The optimal dose corresponds to approximately four to eight cups of brewed green tea per day, or 400–800 mg EGCG in supplement form. Japanese-style matcha provides the highest concentration.

Broccoli: The Vegetable That Rewrites Cancer Genes

In 2014, a double-blind placebo-controlled trial randomized men on active surveillance for prostate cancer to receive either a polyphenol-rich whole food supplement (containing broccoli as a primary ingredient) or a placebo. After six months, PSA progression occurred in only **10.3% of the treated group** versus **30.2% in the placebo group** — a nearly three-fold difference.

The primary active compound in broccoli, **sulforaphane**, does something that no simple antioxidant or vitamin can accomplish: it inhibits histone deacetylases (HDACs), the enzymes that help cancer cells silence tumor suppressor genes. When HDACs are blocked, dormant tumor suppressor genes reawaken. Cancer cells that had effectively turned off their own safety systems find those systems restored.

Sulforaphane simultaneously suppresses Wnt/ β -catenin, Notch, NF κ B, and Hedgehog signaling, disrupts Warburg-effect glycolysis by inhibiting hexokinase-2, and inhibits HIF-1 α — all in a single dietary compound found in the produce section of every grocery store. Crucially, broccoli *sprouts* contain 20–50 times more sulforaphane than mature florets. Light steaming preserves the critical myrosinase enzyme that activates sulforaphane; boiling destroys it entirely.

Red, Red Wine: The Polyphenol Cocktail

Red wine occupies a unique position in this story because its protective effects are not attributable to a single compound but to a **synergistic ensemble** of resveratrol, quercetin, and anthocyanins that hit the cancer stem cell machinery from multiple angles at once.



Resveratrol suppresses Wnt/ β -catenin, Notch, STAT3, PI3K/Akt, TGF- β , and androgen receptor signaling simultaneously. It also directly reverses the Warburg effect by inhibiting pyruvate dehydrogenase kinase, forcing cancer stem cells out of their preferred aerobic glycolysis state and back toward normal oxidative metabolism — effectively starving them. A large meta-analysis of prospective cohort studies confirmed that moderate red wine consumption carries a specific protective signal against prostate cancer that white wine and spirits do not replicate, pointing squarely to the polyphenols rather than the alcohol.

The critical word is **moderate**: one to two glasses per day. Above that threshold, alcohol's independent cancer-promoting effects erase every polyphenol benefit. Nonalcoholic red grape juice provides similar polyphenols for men who prefer to avoid alcohol entirely.

The Betrayers: Foods Working Against You

Now the story turns. Because the same grocery store that supplies your cancer-fighting coffee and broccoli also stocks a category of foods that, according to the same quality of clinical evidence, may be actively feeding the cancer you are trying to prevent.

Enriched Bread and Pasta: The Hidden Danger in the Bread Basket

The word “enriched” sounds beneficial. It is not — at least not for prostate cancer. When wheat is refined into white flour, the milling process strips away fiber, lignans, phytate, and natural folate. The enrichment process then adds back five isolated nutrients: thiamine, riboflavin, niacin, iron, and — critically — **synthetic folic acid**.

That synthetic folic acid, chemically distinct from the natural folate found in whole foods, is the source of the problem. A meta-analysis of six RCTs involving 25,738 men found that supplemental folic acid intake — the same form added to enriched flour — produced a **24% statistically significant increase in prostate cancer incidence** (RR 1.24, 95% CI 1.03–1.49). Prostate cancer was the only specific tumor type elevated across the trials.

The refined flour itself compounds this by spiking blood glucose, triggering an insulin surge that raises IGF-1 and activates $\text{PI3K} \rightarrow \text{Akt} \rightarrow \text{mTORC1}$ — the central cancer stem cell survival pathway — while simultaneously initiating the Warburg effect that fuels CSC energy metabolism. Meanwhile, whole rye bread consumed daily in adolescence was associated with a **24% reduced prostate cancer risk** in a cohort study, driven by its exceptionally high lignan content — lignans that enriched white bread has permanently lost.

Fortified breakfast cereals (especially those labeled 100% DV for folic acid)

Many popular cereals deliver 400 mcg of synthetic folic acid in a single bowl — enough to saturate the body’s limited DHFR enzyme and flood the bloodstream with unmetabolized folic acid (UMFA). UMFA promotes DNA synthesis in existing prostate lesions, suppresses natural killer cell activity, and hypermethylates tumor-suppressor genes, accelerating progression in men with undetected precancerous cells. This post-1998 fortification law’s effect is especially insidious because cereals are eaten daily by millions who assume they are heart-healthy (RR 1.24, 95% CI 1.03–1.49).

The 1998 Enrichment Mandate

The 1998 FDA mandate requiring folic acid fortification of all enriched grain products — breads, pastas, cereals, rice, and flour — was one of the most

consequential public health decisions in American dietary history, and it carries a specific cancer risk that is now supported by the highest level of clinical evidence available: randomized controlled trial data. Europe declined to enrich at the same time the United States' law went into effect. Europe was concerned about *potential adverse health effects*.

What Possible Adverse Health Effects Might There Be?

Here are the top 10 diseases where enriched flour directly contributes to morbidity and mortality, ranked by the scale of their impact:

Rank	Disease / Condition	Primary Catalyst in Enriched Flour	Evidence and Mechanism
1	Cardiovascular Disease & Heart Attacks	Refined Carbohydrates & Iron	A massive 16-year global study (<i>PURE</i>) found that consuming more than 7 servings of refined grains (enriched flour) daily increases the risk of heart disease by 33% and early death by 27% ¹¹ . Furthermore, excess iron from enrichment contributes to lipid peroxidation, accelerating arterial plaque formation ¹² .
2	Type 2 Diabetes	Refined Carbohydrates & Iron	The rapid digestion of enriched flour causes chronic insulin spikes, leading to insulin resistance ¹³ . Additionally, the inorganic iron in enriched flour heavily accumulates in the liver and pancreas, directly destroying the beta cells that produce insulin ¹² ¹⁴ .
3	Stroke	Refined Carbohydrates	High consumption of refined/enriched grains is associated with a 47% greater risk for stroke compared to whole grain consumption, due to the resulting hypertension, metabolic syndrome, and systemic inflammation ¹¹ ¹⁵ .

Rank	Disease / Condition	Primary Catalyst in Enriched Flour	Evidence and Mechanism
4	Colorectal Cancer	Synthetic Folic Acid	The mandatory addition of synthetic folic acid to enriched flour has been directly linked to a spike in colorectal cancer. The unmetabolized folic acid (UMFA) acts as a growth promoter for pre-existing microscopic adenomas in the colon, particularly in MTHFR carriers ¹³ .
5	Hemochromatosis (Iron Overload Disease)	Synthetic Iron	For individuals with the genetic mutation for hemochromatosis (who absorb too much iron), the mandatory 20mg of iron per pound of enriched flour is highly toxic ¹⁶ . It bypasses normal regulation, accumulating in the liver and heart, leading to organ failure and sudden death ¹⁶ ¹⁴ .
6	Prostate Cancer	Synthetic Folic Acid	Excess folic acid from fortified foods is associated with a significantly increased risk of developing high-grade, aggressive prostate cancer, as the UMFA feeds the proliferation of malignant cells ¹⁷ .
7	Liver Disease (NAFLD & Cirrhosis)	Refined Carbs & Iron	The liver must process the massive influx of glucose from refined flour, turning it into fat (Non-Alcoholic Fatty Liver Disease). Compounding this, the liver is the primary storage site for the excess iron from fortified flour, leading to oxidative stress and cirrhosis ¹² ¹⁴ .

8	Obesity & Metabolic Syndrome	Refined Carbohydrates	Stripped of the bran and germ, enriched flour lacks the fiber needed to signal satiety. It drives vicious cycles of blood sugar crashes and hunger, acting as the primary dietary driver of the global obesity epidemic ^{[61] [62]} .
9	Severe Bacterial Infections	Synthetic Iron & Niacin	Bacteria and pathogens require iron and niacin to replicate ^[63] . Systemic iron overload from enriched flour provides a highly bioavailable food source for infectious pathogens. (This is why the WHO altered its iron-folic acid policies in malaria-prone areas, as fortification actively increased childhood mortality from the infection) ^[60] .
10	Gut Dysbiosis & Intestinal Inflammation	Synthetic Iron	The human body is highly inefficient at absorbing the specific type of inorganic iron flakes used to fortify flour ^{[62] [66]} . The unabsorbed iron passes into the colon, where it feeds pathogenic bacteria and triggers localized oxidative stress and intestinal inflammation ^[64] .

The mandate required that all enriched cereal grain products contain 140 mcg of synthetic folic acid per 100g of grain — a policy designed to reduce neural tube defects in newborns, which it did successfully.

- What was not anticipated with adequate rigor was the biological distinction between **natural folate** (found in leafy greens, legumes, and whole grains, which is metabolized through the reduced folate carrier pathway) and **synthetic folic acid** (the oxidized monoglutamate form added to fortified products), which must first be converted by the enzyme dihydrofolate reductase (DHFR) before entering the folate metabolic cycle.
- The critical problem is that human DHFR has limited capacity — estimated at approximately 200 mcg/day — meaning that consumption of fortified products at typical Western dietary levels routinely saturates this enzymatic gateway and produces circulating **unmetabolized folic acid (UMFA)** in the bloodstream.
- UMFA is not benign: it suppresses natural killer (NK) cell cytotoxicity — the immune system's primary frontline surveillance against tumor cells — and disrupts genomic stability and DNA methylation patterns in human lymphocytes in a dose-dependent manner.

Fortified Milk: When “Healthy” Becomes Harmful

Fortified milk is the most counterintuitive item on this list, because it has been marketed as a pillar of health for generations. The clinical evidence tells a more complicated story.

A 2015 Adventist Health Study-2 analysis found a **25% increased risk** of prostate cancer with dairy milk consumption at typical Western intake levels. A systematic review of 16 prospective cohort studies confirmed the dose-response relationship: each additional daily serving of milk increases prostate cancer risk by approximately 6–9%.

The mechanism operates through three simultaneous pathways: milk proteins (casein and whey) directly raise circulating IGF-1 levels by approximately 14 ng/mL; the high calcium load suppresses active vitamin D3 synthesis, removing one of the body's primary natural suppressors of prostate cancer stem cells; and the bovine hormones present in milk from pregnant cows provide exogenous input into a hormone-sensitive cancer.

Why Cheese Can Increase Prostate Cancer Risk

And then there is cheese.

If fortified milk is problematic, and the mechanism is calcium load, IGF-1 stimulation, and casein concentration — what happens when you take milk and age it for months, or years, until it loses most of its moisture and all of those risk factors become maximally concentrated in every bite?

The answer to that question, and specifically which cheeses are safest and which are most dangerous, is where this story becomes genuinely clinical.

Not all cheeses are equal. The difference between the safest option on the list and the most dangerous represents a **470% difference in calcium content per serving** and a near-total divergence in IGF-1 stimulating potential.

One commonly eaten cheese delivers 330 mg of calcium per ounce with maximally concentrated casein from years of aging. Another delivers only 52 mg per ounce and minimal IGF-1 stimulus.



The full ranking — from the cheeses you can eat with relative safety to the one that compounds every biological cancer risk factor simultaneously — follows in the complete reference tables below.

Not all cheeses carry equal prostate cancer risk — the danger level is determined almost entirely by **how long the cheese was aged, how much calcium it delivers per serving, and how potently it stimulates IGF-1**.

I revised the cheeses in my diet upon reviewing what I am about to show you. And I wish I had known all of this sooner.

Rank	Cheese (Serving Size)	Sat Fat	Calcium	IGF-1 Stimulation	Prostate Cancer Risk Level
1	Cottage Cheese (low-fat, ½ cup)	0.7 g	69 mg	Minimal	Lowest Risk
2	Ricotta (part-skim, ¼ cup)	2.9 g	125 mg	Low	Low Risk
3	Fresh Mozzarella (1 oz)	3.0 g	143 mg	Low-Moderate	Low-Moderate Risk
4	Feta (1 oz)	4.2 g	140 mg	Low-Moderate	Moderate Risk
5	Brie (1 oz)	4.9 g	52 mg	Moderate	Moderate Risk
6	Swiss / Emmental (1 oz)	5.0 g	224 mg	Moderate-High	Moderate-High Risk
7	Cheddar (aged, 1 oz)	6.0 g	202 mg	High	High Risk
8	Gouda (aged, 1 oz)	5.0 g	198 mg	High	High Risk
9	Parmesan (1 oz)	4.7 g	330 mg	Very High	Very High Risk
10	Processed Cheese (American, 1 oz)	5.6 g	163 mg	Very High	Highest Risk

IGF-1 Drives the Cheese-Prostate Cancer Connection

The central biological mechanism is the **IGF-1 axis**: dairy casein proteins — which become progressively concentrated as cheese ages and loses moisture — directly raise circulating IGF-1 levels, and a meta-analysis of 19 studies confirmed that men with the highest IGF-1 levels face approximately up to a **70% increased prostate cancer risk**.

The Travis study pooling 19 studies shows up to a 70% increase in prostate cancer comparing the highest versus lowest quintiles of IGF-1.

The Travis et al. (2016) paper is titled “A Meta-analysis of Individual Participant Data Reveals an Association between Circulating Levels of IGF-I and Prostate Cancer Risk” (*Cancer Research*, 2016;76:2288–300). It pooled individual participant data from **17 prospective and 2 cross-sectional studies** (total **up to 19 studies**), including up to 10,554 prostate cancer cases and 13,618 controls.

For the prospective studies, the observed odds ratio comparing the highest versus lowest fifth (quintile) of circulating IGF-I was **1.29** (95% CI 1.16–1.43). Because a single blood sample underestimates long-term exposure (regression dilution/measurement error), the authors applied a correction using an intraclass correlation coefficient of ~0.60 for IGF-I. They explicitly state:

“Given the intraclass correlation coefficients for IGF-I over 3 to 5 years of approximately 0.60 and an observed OR of 1.29 for men in the highest compared with the lowest fifth of IGF-I, **we estimate that men with the highest IGF-I levels may have an approximately 70% increase in risk for prostate cancer.**”

Hard aged cheeses like Parmesan and Gouda deliver 220–330 mg of calcium per ounce alongside maximum casein concentration, while simultaneously adding residual bovine sex hormones (estrogens, progesterone) that concentrate in aging dairy fat — a triple threat of IGF-1 stimulation, calcium-mediated vitamin D3 suppression, directed at a potential developing hormonal cancer.

Fresh and fermented cheeses occupy an entirely different risk category because they are consumed before the aging and concentration process amplifies their harmful components. Cottage cheese, ricotta, and fresh mozzarella deliver substantially lower calcium loads per serving, contain less concentrated casein, and have not undergone the prolonged aging that concentrates residual bovine hormones and saturated fat.

Fermented dairy products may even carry microbiome-modulating benefits that partially offset their calcium and fat risk, which is why yogurt and fermented soft cheeses cluster toward the lower end of the risk spectrum.

Stay Away from Processed Cheese Spreads

Processed cheese represents a terrible profile because it compounds multiple biological risk factor with synthetic additives. Sodium phosphate emulsifiers — the compounds that give processed cheese its smooth meltability — are independent promoters of inflammation and intestinal permeability, and the high sodium content drives chronic low-grade inflammation that activates NFκB, one of the primary cancer stem cell survival pathways.

Aging plus emulsifiers (sodium phosphates) and added salt concentrate calcium/casein while introducing inflammatory additives that activate NFκB. These products combine the worst of dairy concentration with ultra-processing (RR 1.09, 95% CI 1.02–1.18 per 50 g/day for cheese overall; strongest for processed forms).

The practical clinical guidance from this literature is straightforward: if dairy consumption is maintained, fresh unaged low-fat cheeses like cottage cheese are safer choices than the hard aged and processed varieties that dominate most Western diets.

This article is for educational purposes. Consult your healthcare provider before starting any new supplement, especially if you have medical conditions or take medications.

REFERENCES

5 more pages of References are available on his Substack

1. Aune D, Navarro Rosenblatt DA, Chan DS, Vieira AR, Vieira R, Greenwood DC, Vatten LJ, Norat T. Dairy products, calcium, and

Nrf2 Renew Sulforaphane EGCG By Allergy Research Group
 120 capsules (60 days as active prevention / 30 days for fighting known cancer)

MSRP \$75.39 Supplemental Wellness \$60

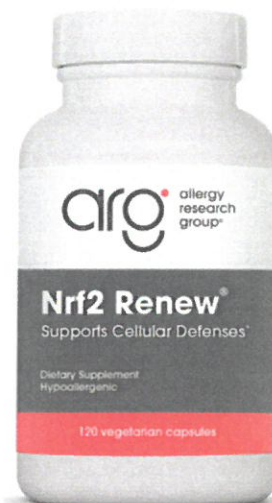
Supplement Facts

Serving Size 2 Capsules
 Servings Per Container 60

Amount Per Serving	% Daily Value
Green Teas (Leaves) Extract (standardized to 95% Polyphenols/ 75% Catechins/<0.5% Caffeine/40% EGCG)	200 mg †
Milk Thistle (Seeds) Extract (standardized to 30% Silybines/80% Silymarin)	200 mg †
Pomegranate (Seeds) Extract (standardized to 40% Ellagic Acid)	200 mg †
Green Coffee (Beans) PE (standardized to 45% Chlorogenic Acids/1-5% Caffeine)	200 mg †
Ginkgo (Leaves) Extract (standardized to 24% Flavone Glycosides/6% Total Ginkgolides)	120 mg †
Olive (Leaves) Extract (standardized to 20% Oleuropein)	100 mg †
Broccoli Sprout Extract (0.4% Sulforaphane)	50 mg †

† Daily Value not established.

Other ingredients: Hydroxypropyl methylcellulose, L-leucine, microcrystalline cellulose, silicon dioxide.



EGCg Green Tea Extract - 200mg – by Protocol for Life Balance

For general prevention – 90 caps take 1 – 2 daily

MSRP \$20 Supplemental Wellness \$16

Supplement Facts

Serving Size 1 Veg Capsule

Amount Per Serving

Green Tea Extract (<i>Camellia sinensis</i>) (Leaf) (Standardized Extract) [min. 80% Total Catechins and 50% EGCg (Epigallocatechin Gallate) (200 mg)] (up to 4 mg of naturally occurring caffeine)	400 mg*
Decaffeinated Green Tea (<i>Camellia sinensis</i>) (Leaf)	50 mg*

* Daily Value not established.



